

RESTORATION TAX ABATEMENT PROGRAM

CITY OF NEW ORLEANS

Your guide to local submission.

This information is designed to help advise homeowners and commercial owners of the exhibits required for local tax abatement review and consideration.

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CITY OF NEW ORLEANS

Restoration Tax Abatement Program

Requested Documents for Local Submission

Submit ALL applicable exhibits to:
City of New Orleans
Office of Economic Development
Via Email tmjackson@nola.gov

| | | |
|--------------------------|-------------------------|-------------------------|
| RTA Application #: _____ | Property Address: _____ | Council District: _____ |
|--------------------------|-------------------------|-------------------------|

The following "applicable" exhibits must be submitted to the Office of Economic Development for local RTA processing. See applicability listed below for each requested item based on project status; residential or commercial project, and original, renewal or transfer application. All *intake forms** may be found enclosed. Check boxes of all exhibits that apply.

| DOCUMENT CHECKLIST | | | | |
|--------------------------|--|------------|----------|--|
| | <u>AFFIDAVIT*</u> : A notarized affidavit as to whether the principals in the project would have proceeded with the rehabilitation without the tax benefit of Act 445 of 1983. | | | |
| Applicable to: | | | | |
| | Residential | Commercial | Original | Renewal Transfer |
| | <u>DESCRIPTION OF PROJECT</u> : Describe in written detail the nature and extent of project for which the tax abatement is requested and will return a blighted or underused property to, to construction, hiring, and/or making purchases toward the project's capital investment, and intended property use. | | | |
| Applicable to: | | | | |
| | Residential | Commercial | Original | Renewal Transfer |
| <input type="checkbox"/> | <u>INVESTMENT BREAKDOWN TOTAL*</u> : For " <i>construction projects</i> " only, submit breakdown of construction costs. Complete the "RTA Project Cost Reporting Form" provided. This form will disclose an itemized breakdown of all capital additions and improvements; including their respective costs. | | | |
| Applicable to: | | | | |
| | Residential | Commercial | Original | Renewal Transfer |
| | <u>BEFORE & AFTER COMPREHENSIVE APPRAISAL REPORT</u> : An " <i>as is</i> " appraisal of the value of the land and improvements <i>before</i> rehabilitation as well as an " <i>as renovated</i> " appraisal of the proposed improvements <i>after</i> construction by a duly qualified real estate appraiser. | | | |
| Applicable to: | | | | |
| | Residential | Commercial | Original | Renewal Transfer |
| | <u>PRO FORMA</u> : For " <i>income producing properties</i> " only, submit a pro forma statement based on a five-year projection relating to the proposed rehabilitation work. This financial projection should include expected revenues, expenses, and debts of the project. | | | |
| Applicable to: | | | | |
| | Residential | Commercial | Original | Renewal Transfer |
| | <u>COST/BENEFIT ANALYSIS*</u> : Submit C.B.A that will weigh the total expected costs (local tax incentive value) versus benefits (projected ad valorem revenue) to determine incentive viability. | | | |
| Applicable to: | | | | |
| | Residential | Commercial | Original | Renewal Transfer |
| | <u>ELIGIBILITY CERTIFICATION FORM*</u> : Verify eligibility. | | | |
| Applicable to: | | | | |
| | Residential | Commercial | Original | Renewal Transfer |
| | <u>PROPERTY TAXES</u> : Submit <i>Tax Invoice</i> from the Bureau of Treasury and <i>Building Assessment Value</i> from the Assessor's Office (website) for the <u>year prior to project commencement</u> . If property taxes are currently delinquent, please explain. | | | |
| Applicable to: | | | | |
| | Residential | Commercial | Original | Renewal Transfer |
| <input type="checkbox"/> | <u>BUILDING PERMIT JOB VALUE VERIFICATION</u> : Provide copies of any and all permits associated with the proposed scope of work, including the total project job value amount reported to Safety and Permits. " <i>Permit Job Value</i> " (including materials, equipment, and labor) is the total value of all construction work, as well as finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire extinguishing systems and other permanent equipment for which the permit is issued. | | | |
| Applicable to: | | | | |
| | Residential | Commercial | Original | Renewal Transfer |

