LOUISIANA EMERGENCY SHELTER GRANTS PROGRAM

The City of Shreveport is soliciting applications for the Emergency Shelter Grant Program (ESGP) administered by the Louisiana Department of Social Services (DDS) for fiscal year 2010. Funding available under the Emergency Shelter Grants Program is dedicated for the rehabilitation, renovation, or conversion of buildings for use as shelters for the homeless and for payment of certain operating costs and social service expenses relating to the homeless emergency shelter. The Program also allows funding for use in homeless prevention activities as an adjunct to other eligible activities.

Nonprofit organizations interested in developing a project proposal for possible inclusion in this ESGP funding application may request a copy of the proposal materials by contacting the Department of Community Development, City Hall Annex, 1237 Murphy Street, Room 314, beginning Wednesday, May 19, 2010 or by going to the City of Shreveport's website, Department of Community Development as follows: www.shreveportla.gov. Only private non-profit (501 (c) (3) designated organizations which have been providing homeless services for at least one year are qualified for funding; must have the capacity to provide matching funds (in-kind contributions) equal to the amount awarded; must involve, to the minimum extent practicable, homeless individuals and families in ESG activities; and, must be able to provide written certification that they are apart of a Homeless Management Information System (HMIS).

The deadline for submission of all proposals is Wednesday, June 09, 2010 at 5:00 P. M. Please submit an original and three copies to the attention of Ms. Bonnie Moore, Director, City of Shreveport, Department of Community Development, 1237 Murphy Street, Room 314, (physical address) or Post Office Box 31109, Shreveport, LA 71130 (mailing address). Applications may not be sent by facsimile (FAX) or by electronic mail (E-Mail). There will be absolutely no exceptions. The City of Shreveport reserves the right to reject any proposal that may not include all required documents or miss the submission deadline.

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City of Shreveport Department of Community Development I. Cover Sheet

BACKGROUND INFORMATION

BACKGROUI	ND INFORMATION
Legal Name of the Agency:	
Address:	
Tax ID Number	
Duns Number:	
Telephone Number:	Fax Number:
Contact Person:	Email address
Submitted by	Email address
PROJECT	DESCRIPTION
Name of Project:	
Amount Requested:	Total Project Cost:
Location of Project:	
Eligible Activity: Renovation Essential Se	ervices Operations Homeless Prevention
Have you been previously assisted with ESG fur	nds? Yes No
If yes, please specify the years funded and the ar	
Amount of Match Contribution	
List Sources of Match:	
I certify that the information provided on this formula based upon records and information available to	n and the narrative is correct to the best of my knowledge me.
Signature	Date
Title	Email address

Emergency Shelter Grants Program

II. BACKGROUND

The Stewart B. McKinney Homeless Assistance Act (Publ. L. 100-77, approved July 22, 1987), as amended, authorized the Emergency Shelter Grants Program (ESGP) under the U. S. Department of Housing and Urban Development (HUD).

III. DESIGN AND PURPOSE

The Emergency Shelter Grants Program (ESGP) is designed to be the first step in a continuum of assistance to enable homeless individuals and families to move toward independent living as well as to prevent homelessness.

The purpose of the program is to:

- help improve the quality of existing emergency shelters for the homeless,
- help make available additional emergency shelters,
- help meet the costs of operating emergency shelters and providing certain essential
 social services to homeless individuals, so that homeless persons have access not
 only to safe and sanitary shelter, but also to the supportive services and other kinds
 of assistance they need to improve their situations.

The purpose is also intended to:

• restrict the increase of homelessness through the funding of preventive programs and activities.

IV. ELIGIBLE APPLICANTS

Only Private non-profit organizations who have been providing homeless services for at least one year are qualified for funding; must have the capacity to provide matching funds (inkind contributions) equal to the amount awarded; must involve, to the minimum extent practicable, homeless individuals and families in ESG activities; and, must be able to provide written certification that they are apart of a Homeless Management Information System (HMIS).

V. ELIGIBLE ACTIVITIES

Eligible activities under the Emergency Shelter Grants Program are set forth in 42 U.S.C. Part 11374 (Title IVB of the Stewart B. McKinney Homeless Assistance Act) and HUD Program regulations at 24 CFR Part 576.21 (a)[61 Federal Register page 51549; Oct. 02, 1996]. Copies of ESGP statutory provisions and rules are included in this application packet. Only those activities specifically authorized under statutory provisions and Program regulations are eligible for use of ESGP funds. Other uses are ineligible.

Section Three of the Emergency Shelter Grants (ESG) Program Desk Guide covers "Eligible

Activities Under the ESG Program". The Guide can be found at:

Http://www.hud.gov/offices/cpd/homeless/library/esg/esgdeskguide/index.cfm As described under the Program law and regulations, ESGP grant amounts may be used for one or of the following activities relating to emergency shelter for the homeless:

- A. Renovation, major <u>rehabilitation</u>, or conversion of buildings for use as emergency shelters for the homeless;
- B. Provision of essential <u>services</u> to the homeless. Essential services include services concerned with employment, health, drug abuse, and education and may include (but are not limited to):
 - assistance in obtaining permanent housing,
 - medical and psychological counseling and supervision,
 - employment counseling,
 - nutritional counseling,
 - substance abuse treatment and counseling,
 - help in obtaining other Federal, State and local assistance,
 - other services such as child care, transportation, job placement and job training; and
 - staff salaries necessary to provide the above services.

Grant amounts may be used to provide an essential service only if:

- 1. The service is
 - a. a new service, or
 - b. a quantifiable increase in the level of a service above that which the recipient provided with local funds during the 12 calendar months immediately before the receipt of initial grant amounts; and
- 2. Not more than **30 percent** of ESG Program funding is used for essential service activities;
- C. Payment for shelter maintenance, operation (including shelter administration), rent, repairs, security, fuel, equipment, insurance, utilities, food and furnishings. An amount, not to exceed ten (10) percent of ESG funds, may be spent on staff costs of operations related to emergency shelter;
- D. Developing and implementing <u>homeless prevention</u> activities.

