

CITY OF SHREVEPORT

2025

**COMMUNITY DEVELOPMENT BLOCK GRANT
“CDBG”**

PUBLIC SERVICE

NOTICE OF FUNDING AVAILABILITY

“NOFA”



“REINVESTING IN COMMUNITIES”

SUBMISSION DEADLINE:

FRIDAY, OCTOBER 3, 2025 BY 4:30 P.M CST

CITY OF SHREVEPORT
2025 Notice of Funding Availability (NOFA)
Community Development Block Grant (CDBG)

CFDA Number: 14.218

Federal Award Number:

DEPARTMENT:	Community Development
ACTION:	Notice of Funding Availability (NOFA) Guidelines
DATE ISSUED:	MONDAY, SEPTEMBER 15, 2025
DEADLINE:	FRIDAY, OCTOBER 3, 2025, BY 4:30 P.M. CST
FUNDS AVAILABLE:	\$295,000

INTRODUCTION AND AUTHORITY

This NOFA announces the availability of funding under CDBG to community based, not-for-profit or governmental entities that implement programs and/or projects addressing designated services for the youth and children, elderly, homeless services, and economic development which are limited to the City of Shreveport.

THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Purpose & Authority

The purpose of the Community Development Block Grant Program (CDBG) is to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons.

Funds for this program are allocated by the United States Department of Housing and Urban Development (HUD). Funding is contingent upon the approval of the HUD budget. The CDBG program is authorized by the Housing and Community Development (HCD) Act of 1974. Regulations governing this program can be found at 24 CFR 570.

The City expects applicants to be fully informed of all regulations applicable to CDBG, and if funded, to comply with all applicable regulations.

HUD National Objectives

HUD's three national objectives are:

1. Benefit to low- and moderate- income (LMI) persons;
2. Aid in the prevention or elimination of slums or blight; and
3. Meet a need having a particular urgency (referred to as urgent need).

THE CONSOLIDATED PLAN

The City will only consider funding projects which are consistent with the *Consolidated Strategy Plan (CSP)*. The CSP is a five-year planning document required by HUD that determines priorities, establishes strategic goals, and allocates resources through an Annual Action Plan for various projects and initiatives. The CSP is located on the City's website at www.shreveportla.gov.

SUBMISSION DEADLINE & REQUIREMENTS

Submission Deadline

The City of Shreveport, Department of Community Development, must be in receipt of the proposal complete with all attachments, on or before **Friday October 3, 2025, by 4:30 p.m. CST**

Proposal Access

You may access this proposal by going to www.shreveportla.gov and clicking on Department of Community Development/Grant Proposals and selecting "2025 Notice of Funding Availability (NOFA) – CDBG Program."

One Application per Organization

Only one application will be accepted per organization.

Submission Options

OPTION 1- ELECTRONIC SUBMISSION: Respondents may submit one (1) complete electronic copy (PDF format only) of their submission via email to the Department of Community Development (cdproposals@shreveportla.gov), with a subject line entitled:

2025 CDBG – PS -NOFA

ORIGINAL APPLICATION DOCUMENTS SHOULD BE RETAINED, AS THEY MAY BE REQUESTED FOLLOWING ELECTRONIC SUBMISSION.

OPTION 2- HAND DELIVERY: One original and two (2) copies of application and all attachments may be hand delivered to the Department of Community Development, Attn: Director 415 Texas Street, Suite 102, Shreveport, LA 71101, (318) 673-5900.

Applicants who physically deliver their application must have their application logged in. Under no circumstances should any applicant leave a proposal at the office without completing the required log-in procedure.

Application Format

All applications must be completed using the forms supplied with this NOFA. Please only submit materials that have been requested. **Any application not following the prescribed format will not be considered for funding.** The City of Shreveport reserves the right to request additional information pursuant to this application.

PROPOSALS MUST BE COMPLETE AT THE TIME OF SUBMISSION. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING. NO ADDENDUM OR SUPPLEMENT WILL BE ACCEPTED AFTER THE DEADLINE DATE FOR SUBMISSION OF PROPOSALS. THE CITY HAS THE RIGHT TO EXTEND THE SUBMISSION DEADLINE SHOULD SUCH EXTENSION BE IN THE INTEREST OF THE CITY. PROPOSERS HAVE THE RIGHT TO REVISE THEIR PROPOSALS IN THE EVENT THE DEADLINE IS EXTENDED.

DISCLAIMERS & NOTICES

Competitive Process

This is a competitive process by which applicants will be scored and evaluated on the merits of their proposal and application. Submission of an application in no way guarantees an award of funding. Awards of funding are not binding on the City until such time as a formal funding agreement has been executed. To be considered for funding, applicants must achieve a minimum score of 75 points; however, meeting this threshold does not guarantee an award.

Proposals Subject to Public Records Laws

All proposals submitted become the property of the City of Shreveport. By submittal of a proposal, the submitter acknowledges that all proposals may be considered public record in accordance with the Public Records Law of the State of Louisiana. Subject to award of this contract, all or part of any submittal may be released to any person or firm who may request it. Therefore, Respondents shall specify in their proposal response if any portion of their submittal should be treated as proprietary and not releasable as public information. Proposers should be aware that all such requests may be subject to legal review and challenge. Any information considered proprietary should be indicated as such or not included in the response.

No Guarantee of Funding

Submission of a proposal does not commit the City of Shreveport to award a contract or to pay for any costs incurred in the preparation of a proposal. The City of Shreveport reserves the right to reject any proposal. Future award opportunities are not guaranteed and should not be relied on to support continued program activities.

Extensions & Amendments

If it becomes necessary to revise any part of the NOFA, all amendments will be provided in writing to all applicants as well as posted to the Department of Community Development's webpage located at www.shreveportla.gov.

