

**City of Dothan Competitive Process  
Public Service Application  
FY 2022/2023**

FOR STAFF USE ONLY  
Date Received

1. **Organization Name:**  
**Project Name:**

2a. **Amount of funds requested: \$**

b. **Total Project Cost: \$**

3. **Name and Complete Street Address of Applicant/Organization:**

4. **Contact Person:**  
**Phone Number:**  
**Fax Number:**  
**E-mail Address:**

5. **Check the status of your organization:**  
  
 a non-profit with 501(c)3 status  
 a for-profit authorized to participate under 570.201(o) which includes providing assistance to facilitate economic development and support of microenterprises  
 None of the above

6. **Is your organization a faith-based organization?**                      Yes      No

7. **Federal Tax or Employer Identification Number:**

8. **DUNS (Data Universal Number System) Number:**

9. **Does your organization mainly serve (check one if applicable):**

Abused children	Battered spouses	Severely disabled adults	Homeless persons
Illiterate adults	Persons with AIDS	Low income persons	Elderly

**HUD PERFORMANCE MEASUREMENTS**

10. **OBJECTIVES (see definitions); this proposed activity (check one):**

Creates a suitable living environment      Provides decent affordable housing      Creates economic activities

**OUTCOMES (see definitions); This proposed activity addresses (check one):**

Availability/accessibility      Affordability      Sustainability

**PROJECT SUMMARY**

**11. Identify project and give brief summary of proposed project (limit response to space provided using 12-pt. font)**

**12. Location of proposed project / street address where service is provided:**

**CONSOLIDATED PLAN OBJECTIVES**

**13a. Please state specifically how your project will address a City's Consolidated Plan priority.**

**b. Indicate whether the activity will provide new services or supplement existing services. If supplementing existing services, indicate whether the activity will increase the level of service provided by more than 20%.**

**c. Indicate whether the activity is currently supported or previously supported with any other source of City funds. If so, please explain and list sources. Discuss why the funding is needed. (e.g. original funding source no longer exists, increased costs are not being addressed with other funding source, increased services are not being addressed with other funding source, etc.**

**PROJECT GOALS**

14a. List goals of the project

b. In addition, please provide an estimate of the number of unduplicated persons who will benefit from your proposed project according to the following categories. Income guidelines for the City of Dothan are provided in the application packet.

<u>Income Level of Unduplicated Persons</u>	<u>Number of Persons</u>
Income Level 0-30% AMI (area median income)	Persons
Income Level 31-50% AMI (area median income)	Persons
Income Level 51-80% AMI (area median income)	Persons
<b>Total Number of Persons to be Served</b>	<b>Persons</b>

**GENERAL DESCRIPTION OF ACTIVITIES**

15. List major activities of the project.

**PROJECT IMPLEMENTATION**

16. List the items and cost of each item you would like the City to pay for. How will this help achieve your goals listed in 14a? If staff salaries are to be reimbursed, list the staff title and relationship to achieving the goal. Additionally, list estimated number of hours and rate of pay for each staff position. Will you use volunteers to achieve your goals? If so, list the positions and volunteer time needed to achieve this goal.

**FUNDING LEVELS**

17.  We will accept funding for the full request amount Only.
- We will accept funding for an amount No less than \$ , with a proportionate decrease in client services.
- We will accept Any Amount of funding awarded, with a proportionate decrease in service to clients.

**CURRENT FINANCIAL CAPACITY**

18a. Has your organization borrowed money in the last 12 months?

Yes                      No

b. If “Yes”, what was the purpose for borrowing?

c. Please provide the terms and conditions for repayment:

**d. Is there any financial restructuring anticipated by the organization to address financing shortfalls, debt restructuring, working capital, etc. in the next year?**

Yes                  No

If "Yes", please explain:

**e. Based on your organization's most recent audit, were there any outcomes or findings that changed the way the organization does business? Please submit your latest audit.**

Yes                  No

If "Yes", please explain:

**f. Please cite any examples from the audit that helped improve the organization's performance.**

**g. What is your organization's goal amount for reserves?                          \$**

**How much do you have in reserves at this time?    \$**

**Has your organization had to use any of the reserves in the last 12 months?**

Yes                  No

If "Yes", please explain:

**FUNDS LEVERAGING**

19a. Your ability to leverage other funding is very important to the success of your application. Please complete this information in detail. You must report all sources of other expected funding used to support this request. Report the funding under the appropriate category. Amounts used should apply to this project/program only.

Funding Source (include name) and Type of Funds	Amount of Funding Requested	Status Anticipated/Committed
<b>Federal Funds (Public):</b>		
CDBG	\$	
ESG	\$	
HOPWA	\$	
<b>State Funds (Public):</b>	\$	
<b>Local funds from City of Dothan and/or other local governments (Public):</b>	\$	
<b>Private funds (grants, donations, fundraising):</b>	\$	
<b>Other Private Resources:</b>	\$	
<b>Other Public Resources:</b>	\$	
<b>Volunteer Resources:</b>	\$	
Total of Private Funds	a	\$
Total of Public Funds	b	\$
<b>Total of Project Funding (sum of a+b)</b>	<b>c</b>	<b>\$</b>

**PREVIOUS FUNDING**

20. Please list CDBG funds, the City of Dothan General Funds, and/or other Program monies received in the years indicated and the status of each year's funding.

YEAR	PROJECT NAME	FUND TYPE (CDBG, City and Other)	BUDGETED AMOUNT	AMOUNT EXPENDED TO DATE
<b>2016</b>				
<b>2017</b>				
<b>2018</b>				
<b>2019</b>				
<b>2020</b>				
<b>2021</b>				

**BOARD OF DIRECTORS INFORMATION**

21a. Please attach a one-page list of your current Board members and indicate experience and background they bring to your Board.

b. If applicant is a non-profit, please include evidence (such as minutes of a meeting or memo) that the proposed project has the support of the organization's Board of Directors.

**CLIENT INPUT INFORMATION**

22. How does your organization receive input from low-income persons potentially benefiting or affected by your proposed project?

**SIGNATURE BLOCK**

23. The information contained in this application is truthful and accurate, to the best of the applicant's knowledge. The applicant acknowledges that the failure to include in this application all information necessary for a competent and complete review, or the inclusion of information in this application that is untruthful, may result in the rejection by the City of Dothan of this application and the summary termination of any Agreement resulting therefrom.

Name (print)

President/President, Board of Directors

Date