



City of Alexandria

HOME-ARP Program

Request for Proposals #2605

Supportive Services

I. Introduction

Using funding provided by the American Rescue Plan through the HOME – ARP Program in the amount of \$800,000, the City of Alexandria is requesting project proposals to fund. In alignment with regulations developed by the U.S. Department of Housing and Urban Development (HUD), **these funds must provide a direct benefit to people experiencing homelessness, at-risk of experiencing homelessness, fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking, and/or other populations where supportive services and assistance would prevent homelessness or serve those at greatest risk of housing instability.**

II. Accepting Proposals for Supportive Services

Funding Available \$800,000

Funds may be used to provide supportive services that are necessary to assist the qualifying populations to prevent homelessness or to enable qualifying populations to obtain and maintain housing. Subrecipients providing these supportive services must have written standards for providing the assistance. Eligible HOME-ARP Supportive services include:

- 1. Mental Health** - the direct outpatient treatment of mental health conditions that are provided by licensed professionals, and include:

- The application of therapeutic processes to personal, family, situational, or occupational problems to bring about positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or symptoms management.
 - Eligible services are crisis interventions, counseling – individual, family, and/or group therapy, the prescription of psychotropic medications, and combinations of therapeutic approaches to address multiple problems.
- 2. Substance Abuse Treatment** – designed to prevent, reduce, eliminate, or deter relapse of substance abuse or addictive behaviors and are provided by licensed or certified professionals, and include:
- Program participant intake and assessment,
 - Outpatient Treatment,
 - Group and individual Counseling,
 - Drug Testing,
 - Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible.
- 3. Case Management** – assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participants. Eligible costs are associated with the following services and activities:
- Conducting initial evaluation, including verifying and documenting eligibility for individuals and families applying for services,
 - Counseling,
 - Developing, securing, and coordinating services,
 - Using a centralized or coordinated assessment system,
 - Obtaining Federal, state, and local benefits,
 - Monitoring and evaluating program participant performance,
 - Providing information and referral to other providers,
 - Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking,
 - Developing an individualized housing and service plan, including planning a path to permanent housing stability, and
 - Conducting re-evaluations of the program participant’s eligibility and the types and amounts of assistance the program participant needs.

4. Housing Search and Counseling Services – assisting eligible program participants to locate, obtain, and retain suitable housing, eligible costs and services include:

- Development of an action plan for locating housing,
- Housing search,
- Tenant counseling,
- Securing utilities,
- Making moving arrangements,
- Outreach to and negotiation with owners,
- Assistance submitting rental applications and understanding leases,
- Payment of rental application fees,
- Assessing housing conditions and conducting inspections when required by the applicable HOME-ARP assistance activity,

5. Transportation – The City of Alexandria requires that transportation cannot be a stand alone supportive service. Applicants must pair transportation with other eligible HOME-ARP activities. Eligible costs include:

- The cost of program participant’s travel on public transportation or in a vehicle provided by the subrecipient to and from medical care, employment, childcare, or other services eligible under this Notice,
- Mileage allowance for service workers to visit program participants and to carry out housing inspections,
- The cost of purchasing a vehicle in which staff transports program participants and/or staff serving program participants,
- The cost of insurance for the vehicle,

Please Note: Funds must be used to provide HOME-ARP Supportive Services only to those individuals and families not already receiving these services through other programs.

III. Qualifying Populations

The City’s HOME-ARP funds **must** be used to assist one or more of the following four (4) Qualifying Populations:

1. Homeless

- a. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- i. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - ii. An individual or family living in a supervised public or private operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
 - iii. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- b. An individual or family who will imminently lose their primary nighttime residence, provided that:
 - i. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - ii. No subsequent residence has been identified; and
 - iii. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing.
- c. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - i. Are defined as homeless under Section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), Section 637 of the Head Start Act (42 U.S.C. 9832), Section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), Section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), Section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), Section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or Section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 - iii. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
 - iv. Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood

abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment

2. At Risk of Homelessness

An individual or family who:

