Emergency and Transitional Housing Program

Application

Fall 2025 (9/23/2025)

The Emergency and Transitional Housing (ETH) program provides limited funding to increase access to short-term housing for individuals at risk of homelessness and who are under the supervision of the Division of Probation and Parole or have recently been released from state incarceration. The ETH program aims to provide emergency and/or transitional housing to stabilize the reentry process until longer-term housing can be found, improving their chances of having a successful reentry experience.

This program shall be funded by a portion of the savings allocated to the Department of Public Safety and Corrections (DPS&C) for reinvestment in programs and services that support the reduction of prison admissions and recidivism.

1 Application Window and Eligibility

1.1 Application Cycles

The application window for prospective housing providers will occur twice yearly, in the Spring and the Fall. Approved housing providers shall be placed on a "Housing Provider Referral List" for one (1) year. Providers interested in continuing with the ETH program must reapply on an annual basis.

ETH Housing Providers who applied and approved in Fall 2024 must reapply in order to remain on the ETH Approved Provider list.

ETH Housing Providers who applied and were approved in Spring 2025 do not need to reapply at this time.

1.2 Applicant Eligibility

Eligible housing providers are limited to **non-profits who have obtained federal tax exempt status (501c3) and are in good standing.**

Applicants must:

- Be in good standing with the Louisiana Secretary of State office and have been so for the last two (2) years (if operational for less than two (2) years, must be in good standing since inception);
- Be a registered vendor on LaGov; and
- Submit the application and all required support documentation.

2 Application Submission

The completed application packet (including all required attachments) must be submitted via Smartsheets for processing. Smartsheet link: https://app.smartsheet.com/b/form/e27dd7d01fe043a98a525b956b94da7a

The deadline for applications for the Fall 2025 housing provider referral list is **October 31, 2025 at 4:30 pm (CT).** Applications are reviewed on a rolling basis in the order they are received.

Questions regarding the ETH Program may be submitted to jriprograms@la.gov.

Emergency and Transitional Housing Program

Application- Checklist

Instructions: Use the checklist below to ensure your ETH application is complete. Applications (new or renewal) will not be reviewed until all required documentation and information are submitted.

If an application is incomplete, the JRI Office will make reasonable attempts to collect the missing items via email. However, if the requested information is not provided promptly, or if repeated follow-ups are necessary, the application will be denied.

PDF Application Instructions:

Complete the application by typing directly into the blue fillable fields of the PDF.

- Once finished, save the file to your computer using "Save As" (do not use "Print to PDF").
- The fillable PDF accepts electronic signatures. If you prefer to hand-sign, you may print only the signature pages, sign them, and submit them along with the saved typed-in PDF.
- Handwritten applications will not be accepted.
- Do not submit the entire application as a scanned PDF—this will result in rejection.

APPLICATION The following information will need to be completed within the application:		
	Item	**Additional Notes**
☐	Section 1- Organization information	
☐	Section 2- Housing and Resident Information	
☐	Section 3- Pricing Information	
☐	Applicant Acknowledgment Form	Must be initialed and signed
☐	Vendor's published price affidavit	Must be notarized and signed
☐	Request for Additional Per Diem (optional) o Budgetary information for additional per-diem request	Complete only if you are interested
☐	Sex Offender Housing Agreement	Must be initialed and signed if housing sex offenders
☐	Business Licensing	• **Option 1:** Present documentation demonstrating that the Organization has obtained official approval from the local government (city/parish) to conduct their business. This documentation could include a copy of the Occupational License, Business Permit, or similar. • **Option 2:** Have the local governmental authority complete the "Business Licensing" document included in this application packet. • **Option 3**: If your area does not require a business or occupational license, you may instead submit an updated formal letter from your local government. The letter must include the issuer's name, title, phone number, and email address, and may be submitted directly to jriprograms@la.gov.

Emergency and Transitional Housing Program

Application- Checklist

	SECTION 4- HOUSING LOCATIONS Please review page 8 and submit the following information for each property listed in your ETH Application. Documentation requirements depend on whether the property is owned or rented.	
☐	Property Information	Property 1- Page 9. If needed: Property 2-Page 13 , Property 3- Page 26, Property 4- Page 30
☐	If the Property is Owned	• **Proof of Ownership** – Submit documentation such as a tax assessor record, mortgage paperwork, or similar official record. • **Related-Party Lease Acknowledgment** – If the property is owned or controlled by the applicant, primary contact, or a related entity, this form must be completed, initialed, and signed for each property. ○ **A copy of the lease agreement** must also be provided as stated on the acknowledgment form. • Do Not Submit the Property Owner Verification form. This is only required for properties rented from a true third party.
☐	If the Property is Rented from a Third Party	• **Current Rental Agreement** – Submit a copy of the active rental agreement for each property. • **Property Owner Verification** – Submit a completed verification form signed by the property owner. • Do Not Submit the "Related-Party Lease Acknowledgment" form. This applies only when the applicant, primary contact, or a related entity owns or controls the property.
☐	Zoning compliance certification (Required for All Properties)	• **Option 1:** Zoning Compliance Certification Form completed by the local zoning authority within the past 12 months, OR • **Option 2:** Formal zoning letter from your local government, including the issuer's name, title, phone number, and email address (may be submitted directly to jriprograms@la.gov).
	REQUIRED ATTACHMENTS In addition to the application, the following information is required to be submitted along with the ETH Application.	
☐	Active Certificate of Insurance for Commercial General Liability	
☐	Current, dated & signed IRS Form W-9	
☐	IRS 501c3 designation	
☐	Housing policies, rules and regulations	
☐	Vendor profile updated within that last six months	

Emergency and Transitional Housing Program

Application

The applicant must complete the application by typing directly into the blue fillable fields within the PDF document. Once completed, save the file to your computer using the "Save As" option (do not use "Print to PDF"). The fillable PDF supports electronic signatures, but if the applicant prefers to print and hand-sign the documents, they may submit the scanned signature pages separately, along with the saved "typed-in" PDF application.