Equal Opportunity Clause

Applicants may not discriminate on the basis of race, gender, nationality, ethnicity, religion, creed, or disability.

Conflict of Interest

No employee, board member, officer, agent, consultant, elected official, or appointed official of the recipients or sub-recipients that are receiving funds under a CDBG-assisted project who have responsibilities with respect to the CDBG activities or are in a position to participate in decision making processes or have access to inside information with regard to the activities, can obtain a financial interest or benefit from a CDBG assisted activity during their tenure or for one year thereafter (Federal Regulation 24 CFR 570.611). Agencies should maintain a written code of standards of conduct governing the purchase of materials, product, supplies, services, and awarding and administering sub-recipient contracts.

Applicants are also responsible for determining that there will be no conflict or violation of the Louisiana Ethics Code (La. R.S. 42:1101, *et seq.*) if their company is awarded the contract. Ethics issues are interpreted by the Louisiana Board of Ethics.

Insurance

Applicants must provide proof of insurance available **upon notification of funding**. Coverage must be in the amounts and coverage types required by the City, must name the City as an additional insured, must provide for a full waiver of subrogation and must be in full force and effect at all times. Insurance policy limits as required by the City of Shreveport are provided for in the attached document entitled "City of Shreveport Insurance Requirements and Instructions". **Final execution of any funding agreement under this application is contingent upon review and final approval of all insurance policies by the City of Shreveport's Department of Risk Management.**

If required and to avoid unnecessary costs, it is recommended that insurance policies are not purchased until such time as you are officially notified of an award for funding. Confirmation of award is contingent upon providing proof of insurance that is in compliance with the requirements of the City of Shreveport.

Period Of Funding

The grant period for funding is October 1, 2025 – December 31, 2026.

Deadline for Contract Execution

If awarded, the awardee shall execute all contracts and required attachments within five (5) days of receiving the

applicable documents. Failure to do so may result in forfeiture of the award.

Cost Elements

All costs for the project shall be aligned with the Office of Management and Budget (OMB) Cost Principles located 24 CFR Part 200. The cost must be allowable, allocable, necessary, and reasonable.

Cone of Silence

From the date of issuance of this Notice of Funding Availability until the award of funding is announced, all communication regarding this solicitation is prohibited between potential applicants, their representatives, and any City officials, staff, or evaluation committee members. The only authorized communication during this time is the submission of written questions about the NOFA format or required information. All questions must be submitted in writing to cdproposals@shreveportla.gov with the subject line “**2025 CDBG-PS Question**”. Verbal communications, private meetings, or attempts to influence the evaluation or award process in any manner are strictly prohibited and may result in disqualification of the applicant. The Cone of Silence shall terminate only upon the public posting of award decisions.

Contingency of Funding

All awards made under this Notice of Funding Availability are expressly contingent upon the allocation of Community Development Block Grant (“CDBG”) funds to the City of Shreveport by the United States Department of Housing and Urban Development (HUD). The City reserves the right to rescind, reduce, or otherwise adjust any award in the event such funds are not received, are delayed, or are reduced by HUD. No award shall be binding upon the City until a formal funding agreement has been executed and the City has received the corresponding CDBG allocation.

APPLICANT ELIGIBILITY

- Governmental entity or a nonprofit organization established by the IRS as a 501(c) 3 organization.
- Applicant entity must be in existence for at least one year.
- Applicant must have at least one year of experience in providing the requested service prior to submission of application.
- Applicant must have at least one year of demonstrated experience providing the service outlined in their proposal.
- The city will not fund an organization or agency with outstanding disallowed costs, defaulted loans, debarment actions or any other legal encumbrance, regardless of the merits of the submitted proposal. For questions about your status please contact the City of Shreveport’s Compliance Department at (318) 673-5581.
- Awards will not be granted if there are open contracts, or a funded project has not been successfully completed by the applicant organization.

ELIGIBLE ACTIVITIES

Definition of a Public Service

A Public Service is an activity funded under the CDBG Program that provides assistance, benefits, or services to low- and moderate-income persons.

Eligible Activities

Per **24 CFR 570.201(e)**, and for the purposes of this NOFA eligible public services include (but are not limited to):

- Employment services (job training, placement, workforce development)

- Health services (clinics, testing, treatment, health education)
- Childcare services (day care, after-school programs)
- Services for senior citizens and persons with disabilities
- Substance abuse services (counseling, treatment, prevention)
- Energy conservation counseling and services
- Education programs (including literacy and ESL)
- Services to address homelessness (shelter operations, case management)
- Crime prevention and public safety services

To be eligible for CDBG assistance, a project or activity must be either a new service or a quantifiable increase in the level of an existing service above that which has been provided in the 12 calendar months before the submission of the City of Shreveport’s 2025 Annual Action Plan.

ADMINISTRATIVE COSTS ARE NOT ELIGIBLE UNDER THIS NOFA.

MATCH & LEVERAGING

Match Requirement

Applicant is required to furnish proof of match funding in the amount of twenty-five (25%) percent of the total project cost. Subrecipient shall reference and comply with the Eligible Sources of Match Under the CDBG Program guidance provided with this Notice of Funding Availability (NOFA), which is annexed hereto by reference and incorporated into this Agreement as if fully set forth herein. All match contributions must be consistent with the requirements and documentation standards outlined in said Guidance.

Reimbursement Requirement

Payments under this grant will be made strictly on a reimbursement basis. The Subrecipient must first incur and document eligible expenses before requesting reimbursement from the City. Applicants are advised that they must have sufficient cash resources or committed cash match to cover all upfront costs, as no advance payments will be made under this program.