- a. Is extremely low income (<30% AMI),
- b. does not have a sufficient support network (family, friends, social networks) to prevent them from moving into an emergency shelter or place unfit for human habitation, and
- c. Meets at least one of the conditions for homelessness:
 - i. Has moved due to economic reasons two or more times during the 60 days prior to the application for homeless assistance,
 - ii. Is living in the home of another due to economic hardship,
 - iii. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance,
 - iv. Lives in a hotel/motel and the cost of that stay is not paid by charitable organizations or Federal, State, or local government assistance programs,
 - v. Lives in a single room occupancy or efficiency apartment with more than two people, or in a larger unit where more than 1.5 people per room live,
 - vi. Is exiting a publicly funded institution or system of care (health care facility, mental health facility, foster care or other youth facility, correctional institute), or
 - vii. Otherwise lives in housing that has characteristics of instability and increased risk of homelessness, such as unaffordable rent, unsafe housing conditions, housing with multiple problems, such as lack of utilities.
- d. A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(l) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(l)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or
- e. A child or youth who does not qualify as “homeless” under this section but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

3. Fleeing, or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking

This includes any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking. This includes cases where an individual or family reasonably believes there is a threat of imminent harm from further violence due to dangerous or life threatening conditions of violence against an individual or family member, including a child, which has taken place at their primary nighttime residence or has made them afraid to return or remain within the same dwelling unit.

a. Domestic Violence

- i. A current or former spouse or intimate partner of the victim (the term “spouse or intimate partner of the victim” includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship);
- ii. A person with whom the victim shares a child in common;
- iii. A person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner;
- iv. A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving HOME-ARP funds; or
- v. Any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

b. Dating Violence

- i. Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- ii. Where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - a. The length of the relationship;
 - b. The type of relationship; and
 - c. The frequency of interaction between the persons involved in the relationship.

c. Sexual Assault

Means any nonconsensual sexual act proscribed by Federal, Tribal, or State law, including when the victim lacks capacity to consent.

d. Stalking

Means engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for the person's individual safety or the safety of others or suffer substantial emotional distress.

e. Human Trafficking

Includes both sex and labor trafficking.

- i. *Sex trafficking* means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- ii. *Labor trafficking* means the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

4. Other populations who do not qualify under any of the populations above but meet one of the following criteria

- a. Those who are currently housed due to temporary or emergency assistance or need additional assistance or services to avoid a return to homelessness.
- b. Populations at Greatest Risk of Housing Instability
 - Households whose income is <30% AMI and are experiencing severe cost burden.
 - Households whose income is <50% AMI and meet one of the criteria for being At Risk of Homelessness.

* Veterans and families that include a Veteran family member **AND** meet the criteria for one of the qualifying populations described above are eligible to receive HOME-ARP assistance.*

Please Note: The use of the HOME-ARP funds must benefit only City of Alexandria's residents who fall into one of the four (4) Qualifying Populations.

IV. Proposal and Submission Requirements

1. PROPOSAL AND SUBMISSION SCHEDULE

First Advertisement	Friday, October 16, 2026
Deadline for Clarification Submission	Thursday, October 22, 2026, 4:00 p.m.
Second Public Advertisement	Sunday, October 25, 2026
Mandatory Pre-Bid Meeting	Monday, October 26, 2026, 3:00 p.m.
Submission Deadline	Friday, November 20, 2026, 9:00 a.m.
Reviewing and Scoring	November 30 th – December 3, 2026
Award Announcement	Friday, December 4, 2026
Non-Profit's Contract Signing	Friday, December 4, 2026
Final Contract Execution	Early January

2. CLARIFICATIONS

Requests for clarification must be submitted in writing no later than Thursday, October 22, 2026 at 4:00 p.m. CST.

Questions must be typed and reference the specific section and page number of this RFP in the question. Responses will be provided at the mandatory pre-bid conference on Monday, October 26, 2026.

3. MANDATORY PRE-BID CONFERENCE

Attendance at the Pre-Bid Conference is mandatory for all interested Applicants. You may attend in person at 625 Murray Street, Second Floor, Planning Conference Room, or you may elect to attend via virtual meeting. The meeting will be held on Monday, October 26, 2026 at 3:00 p.m. CST.