 Homeless prevention activities are those designed to prevent the incidence of
 - homeless prevention activities are those designed to prevent the incidence of homelessness, including (but not limited to):
 - short-term subsidies to defray rent and utility arrearage for families that have received eviction or utility termination notices;
 - security deposits or first month's rent to permit a homeless family to move into its own dwelling;
 - mediation programs for landlord-tenant disputes;
 - legal services programs for the representation of indigent tenants in eviction proceedings;
 - payments to prevent foreclosure on a home and other innovative programs;
 and
 - activities designed to prevent the incidence of homelessness

If grant funds for homeless prevention activities are to be used to assist families that have received eviction notices or notices of termination of utility services, the following conditions must be met:

- The inability of the family to make the required payments must be the result of a sudden reduction in income;
- The assistance must be necessary to avoid eviction of the family or termination of services to the family;
- There must be a reasonable prospect that the family will be able to resume payments within a reasonable period of time (this "reasonable period of time" means a time period determined reasonable by the ESGP grantee and applied consistently to all recipients); and
- The assistance must not supplant funding for preexisting homeless prevention activities from any other sources.

Note: the references to "family" in the above conditions are interpreted by HUD to include one person families.

If grant funds for homeless prevention activities are used to assist families to pay security deposits, first month's rent, or first month's utilities, for those families <u>with children less</u> <u>than 6 years of age</u> the units selected <u>must be</u> free from lead-based paint contamination.

Any proposal containing homeless prevention activities must describe the type(s) of activities to be undertaken and a specific implementation plan. A proposal may include homeless prevention activities only as an adjunct to other eligible activities (rehabilitation, operations, essential services). For example, a city or parish applying for ESGP funds on behalf of several nonprofit organizations serving the homeless in its jurisdiction may include homeless prevention activities in the application either as a part of a proposed project or as a separate project within the proposal.

VI. LIMITATIONS ON THE USE OF ASSISTANCE

Limitations—Primarily Religious Organizations

ESGP assistance may be provided to a primarily religious organization if the organization agrees to provide eligible activities in a manner that is free from religious influences and in accordance with principles stated at 24 CFR § 576.23 (a)(1). See 576–Emergency Shelter Grants Program: Stewart B. McKinney Homeless Assistance Act, Attachment E. This is recently revised language for 576.23 Faith-based activities which was a response to the President's Faith-based Initiative. (For complete information see the Tuesday, September 30, 2003 Federal Register Notice - "24 CFR Part 92 et al. Participation in HUD Programs by Faith-Based Organizations; Providing for Equal Treatment of all HUD Program Participants; Final Rule."

VII. LOCAL MATCH REQUIREMENT

Recipients shall be required to secure matching funds in an amount at least equal to its ESGP

funding amounts unless exempted for reasons of severe incapacity to provide matching funds based on information submitted in grant applications. Matching funds must derive from sources other than the Program and be provided after the date of the grant award to the recipient.

In calculating the amount of matching funds, the following may be included: "hard cash" amounts dedicated for homeless assistance activities; the value of any donated material or building; the value of any lease on a building; any salary paid to staff of the recipient local government or nonprofit provider in carrying out the emergency shelter program; and the time and services contributed by volunteers to carry out the emergency shelter program, determined at the rate of \$5 per hour. The recipient will determine the value of any donated material or building, or any lease, using any method reasonably calculated to establish a fair market value.

VIII. HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

Congress has directed HUD to improve the collection of data on the extent of homelessness locally and nationally. Communities must collect an array of data including an unduplicated count of homeless persons; analyze their patterns of the use of McKinney-Vento and other assistance, including information on how they enter and exit the homelessness assistance system and assess the effectiveness of that assistance. The Emergency Shelter Grant Program is included in this mandate. HUD, through a Federal Register Notice, has provided the data and technical standards for HMIS. All areas of the State should have access to an HMIS through the local Continuum of Care. Therefore, all proposed projects/organizations must provide written certification of their participation in an existing HMIS.

IX. REQUIRED USE OF BUILDINGS AS A SHELTER

If grant amounts are used for major rehabilitation or conversion of a building, where rehabilitation or conversion involves costs **in excess of 75%** of the value of the building prior to rehabilitation or conversion, the building *must be maintained as a shelter for the homeless for not less than a* **10-year period.**

When ESGP assisted renovation or rehabilitation of a building involves costs of **75% or less** of the value of the building before rehabilitation, the building *must be maintained as a shelter for the homeless for not less than a three-year period.*

Any building for which emergency shelter grant amounts are used for <u>essential services or operational costs</u> as described in 24 CFR § 576.21 (a)(2),(3) must be maintained as a shelter for the homeless for the period during which such assistance is provided. A substitute site or shelter may be used during this period, as long as the same general population is served.

X. REPORTING REQUIREMENTS

Each recipient will be required to submit a monthly request for payment/financial status report to the City, along with a monthly performance report to ensure compliance with the requirements of the agreement and proposed goals and objectives of the Project. All monthly reports are due by the 20th of each calendar month.

XI. PERFORMANCE MEASUREMENT

Performance measures are now required for all Federal Programs. The March 7, 2006 Federal Register Notice, Volume 71, Number 44, outlined the new performance measurement system to be used by HUD-funded programs. HUD will be able to roll up data on a national level as all grantees will be using the performance measures which will require performance under one of three objects with outcomes in one of three areas as follows:

- **♦** Objectives: statutory purpose
- **♦** Creating Suitable Living Environments
- **♦** Providing Decent Affordable Housing
- **♦** Creating Economic Opportunities
- ♦ Outcomes: change or result you are seeking
- **♦** Availability/Accessibility
- **♦** Affordability
- **♦** Sustainability

For projects providing emergency shelter or transitional housing to the homeless, the objective will be creating a suitable living environment with the outcome being the availability or accessibility of shelter/housing. The number of clients provided shelter be reported along with other demographic information. Service only projects will also have the objective of creating a suitable living environment through the availability of services offered. Reporting will be for the number of clients for which only services are provided (non-residential) and will include the racial/ethnic information for these clients. For prevention only projects, the objective will fall in the area of decent housing and the outcome will be to make housing more affordable through the prevention activities provided. The number of clients served will be reported along with racial/ethnic information for these clients. Prevention will be reported both by households served and by the number of persons in those households. The households served will be divided out in reporting the number of households who receive financial assistance and those who receive legal assistance.