Leveraging Resources

Applicant must demonstrate and document the ability to secure resources beyond those provided under this grant award, including private, other public, and mainstream resources.

Leveraging resources may include cash, cash equivalent (i.e., other federal, state and local grant awards) and in-kind contributions, such as services, donations or equipment.

Leverage must be verifiable, committed, and documented to count toward the project’s total resources.

VIRTUAL WORKSHOP

A virtual informational workshop will be held on Friday, September 26, 2025 at 11:00 a.m. via Microsoft Teams. Instructions for joining the virtual workshop will be posted on the City of Shreveport’s Department of Community Development’s website. Interested organizations are strongly encouraged to participate in the workshop. The workshop is not mandatory, but applicants will be held responsible for all information presented.

TARGETED NEIGHBORHOOD REQUIREMENT

All projects funded under this NOFA must be located in one of the 19 CDBG Targeted Neighborhoods which include the following:

Queensborough, Ledbetter Heights, Martin Luther King, Allendale, Lakeside, Ingleside, Mooretown, Stoner Hill, Cedar Grove, Greenwood Acres, Hollywood, Reisor, Solo Hood, Waterside, Caddo Heights, Werner Park, Sunset Acres, Cherokee Park, and Highland.
(A map and description of the Targeted Neighborhoods is attached to this NOFA)

TARGETED POPULATION & ELIGIBLE PARTICIPANTS

Low-to-moderate Income Household

Your project MUST benefit low to moderate income persons. The term “low and moderate income” shall be defined as at or below 80% of the median income adjusted for family size for the area as defined in Section 102 of the Housing and Community Development Act of 1974, as amended. Low-and moderate-income household means a household having an income equal to or less than the Section 8 low-income limit established by HUD. Income guidelines now in effect are attached to this NOFA for reference.

Low-to-moderate Income Guidelines

Please note that eligibility determinations under the Community Development Block Grant (CDBG) Program are subject to income limits established and periodically updated by the U.S. Department of Housing and Urban Development (HUD). All recipients of CDBG funding shall adhere to and implement any such updated income guidelines as they may change during the term of this Agreement and shall ensure that all program beneficiaries meet the most current applicable income requirements.

SELECTION PROCESS

All applications submitted under this Notice of Funding Availability (NOFA) will be subject to a two-tiered review and evaluation process to ensure compliance with federal regulations, City policies, and the priorities identified in the City’s Consolidated Plan.

Minimum Eligibility Review (Internal Staff Review)

Upon receipt, applications will undergo an internal eligibility review conducted by the Department of Community Development staff. This review will verify that:

- The application was submitted on or before the deadline.
- Governmental entity or a nonprofit organization established by the IRS as a 501(c) 3 organization that is registered and in good standing with the State of Louisiana.
- Applicant demonstrates at least one year of experience providing the proposed service.
- The proposed activity is an eligible Public Service under 24 CFR 570.201(e).
- The activity primarily benefits low- and moderate-income persons.
- The activity is consistent with the City’s Consolidated Plan and Annual Action Plan.
- Organization has an active DUNS/UEI number and SAM.gov registration.
- The applicant is in compliance with HUD and City requirements and has no unresolved audit or monitoring findings.
- The applicant has identified sources and proof of leverage and match as required under this NOFA.
- All required forms, certifications, and supporting documentation are complete.
- Application is signed by an authorized representative.

Applications failing to meet these minimum standards will be deemed ineligible and will not advance to the next stage of review.

Committee Evaluation (External Review Panel)

Eligible applications will then be forwarded to a committee of external evaluators appointed by the City. The external evaluation committee will consist of individuals with expertise in community development, nonprofit management, housing, public services, and/or financial oversight.

The external evaluators will review, score, and rank applications based on published evaluation criteria described below in this NOFA, which may include:

- Demonstrated organizational capacity and experience.
- Alignment of proposed activities with identified community needs and priorities.
- Program design, measurable outcomes, and implementation feasibility.
- Reasonableness of budget and cost-effectiveness.
- Leveraging of other resources and partnerships.
- Expected impact on low- and moderate-income residents.

Final Award Determination

The evaluation committee’s recommendations will be submitted to the Director of Community Development for review and approval. Final award determinations will be made based on committee scoring, available funding, and consistency with City and HUD priorities.

Applicants must achieve a minimum score of seventy-five (75) points in the evaluation process to be considered for funding. Meeting the minimum score does not guarantee an award. Final funding decisions are contingent upon the availability of CDBG funds and the City’s determination of which proposals will provide the maximum benefit to the community.

Applicants will be notified in writing of funding decisions. The City reserves the right to negotiate budgets, scopes of work, or conditions of award as necessary to ensure compliance and maximize community impact.

APPLICATION & CERTIFICATION ON THE FOLLOWING PAGES.

APPLICATION COVER SHEET & PROJECT INFORMATION

APPLICANT ORGANIZATION

LEGAL NAME OF ORGANIZATION:					
ORGANIZATION ADDRESS:					
TAX I.D. #		FEDERAL UEI #:		DATE OF 501(c)(3) DESIGNATION:	
PROJECT ADDRESS:					
TARGETED NEIGHBORHOOD:			COUNCIL DISTRICT		
<p><i>NOTE – The Federal government stopped using DUNS numbers on April 4, 2022 which was replaced by the Unique Entity Identifier (UEI) Number. UEI numbers must be obtained and provided to the City prior to submission of any application for funding. FOR MORE INFORMATION OR TO OBTAIN A UEI NUMBER, PLEASE VISIT www.sam.gov.</i></p>					

AUTHORIZED REPRESENTATIVE

The authorized representative is the party who will be granted authorization to execute documents and communicate on behalf of the organization relative to this application.