- a. Purpose is to discuss specific details and questions of the published RFP during this meeting. The Applicant can submit written questions via email prior to the Pre-Bid Conference; however, questions will only be answered during the Pre-Bid Conference and no other time. Any potential changes to the RFP, typically provided as an Addendum, will be verbally addressed in the Pre-Bid Conference. No Addendums will be published.
- b. An Applicant may choose to participate via virtual meeting; however, they MUST have a live camera on so that we can visually see you during the meeting to ensure you are engaged and confirm who is attending the meeting on your company's behalf. If you do not have a live camera, you will be removed from the meeting and not allowed to participate or submit a bid proposal.

- i. Teams meeting link is:

<https://teams.microsoft.com/meet/289618599415455?p=Lr8o9Wql8lrwR3dgGM>

1. Meeting ID: 289 618 599 415 455

2. Passcode: 2By3Rc3K

- c. If an Applicant fails to attend this Mandatory Pre-Bid Conference, any bids submitted will be considered non-responsive and will be rejected.

4. SUBMITTALS

RFP response submittals are due on November 20, 2026, at 9:00 a.m. CST.

Proposals will be reviewed and scored at a later date; therefore, no public bid opening will be held.

Faxed, emailed, mailed, or delivered responses will be accepted for convenience. However, it is recommended that all proposals be submitted via certified mail, physical, or other commercial courier services so there will be a written record of timely delivery. Since proposals will be scored, there will not be a bid opening for potential bidders to attend. The email subject line or delivery envelope must be plainly marked on the outside as, “*Proposal For HOME-ARP Supportive Services*”.

Pursuant to Louisiana R.S. 38:2212 B.(6)(a) through E. (1-7) and R.S. 38:2212.1 B.(4)(a), vendors / contractors have the option to submit their bids electronically. Bids to be filed electronically shall be posted with **Central Bidding** at www.centrauctionhouse.com (phone: 1-225-810-4814). Registration will need to be completed prior to posting of bid.

Out of state corporations and/or limited liability companies shall furnish a certificate of registration to transact business in the State of Louisiana prior to execution of a contract with the City of Alexandria.

Complete RFP packet may be obtained at the City of Alexandria’s website. There is no charge to download bid documents. Visit www.cityofalexandria.com/rfp.

Postal mail submittals shall be addressed to:	Physical delivery submittals shall be addressed to:	Electronic Bid submittals shall be addressed to:
City of Alexandria	City of Alexandria	www.centrauctionhouse.com Phone: 225-810-4814
Community Development Department	Community Development Department	Community Development Department: cda@cityofalex.com
Attn: Shirley Branham	Attn: Shirley Branham	
625 Murray Street, Suite 7	625 Murray Street, Third Floor	
Alexandria, LA 71303	Alexandria, LA 71301	
Phone: 318-449-5070	Phone: 318-449-5070	

Each proposal shall provide a straightforward, concise description of the respondents' capabilities to satisfy the requirements of this RFP. Emphasis should be on completeness and clarity of content. If a respondent so wishes, the proposal may be accompanied with brochures, promotional materials, or displays properly identified. Literature, brochures, and other related paperwork attached to the bid should be identified with the name of the bidder and RFP number.

The Community Development Department reserves the right to reject any and all bids or parts of bids or accept bids that are most beneficial to the City. Conditional proposals, or those which take exception to the specifications, will be considered non-responsive and will be rejected.

5. EVALUATION CRITERIA

Item	Evaluation Score Methodology*	Point Breakdown	Max Points Available
1.	Completeness of the Application – All requested information was provided, all required supporting documentation was included, Certifications and Statement of Applicant were signed and dated by appropriate official.	0-10	10
2.	Cost Competitiveness: Number of persons proposed to be served with the amount of assistance requested for each supportive service applied for.	0-15	15
3.	Past Experience: Experience and qualifications of responder with the types of services applied for and experience working with the qualifying population(s).	0-25	25
4.	Readiness to Proceed: Ability of the organization to begin operating the program and providing services.	0-35	35
5.	Leverage: Does the organization bring any other financial resources to operate the program, or other supportive services to assist eligible HOME-ARP Qualifying Populations.	0-15	15
	TOTAL POSSIBLE SCORE		100