| | | | | | | |
|--|---|-------------|--------------|----------|--------------|----------|
| | <p><u>DBE COMPLIANCE VERIFICATION*</u>: Pursuant to Code of the City of New Orleans §70-459, there is a “35% DBE participation goal” for all public spending or private projects that utilize public funding and/or incentives. No RTA shall be approved for projects that are not compliant with the local DBE requirements for attainment of the DBE goal and/or demonstration of Good Faith Efforts to attain the DBE goal. This ordinance applies to all public spending and private projects with the <i>exception</i> of owner-occupied residential projects with 6 or less units and projects valued less than \$15,000 (§70-466(E)(5)). Provide the following evidence of DBE compliance for OSD review: DBE Responsiveness Form (DBE Compliance Form 1) which details attainment of the DBE goal through contract commitments to certified DBE firms; and/or in the event that the applicant cannot meet the DBE goal, a signed Good Faith Efforts Form (DBE Compliance Form 2) which demonstrates Good Faith Efforts to attain the DBE goal must also be submitted. Also, electronic reporting via the B2G Now Compliance Monitoring system which details all DBE firms that were utilized on the project and the payments made to each firm must be submitted on a monthly basis. DBE Compliance Forms 1 and 2 as applicable must be submitted to the Office of Supplier Diversity prior to the start of construction in order for the project to qualify for this program. For DBE Program assistance, contact Office of Supplier Diversity at 658-4200.</p> | | | | | |
| <p align="center">Applicable to:</p> <table border="1"> <tr> <td>Residential</td><td>Commercial</td><td>Original</td><td>Renewal</td><td>Transfer</td></tr> </table> | | Residential | Commercial | Original | Renewal | Transfer |
| Residential | Commercial | Original | Renewal | Transfer | | |
| <input type="checkbox"/> | <p><u>HIRE NOLA & LIVING WAGE COMPLIANCE VERIFICATION*</u>: Pursuant to Code of the City of New Orleans §70-499, the Hire NOLA program links quality employment opportunities created by City construction contracts and economic development projects worth more than \$150,000 with Local and Disadvantaged Local Workers. This program establishes a First Source requirement and Good Faith Effort Participation Goals. Pursuant to Code of the City of New Orleans §70-806, §70-807 and §70-808, the Living Wage Ordinance requires covered employers to pay no less than the living wage for all hours worked, provide compensated leave to employees and prohibits wage reduction retaliation based on ordinance. Provide the following documentation for OWD review: <u>Hire NOLA & Living Wage bidder attestation and good faith efforts form</u>, <u>Local-Hire Plan</u>, and <u>Manpower Utilization Schedule</u>. For assistance, contact Office of Workforce Development at 658-4500.</p> | | | | | |
| <p align="center">Applicable to:</p> <table border="1"> <tr> <td>Residential</td><td>Commercial</td><td>Original</td><td>Renewal</td><td>Transfer</td></tr> </table> | | Residential | Commercial | Original | Renewal | Transfer |
| Residential | Commercial | Original | Renewal | Transfer | | |
| <input type="checkbox"/> | <p><u>PHOTOS: (applicable to construction projects ONLY)</u>: Provide <i>Before</i> and <i>After</i> pictures that exhibit the overall restoration. Photos must be submitted in a hard copy Word format on letter size paper.</p> | | | | | |
| <p align="center">Applicable to:</p> <table border="1"> <tr> <td>Residential</td><td>Commercial</td><td>Original</td><td>Renewal</td><td>Transfer</td></tr> </table> | | Residential | Commercial | Original | Renewal | Transfer |
| Residential | Commercial | Original | Renewal | Transfer | | |
| | <p><u>INCLUSIONARY ZONING COMPLIANCE VERIFICATION</u>: Pursuant to the City’s Inclusionary Zoning policy per Ordinance No. 28036M.C.S., residential projects meeting affordable housing set aside requirements shall be automatically subject to renewal and are not subject to local renewal criteria. Provide the following evidence of IZ compliance for internal review: Inclusionary Zoning Permits.</p> | | | | | |
| <p align="center">Applicable to:</p> <table border="1"> <tr> <td>Residential</td><td>Commercial</td><td>Original</td><td>Renewal</td><td>Transfer</td></tr> </table> | | Residential | Commercial | Original | Renewal | Transfer |
| Residential | Commercial | Original | Renewal | Transfer | | |
| | <p><u>DEBT</u>: a completed debt schedule.</p> | | | | | |
| <p align="center">Applicable to:</p> <table border="1"> <tr> <td>Residential</td><td>Commercial</td><td>Original</td><td>Renewal Only</td><td>Transfer</td></tr> </table> | | Residential | Commercial | Original | Renewal Only | Transfer |
| Residential | Commercial | Original | Renewal Only | Transfer | | |
| <input type="checkbox"/> | <p><u>TAX RETURNS</u>: Copies of the following portions of the last three years (of the original abatement) tax returns filed with IRS of the owner proprietor, corporation, or partnership which holds title, or is responsible for payment of taxes for the property under consideration will be submitted:</p> <ul style="list-style-type: none"> ▪ the “real estate schedule” accompanying the federal tax return (Part I of Schedule E) and; ▪ the “depreciation portion of Schedule C” or equivalent tax forms, and; ▪ requesting the following info for the last 3 years of the initial abatement: net income, depreciation, principal payment totals, total equity. | | | | | |
| <p align="center">Applicable to:</p> <table border="1"> <tr> <td>Residential</td><td>Commercial</td><td>Original</td><td>Renewal Only</td><td>Transfer</td></tr> </table> | | Residential | Commercial | Original | Renewal Only | Transfer |
| Residential | Commercial | Original | Renewal Only | Transfer | | |
| | <p><u>MORTGAGE AMORTIZATION</u>: A mortgage amortization schedule showing the amount of principal payments for the last three years of the original abatement. (If any loan(s) were issue for said property).</p> | | | | | |
| <p align="center">Applicable to:</p> <table border="1"> <tr> <td>Residential</td><td>Commercial</td><td>Original</td><td>Renewal Only</td><td>Transfer</td></tr> </table> | | Residential | Commercial | Original | Renewal Only | Transfer |
| Residential | Commercial | Original | Renewal Only | Transfer | | |

| | | | | |
|-----------------------|--|----------|----------------|----------|
| | | | | |
| — | <u>TRANSFERABLE ELIGIBILITY:</u> If property subject to restoration tax abatement is sold or transferred, the exemption may be transferred for the remainder of its term to the new owner, provided such transfer is approved by the Council. Any transfer shall require the transferee to assume all of the transferor's duties, obligations, and liabilities relative to the restoration tax abatement. A transferred restoration tax abatement shall not be eligible for renewal. Each application for RTA transfer shall be submitted to the OED on forms prepared by the office, together with any documents the OED reasonably require (such as Recorded Act of Sale or Hotel Management Agreement). A RTA for property subject to a condominium declaration ma not be transferred. | | | |
| Applicable to: | | | | |
| Residential | Commercial | Original | Renewal | Transfer |

| |
|---|
| OTHER INFORMATION REQUESTED FOR OED REVIEW Provide the following information in a separate Word document. |
| <p>Explain the extent to which project improvements will upgrade the usefulness of th property or preserve it in a manner that significantly improves its condition for a period of no less than 20 years.</p> <p>Explain the extent to which project improvements are architecturally and historically appropriate and will not negatively effect the historic character of surrounding neighborhood.</p> <p>Explain the extent to which project improvements will result in other economic or social benefits to the city that outweigh the foregone tax revenue over the useful life of the improvements and thereafter.</p> |