NAME OF AUTHORIZED REPRESENTATIVE:	
PHONE NUMBER:	
EMAIL ADDRESS:	

REQUESTED FUNDING, MATCH & LEVERAGE

AMOUNT REQUESTED:	
AMOUNT OF MATCH (must be at least 25%):	
AMOUNT OF LEVERAGED FUNDS:	

PROPOSED ACTIVITY (check all that apply)

DESCRIPTION OF PROPOSED ACTIVITY:	
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Select the Public Service activity type for which funding is requested under this NOFA.

<input checked="" type="checkbox"/>	Please check (✓) all that apply.	<input checked="" type="checkbox"/>	Please check (✓) all that apply.
<input type="checkbox"/>	Elderly Services	<input type="checkbox"/>	Employment Services & Training
<input type="checkbox"/>	Services for persons with disabilities	<input type="checkbox"/>	Crime Prevention & Public Safety
<input type="checkbox"/>	Legal Services	<input type="checkbox"/>	Nutrition & Food Relief/Education Services
<input type="checkbox"/>	Youth Services	<input type="checkbox"/>	Financial Literacy Services
<input type="checkbox"/>	Health and/or Mental Health Services	<input type="checkbox"/>	Childcare Services
<input type="checkbox"/>	Special Economic Development Activities <i>**Assistance to a private, for-profit businesses in the form of technical assistance, economic development services and job training to enhance employability of low-moderate-income individuals.</i>	<input type="checkbox"/>	Interim Assistance <i>**Interim assistance to areas experiencing physical deterioration and for which permanent improvements will be undertaken as soon as practicable. Activities may include the repair of parks and playgrounds, the removal of garbage trash and debris and neighborhood cleanup campaigns.</i>
<input type="checkbox"/>	OTHER (please list):		

EXPECTED PROJECT OUTPUTS	
Number of Persons to be served	
Number of households to be assisted	
Number of housing units assisted	
Number of jobs created/retained	
Other:	
IDENTIFICATION OF A NATIONAL OBJECTIVE	
<i>To be eligible for funding, the project and/or activity for which you are requesting funding must address one national objective. Please check all that apply.</i>	
	LOW – AND MODERATE- INCOME BENEFIT: The project meets the needs of low- and moderate-income persons. At least 51 percent of the participants or beneficiaries of the program will meet the low- and moderate-income guidelines.
	LOW – AND MODERATE- INCOME (AREA) BENEFIT: The project is located in a low- and moderate-income area where at least fifty-one (51%) percent of the residents are persons whose income does not exceed 80 percent of the Area Median Income (AMI) as determine by the U.S. Department of Housing and Urban Development (HUD). An activity meeting this national objective must be designed so that the service or facility is available to all residents in the area, regardless of income, but with the assurance that the area as a whole meets the required low- and moderate-income threshold.
	LOW – AND MODERATE- INCOME (LIMITED CLIENTELE) BENEFIT: The project targets the needs of one of the following presumed low-moderate income groups of people (low-mod limited clientele): abused children, elderly persons, battered spouses, homeless persons, severely disabled persons and illiterate adults and persons living with AIDS.
	PREVENTION/ELIMINATION OF SLUMS OR BLIGHT: The project described eliminates specific instances of blight or physical decay.
IDENTIFICATION OF OUTCOME & PERFORMANCE MEASURES	
<i>HUD has established an outcome-based performance measurement system. Outcome and performance measures are an organized process for gathering information to determine how well programs and activities are meeting established needs and goals.</i>	
Performance Objectives - All of the activities funded must identify one of the following performance objectives. PLEASE CHECK ONLY ONE BOX THAT BEST APPLIES TO YOUR PROJECT'S OBJECTIVES	
	<u>Creating suitable living environments</u> - In general, this objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment which may include but is not limited to blight, crime, literacy, etc.
	<u>Creating economic opportunities</u> - This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

Performance Outcomes - Program outcomes help to capture the nature of the change or the expected result of the objective that a subrecipient seeks to achieve. Outcomes correspond to the question “What type of change or result am I seeking?” **PLEASE CHECK ONLY ONE BOX THAT BEST APPLIES TO YOUR PROJECT’S OUTCOMES**

Availability/Accessibility. This outcome applies to proposals that will make services, infrastructure, housing, shelter or jobs available or accessible to extremely low- and low/moderate-income people, including persons with disabilities.

Affordability. This outcome applies to proposals which provide affordability in a variety of ways in the lives of extremely low-, very low- and low/moderate- income people.

Sustainability/Promoting Livable or Viable Communities. The outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally extremely low-, very low- and low/moderate-income people.

Listed below are examples of objective and outcome statements. Statements should relate to the eligible activities as well as the objective identified for your proposed program or activity. **In your own words in the next section, provide a brief objective and outcome statement relative to your proposed program or activity. Provide the performance objectives proposed by your program or activity as well as the desired performance outcome(s) you intend to achieve. You may identify multiple outcomes.**

- Through this tutoring program, 20 youth will have greater accessibility to higher education opportunities.
- Through this job training activity, 150 individuals will gain marketable skills which will make them more employable and create greater economic opportunities for the purpose of sustaining and promoting viable communities.

APPLICATION NARRATIVE

All applications must follow the format outlined below. Proposals that do not fully respond to each required question or that are not submitted in the specified format will not be reviewed. Responses in this section are limited to six (6) double-spaced pages, using 12-point font. The application narrative must address **all** of the items and subcategories listed below.

Project Description: (20 pts)

1. Provide a summary of the project activities, services to be provided, and how they will be accomplished.
2. Fully describe how the proposed project will meet one or more of HUD’s national objectives.