**Scored in increments of 5*

V. Project Checklist & Application

1. APPLICATION GENERAL INFORMATION

ORGANIZATION INFORMATION
Name of Organization:
Name of Executive Director/CEO:
Address of Organization:
Telephone:
Fax:
E-mail:
Website:
Federal I.D. Number:
Unique Entity Identifier (UEI) Number: <i>[Unique Entity Identifier (UEI) is a number issued by the System for Award Management (SAM) to identify businesses and other entities that do business with the federal government. The UEI has replaced the DUNS number as the authorized identifier for the federal government.]</i>
Is the Organization ☐ An approved nonprofit or a ☐ for profit business. Download a copy of 501(c)3 designation, if applicable: ☐

PROJECT CONTACT INFORMATION
Name/Title of Project Contact:
Telephone:
Fax:
E-mail:

PROJECT INFORMATION
Project Name:
Project Address:

Supportive Services Requested:

- ☐ Mental Health
- ☐ Substance Abuse Treatment
- ☐ Case Management
- ☐ Housing Search and Counseling Services
- ☐ Transportation

Which HOME-ARP population are Supportive Service funds being requested for:

- ☐ Homeless Prevention - The costs of homelessness prevention services are only eligible to the extent that the assistance is necessary to help program participants regain stability in their current permanent housing or move into other permanent housing to achieve stability in that housing.
- ☐ Homeless Assistance

Projected Number of Persons to be Served (please provide an estimate for each supportive service applied for):

PROJECT FUNDING REQUEST

HOME-ARP Funds Requested: \$

Funding Leveraged from Other Sources: \$

Total Project Budget: \$

Provide a line item project budget for Supportive Services to be provided with HOME-ARP funds.

Supportive Services Provided	HOME-ARP Funds Requested	Non-HOME-ARP Funds	Total Project Cost
<i>e.g. Mental Health Service</i>			

** Attach additional sheets if necessary.*

2. PROJECT DESCRIPTION AND DELIVERY

- A. Describe, in detail, the proposed project requesting HOME-ARP funds. The narrative should include the need or problem to be addressed in relation to the City HOME-ARP Allocation Plan, as well as the population to be served or the area to benefit. Describe the project goals and objectives.**

- B. What qualifying population (QP) will this project serve? (Check all that apply.)**

- ☐ Homeless
- ☐ At Risk of Homelessness
- ☐ Fleeing, or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking
- ☐ Other populations who do not qualify under any of the populations above but meet one of the following criteria
 - Those who are currently housed due to temporary or emergency assistance or need additional assistance or services to avoid a return to homelessness
 - Populations at Greatest Risk of Housing Instability
 - Households whose income is <30% AMI and are experiencing severe cost burden
 - Households whose income is <50% AMI and meet one of the criteria for being At Risk of Homelessness

- C. Is the organization a member of the Continuum of Care?**

Yes ☐ No ☒

D. Does the organization accept referrals from the Coordinated Entry System?Yes ☐ No ☐**E. What other referral method will be used for this project?**☐ Self-referral☐ Referral from other service providers☐ Referral from institutions or other systems of care (in-patient, correctional, hospital, etc.)☐ Other _____**3. ORGANIZATION INFORMATION****A. Background:**

Past Experience with HUD funding for homeless services:

Yes ☐ No ☐

Amount: _____

Description and Use of Past HUD Funds	
Number of Persons Served	

To include the length of time the organization has been in operation, the date of incorporation, the organization's mission, and the type of corporation. Describe the type of services provided, the organization's capabilities, the number and characteristics of clients served, and license to operate (as applicable).

Length of Operation	
Date of Incorporation	
Primary Mission	
Type of Corporation	
Services Provided	
# Years providing requested HOME-ARP Services	
Number of clients served annually	
State Licensure Required	

B. Personnel:

Briefly list organization's existing staff positions that will provide funded services and their qualifications, and state whether or not the organization has a personnel policy manual with an affirmative action plan and grievance procedure.

Will new personnel need to be employed to staff the activities?

Yes ☐ No ☐

Affirmative Action Plan

Yes ☐ No ☐

Grievance Procedures

Yes ☐ No ☐

Name or Position	Qualifications

C. Financial:

Describe the organization's fiscal management system including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

Financial Reporting Basis	Cash		Accrual			
Recordkeeping	Paper		Digital			
Financial Software	QuickBooks		Other (list)			
Payment Procedures	EFT		Checks		Cash	
Financial Review	Full Audit		Review by Outside Vendor			

D. Audit Requirements:

The Organization is informed that if funded by the HOME-ARP Program, the Organization may be subject to the audit requirements of 2 CFR Part 200.