| | |
|--|--|
| CONTACT INFO: | |
| <u>For inquiries regarding state filings (advance note/ application/ etc.):</u> Travis Rosenberg Program Administrator, Restoration Tax Abatement Louisiana Economic Development 617 North 3rd Street Suite 1800 Baton Rouge, LA 70802-5239 E-Mail: Travis.Rosenberg@LA.GOV Office: 225.342.4710 To apply: https://fastlane.louisianaeconomicdevelopment.com/ | <u>For inquiries regarding your DBE Participation Plan:</u> Justin Nwokolo Compliance Officer Office of Supplier Diversity 1340 Poydras Street Suite 1800 New Orleans, LA 70112 E-Mail: Justin.Nwokolo@nola.gov Office: 504.658.4281/ Cell: 504.816.0974 |
| <u>For inquiries regarding Hire NOLA and Living Wage:</u> Tremon Tapp Hire NOLA Workforce Coordinator Mayor’s Office of Workforce Development City of New Orleans 3400 Tulane Avenue New Orleans, LA 70112 Office: 504. 658.4523 E-Mail: tremon.tapp@nola.gov | <u>For inquiries regarding tax bill:</u> Office of Treasury City of New Orleans 1300 Perdido Street City Hall Room 1W40 New Orleans, LA 70112 Office: 504.658.1701 Fax: 504.658.1704 |

| |
|---|
| LOCAL SUBMISSION INSTRUCTIONS: |
| <p>Please complete the above checklist and all exhibits as directed. All local submissions must be bound and submitted on 8 ½” x 11” paper. A divider must separate each of the exhibits and must be labeled with a tab label. Local submissions must be presented to OED not less than 3 weeks prior to any upcoming RTA Review Committee meeting. An electronic copy of the completed submission must be emailed to tmjackson@nola.gov and one (1) printed copy of the local submission must be presented to:</p> <p>Tracey Jackson Program Manager Office of Economic Development (OED) 1340 Poydras Street New Orleans, LA 70112 Suite 1800</p> <p>For any local inquiries regarding RTA, please contact Tracey Jackson. Office: 504.658.4955 Office: 504.916.9512 E-Mail: tmjackson@nola.gov</p> |

*The Restoration Tax Abatement Program is administered by
Louisiana Economic Development through the Board of Commerce & Industry.*

LOUISIANA RESTORATION TAX ABATEMENT TAX ABATEMENT PROGRAM

OFFICE OF ECONOMIC DEVELOPMENT CITY OF NEW ORLEANS

AFFIDAVIT (ORIGINAL APPLICATION)

STATE OF LOUISIANA
PARISH OF ORLEANS

BEFORE ME, the undersigned authority, duly commissioned and qualified within and for the state and parish aforesaid, personally came and appeared _____, who being by me first duly sworn deposed and said:

“That affiant has made or caused to be made an application for property tax abatement for property located at _____, State Application Number _____.

Affiant would not have purchased or proceeded with the purchase of the above identified property but for the benefits or the Restoration Tax Abatement Program. Affiant is a principal party to the project and understands that all principal parties involved in the project must submit an affidavit in connection with the application under the Restoration Tax Abatement Program indicating whether or not the purchase of the property would have been undertaken had it not been for the availability of the benefits of the Restoration Tax Abatement Program.”

Signature

Sworn to and subscribed before me this _____.

NOTARY PUBLIC

WITNESSES:

LOUISIANA RESTORATION TAX ABATEMENT TAX ABATEMENT PROGRAM

OFFICE OF ECONOMIC DEVELOPMENT

CITY OF NEW ORLEANS

RENEWAL AFFIDAVIT

(RENEWAL APPLICATION)

STATE OF LOUISIANA

PARISH OF ORLEANS

BEFORE ME, the undersigned authority, duly commissioned and qualified within and for the state and parish aforesaid, personally came and appeared _____, who being by me first duly sworn deposed and said:

“That affiant has purchased a property located at _____ which presently has a contract in the Restoration Tax Abatement (R.T.A.) program; State Application Number _____.

Affiant has filed for renewal of the Restoration Tax Abatement (RTA) Contract. Affiant would not have proceeded with additional renovations of the above identified property but for the benefits or the Restoration Tax Abatement Program. Affiant is a principal party to the project and understands that all principal parties involved in the project must submit an affidavit in connection with the application under the Restoration Tax Abatement Program indicating whether or not an additional renovation of the property would have been undertaken had it not been for the availability of the benefits of the Restoration Tax Abatement Program.”

Affiant certifies that the amount of Cash Equity contributed to the referenced project to date is
\$ _____ .

Signature

Sworn to and subscribed before me this _____ .

NOTARY PUBLIC

WITNESSES:

LOUISIANA RESTORATION TAX ABATEMENT TAX ABATEMENT PROGRAM

OFFICE OF ECONOMIC DEVELOPMENT

CITY OF NEW ORLEANS

TRANSFER AFFIDAVIT

(TRANSFER APPLICATION)

STATE OF LOUISIANA

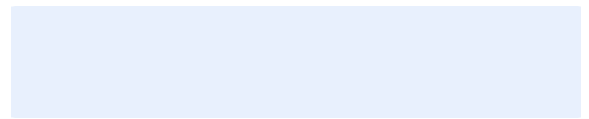
PARISH OF ORLEANS

BEFORE ME, the undersigned authority, duly commissioned and qualified within and for the state and parish aforesaid, personally came and appeared _____, who being by me first duly sworn deposed and said:

“That affiant has purchased a property located at _____, via transfer from a contract in the Restoration Tax Abatement (R.T.A.) program. State Application Number _____.

Affiant has filed for transfer of the Restoration Tax Abatement (RTA) Contract. Affiant would not have purchased or proceeded with the purchase of the above identified property but for the benefits or the Restoration Tax Abatement Program. Affiant is a principal party to the project and understands that all principal parties involved in the project must submit an affidavit in connection with the application under the Restoration Tax Abatement Program indicating whether or not the purchase of the property would have been undertaken had it not been for the availability of the benefits of the Restoration Tax Abatement Program.”

Affiant certifies that the amount of Cash Equity contributed to the referenced project to date is
\$_____.



Signature

Sworn to and subscribed before me this _____.