SECTION 1 – ORGANIZATION INFORMATION

Organization Contact Information

Organization Name: _____

Legal Name (if different): _____

Office Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal Tax ID: _____

Vendor Supplier #: _____

Authorized Contact Person: (Person who can sign on behalf of the Organization)

Name: _____ Email Address: _____

Title: _____ Phone Number: _____

Referral Contact: (Person who will review and accept referrals from Probation & Parole and the JRI Office)

Name: _____ Email Address: _____

Title: _____ Phone Number: _____

Invoicing Contact: (Person responsible for submitting the ETH invoice for reimbursement to the JRI Office)

Name: _____ Email Address: _____

Title: _____ Phone Number: _____

Emergency and Transitional Housing Program

Application

Organization Background Information

1. Select **1** of the following options that apply to you.

   ☐ I am a New ETH Applicant and have never previously applied for the ETH Program.

   ☐ I am an Approved ETH Provider and reapplying to remain on the approved provider list.

   ☐ I am a Re-Applicant. I have applied for the ETH Program but have not been approved.

2. Are you currently offering transitional housing at these facilities? ☐ YES ☐ NO

3. How many years has your Organization offered transitional housing? _____

4. Have you ever provided transitional housing for people returning from prison or under P&P supervision? ☐ YES ☐ NO

5. Is your Organization connected with your area's Continuum of Care (CoC) and Coordinated Entry Access Point?[1] ☐ YES ☐ NO

6. Do you provide participants with transportation for essential trips? (i.e., doctor's office, grocery store)[2]? ☐ YES ☐ NO

7. Is your Organization equipped to support individuals with mental health challenges? If so, please provide a brief explanation. ☐ YES ☐ NO

[1] Continuum of Care (CoC) is a HUD federal funded program designed to promote communitywide commitment to the goal of ending homelessness. Coordinated Entry Access Points are places where people experiencing homelessness can be assessed and referred to appropriate housing resources. To see the CoC regions in Louisiana, click here.

[2] This is not required to be an ETH Approved Provider. It is for referral purposes only.

SECTION 2 - HOUSING AND RESIDENT INFORMATION

Resident Intake Process and Requirements

1. Are residents required to complete a written application? ☐ YES ☐ NO
2. Is an interview required before admission? ☐ YES ☐ NO
3. Are medical tests required before admission? (i.e., TB test) ☐ YES ☐ NO
   a. If Yes, Please Explain:

Food Access

4. Select **1** food access option that will be available to your ETH Facility. **Note: All ETH Providers must provide one meal or access to food.**

☐ Participants will have access to a kitchen, and the ETH provider will provide groceries

☐ Participants will have access to a kitchen, and the ETH provider will connect participants with a food bank

☐ Participants will have access to a kitchen, and the ETH provider will ensure all participants have access to SNAP

☐ Staff will prepare at least 1 meal a day for participants

Housing Policies and Procedures

In addition to these questions, attach your housing policies, rules, and regulations to your ETH Application.

5. Is there a curfew? ☐ YES ☐ NO
6. Are visitors allowed? ☐ YES ☐ NO
7. Other Restrictions (Please explain):

Resident Verification

8. Is there a house manager that lives on-site? ☐ YES ☐ NO
   a. If **YES**, please describe the days/hours that a house manager is present at the housing facility

   b. If **NO**, please describe who is responsible for looking after the housing facility, their role, and the days/hours they are present there.

9. Resident Verification: Please describe the process and frequency for determining who is currently living in your housing facility (i.e., a sign-in sheet, individual key codes assigned to each resident, checking on the house daily/weekly, having house meetings that require resident attendance, etc.)

SECTION 3 - PRICING INFORMATION

Per Diem Requested:

	Emergency (Homeless Shelter)	Transitional Housing
Per Diem Allowances[3]	Up to $12 per day	Up to $20.84 per day If Approved for Additional Per Diem: Up to $26.10 per day

Fees & Deposit Information for ETH Participant

10. Please indicate the requested cost of room & board up to the per diem allowed and any other fees/costs that the participant would need to pay.

Note: The housing policies, rules, and regulations document must clearly define all fees/costs listed below.

	Name of Fee/Cost	Frequency of Payment	Amount Owed	Can It Be Waived?	Please explain the purpose of the fee/cost
A.	ETH Room and Board	☐ Per Day	$_____._____		This is the payment for the ETH Program.
B.	_____	☐ Per Day ☐ Per Week ☐ Per Month ☐ One Time	$_____._____	☐ YES ☐ NO	
C.	_____	☐ Per Day ☐ Per Week ☐ Per Month ☐ One Time	$_____._____	☐ YES ☐ NO	
D.	_____	☐ Per Day ☐ Per Week ☐ Per Month ☐ One Time	$_____._____	☐ YES ☐ NO	

[3] The per diem amount shall not be higher than the vendor's published price.

SECTION 4 – HOUSING LOCATIONS

PLEASE read the instructions:

You must submit documentation for each property listed in your ETH Application based on the response to the question, **"Is this property owned or rented by the applicant?**".

- If the response is **"Owned"**:
  - **If Owned by applicant organization**
    - Submit proof of ownership for each housing facility (i.e., tax assessor record, mortgage paperwork, etc.).
    - DO NOT complete the document entitled *"Property Owner Verification."* *This is for rented properties from a true third party.*
  - **If Owned or controlled by Applicant Contact/ Related Entity:**
    - Complete, initial, and sign the **Related-Party Lease Acknowledgment** for each property.
    - Provide a copy of the lease agreement as stated on the acknowledgment.
    - DO NOT complete the document entitled "Property Owner Verification." *This is for rented properties from a true third party.*

- If the response is **"Rented"**- The applicant is renting the property from a true third party.
  - Submit a current rental agreement for each property.
  - Submit a completed Property Owner Verification form signed by the property owner.
  - DO NOT complete the Related-Party Lease Acknowledgment.

Zoning Documentation (Required for All Properties):

- **Option 1:** A completed Zoning Compliance Certification Form (issued within the past 12 months by the local zoning authority), or
- **Option 2:** An updated formal letter from your local government, including the issuer's name, title, phone number, and email address. This may be submitted directly to jriprograms@la.gov.