3. Briefly explain how your proposed project fits into one of more of the public service activity types identified above.
4. Describe the population to be served. Provide geographic boundaries if the activity is an Area Benefit project.
5. Describe how the project aligns with the City's priorities as outlined in its Consolidated Plan and 2025 Annual Action Plan.
6. Describe how residents and stakeholders were involved in developing the project.

Implementation Plan (15 pts.)

1. Provide a detailed implementation schedule, including timeline, key milestones and anticipated completion dates.
2. Describe how you will reach out and market to the targeted beneficiaries of your project.
3. Describe and list any project partners and describe their role.
4. Explain how the project or activity will continue after CDBG funding ends.

Performance Objectives & Measures (20 pts.)

1. Clearly define and document the extent of the need or problem to be addressed by the proposed project or activity including data, surveys or studies.
2. Describe how you will measure the success of the project, including the positive outcomes, the projected number of households or individuals to be served, the accomplishments you intend to achieve and the anticipated changes and benefit to the community and the City of Shreveport.
3. Provide a brief description of the demographics of the client target population to be served by the project including a brief description of the potential beneficiaries' age, ethnicity, gender and any other relevant characteristics.
4. Describe the specific tools and methods that will be used to track, record and report project data and outcomes, including but not limited to low-moderate income participant eligibility and participation (including income and demographics), and your procedure for verifying their residence within the City limits of Shreveport.

Applicant Capacity (20 pts.)

1. Describe your organization's history, purpose, mission, and goals and primary services.
2. Describe the agency's qualifications, and the extent to which you have the organizational resources necessary to successfully implement the proposed activities in a timely and efficient manner.
3. Identify and describe each staff member who possesses knowledge and experience in your proposed program or activity. (Resumes NOT required).
4. Provide relevant experience in managing federal grants or similar programs.

5. Provide a list of accomplishments and previous projects for the previous twelve (12) months.

Budget & Financial Capacity (25 pts.)

1. Please complete the budget chart on the following page. Describe the project or activities cost estimates including a brief explanation of each line item supported by grant funds, the need, usage reasonableness and benefit to the program.
2. Provide an estimated cost per beneficiary.
3. Describe your organization's fiscal management disbursement methods, financial reporting, recordkeeping and accounting procedures.
4. Describe how your organization will ensure compliance with 2CFR 200 and HUD financial regulations.
5. Provide the names of your organization's accountant/financial staff.
 - a. *Note – all organizations receiving over \$25,000 must have a certified bookkeeper responsible for its financial management.*
6. Describe and document all sources of match and provide sufficient supporting documentation showing proof of match funding amounts including signed letters of commitment for each funding source. The individual signing all letters of commitment must identify their authority to commit the resources necessary to provide funding to your organization.
7. Describe and document all resources leveraged and secured beyond those provided under this grant award, including private, other public, and mainstream resources. Leveraging resources may include cash, cash equivalent (i.e., other federal, state and local grant awards) and in-kind contributions, such as services, donations or equipment. Provide sufficient supporting documentation showing leveraged amounts and sources.

BUDGET & MATCH CHARTS ON THE FOLLOWING PAGE.

CDBG PUBLIC SERVICE- BUDGET FORM

ORGANIZATION NAME:		DATE:	
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PROJECTED EXPENDITURES AND BUDGET

LINE ITEM	CDBG (\$)	Match (\$)	SOURCE OF MATCH	Total (\$)
TOTAL	\$	\$		\$

**CDBG – PUBLIC SERVICE
MATCHING FUNDS TABLE**

ORGANIZATION NAME:				DATE:	
Match Category	Source Name	Description of Contribution	Estimated Value	Title & Type of Supporting Documentation	
Cash Contributions					
Local Government Funds					
Non-Federal Cash Contribution					
Private Funds					
Nonprofit Organization Contributions					
Program Income (if applicable)					

SUBTOTAL – CASH CONTRIBUTIONS			\$		
In-Kind Contributions					
Donated Goods (e.g., supplies, food)					
Donated Services (e.g., legal, case management)					
Volunteer Time					
Donated Use of Space (e.g., shelter, offices)					
Other					
SUBTOTAL – IN KIND CONTRIBUTIONS			\$		
TOTAL MATCH CONTRIBUTIONS			\$		

APPLICATION CERTIFICATION

By my signature below, I certify and acknowledge that:

1. I am authorized to submit this application on behalf of the named organization;
2. The information provided herein is true and correct;
3. Any funds approved under this proposal shall be used solely in accordance with the uses described herein; and
4. Any misrepresentation or intentional omission of information that leads to the improper allocation and expenditure of public funds may result in legal action against the organization for retrieval of any such funds as well as any applicable or appropriate penalties as provided for under local, state or federal laws and regulations.

SIGNATURE

TITLE

NAME OF AUTHORIZED REPRESENTATIVE

DATE

PLEASE SEE ATTACHMENTS ON THE FOLLOWING PAGES WHICH ARE INCORPORATED INTO THIS NOFA BY INCLUSION AND REFERENCE.