NOTARY PUBLIC

WITNESSES:

LOUISIANA RESTORATION TAX ABATEMENT TAX ABATEMENT PROGRAM

OFFICE OF ECONOMIC DEVELOPMENT CITY OF NEW ORLEANS

PROJECT COST REPORTING FORM

(Investment Breakdown Total of Original and Renewal Projects)

RTA Application #:

Property Address:

Eligible Investment Costs as defined by LED

ITEMIZED RTA INVESTMENT COSTS

BUILDING & MATERIALS (Provide the amount spent on all building materials associated with this project)

i.e.: Doors, HVAC (permanent), Building Insulation, Roof

TOTAL BUILDING & MATERIALS COSTS

\$

MACHINERY & EQUIPMENT (Provide the cost of permanently attached machinery and equipment leased, rented, or purchased for this project)

i.e.: Crane /Lift Equipment Rental

TOTAL MACHINERY & EQUIPMENT COSTS

\$

LABOR (DIRECT LABOR) (Provide the cost of wages paid for contract workers, construction workers, and/or to a general contractor for services rendered regarding this project).

i.e.: Electrical, Plumbing, Mechanical

TOTAL LABOR COSTS

\$

BUILDING PERMIT JOB VALUE –

CONSTRUCTION HARD COSTS REPORTED TO SAFETY & PERMITS

\$

(Materials, Machinery/Equipment, and Labor costs requiring permit)

ENGINEERING (INDIRECT LABOR) (Provide the overhead cost of project planning and management; profitability analysis; cost control and cost forecasting; investment appraisal, and risk analysis; and planning and scheduling)

i.e.: Insurance, Architecture Fees, Permitting

TOTAL ENGINEERING COSTS

\$

INVESTMENT TOTAL

ELIGIBLE FOR TAX ABATEMENT

\$

Total estimated expenditures for the entire project, which includes the building, material, machinery, equipment, labor, and engineering costs calculated previously.

(Materials, Machinery/Equipment, Labor, and Engineering)

Attach copies of all permits along with an itemized breakdown of all eligible RTA investment costs (Materials, Permanent Fixtures, Labor, and Engineering/ Overhead Costs)

LOUISIANA RESTORATION TAX ABATEMENT TAX ABATEMENT PROGRAM

OFFICE OF ECONOMIC DEVELOPMENT CITY OF NEW ORLEANS

COST/BENEFIT ANALYSIS FORM

(Applicable to Original/Revenue Generating Projects)

INFORMATION ABOUT YOUR BUSINESS

| | |
|--|--|
| <u>APPLICATION #</u> | |
| <u>COMPANY OR PROPERTY OWNER'S NAME</u> Name of your company or property owner's name as provided to the State on the Application Form | |
| <u>PROPERTY ADDRESS</u> Address of the physical location of the property | |
| <u>LIST OF PRINCIPALS</u> List of principal owners of the property | |
| <u>CURRENT OR PRIOR USE</u> Use of property prior to improvements | |
| <u>PROPOSED USE</u> Proposed use of the property | |
| <u>CONTACT NAME</u> Business contact | |
| <u>CONTACT NUMBER</u> Business's telephone number | |

EMPLOYMENT DATA

| <u>EMPLOYEES</u> | <u>ORLEANS PARISH</u> | <u>NON-ORLEANS PARISH</u> |
|--|------------------------------|----------------------------------|
| <u>TOTAL NUMBER OF CURRENT YEAR EMPLOYEES PRIOR TO CONSTRUCTION</u> Total number of current employees (year prior to construction) who are Orleans Parish residents and total number of employees residing in other parishes/countries other than Orleans | # | # |
| <u>PROJECTED NUMBER OF NEW EMPLOYEES AFTER CONSTRUCTION</u> Number of projected <u>new</u> employees to be created through your business's construction project who are Orleans Parish residents and the number of projected <u>new</u> employees residing in parishes/counties other than Orleans | # | # |
| <u>CURRENT PAYROLL (PRE-CONSTRUCTION)</u> Dollar amount in annual payroll paid to current employees who are Orleans Parish residents and to current employees residing in parishes/counties other than Orleans. | \$ | \$ |

PROJECTED PAYROLL INCLUDING NEW HIRES (POST-CONSTRUCTION)

Total dollar amount of the annual payroll to be paid to new and current employees who are Orleans Parish residents and for those new and current employees residing in parishes/counties other than Orleans.

\$

\$

INFORMATION FOR TAX EXEMPTION

DESCRIPTION OF PROJECT

Briefly describe your project



BUILDING PERMIT FEES

Dollar amount paid to the City of New Orleans for your building permit

\$

OCCUPATIONAL LICENSE

Dollar amount paid to the City of New Orleans for your business's occupational license

\$

OTHER FEES

Other fees paid due to the project

\$

PRE-DEVELOPMENT ASSESSED VALUE OF BUILDING/IMPROVEMENTS

"Building Value" of your property the year prior to construction as reported by the Assessor's Office

\$

POST-DEVELOPMENT ASSESSED VALUE OF BUILDING/IMPROVEMENTS

"Building Value" of your property post construction as reported by the Assessor's Office

\$

REAL ESTATE TAXES PAID FOR CURRENT YEAR PRIOR TO CONSTRUCTION

Amount of property taxes paid the current year prior to construction on this property (land and improvements)

\$

| | | |
|--|--|--|
| <u>ANNUAL SALES</u> <u>ORLEANS PARISH TAXABLE SALES</u> Amount of Orleans Parish taxable sales for the year prior to construction and the projected sales (post construction) for each category to be generated due to the project expansion | <u>YEAR PRIOR TO CONSTRUCTION</u> | <u>PROJECTED (AFTER CONSTRUCTION)</u> |
| <u>RETAIL</u> | \$ | \$ |
| <u>WHOLESALE</u> | \$ | \$ |
| <u>ROOM NIGHT SALES (HOTEL/MOTEL)</u> | \$ | \$ |
| <u>OTHER TAXABLE SALES</u> i.e.: labor charges on appliances and small engine repairs, etc. | \$ | \$ |
| <u>TOTAL GROSS TAXABLE SALES</u> <i>Sum of all itemized taxable sales (retail, wholesale, hotel/motel room, and other)</i> | \$ | \$ |
| <u>NON-TAXABLE SALES</u> i.e.: membership service fees, etc. | \$ | \$ |