Emergency and Transitional Housing Program

Application- Property Information (Property 1)

Property 1	
Is this property owned or rented by the applicant?	Owned ☐ Rented ☐
Housing Facility Name:	
Address:	
City, State Zip Code:	
Parish:	
Phone #:	
Housing Details	
Type of Housing Facility	☐ Emergency Housing[4] ☐ Transitional Housing ☐
_____# of beds in total	_____# of beds available monthly to ETH participants?
Is this housing facility a sober living residence[5]?	☐ YES ☐ NO
Is your facility near public transportation[6]?	☐ YES ☐ NO ☐ Other Explain:
Is your facility handicap accessible[7]?	☐ YES ☐ NO ☐ Other Explain:
Participant Eligibility: Please indicate below who is eligible to stay in your housing facility:	
Gender:	☐ Men ☐ Women
Sex Offenders Accepted?[8]	☐ YES (minor victims) ☐ YES (no minor victims) ☐ NO Additional Comments:
Does this facility serve any of these specific populations? *(Select all that apply)*	☐ Veterans ☐ Women with Children ☐ Other If Other, Please Explain:
Other Participant Eligibility Criteria (i.e., age range):	

[4] Emergency Housing is an overnight shelter (homeless shelter) that provides emergency sleeping accommodations for a period not to exceed twelve (12) hours.
[5] A sober living residence is a residence that requires abstinence from alcohol and other drugs.
[6] This is not required to be an ETH Approved Provider. It is for referral purposes only.
[7] This is not required to be an ETH Approved Provider. It is for referral purposes only.
[8] If yes, your housing must meet the minimum qualifications as stated in Louisiana RS 15:538 D. (i.e. at least a 1,000 ft away from a school, church or park, etc.)

Emergency and Transitional Housing Program

Application- Property Information (Property 1)

Property Owner Verification

To be completed if the property is rented/leased from a true third party. If you or your Organization owns the facility, do not complete this form.

The applicant below is applying to become an Emergency and Transitional Housing (ETH) Provider, a housing program operated by the Department of Public Safety and Corrections (DPS&C). The ETH program provides funding to housing providers for short-term housing to people at risk for homelessness who are currently under Probation and Parole/Adult supervision or have just been released from DPS&C incarceration.

DPS&C requires all housing providers leasing/renting a property to have this Verification Form signed by the property owner, acknowledging the applicant's request to participate in the ETH Program and knowledge of emergency and transitional housing activities at the property address listed below. If you have questions regarding this form, send an email to jriprograms@la.gov.

Applicant Information			
Organization Name:			
Legal Name (if different):			
Address:			
City, State, Zip Code		Federal Tax ID:	
Owner Name:		Email Address:	
Title:		Phone Number:	

Property Information	
Address:	
City, State, Zip Code:	
Parish:	
Will the facility house sex offenders?[9] (yes/no) Specify if sex offenders with minor victims will be housed.	

TO BE COMPLETED BY THE PROPERTY OWNER IF RENTED TO A THIRD PARTY

I hereby acknowledge that the above Organization has my written permission to operate an emergency or transitional housing facility at the property address listed above for the ETH Program.

Property Owner Name:			
Address:			
Email Address:		**Phone Number:**	
Signature:		**Date:**	

[9] If yes, housing must meet the minimum qualifications as stated in Louisiana RS 15:538 D. (i.e. at least a 1,000 ft away from a school, church or park, etc.)

Emergency and Transitional Housing Program

Application- Property Information (Property 1)

Related-Party Lease Acknowledgement

To be completed if the applicant will rent or lease the property from an entity or organization that they own or have controlling interest. A copy of the lease must be provided along with this form.

Applicant Information			
Organization Name:			
Legal Name (if different):			
Address:			
City, State, Zip Code		Federal Tax ID:	
Property Information			
Property Owner or Organization Name:		Federal Tax ID:	
Address of property:			
City, State, Zip Code:		Parish	

Ownership Disclosure

Complete the table below for each owner elated to the property:

Owner/Principal Name	Relationship to ETH Applicant	Ownership Percentage/Interest

By initialing and signing below:

_____ I understand that ETH funds **cannot be used to generate profit** for an entity that I or my organization own or control.

_____ I agree that any related-party lease must be supported by the HUD Fair Market Rent (FMR) Schedule for the parish and unit size, and rent shall not exceed the published FMR.

_____ I acknowledge that **lease terms may not exceed one (1) year** and that renewal requires re-validation of FMR rates and approval.

_____ I acknowledge that **full disclosure** was provided for all related-party ownership interests and financial ties to the property listed above.

Applicant Name		Date	
Signature			

Emergency and Transitional Housing Program

Application- Property Information (Property 1)

Zoning Compliance Certification Form

The applicant below is applying to become an Emergency and Transitional Housing (ETH) Provider, a housing program operated by the Department of Public Safety and Corrections (DPS&C). The ETH program provides funding to housing providers for short-term housing to people at risk for homelessness who are currently under Probation and Parole/Adult supervision or have just been released from DPS&C incarceration.

DPS&C requires all housing providers to meet all state, parish, and local government requirements regarding zoning, permits, licenses, and inspections; related to operating a transitional housing facility. Please indicate if the zoning requirements for your area have been met. If you have questions regarding this form, send an email to jriprograms@la.gov.

Applicant Information			
Organization Name:			
Legal Name (if different):			
Full Address:			
Contact Person Name:		Phone Number:	
Title		Email Address:	
Federal Tax ID:			
Address of Property[10]:			
Parish:			

TO BE COMPLETED BY ISSUING AUTHORITY ONLY

	YES	NO	N/A
1. Is the property address listed above currently zoned to allow the proposed use? If your jurisdiction does not have a zoning ordinance, please select N/A and complete the contact information below. Zoning category or district:_____	☐	☐	☐
2. Based on current zoning regulations, is the property at the proposed address listed above appropriately zoned to permit the housing of multiple unrelated people? Please note that transitional housing is not considered a group home; it should be similar to a homeless shelter.	☐	☐	

Provide any explanations in the box below. You may also attach specific zoning requirements to this form.