XII. SUBMISSION INFORMATION

Application packets are available from 8:30 a.m. to 5:00 p.m., Monday – Friday beginning May 19, 2010 at the Department of Community Development, Bureau of Administration, 1237 Murphy Street, Room 314, Shreveport, LA 71101. The deadline for submission of all proposals is June 9, 2010 at 5:00 P.M. Please submit an original and three copies. The City of Shreveport reserves the right to reject any proposals that may not include all required documents or miss the submission deadline.

XIII. SELECTION PROCESS

Proposals accepted for review will be rated on a comparative basis based on information provided in grant applications. Award of grant amounts between competing applicants will be based on consideration of the following selection criteria:

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Nature and extent of unmet need for shelter and related homeless assistance in the
applicants' jurisdiction as demonstrated by data supplied by applicant including
Sources of information (studies done, inventory of existing shelters and related
Resources, their use and capacity, estimates by applicant and homeless providers of
unmet needs for shelter and supportive services, reliable surrogates for homeless
need including local unemployment data, welfare statistics, unique local
circumstances)

The extent to which proposed activities will address needs for shelter and assistance and/or complete the development of a comprehensive system of services which will provide a continuum of care to assist homeless persons to achieve

independent living

Coordination of the proposed project(s) with available community resources, so as to be able to match the needs of homeless persons with appropriate supportive services and assistance.

Elements of the above criteria include:

- Community organization, resource coordination, and strategic planning to develop a comprehensive system of care encompassing the need for outreach and assessment, emergency assistance, transitional housing and services, where needed, and permanent housing or permanent supportive housing to help homeless persons become more self sufficient.
 - Experience of project sponsor(s) in provision of services for homeless persons or similar service activities
 - Methodology and time frame to implement proposed activities
 - Specificity of proposed activities and reasonableness of cost estimates
 - Fiscal accountability and financial responsibility of project sponsor(s)
 - Capability to provide required matching funds (when applicable)
 - For previous recipients of State grant amounts, expenditure patterns will be reviewed to evaluate such applicant's ability to implement and complete Program activities appropriately and on a timely basis. An applicant may be disqualified form receiving an award if evaluation of prior expenditure patterns indicates inability to properly utilize Program assistance on a timely basis.

XIV. DEFINITIONS

Administrative cost include the costs associated with accounting for the use of grant funds, preparing reports for submission to HUD, obtaining program audits, and similar costs related to administrating the grant after the award. This does not include the costs of carrying out ESGP eligible activities.

Emergency shelter means any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.

Conversion means a change in the use of a building to an emergency shelter for the homeless under this part, where the cost of conversion and any rehabilitation costs exceed 75 percent of the value of the building after conversion.

Homeless means:

- (1) An individual or family who lacks a fixed, regular, and adequate nighttime residence; and
- (2) An individual or family who has a primary nighttime residence that is:
 - (A) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregated shelters, and transitional housing for the mentally ill);
 - (B) An institution that provides a temporary residence for individuals intended to institutionalized; or
 - (C) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. The term does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law. (Also excluded are foster children in the custody of the State.)

Major Rehabilitation means rehabilitation that involves costs in excess of 75 percent of the value of the building before rehabilitation.

Rehabilitation means the labor, materials, tools, and other costs of improving buildings, other than minor or routine repairs. The term includes where the use of a building is changed to an emergency shelter and the cost of this change and any rehabilitation costs does not exceed 75 percent of the value of the building before the change in use.

Renovation means rehabilitation that involves costs of 75 percent or less of the value of the building before rehabilitation.

City of Shreveport Department of Community Development XV. CHECKLIST OF REQUIRED DOCUMENTS

Proposal Narrative	(1)
A Listing of your Board of Directors and their affiliations	(2)
A copy of your current IRS 501© (3) tax exempt statement indicating that you are not a private foundation and an explanation of any changes in your IRS status;	(3)
Most Current Financial statement or audit (not to exceed two years)	(4)
Authorization Resolution by your Board of Directors to apply for City of Shreveport funds	(5)
Article of Incorporation and Bylaws;	(6)
Vendor's Application (if new applicant);	(7)
Certificate of Insurance	(8)
W-9 form	(9)
Zoning approval if applicable	(10
Proposed Agency budget for fiscal year	(11
List of staff members and positions	(12
Evidence of Occupational License	(13
Certification of utilization of HMIS system	(14

PART B. SOLICITATION OF OFFERERS – APPLICATION INSTRUCTIONS

I. APPLICATION CONTENT AND FORMAT – Checklist

Each grant application shall contain the items listed below in the **following order**:

- A. Letter of transmittal, including contact person, telephone number, Fax number and Email address (when available)
- B. Cover Sheet (Background Information)
- C. Proposal Narrative addressing all required content items in the prescribed format See Part II, *Proposal Narrative Instructions*)

General Narrative describing:

- 1. Nature and extent of the unmet need for adequate shelter and related assistance for homeless persons in the applicant's jurisdiction as supported by documentary information on homelessness in the local area. State the source(s) of supporting information, for example, actual numbers served by local shelters or other housing programs serving homeless persons as well as numbers of requests for homeless shelter which could not be fulfilled, surveys or estimates on homelessness in the local area, inventory of existing shelters, their use and capacity, estimates by applicant and local service providers of additional shelter requirements, reliable surrogates for homelessness data including local unemployment figures, welfare and poverty statistics, housing authority waiting lists, numbers of emergency requests received by churches and local charitable organizations for assistance with housing crisis needs (evictions, foreclosures, etc.). Describe any unique or significant local circumstances which are pertinent to the particular homeless needs evaluated in your area (e.g., economic distress factors, prevalence data on special needs groups). Indicate whether proposed projects have previously been assisted by ESGP funds.
- 2. Available housing or supportive services resources in the applicant's community or Area which, linked to emergency shelter, could comprise the components of a comprehensive, coordinated system ("continuum of care") to assist homeless persons to achieve self sufficiency.

