

# City of New Orleans

C. Ray Nagin, Mayor

## Neighborhood 1

### 2007 Registry of Non-Profit Organizations

The City of New Orleans, through Neighborhood 1, is inviting all **non-profit organizations** to apply for listing on the Neighborhood 1 Registry of Non-Profit Organizations. All organizations interested in working with Neighborhood 1 must qualify by completing the Registry of Non-Profit Organizations. The purpose of the Registry is to ensure that applicants meet minimum eligibility requirements to receive federal and state grant funds through Neighborhood 1 for program year 2007 (January 1, 2007 - December 31, 2007). **Certification on the Registry is a required step in the funding process. In addition, all agencies seeking funding must also successfully complete the SuperNOFA competitive application.**

**Application Process Opens: Monday, September 18, 2006**

**Application Deadline: Monday, October 16, 2006 Applications are due by 3:00 p.m. to 1340 Poydras, 10<sup>th</sup> Floor.**

- Application packets (Registry and SuperNOFA) will be available on the City's website at [www.cityofno.com/portals/portal49/portal.aspx](http://www.cityofno.com/portals/portal49/portal.aspx).
- **Both Registry and SuperNOFA must be submitted together no later than October 16, 2006**
- **Applications received after the October 16, 2006, 3:00 p.m. deadline WILL NOT BE ELIGIBLE for funding**
- Applicant organizations must have IRS standing as a 501(c)(3),
- possess another tax exemption status, or
- be conditionally approved for tax exemption status
- **If your organization is debarred or has outstanding audit findings, or a delinquent audit, it will not be eligible for the 2006 SuperNOFA**

A checklist is provided to ensure that you have completed all of the necessary items to be considered for certification. Please submit to Neighborhood 1, one (1) original and one (1) copy of your completed application packet. **Please do not submit to Neighborhood 1 the originals of any legal documents for your agency unless specifically requested. Neighborhood 1 will not be responsible for making copies of any documents for your agency.** For more information please call Jeanette Thomas at 658-4200.

*Submit original and one (1) copy of application and all attachments. Unless SPECIFICALLY requested, please do not submit to Neighborhood 1 the originals of legal documents for your agency.*

**ORGANIZATIONAL INFORMATION**

**Name of Organization:** \_\_\_\_\_

**Federal I.D. No:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Agency Address** \_\_\_\_\_

\_\_\_\_\_

**Contact Person(s):** Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**SECONDARY CONTACT INFORMATION**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Section 1: Planning Information**

**PRINCIPAL ACTIVITIES OF ORGANIZATION (Check 1 or 2 (do not exceed 2).)**

<b>1a:</b>	<b><u>HOUSING</u></b>	<b><u>COMMUNITY SERVICES</u></b>	
<input type="checkbox"/>	Housing Renovation/Rehabilitation	<input type="checkbox"/>	Youth Enhancement
<input type="checkbox"/>	Homebuyer Programs/New Construction	<input type="checkbox"/>	Senior Services
<input type="checkbox"/>	Rental Housing Development and Management	<input type="checkbox"/>	Child Care
<input type="checkbox"/>	Painting/Roof Repair/Weatherization/Maintenance	<input type="checkbox"/>	Literacy/Education
<input type="checkbox"/>	Home Stabilization (>\$5,000, <\$10,000)	<input type="checkbox"/>	Homebuyer/Homeownership Training
	<b><u>CONTINUUM OF CARE</u></b>		
<input type="checkbox"/>	Homeless Assistance/Prevention		<b><u>OTHER</u></b>
<input type="checkbox"/>	HIV/AIDS Services		
<input type="checkbox"/>	Assisting Persons with Disabilities	<input type="checkbox"/>	Economic Development
		<input type="checkbox"/>	Other _____

**1b: Please identify the neighborhood(s) you intend to serve:**

**1c: Give the boundaries and census tracts:**

- All child care and group home providers should provide licensing documentation and accreditation from the State.**
- All organizations listing Literacy as a Principal Activity of Organization is encouraged to be a member of the Literacy Alliance of Greater New Orleans (864-7049). Please indicate membership verification or application**

**NOTE:**

- All child care and group home providers should provide licensing documentation and accreditation from the State.**
- All organizations listing Literacy as a Principal Activity of Organization are encouraged to be a member of the Literacy Alliance of Greater New Orleans (864-7049). Please indicate membership verification or application**

**Section 2: Requested Information**

**All requested information must be provided for Registry to be reviewed and approved.**

- a. Has the organization achieved not-for-profit status in accordance with Section 501(c) of the Internal Revenue Code?

YES\_\_\_\_\_ NO\_\_\_\_\_

- b. Indicate Federal Tax Exemption and provide proof of status:

\_\_\_\_\_ 501(c)(3) Organization

\_\_\_\_\_ 501(c)(4) Organization

- c. Is the Organization incorporated under the laws of the State of Louisiana?

YES\_\_\_\_\_ NO\_\_\_\_\_

If yes, please submit copies of the organization's Articles of Incorporation and By-laws including amendments.

- d. Provide current Certificate of Good Standing from the Louisiana Secretary of State. Please submit **only** the current year certificate (*see attachment 1*).