| | | | | |
|--|---|---|--|---------------------|
| <u>CONSTRUCTION COSTS</u> Dollar amount of costs associated with your company's construction/expansion plans. | <u>PURCHASED WITHIN ORLEANS PARISH</u> | <u>PURCHASED OUTSIDE OF ORLEANS PARISH</u> delivered to your business by a supplier located out of Orleans Parish | <u>PURCHASED OUTSIDE OF ORLEANS PARISH</u> purchased from a supplier outside of Orleans Parish and physically delivered by your business to its own location | <u>TOTAL</u> |
| <u>COST OF EQUIPMENT AND MACHINERY</u> | \$ | \$ | \$ | \$ |
| <u>COST OF MATERIALS AND SUPPLIES</u> | \$ | \$ | \$ | \$ |
| <u>COST OF LABOR / CONSTRUCTION PAYROLL</u> | \$ | \$ | \$ | \$ |
| <u>COST OF ENGINEERING</u> Professional Services | \$ | \$ | \$ | \$ |
| <u>OTHER* (list below)</u> | \$ | \$ | \$ | \$ |
| <u>TOTAL CONSTRUCTION COSTS</u> <i>Sum of all itemized construction costs (equipment/machinery, materials/supplies, construction payroll, and engineering costs)</i> | \$ | \$ | \$ | \$ |
| <u># OF CONSTRUCTION JOBS</u> | | | | |

| <u>ANNUAL UTILITY COSTS</u> | <u>YEAR PRIOR TO CONSTRUCTION</u> | <u>PROJECTED (AFTER CONSTRUCTION)</u> |
|---------------------------------------|--|--|
| <u>ESTIMATED ELECTRIC COST</u> | \$ | \$ |
| <u>ESTIMATED NATURAL GAS</u> | \$ | \$ |

OTHER*

| |
|--|
| Please supply other pertinent information below (including other construction costs) |
| |

CERTIFICATION

| |
|--|
| Please fill in, sign, and have notarized |
| <p>BEFORE ME, the undersigned authority, personally came and appeared (First & Last Name) who duly sworn did depose and say: That he/she is .</p> <p>That this affidavit is made for the specific purpose of verifying that he has examined the information contained on the found the pages of this form and information given to be true and correct.</p> <p>Sworn to and subscribed before me this date;</p> <p>Notary By </p> |

For all inquiries regarding this form, please contact Tracey Jackson, RTA Program Manager, at tmjackson@nola.gov.

@I G5B5 F9GCF5HCB H5L 565H9A 9BH5L 565H9A 9BHDFC; F5A

C: : =79'C: '97BCA =7'89J9@CDA 9BH

7=HMC: B9K CF@95BG

9@: -6@HM7 9FH: 75HCB: CFA

(Applicable to Original and Renewal Projects)

A Restoration Tax Abatement Application has been filed with the Louisiana Department of Economic Development (LED) for limited tax exemption of the below-described property. Said limited tax exemption will be for an initial five-year period as provided by Louisiana Restoration Tax Abatement Act R.S. 47:4311 – R.S. 47:4319 and the Louisiana Constitution.

PROPERTY INFORMATION (as it appears on most current year's tax roll)

| | |
|---------------------------|--------------|
| RTA Application #: | |
| Company or Owner(s) Name: | |
| Project Address: | |
| Latest Tax Bill #: | Tax Year: |
| Lot #: | Subdivision: |

COMPANY INFORMATION

| | |
|--------------------------|--------|
| Project Contact Person: | Title: |
| Contact Company Address: | |
| Telephone #: | Fax #: |
| E-mail: | |

| | |
|--|--|
| List all principals involved in the project (<i>provide attachment if additional space is needed</i>): | |
| | |
| | |
| | |

PROPERTY TAX

Current (year prior to original restoration) assessed value of property to be considered for tax abatement: \$ _____

Amount of Ad Valorem Taxes paid on this property for the year before construction: \$ _____

PROJECT INFORMATION (Original or Renewal Project)

of Units: _____ If residential, # of affordable units: _____ Existing Square Footage: _____ Added Square Footage: _____

Added Square Footage beyond Original Footprint (if applicable): _____

Use of Property Prior to Restoration: _____ Multifamily Office Retail Other: _____

Project Start Date: _____ Project Completion Date: _____

Proposed use of property after restoration (original or renewal phase):

| |
|--|
| |
|--|

Appraised value of property *before* restoration: \$ _____

Appraised projected value of property *after* restoration: \$ _____

(Note: The above-listed appraisal inquires are applicable *ONLY* to original projects. This data may be found in the comprehensive appraisal requested of applicants during their initial project phase).

Building Permit Job Value (Materials, Machinery and Equipment, Labor [no soft costs]): \$ _____

Investment total eligible for tax abatement as defined by the state (Materials, Machinery and Equipment, and Labor/Engineering): \$ _____

ADDITIONAL TAX BREAKS

| | |
|--|--|
| Listing of all tax breaks or other financial incentives received, requested or pending which will assist with the (original or renewal) renovations of the subject property. Such a listing might include investment tax credits, façade donations, industrial binds, etc. (provide attachment if additional space is needed): | |
| | |
| | |
| | |

EMPLOYMENT

of construction Jobs created during renewal project phase:

| | | |
|---|--|--|
| List the number new permanent jobs created as a result of the (original or renewal) project and the title of those positions, if any. (provide attachment if additional space is needed): | | |
| | | |
| | | |
| | | |

Total #: _____

SALES TAX REVENUE

List the projected amount of sales tax revenue due to generate as a result of the (original or renewal) project's completion (if applicable): \$ _____

ELIGIBILITY CERTIFICATION

I hereby certify that I have read this document and that the information provided is accurate and complete.

I certify that the information provided can be substantiated by business documents. Upon request, I agree to provide the documentation requested to establish eligibility as established by the New Orleans City Council RTA Guidelines Resolution R-11-517.

I understand that providing incomplete, inaccurate, or untimely information may result in denial of tax abatement.

Applicant Signature: _____

Date: \$ _____

"Failure to provide accurate information to the City of New Orleans could result in the denial of your application."