Project Proposal Narrative describing:

- 1. Project sponsor's experience and service capabilities in providing services to meet the needs of homeless persons. Provide a Statement of project sponsor's fiscal accountability and financial responsibility. If applicable, include information on previous grants, e.g., capability of providing matching funds, utilization of prior grant amounts in a timely manner, etc.
- 2. Specific proposed activities, methods, target group(s) to be assisted, and name(s) of potential subcontractor organization(s).

******REQUIRED CONTENTS*****

- ♦ Agency's procedures to ensure confidentiality of information about family violence victims
- ♦ Plan for involvement of homeless persons in ESG funded activities
- **♦** Formal process for termination of assistance (Grievance Procedure)
- ♦ If homeless prevention activities are a part of the proposed project, type(s) of activities to be undertaken and a specific implementation plan
 - 3. Extent to which proposed activities will address unmet needs for shelter and assistance and/or complete the development of a comprehensive system of services which will provide a continuum of care to assist homeless persons to achieve independent living. Include the methodology and time frame to implement proposed activities.
 - 4. Coordination of the proposed project with available community resources so as to be able to match the needs of homeless persons with appropriate supportive services and with other services essential to achieve independent living, and to provide help in accessing available federal, state and private aid.
 - 5. Optional (preference items)
 - a) When applicable, include a statement that the proposed project is (or will be) an integral, strategic component of the local Continuum of Care resource system. Enclose supporting documentation.
 - b) When applicable, include a statement that the proposed project provides longer term shelter (over 30 days) for program participants and incorporates treatment components and special supportive services for persons with addictive disorders and/or mental illness, and/or life skills training and independent living components designed for the special needs of homeless families with children. Enclose documentation, i.e., program brochure, copy of policy, etc.
- D. Project Summary (Attachment A-2) for each proposed project
- E. Proposed Budget [Attachments B-1, B-1(a), B-1(b), B-1(c), B-1(d)] for each project
- F. Matching Funds Table (Attachment B-2) for each project
- G. If proposal contains renovation, rehabilitation, or conversion activities, a copy of appraisal of property to be affected, if available. (A copy of property appraisal must be on file before a contract will be finalized)
- H. When applicable, documentation from local Continuum of Care collaborative verifying that proposed project is deemed to be an integral, strategic component of the local Continuum of Care resource system for assisting homeless persons to achieve self-sufficiency.

- I. Written statement ensuring project(s)'s compliance with the provisions of 24 CFR §576.57© relative to lead-based paint poison prevention.
- J. Written certification of participation in a local Homeless Management Information System (HMIS).

II. PROPOSAL NARRATIVE INSTRUCTIONS

Each applicant must submit a Proposal Narrative which shall consist of a general narrative section on the applicant community which shall not exceed six (6) double spaced pages, as well as a narrative descriptions of the proposed project consisting of no more than six (6) double spaced pages. All information should be concise, objective and quantifiable if possible. Lengthy proposals are not desired and will not be of benefit in project selection. The Proposal Narrative must address all of the following items in the order listed.

A. GENERAL NARRATIVE (max. 6 pages)

- 1. Describe the nature and extent of the unmet need for adequate shelter and related assistance homeless persons as supported by documentary information on homelessness in the local area. State the source(s) of supporting information, for example, actual numbers served by local shelters or other housing programs serving homeless persons as well as numbers of requests for homeless shelter which were not fulfilled, surveys or estimates on homelessness in the local area, inventory of existing shelters, their use and capacity, estimates by applicant and local service providers of additional shelter requirements, reliable surrogates for homelessness data including local unemployment figures, welfare and poverty statistics, housing authority waiting lists, numbers of emergency requests received by churches and local charitable organizations for assistance with housing crisis needs (evictions, foreclosures, etc.). Describe any unique or significant local circumstances which are pertinent to the particular homeless needs evaluated in your area (e.g., economic distress factors, prevalence on special needs groups). Indicate whether proposed projects have previously been assisted by ESGP funds.
- 2. Identify any available housing or supportive services resources in the applicant's community or area which, linked to emergency shelter, could compromise the components of a comprehensive, coordinated system ("continuum of care") to assist homeless persons to achieve self sufficiency.

As envisioned in the Federal Plan to Address Homelessness, a comprehensive system of services, as well as permanent housing, is necessary to help homeless individuals and families in our communities reach independence. This system and philosophy, called a "continuum of care," strives to fulfill those requirements with three "fundamental components: emergency shelter, transitional housing with social services, and permanent housing.

B. PROJECT PROPOSAL NARRATIVE (max. 6 pages)

1. Describe the proposed project sponsor's experience in providing services to meet the emergency needs of homeless persons, including current services provided and target group(s) being assisted.

2. Describe specific proposed activities and methods for accomplishment, specific target group(s) to be assisted, and name(s) of potential subcontractor organization(s).

THE FOLLOWING MUST BE INCLUDED IN EVERY PROJECT NARRATIVE

- **♦** Include a description of procedures that will be followed by the proposed project(s) to ensure the confidentiality of information concerning victims of family violence.
- ♦ Include the proposed project's plan <u>for involvement, to the maximum extent practicable, of homeless individuals and families in ESG funded activities</u>, including constructing, renovating, maintaining, and operating facilities assisted under the ESG Program, and in providing services for occupants of these facilities.
- ♦ A description of the proposed project's <u>formal process for termination of assistance to homeless guests and/or clients.</u> Program policies require that termination of assistance by an ESGP assisted project to any individual or family shall be in accordance with a formal process established by the recipient that recognizes the rights of individuals affected, which may include a hearing. (Grievance procedure)
- ♦ If homeless prevention activities are a part of the proposed project(s), include the type(s) of activities to be undertaken and a specific implementation plan (i.e. who will provide the homeless prevention activities; what criteria will be used to determine who will receive assistance, method for determining if the homeless prevention assistance applicant meets the guidelines set forth for provision of this assistance through ESGP funding.)
 - 3. Describe the extent to which the activities proposed for ESGP funding will address the unmet needs for shelter and assistance described in the General Narrative (#1) and/or complete the development of a coordinated system of services which will provide a continuum of care to assist homeless persons to achieve independent living.
 - 4. Describe coordination of the proposed project(s) with available community resources, so as to be able to match the needs of homeless persons with appropriate supportive services and with other services essential to achieve independent living, and to provide help to homeless persons in accessing available federal, state and private assistance.