E. Insurance/Bond/Worker's Compensation:

State whether or not the organization has liability insurance coverage, in what amount, and with what insurance carrier. State whether or not the organization pays all payroll taxes and worker's compensation as required by Federal and State Law. Detail whether or not the organization has fidelity bond coverage for principal staff who handle the organization's accounts, include the amount, and insurance carrier. For organizations proposing to prescribe medications, please provide any associated liability insurance. If using an outside provider, you must retain their current liability information on file. For organizations proposing to work with children, please provide State Central Registry/Child Abuse – Neglect Clearance documentation.

Liability Insurance

Yes ☐ No ☐

Provider: _____ Amount: _____

Payroll Taxes and Workers Compensation

Yes ☐ No ☐

Fidelity Bond Coverage

Yes ☐ No ☐

Provider: _____ Amount: _____

Liability Coverage

Yes ☐ No ☐

Provider: _____ Amount: _____

State Central Registry/Child Abuse – Neglect Clearance Documentation

Yes ☐ No ☐

F. Additional Information:

Include other pertinent information as applicable. *(Optional)*

VI. PROJECT PERFORMANCE MEASURES**A. How will the project serve individuals or households experiencing homelessness and/or stabilize households in permanent housing to prevent them from becoming homeless?****B. Describe the anticipated outcomes of the proposed service/program/project (number of clients served, housing stability achieved, etc.)?**

- ☐ Number of persons served
- ☐ Improved ability to manage symptoms
- ☐ Individualized housing or service plans completed
- ☐ Achieving goals identified in service plan
- ☐ Housing applications submitted
- ☐ Securing approved unit
- ☐ Obtaining benefits and/or income
- ☐ Percentage obtaining housing
- ☐ Percentage remaining housed at 6 and 12 months
- ☐ Reductions in return to homelessness

☐ Other

C. How will outcomes be measured?

- ☐ People served
- ☐ Transitions to housing
- ☐ Retained housing
- ☐ Other

VII. PROJECT BUDGET SUMMARY

A. Total Estimated Cost of Project: \$ _____

B. Amount of HOME-ARP Funds Requested: \$ _____

C. Please complete chart below:

Source	Amount	% of Total Project Cost	Grant / Loan	Status Pending/ Committed
City HOME-ARP				
Local Funds (Specify):				
State Funds (Specify):				
Other Federal Funds (Specify):				
Private Financing (Specify):				
Other (Specify):				
Totals:				

VIII. PROJECT TIME SCHEDULE

The City of Alexandria anticipates that contracts will be awarded in late January 2027 and requires HOME-ARP Supportive Services funding to be fully expended by December 31, 2028. An evaluation of expenditures will be conducted in January of 2028 to determine if funds will be reallocated from slow spenders to providers who are achieving grant milestones. Please provide the tasks/milestones the organization will use to achieve timely operation of the program.

Anticipated start date after fully executed subrecipient agreement with City of Alexandria.

☐ One month ☐ Two months ☐ Three months or more

Task/Milestone*				Date
Program Start Date				
Program fully staffed				
New HOME-ARP eligible QPs begin receiving services				
End of First Quarter				
Number Assisted				Staffing
Total Expended				\$
End of Second Quarter				
Number Assisted				Staffing
Total Expended				\$
End of Third Quarter				
Number Assisted				Staffing
Total Expended				\$
End of Program Year				
Number Assisted				Staffing
Total Expended				\$
TOTALS				\$

IX. STANDARD REQUIRED DOCUMENTS

A. Articles of Incorporation and Bylaws:

Articles of Incorporation are the documents recognized by the State as formally establishing a private corporation, business or organization.

Bylaws are the documents which detail the structure of how the organization will operate related to governance.

☐ Attached

B. Non-profit Status:

Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service.

☐ Attached

C. Proof of active SAM.gov registration:

A copy of the Certification from SAM.gov showing that the organization is active and registered in SAM.gov including its Unique Entity Identifier (UEI) Number.