OFFICE OF WORKFORCE DEVELOPMENT
CITY OF NEW ORLEANS
RTA APPLICANT ATTESTATION AND OWD GF FORM 1 OF 3

Submit all inquiries regarding this
form to:
City of New Orleans
Office of Workforce Development
Via Email tremon.tapp@nola.gov

| | |
|----------------------------|--|
| Application #: | |
| Property Owner (s): | |
| Authorized Representative: | |

Hire NOLA Policy

As provided in Sec. 70-499 the City of New Orleans established the Hire NOLA program to link quality employment opportunities created by City construction contracts and economic development projects with Local Workers. This program establishes a **First Source requirement and Good Faith Effort Participation Goals** on “covered projects”. Contractors and their Subcontractors, if applicable, shall commit to making Good Faith Efforts to achieve aforementioned local participation goals.

Living Wage Policy

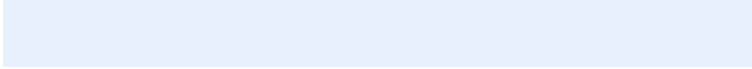
As provided in Sec. 70-810 the City of New Orleans established the Living Wage Ordinance. Applicants seeking a Restoration Tax Abatement are required to ensure the following:

- (1) Pursuant to Section 70-806 of the City Code, every Covered employer shall pay employees no less than the living wage for all hours worked as a Covered employee. The living wage shall be \$11.19, plus any applicable adjustment provided in Section 70-806, subpart (2).
- (2) Pursuant to Section 70-807 of the City Code, Covered employers shall permit Covered employees to take at least seven (7) days per year of compensated leave. Such leave shall comply with the guidelines set forth in Section 70-807.
- (1) Pursuant to Section 70-808 of the City Code, no Covered employer shall reduce any wages or benefits due to any employee to offset the costs of the Living Wage Ordinance or otherwise retaliate against any Covered employee based on the provisions of the Ordinance.

Bidder's Attestation:

My signature certifies that I understand the Hire NOLA program and Living Wage Ordinance. I further certify and agree that if awarded the contract, as the Contractor I will demonstrate Good Faith Effort to meet the stated Participation Goals. I understand my Good Faith Effort shall include but not be limited to the following:

1. Utilize OWD's Craft Employee Request Form to inform OWD of any potential vacancies on a “covered project.”
2. Contact qualified individuals from the First Source database, as provided by OWD, for filling potential vacancies.
1. Solicit in the official journal of the City, or any other local publication, and advertise as provided below, any potential vacancies for local workforce candidates if First Source individuals are ultimately not qualified or available.
2. Advertise vacancies at local Union/Hiring Halls of registered apprenticeship programs, if applicable.
3. Advertise vacancies at the job site.
4. Conduct meeting(s) with potential managers and subcontractors to educate said individuals regarding the Local Hire goals provided herein.
5. Utilize registered apprenticeship programs at a 1 apprentice to 3 journeyman ratio, if applicable and available.

| | |
|------------------------|--|
| Respondent's Signature |  |
| Respondent's Name | |
| Respondent's Title | |

OFFICE OF WORKFORCE DEVELOPMENT
 CITY OF NEW ORLEANS

HIRE NOLA – MANPOWER UTILIZATION SCHEDULE BY CRAFT – FORM 2 OF 3

| | |
|----------------------------|--|
| Application #: | |
| Property Owner (s): | |
| Authorized Representative: | |

| Month/Y ear | Man Count | Man Hours | Craft Type | # of Craft Workers | Craft Type | # of Craft Workers | Craft Type | # of Craft Workers | Craft Type | # of Craft Workers |
|----------------|--------------|--------------|------------|-----------------------|------------|-----------------------|------------|-----------------------|------------|-----------------------|
| | | | | | | | | | | |
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If more space is needed attach additional sheets.

OFFICE OF WORKFORCE DEVELOPMENT
CITY OF NEW ORLEANS
HIRE NOLA LOCAL – HIRE PLAN – FORM 3 OF 3

Submit all inquiries regarding this form to:
 City of New Orleans
 Office of Workforce Development
 Via Email tremon.tapp@nola.gov

| | |
|----------------------------|--|
| Application #: | |
| Property Owner (s): | |
| Authorized Representative: | |

Please fill out the tables below based on the information provided in the submitted with the Manpower Utilization Schedule.

| Contractor | Trade | Anticipated # of Work Hours Completed by Core Employees | Anticipated # of Core Employees on Project | Anticipated # of Work Hours Completed by New Hires | Anticipated # of New Hires Required | Anticipated # of Apprentices Required |
|------------|-------|---|--|--|-------------------------------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
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If more space is needed attach additional sheets.



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS
DBE Compliance Form-1 | **DBE RESPONSIVENESS FORM**

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

Instructions: Prior to award of a City contract, please complete and submit DBE Compliance Form-1. List all DBE and Non-DBE firms that will be utilized, and list scopes of work/services or goods they will perform or provide. Please ensure that all authorized signatories of each DBE firm listed signs this form. If you have not attained the amount of DBE participation to meet the contract goal, you are required to complete and submit DBE Compliance Form-2 along with all required supporting Good Faith Efforts documentation. Please reference the GFE Policy for further guidance. The GFE Policy is available via www.nola.gov or by request at supplierdiversity@nola.gov.

Solicitation #: _____ Project Name: _____ Date: _____

Name of Bidder/Proposer: _____ has satisfied the requirements of the bid/proposal specifications for the above referenced ITB/RFP/RFQ or solicitation by the City of New Orleans in the following manner:

(Please check the appropriate space)

- ☐ The bidder/proposer is committed to the contract goal of _____ % DBE utilization on this contract.
- ☐ The bidder/proposer is unable to meet the current DBE contract goal, however, is committed to a minimum of ____% DBE utilization on this contract and will submit documentation demonstrating good faith efforts in addition to this form. *(Please complete and submit DBE Compliance Form-2 along with all required supporting documentation)*

| | | |
|----------------------------|----|------|
| Total Bid/Proposal Amount: | \$ | 100% |
| Total proposed DBE Amount: | \$ | % |

Bidder/Proposer's point-of-contact:

Name: _____ Title: _____

Phone: _____ Email: _____



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS
DBE Compliance Form-1 | **DBE RESPONSIVENESS FORM**

) _____

O _____
" _____

Every DBE firm listed must be utilized on the project, and must perform a Commercially Useful Function. To remove or replace a DBE firm you must request & submit a DBE Removal/Substitution Request Form and receive approval from the OSD prior to removal or replacement the DBE firm.