Optional (preference items)

When applicable, include documentation (e.g. letter from local Continuum of Care collaborative) that the proposed project is (or will be) an integral, strategic component of the local Continuum of Care resource system. (3 preference points)

When applicable, include documentary evidence that the proposed project incorporates treatment components and special supportive services for persons with addictive disorders and/or mental illness; or the proposed project incorporates life skills training and independent living services for the special needs of homeless families with children. (3 preference points)

III. INSTRUCTIONS FOR FORMS COMPLETION

Project Summary (Attachment A-2)

Complete a separate project summary form on each facility or project for which funding is requested. If funding is proposed for development of a new shelter facility, indicate the anticipated bed capacity of the proposed shelter and the homeless beneficiary types to be served. If funding is proposed for support of an existing shelter, indicate the facility's current bed capacity and, if applicable, the capacity after any expansion proposed through ESGP assistance. For all projects, enter information on types of homeless beneficiaries to be served, ESGP funding amounts requested **and proposed accomplishments** by eligible Program activity. When applicable, enter the estimated number of recipients (single person households or family groups) projected to receive homeless prevention assistance.

Complete the second page of the project summary form with requested information on project/sponsor's programs and services, beneficiaries, shelter type, and annual funding: sources and amounts. Enter actual data from recent experience for existing projects; enter projected figures for proposed projects.

For those projects which are selected for assistance, this summary information is necessary for compliance with HUD reporting requirements and also for use in setting up projects/activities and grant amounts on HUD's Integrated Disbursement and Information System (IDIS). **Areas left blank will cause a delay in setting up the project in IDIS. Projects should complete every applicable section.**

Proposed Budget [Attachments B-1, B-1 (a), (b), (c), (d)]

Budgetary information shall be submitted on the forms included in Attachments B-1 and shall total amount of the ESG funds requested plus the required matching funds. Match amounts must equal the total of ESGP funds budgeted for eligible Program activities (combined total for Rehabilitation, Operations, Services, and Homeless Prevention) unless an exception is being sought for reasons of special need or incapacity (see Instructions for Matching Funds Table on the following page).

Note: Administrative funding may be included only for the proposed use of the applicant local government. ESG funds may **not** be used for administrative costs of non-profit recipients. If an administrative share is budgeted, the local government may include in its payment requests an administrative rate of not more than 2.5 percent calculated on invoiced categorical costs.

Matching Funds Table (Attachment B-2)

Complete form or prepare information according to prescribed format on sources, amounts, and valuation of required matching funds to support the proposed project.

NOTICE: NO EXPENDITURE AUTHORITY OR FUNDING OBLIGATIONS SHALL BE IMPLIED BASED ON THE INFORMATION IN THIS SOLICITATION OF OFFERERS AND THE CITY OF SHREVEPORT IS UNDER NO LEGAL REQUIREMENT TO EXECUTE A CONTRACT ON THE BASIS OF THIS SOLICITATION.

PART C.

ATTACHMENTS

INSTRUCTIONS FOR OBTAINING A VENDOR'S APPLICATION AND COMMODITY CODES FOR THE CITY OF SHREVEPORT

WEB SITE ADDRESS: WWW.CI.SHREVEPORT.LA.US

TO OBTAIN THE REQUIRED FIVE-DIGIT COMMODITY CODES FOR YOUR APPLICATION

Go to SECTION 900.

Select the letter of the alphabet that pertains to your product or service your company provides.

For example: For "CONSTRUCTION," you will need to click on the letter "P" for PUBLIC WORKS, CONSTRUCTION, AND RELATED SERVICES. For "TOOLS," you will click on the letter "H" for "HANDTOOLS," or the letter "A" for "AUTO SHOP EQUIPMENT" if you sell "AIR POWERED SHOP TOOLS." For "GASOLINE," you will need to click on the letter "F" for "FUEL. The items that you are looking for may be listed with different names.

When you select a letter of the alphabet, you will be given a list of the 3-digit codes. Click on the 3-digit code to obtain the required 5-digit code. It is imperative that we have the 5-digit code in order for your application to be processed. Please remember that the main reason for using five-digit commodity codes is to identify vendors that carry the items that are needed by the City.

If you have any questions or need further assistance, please call the Purchasing Office at 318-673-5450.

Revised 6-12-03

SHREVEPORT

VENDOR'S APPLICATION

Please e-mail, mail or fax application to: City of Shreveport ● Purchasing Division PO Box 31109 ● Shreveport, LA 71130-1109 505 Travis Street ● Shreveport, LA 71101-3042 Phone: (318) 673-5450 ● Fax: (318) 673-5408

Web site: www.ci.shreveport.la.us

All information must be provided typed or printed. Date of Dunn & Bradstreet number or Copy of Current Business/Occupational License or W-9 Form □INITIAL | Application: APPLICATION is Required. Is it attached? other name/number. ☐REVISION □yes no or mailed? Vendor Name: Federal Identification or S.S. Number: Sales (Order) Address (Street, City, State & Zip Code): Phone Number: Remittance Address (Street, City, State & Zip Code): Fax Number: Years in business: Web Site Address: DBE Minority Type of Sole ☐ Partnership ☐ Corporation Ownership Ownership Organization: Proprietorship Type of Business or Service:

