

**SEDD REQUEST FOR PAYMENT FORM**

Date of Expenditure: July 15, 2024  
Amount of Expenditure: \$1,000.00  
Type of Expenditure: Budgeted Project Expense  
Name of Vendor/Payee\*: Choice Mentoring for Families  
Date Board Approved Expenditure\*\*: July 15, 2024

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

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

Explanation of Compliance with Applicable Fund Restrictions, Including Projects:  
Approved Cooperative Endeavor Agreement attached.

**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.**

July 15, 2024  
Date Prepared

  
Signature  
Name: Roosevelt Wright  
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.



# Requisition Form

Requisition #2024-07-15

Description	Type	Budg Cat.	Amount	Total Cost
Choice Mentoring for Families		Hotel/Tax	1,000.00	1,000.00

As per the cooperative Endeavor Agreement approved July 15, 2024

Sub Total      \$1,000

Date: 2024-07-15

Attachments

A handwritten signature in black ink, appearing to read "Roosevelt Wright, Jr.", is written over the "Attachments" label.

By: Roosevelt Wright, Jr.



## Cooperative Endeavor Agreement

This Cooperative Endeavor Agreement ("Agreement") is made and entered into as of

July 15, 2024, by and between the Southside Economic Development

District ("SEDD") and Tiny House Mentoring Project (Terrance Carroll) ("Participating Non-Profit").

**WHEREAS**, Article VII, Section 14(C) of the Louisiana Constitution of 1974 provides that for a public purpose, the State and its political subdivisions may engage in cooperative endeavors with each other, with the United States or its agencies, or with any public or private association, corporation, or individual; and

**WHEREAS**, the SEDD is a political subdivision of the State of Louisiana created pursuant to La. R.S. 33:1321 et seq., for the purpose of promoting economic development within its district;

**WHEREAS**, Tiny House Mentoring Project is a project sponsored by Choices Mentoring for Families and Youth Nonprofit, a non-profit organization duly organized and validly existing under the laws of the State of Louisiana; and

**WHEREAS**, the SEDD desires to provide financial assistance to Tiny House Mentoring Project to support programs that reduce crime, improve neighborhood safety, remove blight and debris, or promote non-violence; and

**WHEREAS**, Tiny House Mentoring Project desires to partner with the SEDD to achieve these goals.

**NOW, THEREFORE**, in consideration of the foregoing premises and the mutual covenants contained herein, the parties agree as follows:

### 1. Services

Tiny House Mentoring Project agrees to develop and implement programs that address the following objectives:

- Reduce crime
- Improve neighborhood safety
- Remove blight and debris
- Promote non-violence

## **2. Funding**

The SEDD agrees to provide a grant of \$2,000 to Tiny House Mentoring Project to support the aforementioned programs. One Thousand dollars (\$1,000) will be disbursed at the program's commencement, and the remaining \$1,000 will be disbursed upon receipt of a satisfactory written report and photos documenting the program's activities and outcomes (as outlined in Section 3).

## **3. Reporting Requirements**

Tiny House Mentoring Project agrees to submit a written report to the SEDD within 30 days of program completion. The report shall include:

- Project name
- Date(s) of program activities
- Number of participants
- Description of program outcomes
- Photos of program activities (which may be used on the SEDD website or published in local media with Tiny House Mentoring Project 's consent)

## **4. Public Recognition and Branding**

Tiny House Mentoring Project agrees to have program participants wear SEDD-provided t-shirts or insignia while engaged in program activities.

## **5. Conflict of Interest**

Tiny House Mentoring Project confirms that none of its program leaders, officers or board members are directly related to any member of the SEDD Board of Commissioners that would create a conflict of interest or the appearance of the same.

## **6. Program Timeline**

Programs funded under this Agreement must be initiated between July 10, 2024, and September 10, 2024.

## **7. Liability Insurance**

Tiny House Mentoring Project agrees to maintain general liability insurance coverage of at least \$1 million for participants involved in program activities. If an event is staged in a public or private venue, Tiny House Mentoring Project agrees to purchase additional event insurance naming the SEDD as an additional insured. The SEDD will reimburse Tiny House Mentoring Project for the cost of event insurance, not to exceed \$200.

## **8. Protection of Minors**

Tiny House Mentoring Project agrees to comply with all applicable Louisiana laws regarding the protection of minors participating in its programs. This includes but is not limited to, conducting background checks on program staff and volunteers who will have unsupervised access to minors and obtaining written parental consent for minor participation.

**9. Legal Compliance**

Tiny House Mentoring Project warrants that it is a duly organized, validly existing, and in good standing non-profit organization under the laws of the State of Louisiana.

