

**SEDD REQUEST FOR PAYMENT FORM**

Date of Expenditure: February 7, 2023  
Amount of Expenditure: \$4,920.00  
Type of Expenditure: Safe Neighborhood Plan  
Name of Vendor/Payee\*: TBA Studios  
Date Board Approved Expenditure\*\*: February 6, 2023

**Source of Payment (check one):**

Hotel/Motel Tax Receipts (Project: \_\_\_\_\_)  
 State Appropriations                       Other \_\_\_\_\_

Explanation of Compliance with Applicable Fund Restrictions, Including Projects:

SEDD approved Project for Safe Housing Plan. W-9 Provided.

**Public Works and Purchasing Policy:**

Is the expenditure for a Public Works Project or the Purchase of Materials and Supplies under state law or the City of Monroe's Purchasing Policy?     Yes     No

If yes, has the Board followed all applicable laws and policies (e.g., advertising, soliciting quotes, letting to the lowest bidder, etc.) necessary to authorize the expenditure?     Yes     No

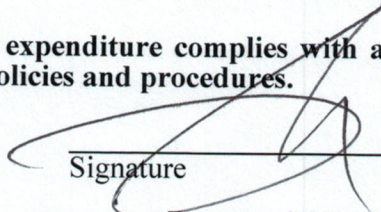
**Note:** If no, please explain why not in a separate memorandum.

**Travel Reimbursement:**

If the request is for travel or travel reimbursement, was the City of Monroe's Travel Policy followed?     Yes     No

**The undersigned hereby certifies that this expenditure complies with all applicable state laws, local laws, and the City of Monroe's policies and procedures.**

February 7, 2023  
Date Prepared

  
Signature  
Name: Roosevelt Wright, Jr.  
Title: Secretary-Treasurer

**\*An executed, current W-9 must be provided for each vendor or payee to whom payment is issued.**

**\*\*A copy of the minutes authorizing the expenditure and all receipts, bills, invoices, and contracts related to the expenditure must be attached.**





**Timothy M. Brandon Architect APC**

103 Cypress Street  
West Monroe, LA 71291  
318-340-1550

Southside Economic Development District  
Attention Rev. Roosevelt Wright  
Monroe, LA 71201

Invoice number 00276  
Date 02/06/2023

Project 23-0004 MODEL COMMUNITIES DESIGN  
FOR DISTRICTS 3,4, & 5

Description	Contract Amount	Percent Complete	Total Billed	Prior Billed	Current Billed
<b>Fact Finding</b>	6,560.00	75.00	4,920.00	0.00	4,920.00
<b>Design Charrettes</b>	8,200.00	0.00	0.00	0.00	0.00
<b>Graphics / Illustrations</b>	16,400.00	0.00	0.00	0.00	0.00
<b>Final Presentation</b>	1,640.00	0.00	0.00	0.00	0.00
<b>Total</b>	<b>32,800.00</b>	<b>15.00</b>	<b>4,920.00</b>	<b>0.00</b>	<b>4,920.00</b>

Invoice total 4,920.00

**Aging Summary**

Invoice Number	Invoice Date	Outstanding	Current	Over 30	Over 60	Over 90	Over 120
00276	02/06/2023	4,920.00	4,920.00				
	Total	4,920.00	4,920.00	0.00	0.00	0.00	0.00

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <p style="text-align: center;"><b>TBA STUDIO ARCHITECTURE, APC</b></p>	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> S Corporation
	<input type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> Partnership
	<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	<input type="checkbox"/> Trust/estate
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <p style="text-align: center;"><b>P O BOX 1423</b></p>	Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>6</b> City, state, and ZIP code <p style="text-align: center;"><b>WEST MONROE, LA 71294</b></p>	<b>Requester's name and address (optional)</b>
	<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
2	0	-	0	5	6	3	5	6	6

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Janet J Malcomb</i>	Date ▶ <i>1-30-2023</i>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

**SEDD REQUEST FOR PAYMENT FORM**

Date of Expenditure: February 7, 2023  
Amount of Expenditure: \$120.00  
Type of Expenditure: Lawn Care  
Name of Vendor/Payee\*: Andrick Harris  
Date Board Approved Expenditure\*\*: February 6, 2023

**Source of Payment (check one):**

Hotel/Motel Tax Receipts (Project: \_\_\_\_\_)  
 State Appropriations                       Other \_\_\_\_\_