Architect/Engineer

Manufacturer or Producer ☐ Distributor ☐MFGR'S Agent ☐Service Establishment (Check all that apply) □ Retailer ☐ Wholesaler ☐ Construction Commodity codes are used to determine what type of product or service your company provides. It is imperative that the five digit commodity codes are listed on your application. These codes can be accessed on the web at www.ci.shreveport.la.us under Bids & RFPs, Section 900 or by calling our office. Click on the three digit code and the five digit codes will be shown. All of the 900 range commodity codes are for services & construction. Please list all commodity codes that apply. Use back if more space is needed or send additional codes with e-mail when send application to: katrina.smith@ci.shreveport.la.us and copy to: tanny.days@ci.shreveport.la.us. When working on City property, see Section 600 for Insurance Requirements. (1) _____ (2) ____ (3) ____ (4) ____ (5) ____ (6) _____ (7) ____ (10) _____ (11) ____ (12) ____ (13) _____ (14) ____ (15) _____ (16) _____ (18) _____ (19) _____ (20) _____ (21) _____ (22) _____ (23) _____ (24) _____ (27) _____ (26) _____ (29) _____ (25) _____ (28) _____ (30) _____ (31) _____ (32) _____ (36) ___ (37) ___ (34) ___ (38) (35) (39) (33) (40) Please check all of the classifications below that apply. FSC/DBE require certification by the Fair Share & DBE City Offices. Fair Share Disadvantaged Architect or Women Owned Small Large Business (LBE) Business Certified (FSC) Business (DBE) Engineer (AEC) Business (WBE) (SBE) Persons Authorized to sign bids and Contracts in your name Persons to contact on matters concerning bids and contracts (If an agent, so specify) Name Official Capacity Name Official Capacity I understand that I will need to watch for the City's ads in the legal section of *The Times* and/or on our web site so that I will know when to contact the City for a copy of an Invitation for Bid (IFB), a Request for Proposal (RFP), or a Request for Statement of Qualification (RFS). I certify that the information supplied herein (including attached pages) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal officer, so far as is known, is in arrears on money owed to the City, is now debarred or otherwise declared ineligible by any public agency from bidding for furnishing materials, supplies or services to any E-Mail Address and/or Signature of Person Authorized to Name and Title of Person Authorized to Sign for this Firm Sian

AUTHORIZING RESOLUTION

Name of Organization:				
Be it resolved by the Board	l of Directors or Member	rs of		domiciled
in <u>,</u>		that		is hereby
authorized to sign any a				veport and to do any and orporation.
That I,	(Name)	,	(Pos	ition of Authority)
erby certify that the above and	l foregoing resolution is a tr	ue and correct copy of a	resolution of the	e Board of Directors or
Members of this organization v	hich was passed at a meetir	ng , duly called on	, 20	_at which a quorum was
resent. This resolution has be	en entered into the records of	of this organization, has	not been rescind	ed or modified, and remains in
all force and effect on this date	> .			
Dated this	day of		, 20	<u>.</u>
WITNESSES:				
		Signature:		
		Federal Tax II	O Number:	

Form (Rev. November 2005) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

page 2.	Name (as shown on your income tax return)		
등	Business name, if different from above		
Print or type ic Instructions	Check appropriate box: Individual/ Sole proprietor Corporation Partnership Other	·	Exempt from backup withholding
Print o	Address (number, street, and apt. or suite no.)	Requester's name and	address (optional)
P Specific	City, state, and ZIP code		
See S	List account number(s) here (optional)		
Part	Taxpayer Identification Number (TIN)		
backu alien,	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 p withholding. For individuals, this is your social security number (SSN). However, for a re sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entimployer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> or	esident ties, it is	urity number +
	If the account is in more than one name, see the chart on page 4 for guidelines on whoser to enter.	Employer id	dentification number
Part	Certification		

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign | Signature of | Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,

Form W-9 (Rev. 11-2005) Page 2

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
 - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

- 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see Special rules regarding partnerships on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filling status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Form W-9 (Rev. 11-2005) Page **3**

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

- 1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
- 2. The United States or any of its agencies or instrumentalities,
- 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
- 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
- An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

- A corporation,
- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
- 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
 - 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for	THEN the payment is exempt for		
Interest and dividend payments	All exempt recipients except for 9		
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker		
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5		
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7		

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Form W-9 (Rev. 11-2005) Page **4**

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- **3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
Two or more individuals (joint account)	The actual owner of the accour or, if combined funds, the first individual on the account ¹
Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
Sole proprietorship or single-owner LLC	The owner ³
A valid trust, estate, or pension trust	Legal entity ⁴
Corporate or LLC electing corporate status on Form 8832	The corporation
Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

²Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules regarding partnerships on page 1.

CERTIFICATE OF INSURANCE (revised 8-28-02)

City of Shreveport

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE ARE IN FORCE AS LISTED BELOW, SUBJECT TO THE TERMS AND CONDITIONS THEREOF