**1 Indemnification**

Tiny House Mentoring Project agrees to indemnify, defend, and hold harmless the SEDD, its officers, agents, and employees from any and all claims, demands, damages, liabilities, losses, and expenses, including reasonable attorney's fees, arising out of or in connection with Tiny House Mentoring Project 's performance under this Agreement.

**11. Entire Agreement**

This Agreement constitutes the entire agreement between the parties concerning the subject matter hereof and supersedes all prior or contemporaneous communications, representations, or agreements, whether oral or written.

**12. Amendment**

This Agreement may be amended only by a writing signed by both parties.

**13. Governing Law**

This Agreement shall be governed by and construed in accordance with the laws of the State of Louisiana.

**IN WITNESS WHEREOF**, the parties have executed this Agreement as of the date first written above.

**Southside Economic Development District**

By: 

Title: Chairman

[Tiny House Mentoring Project]

By: Terrance Carroll

Title: Terrance Carroll Executive Director



## Minor Participant Consent Form

**Project Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Participating Non-Profit:** Tiny House Mentoring Project

**Parent/Guardian:** \_\_\_\_\_

**Child** \_\_\_\_\_ (Age: \_\_\_\_\_)

**Project Description:** Briefly describe the community service project and its objectives.

### Parental/Guardian Consent

I, \_\_\_\_\_ hereby grant permission for my child,

\_\_\_\_\_, to participate in the Tiny House Mentoring Project community service project sponsored by [Participating Non-Profit Name].

**I understand that this project involves the following activities:** Briefly describe the activities the minor will be involved in.

### I acknowledge and agree to the following:

- My child will be supervised by a responsible adult at all times during the project.
- I will ensure my child wears appropriate clothing and footwear for the project activities.
- I will inform the project leader of any medical conditions or allergies my child may have.
- I will notify the project leader if my child needs to leave the project for any reason.

### Photo/Media Release

**I hereby grant Tiny House Mentoring Project and the Southside Economic Development District (SEDD) permission to use photographs or video footage of my child participating**

**in the project.** This permission includes the use of the photographs or video footage in the following ways:

- On the websites and social media pages of [Participating Non-Profit Name] and the SEDD.
- In printed materials promoting the work of [Participating Non-Profit Name] and the SEDD.
- In local media coverage of the project.

**I understand that I can revoke this permission at any time by providing written notice to [Participating Non-Guardian Name] at [Contact Information].**

**Signature:**

---

[Parent/Guardian Name] (Printed)

**Date:**

---

**Emergency Contact Information:**

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

Phone Number \_\_\_\_\_



# SECRETARY OF STATE

ROBERT L. LAURENCE

(<https://www.sos.la.gov/Pages/default.aspx>)

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Name	Type	City	Status
CHOICES: MENTORING FOR FAMILIES AND YOUTH NONPROFIT	Non-Profit Corporation or Co-op (Non-Louisiana)	MINNEAPOLIS	Active

### Previous Names

**Business:** CHOICES: MENTORING FOR FAMILIES AND YOUTH NONPROFIT

**Charter Number:** 45886055X

**Registration Date:** 4/4/2024

### Domicile Address

620 ONTARIO ST SE  
BLDG  
MINNEAPOLIS, MN 55414

### Mailing Address

504 MARION ST  
BLDG  
MONROE, LA 71202

### Principal Business Office

620 ONTARIO ST SE  
BLDG  
MINNEAPOLIS, MN 55414

### Registered Office in Louisiana

504 MARION ST  
BLDG  
MONROE, LA 71202

### Principal Business Establishment in Louisiana

504 MARION ST  
BLDG  
MONROE, LA 71202

### Status

**Status:** Active

**Annual Report Status:** In Good Standing

**Qualified:** 4/4/2024

**Last Report Filed:** N/A

**Type:** Non-Profit Corporation or Co-op (Non-Louisiana)

### Registered Agent(s)

AINA





<b>Agent:</b>	CHAD ALI
<b>Address 1:</b>	504 MARION ST
<b>Address 2:</b>	BLDG
<b>City, State, Zip:</b>	MONROE, LA 71202
<b>Appointment Date:</b>	4/4/2024

Officer(s)	Additional Officers: No
<b>Officer:</b> CHAD ALI <b>Title:</b> Director <b>Address 1:</b> 504 MARION ST <b>Address 2:</b> BLDG <b>City, State, Zip:</b> MONROE, LA 71202	
<b>Officer:</b> TERRANCE CARROLL <b>Title:</b> Officer <b>Address 1:</b> 504 MARION ST <b>Address 2:</b> BLDG <b>City, State, Zip:</b> MONROE, LA 71202	

0:49

**Amendments on File**  
No Amendments on file

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## **Executive Summary**

Project Title: Choices Mentoring Tiny House Program

Organization: Choices Mentoring

Objective: To improve neighborhood safety by engaging youth in the construction and renovation of a shed, providing practical vocational skills and transforming the space into a secure and welcoming environment.

