

City of New Orleans
Office of Community Development
1340 Poydras St. Suite 1000
New Orleans, LA 70112
National Disaster Resilience
Workforce Development Training Program
Notice of Funding Availability
Addendum 1

On December 23, 2020 the City of New Orleans' Office of Community Development (OCD) issued a Notice of Funding Availability (NOFA) seeking an organization to serve as the subrecipient of the Housing and Urban Development (HUD) National Disaster Resilience (NDR) grant workforce development training program. The NDR workforce development program subrecipient will provide opportunities for skilled employment and will focus on connecting unemployed and underemployed New Orleanians to a growing water economy through sustained outreach and job training.

During the NOFA informational session held on January 6, 2021, OCD realized Exhibit D- DBE Compliance forms were missing. The document is located at <https://nola.gov/resilient-new-orleans/projects/green-infrastructure/ndrc/isaac-recovery-program/> attached to the Workforce Development training Program Addendum 1 document.

On the call OCD also stated it would provide applicants with the contact information for someone who works with Section 3 requirements to provide applicants additional assistance with completing the required Section 3 documents, as well as information on becoming a certified Section 3 business. The Section 3 contact person is listed below.

Michelle E. Redler
Labor Compliance Manager
Office of Community Development | City of New Orleans
1340 Poydras Street #1000 | New Orleans, LA 70112
C: 504-669-2486 | O: 504-658-8418 | E: meredler@nola.gov

The Notice of Funding Availability Application Package is posted on the City's website listed below.

<https://nola.gov/resilient-new-orleans/projects/green-infrastructure/ndrc/isaac-recovery-program/>
If you need additional information please contact OCD's Disaster CDBG Unit at corcherrie.allen@nola.gov or (504) 658-4334.

Application Submission Dates and Times

The Application period will begin on **December 23, 2020. The deadline to submit applications has been extended two weeks.** Applicants shall submit the following to the Office of Community Development directed Attention: Corcherrie Allen, Disaster CDBG Unit, 1340 Poydras St., Suite 1000, New Orleans, Louisiana 70112, 504-658-4334, not later than **February 05, 2021 at 4:00 pm CST:**

- a. One (1) signed hardcopy of the proposal in a sealed envelope, marked[“Subrecipient for the National Disaster Resilience Workforce Training Program”] and one (1) digitally signed proposal (maximum of three files) on a CD or Flash Drive, in Microsoft Word format or as a PDF file, marked, “Subrecipient for the National Disaster Resilience Workforce Training Program”;
- b. One (1) printed hard copy of the related cost proposal enclosed in a separate sealed envelope, marked “Subrecipient for the National Disaster Resilience Workforce Training Program”;
- c. A signed cover letter including the company’s name, address, and primary contact for the proposal. The primary contact information shall include submitter name, telephone, and email address.
- d. Applicants must complete all required attachments and submit along with both electronic and hardcopy proposal submissions.
- e. Applicants should ensure to notate clearly on the outside of all submissions (whether submitted via regular mail or via express delivery; on the envelope and the digital submission) the name of the proposer and the number and the title of the NOFA. This information is critical to the Bureau of Purchasing to identify proposals.

LaToya Cantrell
Mayor

Marjorianna B. Willman, Director
Housing Policy & Community Development



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS

DBE Compliance Form-3 | **DBE PARTICIPATION PLAN**

Contact Office of Supplier Diversity for questions on completing this form.
Via email: supplierdiversity@nola.gov

RESPONDENTS: *This completed form must be furnished to the Bureau of Purchasing with your proposal. You must complete every section of the form or your proposal may be deemed non-responsive. If a section is not applicable to your proposal, you must explain why it is not applicable or your proposal will be deemed non-responsive. You must submit your response on the DBE Responsiveness Form 3 or your proposal will be deemed non-responsive. You may use additional pages as warranted.*

RFP/RFQ/Solicitation #: _____

Date: ____/____/____

Description: _____

Name of Respondent: _____

Please check the appropriate space:

- The respondent is committed to the contract goal of _____ % DBE utilization. (If selected, you must complete and submit DBE Compliance Form 1 in order to be awarded a contract.)
- The respondent is unable to meet the DBE contract goal, but is committed to a minimum of _____ % DBE utilization and will submit documentation demonstrating good faith efforts. (If selected, you must complete and submit DBE Compliance Form 1 and/or DBE Compliance Form-2 along with all required supporting documentation in order to be awarded a contract.)

SECTION I - DBE COMMITTEMENT TO CONTRACT GOAL: You must list all DBE firms that you have identified to participate on the contract. **PLEASE NOTE:** Every DBE firm listed must be utilized on the project. To remove and/or replace a DBE firm you must submit a DBE Removal/Substitution Request Form 4 and receive approval from the Office of Supplier Diversity to remove and/or replace the firm.

DBE FIRM & NAME of DBE	PHONE	SOURCE OF CERTIFICATION (SLDBE or LAUCP)	SCOPE OF WORK TO BE PERFORMED BY THE DBE	ESTIMATED VALUE of PROPOSED DBE CONTRACT (If Known)	ESTIMATED % OF TOTAL CONTRACT
1.				\$	%
2.				\$	%
3.				\$	%
4.				\$	%
5.				\$	%
6.				\$	%
7.				\$	%
8.				\$	%
9.				\$	%
10.				\$	%
TOTALS				\$	%



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SECTION II - DBE CONFIRMATION: For the DBE firms listed above, please provide the name and signature of the firm’s authorized representative.

NAME OF DBE FIRM	PRINT NAME OF DBE FIRM’S AUTHORIZED REPRESENTATIVE	SIGNATURE OF DBE FIRM’S AUTHORIZED REPRESENTATIVE	DATE

SECTION III - SPECIFIC PORTIONS OF WORK IDENTIFIED FOR DBE SUBCONTRACTOR: You must list all selected scopes or portions of work that you identified to be performed by DBE(s) and the estimated percentage value of each scope of work identified in order to increase the likelihood of meeting the contract goal for this project.

SCOPE OR PORTIONS OF WORK IDENTIFIED FOR DBE PARTICIPATION	ESTIMATED % OF CONTRACT VALUE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL	



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SECTION IV - PAST PERFORMANCE: You must provide details of your firm's past performance in compliance with DBE goals.

AGENCY NAME	PROJECT NAME	COMPLETION DATE	DBE PARTICIPATION ACHIEVED	OSD VERIFICATION

SECTION V - OTHER: Please provide narrative details of any other efforts your firm will conduct to attain the DBE goal.