**Secretary of State, Baton Rouge, Louisiana - (225) 925-4704**

**Please request by mail at P.O Box 94125 Baton Rouge, LA 70804 or**

**Fax (225)925-4727**

**Cost: \$10. Please allow 1 – 2 weeks for receipt.**

- e. Provide a copy of Form 941, Employer’s Quarterly Federal Tax Return or Form 990, Return of Organization Exempt from Income Tax.





## Staff

Identify all paid, full time and part-time staff.

<b>NAME</b>	<b>TITLE</b>	<b>FT/PT</b>

## Consultants/Contractors

Identify all paid consultants and contractors providing services for the organization.

<b>NAME/AGENCY</b>	<b>AGENCY PRINCIPAL OFFICER</b>	<b>SERVICE</b>

**Section 5: Conflict of Interest**

Please list any **board member(s) and the immediate family or business partner(s) of the board members**, currently or within the last two years who has been an employee of Neighborhood 1 (or previously the Division of Housing and Neighborhood Development), any other City of New Orleans department, the City Council of New Orleans, or the U.S. Department of Housing and Urban Development (HUD). Use additional pages if necessary. *(Immediate family is defined as husband, wife, father, mother, daughter, son, brother, sister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law. "Business partners" is defined as employment by or ownership of or financial benefit from employees or elected officials of the City of New Orleans or business entities in which they own an interest.)*

<b>BOARD MEMBER</b>	<b>FAMILY MEMBER</b>	<b>RELATIONSHIP (self, husband, wife, brother-in-law, etc.)</b>	<b>AFFILIATION (NEIGHBORHOOD 1, City Council, business partner, etc.)</b>

Please list any **staff member(s) and the immediate family or business partner(s) of the staff member(s)**, currently or within the last two years who have been an employee of the Neighborhood 1(or previously the Division of Housing and Neighborhood Development), any other City of New Orleans department, the City Council of New Orleans, or the U.S. Department of Housing and Urban Development (HUD). Use additional pages if necessary. *(Immediate family is defined as husband, wife, father, mother, daughter, son, brother, sister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law. "Business partners" is defined as employment by or ownership of or financial benefit from employees or elected officials of the City of New Orleans or business entities in which they own an interest.)*

<b>STAFF MEMBER</b>	<b>FAMILY MEMBER</b>	<b>RELATIONSHIP (self, husband, wife, brother-in-law, etc.)</b>	<b>AFFILIATION (Neighborhood 1, City Council, business partner, etc.)</b>

## Conflict of Interest (continued)

Please list any **paid consultant(s) and/or contractor(s) and the immediate family or business partner(s) of the paid consultant(s) and contractor(s)**, currently or within the last two years who has been an employee of the Neighborhood 1 (or previously the Division of Housing and Neighborhood Development), any other City of New Orleans department, the City Council of New Orleans, or the U.S. Department of Housing and Urban Development (HUD). Use additional pages if necessary. *(Immediate family is defined as husband, wife, father, mother, daughter, son, brother, sister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law. "Business partners" is defined as employment by or ownership of or financial benefit from employees or elected officials of the City of New Orleans or business entities in which they own an interest.)*

CONSULTANT/ CONTRACTOR	FAMILY MEMBER	RELATIONSHIP (self, husband, wife, brother-in-law, etc.)	AFFILIATION (Neighborhood 1, City Council, business partner, etc.)

Which of the employees, agents, consultants or officers of your organization will (1) exercise any functions or responsibilities related to activities to be funded with the requested funding from the City of New Orleans or (2) be in a position to participate in a decision making process related to these activities or (3) gain inside information associated with these activities? Use additional pages if necessary.

Which of the people listed in the response above and which persons with whom they have business or immediate family ties as defined above (1) will obtain a financial interest or benefit from activities to be funded with the assistance requested from the City of New Orleans or (2) have an interest in any contract, subcontract or agreement with these activities, or the proceeds from these activities? Use additional pages if necessary.

**Section 6: Program Financial Chart (Past 3 Years)**

List the source and amount of funds (including in-kind contributions) that support the proposed program(s) in the service area(s) identified as *Principal Activities of the Organization* (page 3).

**Leveraging of funds is encouraged by Neighborhood 1.**

<b>FUNDING SOURCE &amp; YEAR (Federal, State, City, Donations, etc.)</b>	<b>FUNDING AMOUNT</b>	<b>UNITS COMPLETED CLIENTS SERVED</b>

**Section 7: Financial Capacity**

**a:** Has the organization, its members, employees, paid consultants, or contractors been debarred or suspended from the receipt of federal, state, or City of New Orleans funds?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, state reason.

**b:** Does organization conform to the financial accountability standards of Subpart C.21 of OMB Circular A- 110, "Standards for Financial Management Systems" (See attachment 2)? If so, please submit one or more of the following:

γ an organizational audit performed in compliance with OMB Circular A-133 ;  
For Federal expenditures of \$500,000.00 or more

γ a certification from a Certified Public Accountant verifying that agency financial records conform to Subpart C.21 of OMB Circular A-110.