DBE COMMITTEMENT TO CONTRACT GOAL: (Attach additional pages if necessary)

| Name of DBE Firm | CERTIFICATION (SLDBE or LAUCP) | Scope(s) of Work to be performed by the DBE | Tier 1, 2, or 3 Subcontractor ? | Value of Proposed Contract with DBE | % OF TOTAL CONTRACT |
|------------------|-----------------------------------|--|---------------------------------------|--|------------------------|
| | | | | | % |
| | | | | | % |
| | | | | | % |
| | | | | | % |
| | | | | | % |
| | | | | | % |
| | | | | | % |
| | | | | | % |
| | | | | | % |
| | | | | | % |
| TOTAL | | | | | % |

Sub-Contractors/Sub-Consultants and Manufacturers

Suppliers (For participation towards DBE Goal, count only 60% of total proposed Contract Value)

| Name of DBE Firm | Certification (SLDBE or LAUCP) | Supplies to be provided by the DBE | 100% of Value of Proposed Contract with DBE Supplier | 60% Value of Proposed Contract with DBE Supplier | % OF TOTAL CONTRACT |
|------------------|-----------------------------------|---------------------------------------|--|--|------------------------|
| | | | | | % |
| | | | | | % |
| | | | | | % |
| | | | | | % |
| | | | | | % |
| TOTAL | | | | | % |



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS
DBE Compliance Form-1 | **DBE RESPONSIVENESS FORM**

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

Solicitation #: _____ Bidder / Proposer: _____

DBE AFFIRMATION: (Attach additional pages if necessary)

The listed DBE firm(s) below affirm(s) that it will perform the Scope of Work for the estimated dollar value as stated in the DBE Commitment to Contract Goal section on page 2 of the DBE Compliance Form-6.

| NAME of DBE FIRM | PRINT NAME of DBE FIRM'S AUTHORIZED SIGNATORY | SIGNATURE of DBE FIRM'S AUTHORIZED SIGNATORY | DATE |
|------------------|---|--|------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS
DBE Compliance Form-1 | **DBE RESPONSIVENESS FORM**

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

RFP/RFQ/Bid/Solicitation/Other #: _____ Bidder / Proposer: _____

NON-DBE SUBCONTRACTORS AND SUPPLIERS: (Attach additional pages if necessary)

| NAME of FIRM | PHONE | Scope of Work to be performed by the Subcontractor | VALUE of PROPOSED CONTRACT | % OF TOTAL CONTRACT |
|--------------|-------|--|----------------------------|---------------------|
| 1. | | | \$ | % |
| 2. | | | \$ | % |
| 3. | | | \$ | % |
| 4. | | | \$ | % |
| 5. | | | \$ | % |
| 6. | | | \$ | % |
| 7. | | | \$ | % |
| 8. | | | \$ | % |
| 9. | | | \$ | % |
| 10. | | | \$ | % |
| 11. | | | \$ | % |
| 12. | | | \$ | % |
| 13. | | | \$ | % |
| 14. | | | \$ | % |
| 15. | | | \$ | % |

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS

DBE Compliance Form-2 | DOCUMENTATION OF GOOD FAITH EFFORTS

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)"-# 7 87- h
87- h . u 87- h

BIDDERS: *This completed form along with all required supporting documentation must be furnished to the Bureau of Purchasing by the two (2) apparent lowest bidders within three (3) days of the bid opening. Should the bidder fail to comply with this request, the bid shall be considered non-responsive.*

RESPONDENTS: *This completed form must be furnished to the Bureau of Purchasing within ten (10) days of the City's issuance of Intent to Award Letter.*

" k7h k7j o \ " h
)
h)

V " k
" @ k7h k7j # V
Please check the appropriate space)

- ☐ The Bidder/Respondent is unable to achieve any DBE Participation and has completed and submitted DBE Compliance Form-2 along with all required supporting GFE documentation.
- ☐ The Bidder/Respondent is unable to meet the DBE contract goal, but is committed to a minimum of _____% DBE utilization on this contract and has completed and submitted DBE Compliance Form-2 along with all required supporting GFE documentation.

@-k-" # -ku@ u= u'u=- @ 7 kU u@V # Vu@ @-) =-k-@ @uky- V) #\ kk-#u

PRINT NAME: _____ SIGNATURE: _____

TITLE: _____

Instructions: Please complete sections A through D and include all specific supporting documentation as outlined below. All sections of this form must be completed or your response may be deemed non-responsive. If you feel that any section of this form is not applicable, then you must provide a written statement as to why section is not applicable in your response. Attach additional pages if necessary.

- ☐ oh-#@@h\ku@Vo\7† \kM@-Vu@ @) 7 k) "- oy" #\Vuk° #u@8 #
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OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS

DBE Compliance Form-2 | DOCUMENTATION OF GOOD FAITH EFFORTS

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

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

| Scope or Portions of Work Identified for DBE Participation | | Estimated Value | % of Contract |
|--|--|-----------------|---------------|
| 1. | | \$ | % |
| 2. | | \$ | % |
| 3. | | \$ | % |
| 4. | | \$ | % |
| 5. | | \$ | % |
| 6. | | \$ | % |
| 7. | | \$ | % |
| 8. | | \$ | % |
| 9. | | \$ | % |
| 10. | | \$ | % |
| 11. | | \$ | % |
| 12. | | \$ | % |
| TOTAL | | \$ | % |

- B. **NOTIFYING CERTIFIED DBEs OF CONTRACTING OPPORTUNITIES:** Please complete all fields below, list all sources of advertisement and outreach to DBE subs.