☐ Attached

D. List of the Board of Directors:

A list of the current board of directors or other governing body of the organization must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.

☐ Attached

E. Authorization to Request Funds:

Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.

☐ Attached

F. Authorized Official:

Documentation must be submitted of the governing body's action authorizing the representative of the organization to negotiate for and contractually bind the organization. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address, and telephone number of each authorized individual.

☐ Attached

G. Organizational Chart:

An organizational chart must be provided which describes the organization's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure, and which identifies any staff positions of shared responsibility.

☐ Attached

H. Financial Statement, Audit (as applicable), and most current tax return/990.

☐ Attached

CERTIFICATIONS

In order for your application to be accepted, in addition to the application itself, your organization must submit the following items **no later than 9:00 a.m. on Friday, November 20, 2026.**

- ☐ Application submitted with all questions completed. *If an area does not apply, state N/A, do not leave a question blank.*
- ☐ Articles of Incorporation and By Laws
- ☐ Current List of Board of Directors
- ☐ Certified Organization Audit/Financial Statements of most recent year
 - a. Copy of 2 CFR Part 200 Audit (required if \$1,000,000 in aggregate Federal funds expended), or
 - b. Financial statements audited by a CPA (only if not qualified for A-133), or
- ☐ IRS 501(c)(3) Designation Letter (Pending letters will not be accepted)
- ☐ Copy of IRS Form 990 filed for most recent year
- ☐ Proof of active SAM.gov registration and UEI Identifying Number
- ☐ Form W-9 (can be obtained at www.irs.gov)
- ☐ Current Fiscal Year Agency Budget, including all funding sources
- ☐ Job Descriptions and resumes for this activity/project
- ☐ Organizational Chart
- ☐ An Executed Statement of Applicant Form
- ☐ An Executed Signature Authorization Form

I hereby confirm that this packet contains all materials requested.

Printed Name of person completing this application

Signature of person completing this application

Date

STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. To the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. No revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
3. The City of Alexandria may request or require changes in the information submitted, and may substitute its own figures, which it deems reasonable for any or all figures provided.
4. If the project(s) is recommended and approved by the selection committee, the City of Alexandria reserves the right to reduce and/or cancel the allocation if federal entitlements are canceled, reduced, or rescinded.
5. The City of Alexandria reserves the right not to fund any submittals received.
6. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
7. By submission of this application, the organization agrees to abide by the City of Alexandria's locally established policies and guidelines.
8. Past program and financial performance will be considered in reviewing this application.
9. Services are to be provided at no cost to citizens during the grant period.
10. If the project is funded, the City of Alexandria, or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.

11. If the project is funded, the City of Alexandria will perform an environmental review prior to the obligation of funds.
12. If a project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the City of Alexandria.
13. A project's funding does not guarantee its continuation in subsequent action plans.
14. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
15. Disclosure by attached memo of matters that may give the appearance of a conflict of interest. (i.e., City of Alexandria staff members/employees, elected officials, staff members' families, elected officials' families, etc.
16. In the event of mismanagement or misuse of HOME-ARP funds, the City of Alexandria reserves the right to seek reimbursement of funds and pursue any appropriate corrective actions or remedies in accordance with applicable federal, state, local laws and regulations.
17. If awarded HOME-ARP funding, the organization agrees to maintain the confidentiality of all program participant information and protect personally identifiable information from unauthorized access, use or disclosure in accordance with federal, state and local laws and regulations.

By signature below, the applicant acknowledges the above in its name on this _____ day of, _____ 2026.

Authorized Signature/Title: _____ Date: _____

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

SIGNATURE AUTHORIZATION FORM

The Board of Directors of _____ hereby applies to the City of Alexandria for funding consideration for the HOME-ARP and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax-exempt and incorporated in the State of Louisiana.

_____ hereby proposes to provide the services of project identified in the Scope of Services in accordance with this application for HOME-ARP funds. If this application is approved and this organization receives HOME-ARP funding from the City of Alexandria, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the City. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true, correct and complete. I also authorize the following person(s) to have signatory authority regarding this grant:

Printed Name: _____ Title: _____

Printed Name: _____ Title: _____

President/Board of Directors:

Printed Name: _____ Title: _____

Signature: _____ Date: _____