INSURE	ED:			COMPAN	IES	AFF	OR	DING (OVERAGE	A. M. BEST RATING
			COMPANY A							
		COMPANY B								
		COMPANY C								
		COMPANY D								
		COMPANY E								
THISCE	ERTIFICATE OF INSURANCE NEITHER AFI	FIRMATIVELY NOR NEGATIVE	LYAMEN	NDS, EXTENDS, OR	ALT	ERS	THE	COVER	AGES AFFORDED BY THE POLIC	IES SHOWN BELOW, BUT
	THE COVERAGES SHOWN BELOW MEET THE CITY CONTRACT SPECIFICATIONS EXCEPT AS SPECIFICALLY NOTED.									
LTR	TYPE OF INSURANCE	POLICY NUMBER		POLICY EFFECTIVE (MM/DD/YY)	P	DATE	EXP (MM/	RATION DD/YY)	LIMIT	5
	GENERAL LIABILITY								GENERAL AGGREGATE	s
l ∟	COMMERCIAL GENERAL LIABILITY				L		_	ı	PRODUCTS-COMPIOP AGG	s
	CLAIMS MADE OCCUR	Coverage included for XCU hazards			Ц	Yes	L	No	PERSONAL & ADV INJURY	\$
	OWNER'S & CONTRACTOR'S PROT	Policies endorsed for mandatory 30 day notice	e provision		Ц	Yes	L	No	EACH OCCURRENCE	\$
		Policy endorsed for Subrogation Waiver			Ц	Yes	L	No	FIRE DAMAGE (Any one fire)	\$
		Policy endorsed to specify the City of	Shreveport o	es an additional insured	Ш	Yes		No	MED EXP (Any one person)	s
	ANY AUTO								COMBINED SINGLE UNIT	\$
	ALL OWNED AUTOS SCHEDULED AUTOS								BODILY INJURY (Fer person)	\$
	HIRED AUTOS				L		_	l	BODILY INJURY (Per accident)	s
	NON-OWNED AUTOS	Policies endorsed for mandatory 30 day notice	e provision		Н	Yes	L	No	(Fill decounty)	
		Policy endorsed for Subrogation Walver Policy endorsed to specify the City of a	Shreveport (s en additional insured	Н	Yes	H	No No	PROPERTY DAMAGE	\$
	GARAGE LIABILITY				Г				AUTO ONLY-EA ACCIDENT	\$
	ANY AUTO	Policies endorsed for mandatory 30 day notice	e provision	•	П	Yes	П	No	OTHER THAN AUTO ONLY:	
		Folicy endorsed for Subrogation Walver			П	Yes	Г	No	EACH ACCIDENT	s
		Policy endorsed to specify the City of Shreveport as an additional insured		Yes No AGGREGA:		\$				
	EXCESS LIABILITY				Г					
		Policies endorsed for mandatory 30 day notice	e provision		П	Yes		No	EACH GOOURRENCE	s
	UMBRELLA FORM	Policy endorsed for Subrogation Walver			П	Yes	Г	No	AGGREGATE	\$
	OTHER THAN UMBRELLA FORM	Policy endorsed to specify the City of a	Shreveport (s an additional insured	Н	Yes	H	No		\$
	WORKER'S COMPENSATION AND EMPLOYER'S	,, , , , ,			Н				STATUTORY LIMITS	
	LIABILITY	Policies endorsed for mandatory 30 day notice	a provision	1	Н	Yes	П	No	EACH ACCIDENT	5
	This Worker's Compensation Policy provides coverage for all	Policy endorsed for Subrogation Walver	, , , , , , , , , , , , , , , , , , , ,		Н	Yes	\vdash	No	DISEASE-POLICY LIMIT	
	members of the insured organization, including an employer, a sole proprietor, a partner or bona fide officer of the organization and all employees.	rung statistical of statistical statistics			۲		Ш		DISEASE-EACH EMPLOYEE	5
\vdash	on an employees.				\vdash				SHAREWAY EMPLOTEE	,
	OTHER									,
DESCRIP	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:									
As an authorized representative, I certify that the above fairly represents the policies in force:			:							
		SIGNA	ATURE:							
		NAME	2							
	City of	ATE HOLDER: Shreveport Box 31109	MAILING ADDRESS:							
1	74000000007 / " /	ort, LA 71130	CITY/STATE/ZIP:							
			PHON	IE:						

REQUIRED ESG BUDGET ATTCHEMENT FORMS

Attachment A-2, Attachment B-1, Attachment B-1(a), Attachment B-1(b), Attachment B-1 (c), Attachment B-1 (d), Attachment B-2

Attachment A-2

PROJECT SUMMARY

(To be completed for each shelter/facility/project to receive ESGP assistance)

Applicant unit of govt		
Project/Sponsor Name		
Address		
Contact Person		FAX ghtly bed capacity for homeless persons to be
If an existing facility, enter Current Capacity	1 2	and
Capacity after Increase from ESGP assistance(*Enter N/A if no increase in shelter capacity ant		
<u>Homeless Beneficiaries</u> Using the codes listed be beneficiaries to be served by the proposed project predominant type of beneficiary first	elow, indicate on t. If more than o	on the following line the type(s) of one type is to be served, list all with the
UM Unaccompanied Men UW Unaccompanied Women UFY Unaccompanied Female Youth Under 18 UMY Unaccompanied Male Youth Under 18	SPF AC DK	Single Parent Families TPF Two parent families Adult couples without children Don't Know
ESGP Assistance and Proposed Accomplishments assistance by activity type and briefly describe the a	s by Eligible Acaccomplishments	ctivity Indicate the proposed amount of ESGP anticipated through use of ESGP funds
Rehabilitation \$ (ESGP a costs exceed 75% of the value of the building before rehabilitation Proposed Accomplishments (brief listing):	assistance reque on (Major Rehabilita	ested) . [For rehabilitation, indicate whether proposed tation)].
Services \$ (ESGP a Summary of Proposed Services:	assistance reque	ested)
Operations \$ (ESGP Proposed Operational Cost Items to be met:	assistance requ	uested)
Homeless Prevention \$	(ESGP assistand	nce requested)
Projected Number of homeless prevention	n recipients*: _	households persons
*(single person hous	seholds and/or f	family groups)
TOTAL ESGP FUNDING REQUEST: \$		_

Attachment A-2 (cont'd) Revised 01/06

PROJECT SUMMARY [HUD-IDIS REQUIRED INFORMATION]