ATTACHMENT A

ELIGIBLE SOURCES OF MATCH UNDER THE CDBG PROGRAM		
ELIGIBLE MATCH SOURCE	EXAMPLES	REQUIRED SUPPORTING DOCUMENTATION
Cash Contributions (non-federal)	Recipient, subrecipient, private, or local funds	Bank statements, budget reports, financial statements, or ledgers showing availability and expenditure of funds
State or Local Government Funds	General revenue, special-purpose funds, other program funds	Resolutions, ordinances, grant/award letters, or executed funding agreements
Private Funds	Foundations, businesses, nonprofit contributions	Letters of commitment, grant agreements, or contribution confirmations
In-Kind Contributions – Services	Volunteer or professional services donated	Signed timesheets, service logs, letters from donor stating hours
In-Kind Contributions – Supplies/Equipment	Donated building materials, equipment, or other tangible goods	Donation letters, invoices, or valuation statements
Donated Land or Property	Land or buildings donated for the project	Independent appraisal, deed, title transfer documents, donation letters
Third-Party Contributions	Direct goods, services, or funds benefiting project	Written agreements, letters of commitment, invoices, or valuation documentation

ATTACHMENT B

2025 HUD INCOME GUIDELINES		
Family Size	Very Low (50%)	Low (80%)
1	\$28,600.00	\$45,750.00
2	\$32,700.00	\$52,300.00
3	\$36,800.00	\$58,850.00
4	\$40,850.00	\$65,350.00
5	\$44,150.00	\$70,600.00
6	\$47,400.00	\$75,850.00
7	\$50,700.00	\$81,050.00
8	\$53,950.00	\$86,300.00

NOTE: The above limits became effective on June 1, 2025. Eligibility determinations under the Community Development Block Grant (CDBG) Program are subject to income limits established and periodically updated by the U.S. Department of Housing and Urban Development (HUD). All recipients of CDBG funding shall adhere to and implement any such updated income guidelines as they may change during the term of this Agreement and shall ensure that all program beneficiaries meet the most current applicable income requirements.

ATTACHMENT C

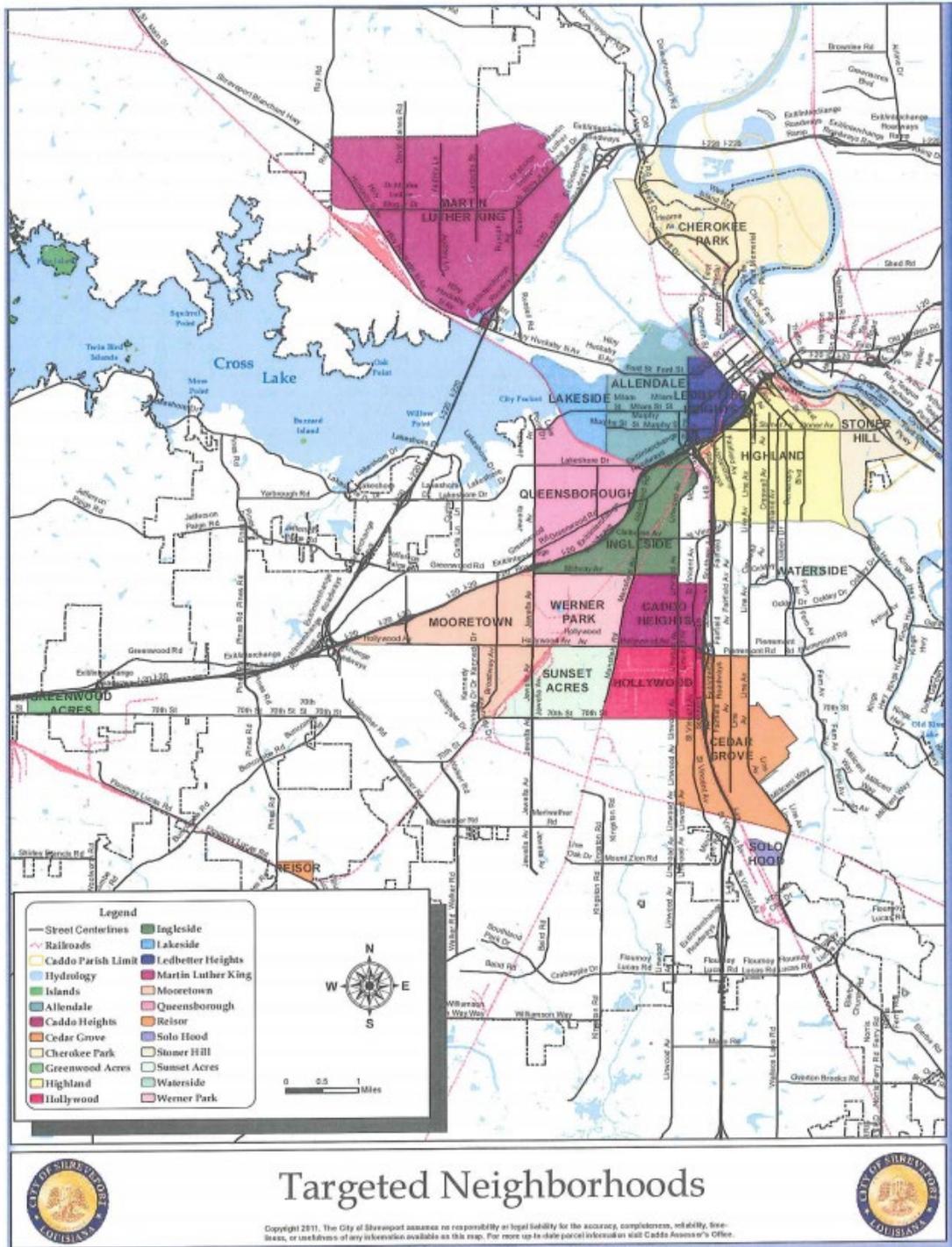
CORE SELECTION CRITERIA	
CATEGORY	PTS.
<p>PROJECT DESCRIPTION Points will be awarded based on the clarity and completeness of the project description, including activities and services, alignment with HUD national objectives and eligible public service types, target population and service area, consistency with the City’s Consolidated Plan and 2025 Annual Action Plan, and evidence of community and stakeholder involvement.</p>	20
<p>IMPLEMENTATION PLAN Points will be awarded based on the strength of the implementation plan, including timeline and milestones, outreach and marketing to target beneficiaries, involvement of project partners, and the sustainability of the project beyond CDBG funding</p>	15
<p>PERFORMANCE OBJECTIVES & MEASURES Points will be awarded based on the applicant’s ability to clearly define and document the community need with supporting data, identify the target population and demographics, establish measurable outcomes and projected beneficiaries, and demonstrate effective methods for tracking, verifying, and reporting participant eligibility and project results</p>	20
<p>APPLICANT CAPACITY Points will be awarded based on the organization’s demonstrated capacity, including its history, mission, services, staff qualifications, relevant experience with federal or similar programs, and documented accomplishments within the past 12 months.</p>	20
<p>BUDGET & FINANCIAL CAPACITY Points will be awarded based on the clarity, completeness, and reasonableness of the budget and cost estimates, cost per beneficiary, strength of fiscal management and compliance systems, qualifications of financial staff, and the extent and documentation of secured match and leveraged resources.</p>	25
TOTAL POINTS	100