**Explanation of Compliance with Applicable Fund Restrictions, Including Projects:**

SEDD approved lawn care. W-9 already on file.  
\_\_\_\_\_  
\_\_\_\_\_

**Public Works and Purchasing Policy:**

Is the expenditure for a Public Works Project or the Purchase of Materials and Supplies under state law or the City of Monroe's Purchasing Policy?     Yes     No

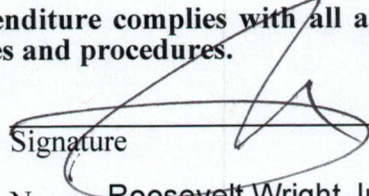
If yes, has the Board followed all applicable laws and policies (e.g., advertising, soliciting quotes, letting to the lowest bidder, etc.) necessary to authorize the expenditure?     Yes     No  
**Note:** If no, please explain why not in a separate memorandum.

**Travel Reimbursement:**

If the request is for travel or travel reimbursement, was the City of Monroe's Travel Policy followed?     Yes     No

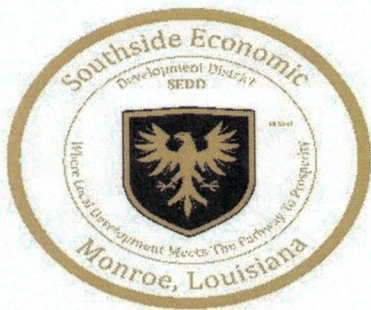
**The undersigned hereby certifies that this expenditure complies with all applicable state laws, local laws, and the City of Monroe's policies and procedures.**

February 7, 2023  
Date Prepared

  
Signature  
Name: Roosevelt Wright, Jr.  
Title: Secretary-Treasurer

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**\*\*A copy of the minutes authorizing the expenditure and all receipts, bills, invoices, and contracts related to the expenditure must be attached.**



# Requisition Form

Requisition #2023-02-06

Description	Type	Budg Cat.	Amount	Total Cost
Andrick Harris	Invoice	State Project	\$120.00	\$120.00

Andrick Harris  
 907 Powell Avenue  
 Monroe, La. 71203

For: Lawn Service for 1711 Arizona Street/ Ok'd by President Little

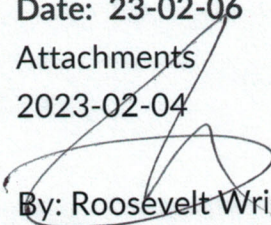
Sub Total

\$120.00

Date: 23-02-06

Attachments

2023-02-04

By:  Roosevelt Wright, Jr.

INVOICE 147

# Andrick Harris

907 Powell Ave, Monroe Louisiana  
318-884-3099

12/13/2022

## BILL TO

Southside Economic Development District

1711 Arizona Ave., Monroe, LA 71202

## FOR

Professional lawn care

### Details

Mowing ( Partial) edging, blowing, debri removal,  
Weatherization for the winter season.

### AMOUNT

\$120.00

SUBTOTAL \$120.00

TOTAL \$120.00

Make all checks payable to Andrick Harris

If you have any questions concerning this invoice, use the following contact information:

Andrick Harris 318-884-3099

**THANK YOU FOR YOUR BUSINESS!**

**SEDD REQUEST FOR PAYMENT FORM**

Date of Expenditure: February 7, 2023  
Amount of Expenditure: \$135.00  
Type of Expenditure: Lawn Care  
Name of Vendor/Payee\*: Andrick Harris  
Date Board Approved Expenditure\*\*: February 6, 2023

**Source of Payment (check one):**

- Hotel/Motel Tax Receipts (Project: \_\_\_\_\_)
- State Appropriations
- Other \_\_\_\_\_

Explanation of Compliance with Applicable Fund Restrictions, Including Projects:

SEDD approved lawn care. W-9 already on file.

**Public Works and Purchasing Policy:**

Is the expenditure for a Public Works Project or the Purchase of Materials and Supplies under state law or the City of Monroe's Purchasing Policy?  Yes  No

If yes, has the Board followed all applicable laws and policies (e.g., advertising, soliciting quotes, letting to the lowest bidder, etc.) necessary to authorize the expenditure?  Yes  No

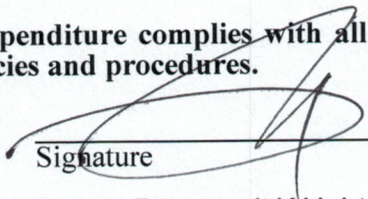
**Note:** If no, please explain why not in a separate memorandum.