Name of Issuing Office:		Address:	
Official's Printed Name:		Phone #:	
Official's Signature:		Date:	
Email Address:			

[10] ETH Applicant—complete one form per address

Emergency and Transitional Housing Program

Application- Property Information (Property 2)

Property 2	
Is this property owned or rented by the applicant?	**Owned** ☐ **Rented** ☐
Housing Facility Name:	
Address:	
City, State Zip Code:	
Parish:	
Phone #:	
Housing Details	
Type of Housing Facility	☐ Emergency Housing[11] ☐ Transitional Housing ☐
_____# of beds in total	_____# of beds available monthly to ETH participants?
Is this housing facility a sober living residence[12]?	☐ YES ☐ NO
Is your facility near public transportation[13]?	☐ YES ☐ NO ☐ Other Explain:
Is your facility handicap accessible[14]?	☐ YES ☐ NO ☐ Other Explain:
Participant Eligibility: Please indicate below who is eligible to stay in your housing facility:	
Gender:	☐ Men ☐ Women
Sex Offenders Accepted?[15]	☐ YES (minor victims) ☐ YES (no minor victims) ☐ NO Additional Comments:
Does this facility serve any of these specific populations? *(Select all that apply)*	☐ Veterans ☐ Women with Children ☐ Other If Other, Please Explain:
Other Participant Eligibility Criteria (i.e., age range):	

[11] Emergency Housing is an overnight shelter (homeless shelter) that provides emergency sleeping accommodations for a period not to exceed twelve (12) hours.
[12] A sober living residence is a residence that requires abstinence from alcohol and other drugs.
[13] This is not required to be an ETH Approved Provider. It is for referral purposes only.
[14] This is not required to be an ETH Approved Provider. It is for referral purposes only.
[15] If yes, your housing must meet the minimum qualifications as stated in Louisiana RS 15:538 D. (i.e. at least a 1,000 ft away from a school, church or park, etc.)

Emergency and Transitional Housing Program

Application- Property Information (Property 2)

Property Owner Verification

To be completed if the property is rented/leased from a true third party. If you or your Organization owns the facility, do not complete this form.

The applicant below is applying to become an Emergency and Transitional Housing (ETH) Provider, a housing program operated by the Department of Public Safety and Corrections (DPS&C). The ETH program provides funding to housing providers for short-term housing to people at risk for homelessness who are currently under Probation and Parole/Adult supervision or have just been released from DPS&C incarceration.

DPS&C requires all housing providers leasing/renting a property to have this Verification Form signed by the property owner, acknowledging the applicant's request to participate in the ETH Program and knowledge of emergency and transitional housing activities at the property address listed below. If you have questions regarding this form, send an email to jriprograms@la.gov.

Applicant Information			
Organization Name:			
Legal Name (if different):			
Address:			
City, State, Zip Code		Federal Tax ID:	
Owner Name:		Email Address:	
Title:		Phone Number:	

Property Information	
Address:	
City, State, Zip Code:	
Parish:	
Will the facility house sex offenders?[16] (yes/no) Specify if sex offenders with minor victims will be housed.	

TO BE COMPLETED BY THE PROPERTY OWNER IF RENTED TO A THIRD PARTY

I hereby acknowledge that the above Organization has my written permission to operate an emergency or transitional housing facility at the property address listed above for the ETH Program.

Property Owner Name:			
Address:			
Email Address:		**Phone Number:**	
Signature:		**Date:**	

[16] If yes, housing must meet the minimum qualifications as stated in Louisiana RS 15:538 D. (i.e. at least a 1,000 ft away from a school, church or park, etc.)

Emergency and Transitional Housing Program

Application- Property Information (Property 2)

Related-Party Lease Acknowledgement

To be completed if the applicant will rent or lease the property from an entity or organization that they own or have controlling interest. A copy of the lease must be provided along with this form.

Applicant Information			
Organization Name:			
Legal Name (if different):			
Address:			
City, State, Zip Code		Federal Tax ID:	
Property Information			
Property Owner or Organization Name:		Federal Tax ID:	
Address of property:			
City, State, Zip Code:		Parish	

Ownership Disclosure

Complete the table below for each owner elated to the property:

Owner/Principal Name	Relationship to ETH Applicant	Ownership Percentage/Interest

By initialing and signing below:

_____ I understand that ETH funds **cannot be used to generate profit** for an entity that I or my organization own or control.

_____ I agree that any related-party lease must be supported by the HUD Fair Market Rent (FMR) Schedule for the parish and unit size, and rent shall not exceed the published FMR.

_____ I acknowledge that **lease terms may not exceed one (1) year** and that renewal requires re-validation of FMR rates and approval.

_____ I acknowledge that **full disclosure** was provided for all related-party ownership interests and financial ties to the property listed above.

Applicant Name		Date	
Signature			

Emergency and Transitional Housing Program

Application- Property Information (Property 2)

Zoning Compliance Certification Form

The applicant below is applying to become an Emergency and Transitional Housing (ETH) Provider, a housing program operated by the Department of Public Safety and Corrections (DPS&C). The ETH program provides funding to housing providers for short-term housing to people at risk for homelessness who are currently under Probation and Parole/Adult supervision or have just been released from DPS&C incarceration.

DPS&C requires all housing providers to meet all state, parish, and local government requirements regarding zoning, permits, licenses and inspections; related to operating a transitional housing facility. Please indicate if the zoning requirements for your area have been met. If you have questions regarding this form, send an email to jriprograms@la.gov.

Applicant Information			
Organization Name:			
Legal Name (if different):			
Full Address:			
Contact Person Name:		Phone Number:	
Title		Email Address:	
Federal Tax ID:			
Address of Property[17]:			
Parish:			

TO BE COMPLETED BY ISSUING AUTHORITY ONLY

	YES	NO	N/A
1. Is the property address listed above currently zoned to allow the proposed use? If your jurisdiction does not have a zoning ordinance, please select N/A and complete the contact information below. Zoning category or district:_____	☐	☐	☐
2. Based on current zoning regulations, is the property at the proposed address listed above appropriately zoned to permit the housing of multiple unrelated people? Please note that transitional housing is not considered a group home; it should be similar to a homeless shelter.	☐	☐	

Provide any explanations in the box below. You may also attach specific zoning requirements to this form.

Name of Issuing Office:		Address:	
Official's Printed Name:		Phone #:	
Official's Signature:		Date:	
Email Address:			

[17] ETH Applicant—complete one form per address

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Application- Applicant Acknowledgement

If approved for placement on the preferred housing provider list, I certify the following (initial next to each item):

_____ The information I provided in this application is accurate and complete.

_____ I understand I am not guaranteed a minimum number of participants each month, if any.

_____ I will follow all program guidelines and procedures set forth, including all required reporting.

_____ I understand that inadequate or negligent supervision of residents housed in my facility may subject me to liability.

_____ I understand that the ETH Program has a zero-tolerance drug policy. I acknowledge that if it is discovered that residents test positive for illegal drugs and the facility takes no action, I may be subject to termination from the ETH program.