Program Duration: July 2024 - September 2024

Total Budget: \$2,000

Choices Mentoring is committed to empowering youth and enhancing community safety through practical, hands-on projects. The Tiny House Program involves youth in the construction and renovation of a shed (ie. tiny house), providing them with valuable vocational skills and transforming the shed into a marketable and functional space. Each session will result in one completed shed. This program aims to create positive community spaces while fostering a sense of pride and responsibility in up to 10 participants.

## **Program Outline and Description**

Program Components:

### 1. Introduction and Preparation:

- Overview of the project and distribution of materials.
- Safety guidelines and team formation.
- Initial planning and discussion of tasks.

### 2. Construction and Renovation:

- Hands-on training in painting, electrical work, plumbing, and flooring.
- Supervised work sessions with guidance from mentors and volunteers.
- Partial demolition and remodeling of a 12x30 shed (ie. tiny house).

### 3. Completion and Marketing:

- Final touches and quality checks.
- Discussion on potential uses of the structure (Airbnb, extra room, hunting/fishing cabin, homeless shelter).
- Marketing strategies and presentation of the completed project.

Program Details:

#### ● Week 1:

- Introduction and safety briefing.
- Distribution of tool belt kits and materials.
- Planning and initial demolition.

#### ● Week 2-6:

- Construction and renovation sessions (painting, electrical, plumbing)

morning.

- Weekly progress reviews and adjustments.
- Week 7-8:
  - Final touches and quality checks.
  - Preparation for the marketing presentation.
  - Community event showcasing the completed project.

## **Program Measurements and Data Collection**

Objectives:

1. Provide practical vocational skills to youth.
2. Improve neighborhood safety through community engagement.
3. Transform the shed into a functional and marketable space.

Measurements and Data Collection:

- Pre-Program Survey:
  - Collect baseline data on participants' vocational skills and attitudes towards community involvement.
  - Assess initial knowledge of construction and safety practices.
- Post-Program Survey:
  - Measure changes in vocational skills and community involvement.
  - Evaluate the increase in knowledge and skills gained through the program.
  - Collect feedback on participants' experience and satisfaction with the program.
- Participation Metrics:
  - Number of participants who completed the program.
  - Number of community members attending the final event.
- Qualitative Data:
  - Observations and testimonials from participants, mentors, and community members.

This information will be documented in an annual report and shared with donors, staff, and community members upon request.

## **Budget and Program Timeline**

Budget:

- Materials: \$1,000
  - Flooring, sheetrock, plumbing, electrical, paint.
- Tool Belt Kits: \$750

- 10 kits at \$75 each.
- Food and Drinks: \$250
  - Snacks and beverages for participants during work sessions and the final event.

Total: \$2,000

Program Timeline:

- July 2024:
  - Preparation and planning.
  - Procurement of materials and kits.
  - Recruitment of participants and volunteers.
- August 2024:
  - Construction and renovation sessions.
  - Weekly progress reviews and adjustments.
- September 2024:
  - Final touches and quality checks.
  - Community event showcasing the completed project.
  - Post-event surveys and data collection.
  - Program evaluation, documentation and reporting, as needed.

Choices Mentoring plan is to provide this community service four times a year depending on budget, but has the workforce and volunteers to successfully achieve this long-term.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/03/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>State Farm</b> R.J Bergstrom 11413 Hanson Blvd NW Coon Rapids, MN 55433	<b>CONTACT NAME:</b> R.J Bergstrom <b>PHONE (A/C, H/O, Fax):</b> 763-755-7350 <b>FAX (A/C, H/O):</b> 753-755-7358 <b>E-MAIL ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Fire and Casualty Company <b>NAIC #</b> 25143 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR. LTR	TYPE OF INSURANCE	AVAIL. SUBR. (BND / UNBND)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. ACCT <input type="checkbox"/> LOC. <input type="checkbox"/> OTHER		93-EQ-A027-0	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOUND AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOES ONLY					COMBINED SINGLE LIMIT (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> GEN'L <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEF <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROVISIONS (EMPLOYERS' LIABILITY OFFICER EMPLOYER EXCLUDED) (Mandatory in MN) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE    OTHER EL DISEASE - SA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is included as an additional insured under the General Liability when required by written contract.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 