**Travel Reimbursement:**

If the request is for travel or travel reimbursement, was the City of Monroe's Travel Policy followed?  Yes  No

**The undersigned hereby certifies that this expenditure complies with all applicable state laws, local laws, and the City of Monroe's policies and procedures.**

February 7, 2023  
Date Prepared

  
Signature  
Name: Roosevelt Wright, Jr.  
Title: Secretary-Treasurer

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**\*\*A copy of the minutes authorizing the expenditure and all receipts, bills, invoices, and contracts related to the expenditure must be attached.**





INVOICE 135

# Andrick Harris

907 Powell Ave, Monroe Louisiana  
318-884-3099

12/5/2023

## BILL TO

Southside Economic Development District

1711 Arizona Ave., Monroe, LA 71202

## FOR

Professional lawn care

### Details

### AMOUNT

Mowing, edging, blowing, debri removal

\$135.00

SUBTOTAL \$135.00

TOTAL \$135.00

Make all checks payable to Andrick Harris

If you have any questions concerning this invoice, use the following contact information:

Andrick Harris 318-884-3099

**THANK YOU FOR YOUR BUSINESS!**

**SEDD REQUEST FOR PAYMENT FORM**

Date of Expenditure: February 7, 2023  
Amount of Expenditure: \$7,895.00  
Type of Expenditure: Website Development  
Name of Vendor/Payee\*: Rebirth Designs  
Date Board Approved Expenditure\*\*: February 6, 2023

**Source of Payment (check one):**

- Hotel/Motel Tax Receipts (Project: \_\_\_\_\_)  
 State Appropriations                       Other \_\_\_\_\_

Explanation of Compliance with Applicable Fund Restrictions, Including Projects:  
SEDD approved website development project. W-9 already on file.  
\_\_\_\_\_  
\_\_\_\_\_

**Public Works and Purchasing Policy:**

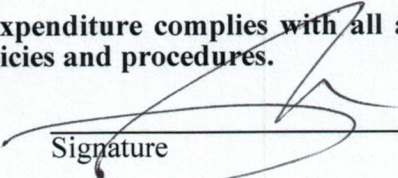
Is the expenditure for a Public Works Project or the Purchase of Materials and Supplies under state law or the City of Monroe's Purchasing Policy?     Yes     No  
If yes, has the Board followed all applicable laws and policies (e.g., advertising, soliciting quotes, letting to the lowest bidder, etc.) necessary to authorize the expenditure?     Yes     No  
**Note:** If no, please explain why not in a separate memorandum.

**Travel Reimbursement:**

If the request is for travel or travel reimbursement, was the City of Monroe's Travel Policy followed?     Yes     No

**The undersigned hereby certifies that this expenditure complies with all applicable state laws, local laws, and the City of Monroe's policies and procedures.**

February 7, 2023  
Date Prepared

  
Signature  
Name: Roosevelt Wright, Jr.  
Title: Secretary-Treasurer

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# REBIRTH DESIGNS

Interactive Web Site Development

5013 Gano Street  
Houston, Tx 77009  
Phone: (832) 641-2072

## Services Invoice

Date: 01/30/2023  
Invoice# 0001

**Bill To:**

Southside Economic Development District  
Attn: **Roosevelt Wright Jr.**

**For:**

Development of the SEDD25.com website.

Description	Hours	Rate	Amount
Development of the SEDD25.com website Remaining balance.	N/A	N/A	\$2,145.00
Additional cost for out of scope photography.	N/A	N/A	\$550.00
Additional cost incurred for out of scope website development.	N/A	N/A	\$1,000.00
Aerial Photos of 3 Districts to include 6 video shots and 6 static photos.	N/A	N/A	\$1,500.00
<b>Basic Maintenance Contract (Billed at \$50.00/hour):</b> Includes <b>5 hours</b> of site maintenance per month. This service covers minor site alterations, updates, repairs, ftp's, etc. This service does not apply to the full redesign of a site.  <i>Any additional time beyond this contract will be billed at \$60.00 / hour.</i>	N/A	N/A	\$2,145.00
<b>Total Due without maintenance agreement</b>			\$5,195.00
<b>Total Due with maintenance agreement</b>			\$7,895.00

Make all checks payable to **Rebirth Designs**  
5013 Gano Street  
Houston, TX 77009

Method of payment: **Cash App / PayPal**  
Cash App: **\$FGonzalez1719**  
Pay Pal: **Fabian1719@msn.com**

**THANK YOU FOR YOUR BUSINESS!**

**SEDD REQUEST FOR PAYMENT FORM**

Date of Expenditure: February 7, 2023  
Amount of Expenditure: \$3,600.00  
Type of Expenditure: DBE Project  
Name of Vendor/Payee\*: Delta Builds Enterprises  
Date Board Approved Expenditure\*\*: February 6, 2023