_____ I will enforce all facility rules and document such enforcement.

_____ I will screen all potential residents in my facilities, whether referred by DPS&C or otherwise, to determine if they are sex offenders who must comply with additional requirements under the law.

_____ If approved for placement on the preferred housing provider list, I understand that I may be terminated from participation in the ETH program at will.

_____ If approved for placement on the preferred housing provider list, my Organization will be called a "Vendor."

By signing below, the Housing Provider (hereafter "Vendor") agrees to protect, defend, indemnify, save, and hold harmless the Louisiana Department of Public Safety and Corrections, the State of Louisiana, all State Departments, Agencies, Boards, and Commissions, its officers, agents, servants, and employees, including volunteers, from, and against any and all claims, demands, expense, and liability arising out of injury or death to any person or the damage, loss or destruction of any property which may occur or in any way grow out of any act or omission of Vendor, its agents, servants, and employees, and any and all costs, expense and/or attorney fees incurred by Vendor as a result of any claim, demands, and/or causes of action except for those claims, demands, and/or causes of action arising out of the negligence of the Louisiana Department of Public Safety and Corrections, the State of Louisiana, all State Departments, Agencies, Boards, Commissions, its agents, representatives and/or employees. The Vendor agrees to investigate, handle, respond to, provide defense for, and defend any such claims, demand, or suit at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claim, etc.) is groundless, false or fraudulent.

Authorized Signature _____ Date _____

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Vendor's Published Price Affidavit

Instructions: A Notary must sign and stamp the Vendor's Published Price Affidavit. Submit a copy of the notarized affidavit with your ETH Application. The JRI Office does not need the original, but please keep it for your records.

Parish of _____

STATE OF LOUISIANA

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in this state and parish, personally appeared _____, who, after being duly sworn, stated under oath that:

1. He/She/They is authorized to apply for the Emergency and Transitional Housing (ETH) program on behalf of:
   _____
   (Organization Name)
2. He/She/They understand the per diem amount allowed for the ETH program shall not be higher than the applicant's published price.
3. Attested that at these facilities *(listed below),* the published price for room and board for one (1) resident is:

Facility	Facility Address (Street, City, State, Zip Code)	Published Price for Room and Board for one (1) resident
1		$_____ per day
2		$_____ per day
3		$_____ per day
4		$_____ per day

A published price is the amount charged to each resident for room and board. Additional fees or deposits must be disclosed in the ETH Application.

_____
(Signature of Affiant)

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20___, at _____, Louisiana.

_____
NOTARY PUBLIC

My commission expires: _____

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Request for Additional Per Diem (Optional)

We understand that the ETH per diem may not cover all incurring costs for housing an ETH participant. If the vendor-published price is above the daily ETH per diem rate, you may request an additional per diem amount for transitional housing using the form below.

Additional Per Diem Requests will be reviewed and may be approved based on at least **one** of the following criteria:

- The requested per diem amount is reasonable and necessary to aid ETH participants in finding and securing long-term housing. This would include employing additional staff to assist participants in identifying and applying for rental units or long-term housing programs.

- Operating expenses for the facility (i.e., rent, utilities, essential staff) is higher than the maximum per diem ($20.84 per participant per day); therefore, accepting individuals into the ETH program at the allocated per rate would be detrimental to the operation of the transitional housing facility.

We cannot guarantee that a request for additional per diem will be granted.

Regardless of the per diem rate, the maximum compensation allowed per housing provider is $5,000 monthly. A provider cannot invoice DPS&C for more than $5,000.00 in any given month, regardless of the per diem rate or the number of locations or facilities. Therefore, by requesting a higher per diem amount per participant, you may limit the number of ETH participants and the number of bed days you can accommodate for ETH reimbursement each month.

To be considered for an additional per diem amount, **you must submit supporting documentation** that details the operational costs of your facility and/or illustrates the need for the additional per diem amount (i.e., operating budget, funding sources, etc.). You must attach the documentation to your ETH Application.

Additional Per Diem Funding Request

I am requesting the following per diem amount for transitional housing:

Per Diem (No More than $26.10)

$_____. _____ **per participant per day**

My Vendor Published Price Affidavit states that room and board at my facility for 1 resident is:

$_____. _____ **per participant per day**

Emergency and Transitional Housing Program

Request for Additional Per Diem (Optional)

Goods and Services Provided With Additional Per Diem

If room and board are covered or partially covered by the $20.84 per participant per day per diem, **describe in detail what goods/services will be provided to ETH participants with the additional per diem** (up to $5.26 per participant per day). *Some examples may include* 2 hours of case management each week at $18.00/hr, laundry services, additional meals, hygiene kits, clothing, etc. **Please include dollar amounts and be as specific as possible.**

Operations Impact with Additional Per Diem

Please describe, in detail, what the additional per diem will provide for the operation of the transitional housing program:

If your request for an additional per diem amount is denied, would you l be willing to provide ETH housing for $20.84 per participant per day? ☐ YES ☐ NO

You must also attach your supporting documentation that details the operational costs of your facility and/or illustrates the need for the additional per diem amount (i.e., operating budget, funding sources, etc.) to this application.

Emergency and Transitional Housing Program

Sex Offender Housing Agreement

Instructions: Applicants who indicated that they would house sex offenders are required to initial and sign the following Sex Offender Housing Agreement. If interested in the additional incentive pay, you may indicate this below prior to signing the document.

_____ I have reviewed LA R.S. 15:538 and understand that my facility has to be at least 1,000 feet away from:

_____ Public or private elementary or secondary school.

_____ Early learning center as defined by R.S. 17:407.33

_____ Residence in which child care services are provided by a family child care provider or in-home provider who is registered pursuant to R.S. 17:407.61 et seq.

_____ Residential home as defined by R.S. 46:1403.

_____ Playground.

_____ Public or private youth center.

_____ Public swimming pool.

_____ Free-standing video arcade facility.

_____ I understand that the Division of Probation and Parole will visit my facility and will notify the JRI Office if the property is approved or not approved for sex offender housing.

_____ I understand housing convicted sex offenders often requires the individual to comply with state laws on sex offender registrations, including registering the facility's address as a place of residence, along with additional community notifications to the surrounding areas (postcards, notices in newspapers, etc.).