LOCAL GOVERNMENT APPLICANT:PROJECT/SPONSOR NAME:			
Indicate type of organization carrying out the			
Public Agency Faith Based Non-Profit			
Other Non-Profit ESG HOUSING A	AND SERVICES		
INDICATE WITH AN "X" ACTUAL OR PROPOSED PR		VICES(S):	
EMERGENCY SHELTER FACILITIES VOUCHERS FOR SHELTERS DROP-IN CENTER FOOD PANTRY MENTAL HEALTH ALCOHOL/DRUG PROGRAM CHILD CARE OTHER	TRANSITIONA OUTREACH	AL HOUSING CN/MEAL DISTRIBU	TION
ESG BENEFICIARIES [Actual or Prop	osed]	
EMERGENCY OR TRANSITIONAL SHELTERS			
NUMBER SERVED ANNUALLY: ADULTS:	CHILDREN:	<u> </u>	
AVERAGE NUMBER SERVED YEARLY: (UI	NDUPLICATED COUNT	")	
NON-RESIDENTIAL SERVICES NUMBER SERVED ANNUALLY: RACIAL/ETHNIC CHARACTERISTICS:	Pleas	e fill in both	columns
		#TOTAL	#HISPANIC
White			
Black/African American			
Asian			
American Indian/Alaskan Native			
Native Hawaiian/Other Pacific Islander			
American Indian/Alaskan Native and White			
Asian and White			
Black/African American and White			
American Indian/Alaskan Native and Black Afr	rican American		
Other multi-racial			
EMERGENCY OR TRANSITIONAL SHELTERS			•
ANNUAL NUMBER OF INDIVIDUAL HOUSEHOLDS (SINGI UNACCOMPANIED 18 AND OVER MALE: UNACCOMPANIED UNDER 18 MALE: ANNUAL NUMBER OF FAMILY HOUSEHOLDS WITH CHILI SINGLE 18 ANI SINGLE UNDER 18: MALE: FEMALETWO PARENTS 18 AND OVER:	FEMALE FEMALE OREN HEADED BY: OOVER: MALE	 FEMALE	
TWO PARENTS 10 AND OVER: TWO PARENTS UNDER 18: ANNUAL NUMBER OF FAMILY HOUSEHOLDS WITH NO CH	HILDREN:		

Attachment A-2 (cont'd) Page 3

ESG BENEFICIARIES [Actual or Proposed]

RESIDENTIAL SERVICES [Actual or Proposed - Annually] NUMBER OF NUMBER OF SHELTER TYPE PERSONS HOUSED

BARRACKS:_____ SINGLE ROOM OCCUPANCY:_____

GROUP/LARGE HOUSE:____ MOBILE HOME/TRAILER:_____

RED SITE APARTMENT:____ HOTEL/MOTEL:_____

OTHER: SHELTER TYPE PERSONS HOUSED SCATTERED SITE APARTMENT:____ OTHER:____ SINGLE FAMILY DETACHED HOUSE:____ TOTAL:____ EMERGENCY OR TRANSITIONAL HOUSING LIST THE NUMBER OF PERSONS FOR EACH SUBPOPULATION YOU WILL SERVE. IF YOU SERVE SUBPOPULATIONS THAT FIT MORE THAN ONE CATEGORY, YOU MAY PLACE OVERLAPPING NUMBERS (DUPLICATE) PERSONS ON APPROPRIATE LINES CHRONICALLY HOMELESS (EMERGENCY SHELTER ONLY): ___ SEVERELY MENTALLY ILL: _ CHRONIC SUBSTANCE ABUSERS VETERANS: ___ PERSONS WITH HIV/AIDS: ___ VICTIMS OF DOMESTIC VIOLENCE: ELDERLY: **FUNDING** FUNDINGSOURCES [ANNUAL - Actual or Proposed] ESG: \$ _____ PRIVATE: \$_____ FEES: \$_____ OTHER FEDERAL: \$ ______
LOCAL GOVERNMENT: \$ _____ OTHER: \$____

SUMMARY BUDGET Attachment B-1

Check as applicable: BUDGET FOR TOTAL GRANT APPLICATION	
BUDGET FOR COMPONENT PROJECT	
Applicant Unit of Govt	
Address	
Federal Employer Tax I.D.#	
Project(s) Proposed to receive ESGP funds and Amount(s) Requested:	
	Estimated Services:
Shelter Projects-	
Average number of Persons to be served daily	
Unduplicated number of Persons to be served annually	
Other Services [List type(s) and annual number of services for each type]	

ESG CATEGORY	ESG FUNDS APPLIED FOR	MATCHING FUNDS	TOTALS
A) Rehabilitation			
B) Services ¹			
C) Operations ²			
D) Homeless			
Subtotals			
Grant			

¹Not more than 30% of ESG Program funding may be budgeted for Services.

²Not more than ten (10) percent of ESG Program funding may be budgeted for staff costs of operations related to emergency shelter

3 Not more than 30% of ESG Program funding may be budgeted for Homeless Prevention.

⁴Not more than 2.439% of total ESG funds may be used for costs of administering grant assistance by applicant local government. (Enter N/A if summary budget is for a component project by a non-government sponsor)

Attachment B-1(a)

ESGP BUDGET CATEGORY Rehabilitation

Applicant Unit of Govt		
Project/Sponsor	 	

Description of Cost Item and Basis of Valuation	ESG Budget	Matching Funds	Source of Matching Funds	Budget Total
TOTAL				

Attachment B-1(b)

TOTAL

ESGP BUDGET CATEGORY Services

Applicant Unit of Govt				
Project/Sponsor				
Description of Cost Item and Basis of Valuation	ESG Budget	Matching Funds	Source of Matching Funds	Budget Total

Attachment B-1(c)

TOTAL

ESGP BUDGET CATEGORY **Operations**

Applicant Unit of Govt				
Description of Cost Item and Basis of Valuation	ESG Budget	Matching Funds	Source of Matching Funds	Budget Total

Attachment B-1(d)

TOTAL

ESGP BUDGET CATEGORY Homeless Prevention

Applicant Unit of GovtProject/Sponsor				
Description of Cost Item and Basis of Valuation	ESG Budget	Matching Funds	Source of Matching Funds	Budget Total

Attachment B-2

MATCHING FUNDS TABLE

Source	(√)	\$ Value	Method of Calculation (Determined by)
DONATIONS			
Materials		\$	
Building		\$	
Funds		\$	
LEASE or RENT		\$	
SALARIES		\$	
VOLUNTEERS (at \$5/hr.)		\$	
OTHER		\$	
		\$	
МАТСН ТО	TAL*	\$	

If the above item is checked, attach information to this form supporting the request for an exception on grounds that the applicant local government, and proposed sub-grantee agencies and nonprofit organizations, are incapable or have limited capability to provide the required match amounts. An exception may be requested for all or part of necessary matching funds. The amount of the match exception request must be specified.