**Source of Payment (check one):**

Hotel/Motel Tax Receipts (Project: \_\_\_\_\_)  
 State Appropriations  Other \_\_\_\_\_

**Explanation of Compliance with Applicable Fund Restrictions, Including Projects:**

SEDD approved DBE Project - In council approved plan, May 2022.  
\_\_\_\_\_  
\_\_\_\_\_

**Public Works and Purchasing Policy:**

Is the expenditure for a Public Works Project or the Purchase of Materials and Supplies under state law or the City of Monroe's Purchasing Policy?  Yes  No

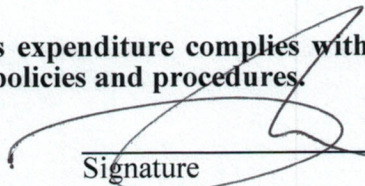
If yes, has the Board followed all applicable laws and policies (e.g., advertising, soliciting quotes, letting to the lowest bidder, etc.) necessary to authorize the expenditure?  Yes  No  
**Note:** If no, please explain why not in a separate memorandum.

**Travel Reimbursement:**

If the request is for travel or travel reimbursement, was the City of Monroe's Travel Policy followed?  Yes  No

**The undersigned hereby certifies that this expenditure complies with all applicable state laws, local laws, and the City of Monroe's policies and procedures.**

February 7, 2023  
Date Prepared

  
Signature

Name: Roosevelt Wright, Jr.

Title: Secretary-Treasurer

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## Scope of Work

**From:** Delta Builds Enterprises, LLC.  
Dr. Dorothy E. Nairne, Consultant

**To:** Southside Economic Development District (SEDD) Plan

**RE:** Consultant will prepare and write the SEDD's application for submission to the Minority Business Development Agency's (MBDA) Capital Readiness Program Funding Opportunity Number MBDA-OB-2023-2007775 due prior to February 28, 2023. The application will seek the maximum of \$3,000,000 over a four-year period of performance.

	Tasks:	Deliverables:
<p><i>Phase One:</i></p> <p>Research, Conceptualize and Design Stage</p> <p>By Feb. 10, 2023</p>	<p>Review the MBDA notice on funding and any background materials to build a logical, clearly articulated argument the project.</p> <p>Consultant will conduct research on demographic profile, description of community, pros and cons of programmatic approaches, industry and establish description of proposed project.</p> <p>Consultant will convene a strategic planning session with SEDD Team to be held via Zoom to present and finalize the concept including activities, strategies, target populations, strategic partnerships, budget, etc.</p>	<p>Outline for proposal, budget, evaluation, etc.</p> <p>Draft letters of commitment for strategic partners</p>

	Tasks:	Deliverables:
<p><i>Phase Two:</i></p> <p>Write, Review, Edit Stage</p> <p>By Feb. 17, 2023</p>	<p>Consultant will work with the Monroe based SEDD Team to solidify the goal, objectives, inputs and expected outputs/outcomes, proposed staff/team, etc.</p>	<p>Draft One of proposal, logical framework, budget, etc.</p>



## Scope of Work

	<p>Consultant will write and submit first draft of proposal in format as per the MBDA funding announcement.</p> <p>SEDD Team will review the draft and make edits and comments in a single shared document.</p>	
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	Tasks:	Deliverables:
<p><i>Phase Three:</i></p> <p>Finalize and Submit</p> <p>By Feb. 24, 2023</p>	<p>Consultant will incorporate all alterations and edits for submission of final document including letters of commitment, budget, log frame and other attachments to the MBDA via <a href="http://www.grants.gov">www.grants.gov</a> portal.</p>	<p>Final document</p>

**Remuneration Package:**

\$3,600 up-front, plus, if approved, success fee of 1% of \$3,000,000 - \$30,000

***Check Written and sent to:***

Delta Builds Enterprises, LLC.  
 c/o Dr. Dorothy E. Nairne, Owner/Consultant  
 3651 Highway 1  
 Napoleonville, LA 70390

# Request for Taxpayer Identification Number and Certification

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requester. Do not  
send to the IRS.**

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Print or type.  
See Specific Instructions on page 3.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Delta Builds Enterprises, LLC**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ C

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.  
**3651 Highway 1**

**6** City, state, and ZIP code  
**Napoleonville, Louisiana 70390**

**7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
8	2	-	2	6	1	1	8	1	7

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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**Sign Here**      Signature of U.S. person ▶      Date ▶ 10/6/2020

**General Instructions**

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- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*