_____ I understand that I must ensure all sex offender residents are in compliance with local and state laws pertaining to registration and notification. This includes all sex offender residents, including those who are not on P&P supervision and those who were not referred to my facility by DPS&C.

_____ I understand that I must maintain compliance with all sex offender residence restrictions and acknowledge that subsequent changes in the law and/or the opening of a new childcare facility, church, school, or area where minors congregate within the restricted proximity of a housing unit will cause immediate disqualification.

_____ I understand that I must report all inappropriate conduct (including criminal offenses) of sex offender residents to the supervising P&P officer of the resident and the JRI Office immediately, not to exceed 24 hours post-incident.

_____ I understand that I must ensure no child under the age of 18 is allowed to reside at the location.

_____ I understand that I must provide additional documentation at the time of application of compliance with applicable laws pertaining to housing sex offenders with minor victims.

Emergency and Transitional Housing Program

Sex Offender Housing Agreement

_____ I understand that I must have a policy in place to allow the supervising P&P officer the ability to maintain contact with the sex offender, at a minimum via telephone, in the event of a natural disaster or emergency situation where residents of a facility are displaced.

a. Assist the resident with Emergency Plan compliance within 24 hours of an emergency or evacuation/relocation, which includes:

i. Reporting to the nearest law enforcement office and checking in.

ii. Contact the nearest P&P office and request reporting instructions.

Closest P&P Office:_____

iii. Immediately inform the shelter director that the resident is a registered sex offender or under active supervision for a sex offense(s) if relocated to a shelter facility.

_____ I understand that if approved, my facility will be eligible for an additional $2.00 per person per day per diem for housing convicted sex offenders upon inspection and approval of Probation and Parole.

I am interested in the additional $2.00 per person per day per diem.

Organization Name: _____

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

Emergency and Transitional Housing Program

Business Licensing

The applicant below is applying to become an Emergency and Transitional Housing (ETH) Provider, a housing program operated by the Department of Public Safety and Corrections (DPS&C). The ETH program provides funding to housing providers for short-term housing to people who are at risk for homelessness, are currently under the supervision of Probation and Parole/Adult, or have just been released from DPS&C incarceration.

DPS&C requires all housing providers to meet all state, parish, and local government requirements for operating their facility. Please indicate if the business operation requirements for your area have been met. If you have questions regarding this form, send an email to jriprograms@la.gov.

Applicant Information			
Organization Name:			
Legal Name (if different):			
Full Address:			
Contact Person Name:		Phone Number:	
Title:		Email Address:	
Federal Tax ID:			
Permit/License Number(s):		Expiration Date(s):	
Address of Property[18]:			
Parish:			

TO BE COMPLETED BY ISSUING AUTHORITY ONLY

Please respond to the following statements by checking the appropriate box.	YES	NO
Are non-profit organizations required to have a proper permit, license, or certificate to operate within the city/parish?	☐	☐
If yes, does the non-profit organization listed above have the proper permit, license, or certificate to operate within the city/parish?	☐	☐
Provide any explanations in the box below. You may also attach specific permit/license requirements to this form.		

Name of Issuing Office:		Address:	
Official's Printed Name:		Phone #:	
Official's Signature:		Date:	
Email Address:			

[18] ETH Applicant—complete one form per address.

Emergency and Transitional Housing Program

Instructions- Vendor Profile Form

All ETH applicants must submit their vendor profile form updated within the last six months.

The following are instructions on how to register if you are a new vendor with the state and how to locate the form.

New vendors can go to the *LaPAC Vendor Registration Menu* and complete the Vendor Enrollment Portal and learn more about Vendor Registration Procedures:
https://wwwcfprd.doa.louisiana.gov/osp/lapac/Vendor/VndPubMain.cfm?tab=2

Current vendors can update their LaPAC information using the LaGOV Vendor Portal:
https://lagoverpvendor.doa.louisiana.gov/irj/portal

Completing Your Vendor Profile Form

All ETH Applicants must submit a completed vendor profile form using the LaGOV Vendor Portal. To complete the Vendor Profile Form:

1. Log into the LaGov Vendor Portal (https://lagoverpvendor.doa.louisiana.gov/irj/portal)
2. Once logged in, click Vendor Profile Data at the bottom of the left column
3. You will now be able to review, edit and print Vendor information
4. Click Save to update your form
5. The "Last Review" date must be within the last twelve months
6. Print and scan or save as a pdf for submission with the application.

Finding Your Vendor Supplier Number

A vendor supplier number is assigned to every registered Vendor in the LaGOV system.
To locate your Vendor Supplier Number:

1. Go to "LaGOV Vendor Search": https://wwwcfprd.doa.louisiana.gov/osp/lapac/vendor/srchven2.cfm
2. Fill in your Company Name and other details, if necessary
3. Click "Search"
4. In the LaGOV Vendor Search Results, you will see a column titled "Vendor" all the way to the right.
5. This is your Vendor Supplier #. It should start with the numbers "310."

Assistance with LaGov Vendor Portal *If you have forgotten your password to your vendor record and/or require assistance, please call 225-342-8010 or send an email to vendr_inq@la.gov*

Emergency and Transitional Housing Program

Instructions- Secretary of State Verification

Note: You do not have to submit any documentation with your ETH application. The following are instructions on how to verify your status with the secretary of state.

All ETH Providers must be "In Good Standing" with the Louisiana Secretary of State and have completed an Annual Report in the last year.

Checking Your Status with the Secretary of State

In order to check your status with the Secretary of State, please follow these instructions:

1. Go to the Secretary of State's website, and click "Search for Louisiana Business Filings" https://coraweb.sos.la.gov/commercialsearch/commercialsearch.aspx
2. Enter your Entity Name and click "Search."
3. Find your Entity and click to see the full profile.
4. Under "Status," confirm that your status is "Active" and the Annual Report Status is "In Good Standing."
5. At the top, click "Print Detailed Record" for your records.

Submitting an Annual Report with the Secretary of State

If you need to submit an Annual Report, you will need to log into GeauxBiz.com.