I. Did you attend all pre-bid and/or outreach meetings scheduled by the City?

| YES | NO | Date of Meeting |
|-----|----|-----------------|
| | | |

II. Did you submit a subcontracting opportunity on the DBE Opportunities page?

| YES | NO | Date of Meeting |
|-----|----|-----------------|
| | | |

III. Identify publications in which announcements or notifications were placed and published. Include a copy of each announcement or notification.

| Source of Advertising/Outreach | | What subcontracting areas of work were advertised? | Date of Ad | Due Date & Time for Sub Bids | | OSD VERIFICATION |
|--------------------------------|--|--|------------|------------------------------|------|------------------|
| | | | | Date | Time | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS

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

DBE Compliance Form-2 | **DOCUMENTATION OF GOOD FAITH EFFORTS**

- C. INITIAL SOLICITATION & FOLLOW-UP:** You must complete all fields below, list all certified DBE firms that received telephone or e-mail notification of work items to be subcontracted. If no response was received to the initial solicitation, you must indicate when firms received subsequent telephone or email solicitations (list delivery date, or read receipt date, and DBE firm's response). You must include copies of the physical and/or electronic notice(s) sent to DBE firms. **USE ADDITIONAL PAGES AS NEEDED**

| DBE FIRM & CONTACT | PHONE | Scope of Work Solicited | Date of Notification | Result of Initial Communication | Date of Follow-up/ Method of Contact (Phone or Email) | | Result of Follow-up Communication |
|------------------------------------|-----------------------|-------------------------|----------------------|---------------------------------|---|--------------|-----------------------------------|
| <i>Ex. ABC Company /Jane Smith</i> | <i>(504) 123-4567</i> | <i>Legal services</i> | <i>01/01/14</i> | <i>Will submit a quote</i> | <i>01/10/14</i> | <i>email</i> | <i>Quote received</i> |
| 1. | | | | | | | \$ |
| 2. | | | | | | | \$ |
| 3. | | | | | | | \$ |
| 4. | | | | | | | \$ |
| 5. | | | | | | | \$ |
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| 7. | | | | | | | \$ |
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| 16. | | | | | | | \$ |
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| 21. | | | | | | | \$ |
| 22. | | | | | | | \$ |
| 23. | | | | | | | \$ |
| 24. | | | | | | | \$ |
| 25. | | | | | | | \$ |



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS

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

DBE Compliance Form-2 | DOCUMENTATION OF GOOD FAITH EFFORTS

D. NEGOTIATE IN GOOD FAITH: You must provide an explanation for any rejected DBE bid or price quotation, unless another DBE is accepted for the same work.

- I. Where price competitiveness is not the reason for rejection, complete all fields below and provide a copy of the written rejection notice including the reason for rejection to the rejected DBE firm. A meeting may be held with the rejected DBEs, if requested to discuss the rejection. You must attach a copy of the notice.**

| DBE Subcontractor | Scope | Date rejection notice sent | Reason | Meet with DBE Sub? | | |
|-------------------|-------|----------------------------|--------|--------------------|----|---------------|
| | | | | Yes | No | Not requested |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

- II. Where price competitiveness is the reason for rejection, complete all fields below and attach copies of all DBE and non-DBE bid quotes.**

| Scope | DBE Subcontractor | Quote | Non-DBE Subcontractor | Quote | Price Variance (+/-) |
|-------|-------------------|-------|-----------------------|-------|----------------------|
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
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| | | \$ | | \$ | |



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS

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

DBE Compliance Form-2 | **DOCUMENTATION OF GOOD FAITH EFFORTS**

III. NEGOTIATE IN GOOD FAITH: You must provide a copy of all correspondence documenting negotiation efforts including copies of DBE and non-DBE quotes and copies of written rejection notices.

OTHER: Please provide narrative details of any other efforts your firm conducted to attain the DBE Goal. Attach identified pages as warranted.



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS

DBE Compliance Form-3 | MONTHLY DBE UTILIZATION REPORT

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

| | | |
|-------------|---|----------------------|
| CONTRACTOR: | Certified DBE: <input type="checkbox"/> YES <input type="checkbox"/> NO | Contract Start Date: |
|-------------|---|----------------------|

| | |
|--------------|----------------------------|
| DESCRIPTION: | Estimated Completion Date: |
|--------------|----------------------------|

| | | | | | |
|--|--|---|--|--|--------------------------------------|
| This report is for the month of: (CHECK ONE): | <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MARCH | <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUNE | <input type="checkbox"/> JULY <input type="checkbox"/> AUG <input type="checkbox"/> SEPT | <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC | <input type="checkbox"/> FINAL _____ |
|--|--|---|--|--|--------------------------------------|

| | | | | |
|--------------------------|---|---|--|-----------------------------------|
| Original Contract Amount | Total Amount of Contract Changes (change orders or amendments) | Final Contract Amount (include contract changes) | Payments to Date from City of New Orleans | OFFICE USE ONLY (Verification) |
| \$ | \$ | \$ | \$ | |

Instructions: List all DBEs utilized on the contract, whether or not the firms were originally listed for DBE goal credit. List actual amount paid to each DBE firm. If the established Percentage is not being met, please include a narrative description of the progress being made in DBE participation. Please refer to Good Faith Effort (GFE) Policy for guidance. Request a copy of the GFE policy via supplierdiversity@nola.gov (Attach additional pages if necessary)

| DBE SUBCONTRACTOR | DBE DESCRIPTION OF WORK | DBE SUBCONTRACT AMOUNT | DBE PAYMENTS THIS REPORT | PAYMENTS TO DATE | OFFICE USE ONLY (Verification) |
|-------------------|-------------------------|------------------------|--------------------------|------------------|-----------------------------------|
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| TOTALS | | \$ | \$ | \$ | |

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. SUPPORTING DOCUMENTATION IS ON FILE AND IS AVAILABLE FOR INSPECTION BY CITY OF NEW ORLEANS OFFICE OF SUPPLIER DIVERSITY PERSONNEL AT ANY TIME.

PRINT NAME: _____

SIGNATURE: _____, _____/_____/_____
(Contractor) (Title) (Date)