ATTACHMENT D

CHECKLIST OF DOCUMENTS & ATTACHMENTS		
NAME	DESCRIPTION	(✓)
Application Cover Sheet & Project Information	All sections must be completed.	
Application Narrative	The application narrative must fully address all of the items and subcategories provided.	
CDBG Public Service Budget Form	A summary of all budgeted costs for this project by line item. Must be fully completed.	
CDBG Public Service Matching Funds Table	A summary of all match to be used for this project. Must be fully completed.	
Authorizing Resolution	Please provide names of all parties having signature authority relative to this grant and application. Sample included below, however your organization may provide its own form document.	
Certificate of Insurance	Instructions provided.	
Felony Conviction Affidavit	Must be signed by authorized representative	
Most Current Financial Statements or Audit	Not to exceed two (2) years old.	
Match Funding Supporting Documentation	The individual signing all letters of commitment must identify their authority to commit the resources necessary to provide funding to your organization.	
Leverage Supporting Documentation	Commitment letters, award notices, or funding agreements, that verify the availability and value of additional resources pledged to support and enhance project beyond the requested CDBG grant funds.	
Listing of Board of Directors and their affiliations	A list of the individuals who serve as the organization’s governing body, including their names, titles and roles.	
List of Staff Members and Positions	A list of each employee who will administer or manage this project including their name, title and role and expertise.	
A copy of your current IRS tax exempt statement	Must evidence that you are not a private Foundation and should include an explanation of any changes to your IRS status.	
Application Certification	Must be signed by authorized representative and submitted with application for consideration.	
Attachment A – Eligible Sources of Match	For reference.	
Attachment B – 2025 HUD Income Guidelines	For reference.	
Attachment C – Core Selection Criteria	For reference.	
Attachment D – Checklist of Documents & Attachments	For reference.	
Attachment E – Map of Targeted Neighborhoods	For reference. It is recommended that insurance policies are not purchased until such time as you are officially notified of an award for funding. Confirmation of award is contingent upon providing proof of insurance that is in compliance with the requirements of the City of Shreveport.	
Attachment F – Insurance Instructions	Incorporated and for reference.	
ALL ORIGINAL DOCUMENTS SUBMITTED ELECTRONICALLY MUST BE RETAINED AND SHALL BE PROVIDED AT ANY TIME UPON REQUEST BY THE CITY OF SHREVEPORT.		

ATTACHMENT E

MAP OF TARGETED NEIGHBORHOODS



ATTACHMENT F

CITY OF SHREVEPORT INSURANCE REQUIREMENTS and INSTRUCTIONS

UNLESS WAIVED BY THE RISK MANAGER FOR THE CITY OF SHREVEPORT, EVIDENCE OF ALL APPROPRIATE AND APPLICABLE INSURANCE COVERAGE CARRIED BY THE FIRM, AGENCY OR ORGANIZATION DURING THE FULL TERM OF ANY CONTRACT OR AGREEMENT.

All applicable policies MUST:

- A. Be endorsed to name the City as an additional insured.**
- B. State that all right of recovery or subrogation against the City, its officers, agents or employees and its insurance companies is waived.**
- C. Be submitted in the format of an ACORD form. A blank sample has been provided for your reference.**

Please note that required bonds for construction projects must be submitted on the forms prescribed by the City of Shreveport which will be made available upon request.

Funding recipients and contractors shall furnish the City of Shreveport with certificates of insurance showing that the following insurance is in force at all times. Each certificate must name the organization or agency contracting with the city as the policy holder and should contain the following coverages and limits of liability:

Commercial General Liability Insurance - in an amount not less than a combined single limit of \$1,000,000 per occurrence and \$1,000,000 annual aggregate. It is the intent of the **City** that the policy coverage should not be limited by an annual aggregate limitation. If this policy is to be limited by an aggregate annual limitation, the aggregate limitation shall not be less than \$2 Million otherwise **Subrecipient** must provide a \$1,000,000 per project aggregate applicable for the project specified in this agreement.

Commercial Auto Liability Insurance - including hired, rented or non-owned automobiles, in an amount not less than \$500,000 combined single limit.

Workers' Compensation Insurance - as required by the laws of the State of Louisiana and Employer's Liability Insurance in a minimum amount of \$1,000,000. This policy shall contain an Other States Coverage Endorsement. When required by the **City**, this policy shall also be endorsed to include coverage required by the United States Longshoreman and Harbor Workers' Compensation Act and Maritime Coverage. The certificate of insurance required by section C, below, must have the following statement shown in the remark section: This policy for workers' compensation protects all members of the insured organization, including an employer a sole proprietor, a partner or bona fide officer of the insured organization, and all employees.

IN ADDITION TO THE ABOVE, THE FOLLOWING REQUIREMENTS WILL APPLY TO PUBLIC FACILITIES AND/OR CONSTRUCTION PROJECTS UNLESS WAIVED BY THE CITY OF SHREVEPORT'S RISK MANAGER.