1. Visit https://geauxbiz.sos.la.gov/ and log in. If you are signing in for the first time, click "Create Account" to create an account and verify your email address
2. On your dashboard, click "Getting Started."
3. Select "File an amendment, such as an annual report, with the Louisiana Secretary of State," and then click Next
4. Enter your charter number, and then click Next
5. On your business' details page, click File Annual Report
6. Follow the instructions in geauxBIZ to complete your filing

Emergency and Transitional Housing Program

Additional Locations – (Property 3)

Property 3	
Is this property owned or rented by the applicant?	**Owned** ☐ **Rented** ☐
Housing Facility Name:	
Address:	
City, State Zip Code:	
Parish:	
Phone #:	
Housing Details	
Type of Housing Facility	☐ Emergency Housing[19] ☐ Transitional Housing ☐
_____# of beds in total	_____# of beds available monthly to ETH participants?
Is this housing facility a sober living residence[20]?	☐ YES ☐ NO
Is your facility near public transportation[21]?	☐ YES ☐ NO ☐ Other Explain:
Is your facility handicap accessible[22]?	☐ YES ☐ NO ☐ Other Explain:
Participant Eligibility: Please indicate below who is eligible to stay in your housing facility:	
Gender:	☐ Men ☐ Women
Sex Offenders Accepted?[23]	☐ YES (minor victims) ☐ YES (no minor victims) ☐ NO Additional Comments:
Does this facility serve any of these specific populations? *(Select all that apply)*	☐ Veterans ☐ Women with Children ☐ Other If Other, Please Explain:
Other Participant Eligibility Criteria (i.e., age range):	

[19] Emergency Housing is an overnight shelter (homeless shelter) that provides emergency sleeping accommodations for a period not to exceed twelve (12) hours.
[20] A sober living residence is a residence that requires abstinence from alcohol and other drugs.
[21] This is not required to be an ETH Approved Provider. It is for referral purposes only.
[22] This is not required to be an ETH Approved Provider. It is for referral purposes only.
[23] If yes, your housing must meet the minimum qualifications as stated in Louisiana RS 15:538 D. (i.e. at least a 1,000 ft away from a school, church or park, etc.)

Emergency and Transitional Housing Program

Additional Locations – (Property 3)

Property Owner Verification

To be completed if the property is rented/leased from a true third party. If you or your Organization owns the facility, do not complete this form.

The applicant below is applying to become an Emergency and Transitional Housing (ETH) Provider, a housing program operated by the Department of Public Safety and Corrections (DPS&C). The ETH program provides funding to housing providers for short-term housing to people at risk for homelessness who are currently under Probation and Parole/Adult supervision or have just been released from DPS&C incarceration.

DPS&C requires all housing providers leasing/renting a property to have this Verification Form signed by the property owner, acknowledging the applicant's request to participate in the ETH Program and knowledge of emergency and transitional housing activities at the property address listed below. If you have questions regarding this form, send an email to jriprograms@la.gov.

Applicant Information			
Organization Name:			
Legal Name (if different):			
Address:			
City, State, Zip Code		Federal Tax ID:	
Owner Name:		Email Address:	
Title:		Phone Number:	

Property Information	
Address:	
City, State, Zip Code:	
Parish:	
Will the facility house sex offenders?[24] (yes/no) Specify if sex offenders with minor victims will be housed.	

TO BE COMPLETED BY THE PROPERTY OWNER IF RENTED TO A THIRD PARTY

I hereby acknowledge that the above Organization has my written permission to operate an emergency or transitional housing facility at the property address listed above for the ETH Program.

Property Owner Name:			
Address:			
Email Address:		**Phone Number:**	
Signature:		**Date:**	

[24] If yes, housing must meet the minimum qualifications as stated in Louisiana RS 15:538 D. (i.e. at least a 1,000 ft away from a school, church or park, etc.)

Emergency and Transitional Housing Program

Additional Locations – (Property 3)

Related-Party Lease Acknowledgement

To be completed if the applicant will rent or lease the property from an entity or organization that they own or have controlling interest. A copy of the lease must be provided along with this form.

Applicant Information			
Organization Name:			
Legal Name (if different):			
Address:			
City, State, Zip Code		Federal Tax ID:	
Property Information			
Property Owner or Organization Name:		Federal Tax ID:	
Address of property:			
City, State, Zip Code:		Parish	

Ownership Disclosure

Complete the table below for each owner elated to the property:

Owner/Principal Name	Relationship to ETH Applicant	Ownership Percentage/Interest

By initialing and signing below:

_____ I understand that ETH funds **cannot be used to generate profit** for an entity that I or my organization own or control.

_____ I agree that any related-party lease must be supported by the HUD Fair Market Rent (FMR) Schedule for the parish and unit size, and rent shall not exceed the published FMR.

_____ I acknowledge that **lease terms may not exceed one (1) year** and that renewal requires re-validation of FMR rates and approval.

_____ I acknowledge that **full disclosure** was provided for all related-party ownership interests and financial ties to the property listed above.

Applicant Name		Date	
Signature			

Emergency and Transitional Housing Program

Additional Locations – (Property 3)

Zoning Compliance Certification Form

The applicant below is applying to become an Emergency and Transitional Housing (ETH) Provider, a housing program operated by the Department of Public Safety and Corrections (DPS&C). The ETH program provides funding to housing providers for short-term housing to people at risk for homelessness who are currently under Probation and Parole/Adult supervision or have just been released from DPS&C incarceration.

DPS&C requires all housing providers to meet all state, parish, and local government requirements regarding zoning, permits, licenses and inspections; related to operating a transitional housing facility. Please indicate if the zoning requirements for your area have been met. If you have questions regarding this form, send an email to jriprograms@la.gov.

Applicant Information			
Organization Name:			
Legal Name (if different):			
Full Address:			
Contact Person Name:		Phone Number:	
Title		Email Address:	
Federal Tax ID:			
Address of Property[25]:			
Parish:			

TO BE COMPLETED BY ISSUING AUTHORITY ONLY

	YES	NO	N/A
1. Is the property address listed above currently zoned to allow the proposed use? If your jurisdiction does not have a zoning ordinance, please select N/A and complete the contact information below. Zoning category or district:_____	☐	☐	☐
2. Based on current zoning regulations, is the property at the proposed address listed above appropriately zoned to permit the housing of multiple unrelated people? Please note that transitional housing is not considered a group home; it should be similar to a homeless shelter.	☐	☐	

Provide any explanations in the box below. You may also attach specific zoning requirements to this form.