γ **NEW AGENCIES ONLY:** a **notarized** statement by the president or chief financial officer of the organization verifying that agency financial records conform to Subpart C.21 of OMB Circular A-110.

**NOTE: ALL AGENCIES SHOULD SUBMIT ORIGINAL COPIES OF CPA CERTIFICATIONS OR NOTARIZED STATEMENTS.**

**c:** Does the organization have any outstanding, delinquent, or unresolved audit findings identified in the agency’s organizational audit?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, state reason.

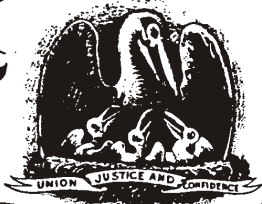
**PLEASE COMPLETE THE 2007 NEIGHBORHOOD 1 REGISTRY  
CHECKLIST**

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

	Yes	No	N/A
<b><u>Section 1: Planning Information</u></b>			
Principal Activities Identified	___	___	___
Neighborhood Identified	___	___	___
Boundaries & Census Tracts	___	___	___
<b><u>Section 2: Requested Information</u></b>			
501(c) status	___	___	___
Articles of Incorporation and Organizational By-Laws	___	___	___
CURRENT Certificate of Good Standing	___	___	___
Copy of form 990 or 940	___	___	___
<b><u>Section 3: Organizational Capacity</u></b>			
Experience Chart	___	___	___
Statement of Staff/ Consultants Experience	___	___	___
Completeness of Articles of Incorporation and By-Laws	___	___	___
<b><u>Section 4: Staff &amp; Board Information</u></b>			
List of Board Members	___	___	___
Staff Member List	___	___	___
Consultants Identified	___	___	___
<b><u>Section 5: Conflict of Interest</u></b>			
Conflict of Interest Statements completed	___	___	___
<b><u>Section 6: Program Financial Chart</u></b>			
Financial Chart completed	___	___	___
<b><u>Section 7: Financial Capacity</u></b>			
a. Debarment statement	___	___	___
b. Submitted CPA Certification or Notarized statements	___	___	___
c. Audit infractions	___	___	___

UNITED STATES OF AMERICA  
State of Louisiana



**Jox McKeithen**

**SECRETARY OF STATE**

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*

A LOUISIANA corporation domiciled at NEW ORLEANS,

Filed charter and qualified to do business in this State on

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State as a Non-Profit Corporation.

*In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,*

*Jox H. McKeithen*

CLO 34250248N  
*Secretary of State*



Mailing Address: Secretary of State  
P.O. Box 94125  
Baton Rouge, LA 70804

Fax Number: (225)925-4727

**OMB CIRCULAR A-110**

**SUBPART C - Post-Award Requirements**

**Financial and Program Management**

Section 21. Standards for financial management systems.

- (a) Federal awarding agencies shall require recipients to relate financial data to performance data and develop unit cost information whenever practical.
- (b) Recipients' financial management systems shall provide for the following.
- (1) Accurate, current and complete disclosure of the financial results of each federally-sponsored project or program in accordance with the reporting requirements set forth in Section \_\_\_\_.52. If a Federal awarding agency requires reporting on an accrual basis from a recipient that maintains its records on other than an accrual basis, the recipient shall not be required to establish an accrual accounting system. These recipients may develop such accrual data for its reports on the basis of an analysis of the documentation on hand.
  - (2) Records that identify adequately the source and application of funds for federally-sponsored activities. These records shall contain information pertaining to Federal awards, authorizations, obligations, un-obligated balances, assets, outlays, income and interest.
  - (3) Effective control over and accountability for all funds, property and other assets. Recipients shall adequately safeguard all such assets and assure they are used solely for authorized purposes.
  - (4) Comparison of outlays with budget amounts for each award. Whenever appropriate, financial information should be related to performance and unit cost data.
  - (5) Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury and the issuance or redemption of checks, warrants or payments by other means for program purposes by the recipient. To the extent that the provisions of the Cash Management Improvement Act (CMIA) (Pub. L. 101-453) govern, payment methods of State agencies, instrumentalities, and fiscal agents shall be consistent with CMIA Treasury-State Agreements or the CMIA default procedures codified at 31 CFR part 205, "Withdrawal of Cash from the Treasury for Advances under Federal Grant and Other Programs."
  - (6) Written procedures for determining the reasonableness, allocability and allowability of costs in accordance with the provisions of the applicable Federal cost principles and the terms and conditions of the award.
  - (7) Accounting records including cost accounting records that are supported by source documentation.
- (c) Where the Federal Government guarantees or insures the repayment of money borrowed by the recipient, the Federal awarding agency, at its discretion, may require adequate bonding and insurance if the bonding and insurance requirements of the recipient are not deemed adequate to protect the interest of the Federal Government.
- (d) The Federal awarding agency may require adequate fidelity bond coverage where the recipient lacks sufficient coverage to protect the Federal Government's interest.
- (e) Where bonds are required in the situations described above, the bonds shall be obtained from companies holding certificates of authority as acceptable sureties, as prescribed in 31 CFR part 223, "Surety Companies Doing Business with the United States."