Builders' Risk Insurance - for the mutual benefit of the Vendor/Contractor and the City, to be provided in a reporting policy form or other form acceptable to the City. This policy shall be written on an "all-risk" basis providing coverage for the building structure and construction machinery and equipment. This policy shall be endorsed to name the City as an

additional insured.

Performance Bond - issued by a qualified Surety in favor of **City**, as obligee, which guarantees that **City** will be indemnified for any loss occurring from the failure of **Contractor**, as obligor, to perform the work according to the Agreement, plans and specifications. This bond shall be in an amount equal to 100% of the Agreement amount. This bond will be required on any agreement amount exceeding \$50,000. This bond will be waived on any agreement amount less than \$50,000 providing the aggregate amount of any such Agreements concurrently in effect does not exceed \$50,000. Any agreement which causes the aggregate amount to exceed \$50,000 will be bonded for the entire amount of the agreement in question. This bond will be waived on any agreement amount less than \$7,000, regardless of the aggregate amount on any such agreements concurrently in effect. There will be no more than three (3) agreements concurrently in effect for any one (1) contractor.

Payment Bond - issued by a qualified Surety in favor of City, as obligee, which guarantees that bills incurred Contractor, as obligor, for labor and materials will be fully paid at the completion of the project. This bond shall be written in an amount equal to 50% of the Agreement amount. This bond will be required on any agreement amount exceeding \$25,000. This bond will be waived on any agreement amount less than \$25,000 providing the aggregate amount of any such agreements concurrently in effect does not exceed \$25,000. Any agreement which causes the aggregate amount to exceed \$25,000 will be bonded for the entire amount of the agreement in question. This bond will be waived on any agreement amount less than \$7,000, regardless of the aggregate amount on any such agreements concurrently in effect. There will be no more than three (3) agreements concurrently in effect for any one (1) contractor.

Maintenance Bond - issued by a qualified Surety in favor of **City**, as obligee, which guarantees that the completed work is free from defects and that faulty work will be corrected and/or defective material will be replaced for a period of one (1) year. This bond shall be written in an amount equal to 10% of the agreement amount. This bond will be required on any agreement amount exceeding \$20,000, This bond will be waived on any agreement amount less than \$20,000 providing the aggregate amount of any such agreements concurrently in effect does not exceed \$20,000. Any agreement which causes the aggregate amount to exceed \$20,000 will be bonded for the entire amount of the agreement in question. This bond will be waived on any agreement amount less than \$7,000, regardless of the aggregate amount on any such agreements concurrently in effect. There will be no more than three (3) agreements concurrently in effect for any one (1) contractor.

ADDITIONAL REQUIREMENTS

- 1) All coverage provided shall be effective under insurance policies issued by solvent insurance carriers qualified to do business in the State of Louisiana and having an A. M. Best Company rating of **B+VII** or better. This rating requirement will be waived for the workers' Compensation coverage only.
- 2)
- 3) The **City** reserves the right to inspect any and all insurance policies required pursuant to this Agreement, prior to commencement of the services specified in the Agreement and anytime thereafter. Failure to provide adequate evidence of insurance or failure to maintain the insurance as required by this paragraph shall be grounds for terminating this Contract at the option of the City.
- 4) Proof that such insurance coverage exists shall be furnished to the **City** by means of Certificate of Insurance form provided by the **City** before any part of the service specified by this Agreement are commenced. **The said Certificate shall name the City as an additional insured as indicated in subsection a. and include a provision that in case of cancellation or any material change in the coverage stated above the City shall be notified thirty (30) days prior to such change or cancellation.** Said provision shall include cancellation for nonpayment of premium. **Subrecipient** shall be liable for its subcontractors' insurance coverage of the types and in the amounts stated above, and shall furnish the **City** with copies of such Certificates of Insurance.

- 5) The **City** will give **Subrecipient** prompt notice in writing of the institution of any suit or proceeding and permit **Subrecipient** to defend same, and will give all needed information, assistance, and authority to enable **Subrecipient** to do so. **Subrecipient** shall similarly give the **City** immediate notice of any claim arising out of the performance of the agreement. **Subrecipient** shall furnish immediately to the **City** copies of all pertinent papers received by **Subrecipient**.
- 6) **Subrecipient** shall be responsible for compliance with all safety rules and regulations of the Federal Occupational Safety and Health Act of 1970 and those of all applicable State Acts, Laws or Regulations during the conduct of **Subrecipients** performance of the Agreement. **Subrecipient** shall indemnify the **City** for fines, penalties and corrective measures that result from the acts of commission or omission of **Subrecipient**, its subcontractors if any, agents, employees and assigns and their failure to comply with such safety rules and regulations.
- 7) If any part of the services specified by this agreement is sublet, similar insurance shall be provided by or on behalf of the subcontractor to cover their operations, and evidence of such insurance, satisfactory to the **City**, shall be furnished to the **City** by **Subrecipient**.
- 8) The payment of any deductible specified by such insurance policies shall be the responsibility of the Contractor and will be paid solely by the Contractor. If any of the insurance policies referred to above do not have a flat premium rate and such premium has not been paid in full, such policy must have a rider or other appropriate endorsement or waiver sufficient to establish that the issuer of the policy is entitled to look only to the Contractor for premium payment and has no right to recover premium payment from the City.

FOR QUESTIONS RELATED TO INSURANCE COVERAGE REQUIREMENTS FOR YOUR SPECIFIC PROJECT, PLEASE CONTACT THE CITY OF SHREVEPORT'S RISK MANAGEMENT DIVISION AT (318) 673-5540.

SAMPLE ACORD FORM



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:														
INSURED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A :															
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N	N / A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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ACORD 25 (2010/05)

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