Name of Issuing Office:		Address:	
Official's Printed Name:		Phone #:	
Official's Signature:		Date:	
Email Address:			

[25] ETH Applicant—complete one form per address

Property 4

Is this property owned or rented by the applicant? Owned ☐ Rented ☐

Housing Facility Name: _____

Address: _____

City, State Zip Code: _____

Parish: _____

Phone #: _____

Housing Details

Type of Housing Facility ☐ Emergency Housing[26] ☐ Transitional Housing ☐

_____# of beds in total _____# of beds available monthly to ETH participants?

Is this housing facility a sober living residence[27]? ☐ YES ☐ NO

Is your facility near public transportation[28]? ☐ YES ☐ NO ☐ Other

Explain:

Is your facility handicap accessible[29]? ☐ YES ☐ NO ☐ Other

Explain:

Participant Eligibility: Please indicate below who is eligible to stay in your housing facility:

Gender: ☐ Men ☐ Women

Sex Offenders Accepted?[30] ☐ YES (minor victims) ☐ YES (no minor victims) ☐ NO

Additional Comments:

Does this facility serve any of these specific populations? *(Select all that apply)* ☐ Veterans ☐ Women with Children ☐ Other

If Other, Please Explain:

Other Participant Eligibility Criteria (i.e., age range):

[26] Emergency Housing is an overnight shelter (homeless shelter) that provides emergency sleeping accommodations for a period not to exceed twelve (12) hours.
[27] A sober living residence is a residence that requires abstinence from alcohol and other drugs.
[28] This is not required to be an ETH Approved Provider. It is for referral purposes only.
[29] This is not required to be an ETH Approved Provider. It is for referral purposes only.
[30] If yes, your housing must meet the minimum qualifications as stated in Louisiana RS 15:538 D. (i.e. at least a 1,000 ft away from a school, church or park, etc.)

Emergency and Transitional Housing Program

Additional Locations – (Property 4)

Property Owner Verification

To be completed if the property is rented/leased from a third party. **If you or your Organization owns the facility, do not complete this form.**

The applicant below is applying to become an Emergency and Transitional Housing (ETH) Provider, a housing program operated by the Department of Public Safety and Corrections (DPS&C). The ETH program provides funding to housing providers for short-term housing to people at risk for homelessness who are currently under Probation and Parole/Adult supervision or have just been released from DPS&C incarceration.

DPS&C requires all housing providers leasing/renting a property to have this Verification Form signed by the property owner, acknowledging the applicant's request to participate in the ETH Program and knowledge of emergency and transitional housing activities at the property address listed below. If you have questions regarding this form, send an email to jriprograms@la.gov.

Applicant Information			
Organization Name:			
Legal Name (if different):			
Address:			
City, State, Zip Code		Federal Tax ID:	
Owner Name:		Email Address:	
Title:		Phone Number:	

Property Information	
Address:	
City, State, Zip Code:	
Parish:	
Will the facility house sex offenders?[31] (yes/no) Specify if sex offenders with minor victims will be housed.	

TO BE COMPLETED BY THE PROPERTY OWNER IF RENTED TO A THIRD PARTY

I hereby acknowledge that the above Organization has my written permission to operate an emergency or transitional housing facility at the property address listed above for the ETH Program.

Property Owner Name:			
Address:			
Email Address:		**Phone Number:**	
Signature:		**Date:**	

[31] If yes, housing must meet the minimum qualifications as stated in Louisiana RS 15:538 D. (i.e. at least a 1,000 ft away from a school, church or park, etc.)

Emergency and Transitional Housing Program

Additional Locations – (Property 4)

Related-Party Lease Acknowledgement

To be completed if the applicant will rent or lease the property from an entity or organization that they own or have controlling interest. A copy of the lease must be provided along with this form.

Applicant Information			
Organization Name:			
Legal Name (if different):			
Address:			
City, State, Zip Code		Federal Tax ID:	
Property Information			
Property Owner or Organization Name:		Federal Tax ID:	
Address of property:			
City, State, Zip Code:		Parish	

Ownership Disclosure

Complete the table below for each owner elated to the property:

Owner/Principal Name	Relationship to ETH Applicant	Ownership Percentage/Interest

By initialing and signing below:

_____ I understand that ETH funds **cannot be used to generate profit** for an entity that I or my organization own or control.

_____ I agree that any related-party lease must be supported by the HUD Fair Market Rent (FMR) Schedule for the parish and unit size, and rent shall not exceed the published FMR.

_____ I acknowledge that **lease terms may not exceed one (1) year** and that renewal requires re-validation of FMR rates and approval.

_____ I acknowledge that **full disclosure** was provided for all related-party ownership interests and financial ties to the property listed above.

Applicant Name		Date	
Signature			

Emergency and Transitional Housing Program

Additional Locations – (Property 4)

Zoning Compliance Certification Form

The applicant below is applying to become an Emergency and Transitional Housing (ETH) Provider, a housing program operated by the Department of Public Safety and Corrections (DPS&C). The ETH program provides funding to housing providers for short-term housing to people at risk for homelessness who are currently under Probation and Parole/Adult supervision or have just been released from DPS&C incarceration.

DPS&C requires all housing providers to meet all state, parish, and local government requirements regarding zoning, permits, licenses and inspections; related to operating a transitional housing facility. Please indicate if the zoning requirements for your area have been met. If you have questions regarding this form, send an email to jriprograms@la.gov.

Applicant Information			
Organization Name:			
Legal Name (if different):			
Full Address:			
Contact Person Name:		Phone Number:	
Title		Email Address:	
Federal Tax ID:			
Address of Property[32]:			
Parish:			

TO BE COMPLETED BY ISSUING AUTHORITY ONLY

	YES	NO	N/A
1. Is the property address listed above currently zoned to allow the proposed use? If your jurisdiction does not have a zoning ordinance, please select N/A and complete the contact information below. Zoning category or district:_____	☐	☐	☐
2. Based on current zoning regulations, is the property at the proposed address listed above appropriately zoned to permit the housing of multiple unrelated people? Please note that transitional housing is not considered a group home; it should be similar to a homeless shelter.	☐	☐	

Provide any explanations in the box below. You may also attach specific zoning requirements to this form.

Name of Issuing Office:		Address:	
Official's Printed Name:		Phone #:	
Official's Signature:		Date:	
Email Address:			

[32] ETH Applicant—complete one form per address