

**City of Dothan Competitive Process  
Public Facility 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 the project and give a brief description of the proposed project (please limit response to the space provided typing in 12-point font).**

**12. Location of Proposed Project (street address(es), include Census Tract and block group)**

**CONSOLIDATED PLAN OBJECTIVES**

**13a. Please state specifically how your project will address the 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.**

**14a. List goals of the project.**

**14b. In addition, please indicate (to the best of your ability) the number of unduplicated persons to benefit from your proposed project according to the following categories. Income guidelines for Dothan are provided in the application packet.**

**Income Level of Unduplicated Persons**

Income Level 0-30% AMI (area median income)                      Persons (P) or Households (HH) \_\_\_\_

Income Level 31-50% AMI (area median income)                      Persons (P) or Households (HH) \_\_\_\_

Income Level 51-80% AMI (area median income)                      Persons (P) or Households (HH) \_\_\_\_

**Total Number of Persons to be Served                      Persons (P) or Households (HH) \_\_\_\_\_**

**15. List major functions of the facility or quality of the infrastructure improvement**

**16. List what items you want CDBG to pay for and the cost of each item**

## FUNDING LEVELS

17. We will accept funding for the full request amount Only. \$ \_\_\_\_\_
- We will accept funding for an amount No less than. \$ \_\_\_\_\_
- We will accept Any amount of funding awarded. \$ \_\_\_\_\_

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

Yes No

If "Yes", what was the purpose for borrowing?

Please provide the terms and conditions for repayment:

b. 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.

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

Yes No

If "Yes", please explain

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

**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       \$

**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	BUDGETED	AMOUNT EXPENDED TO
2016				
2017				
2018				
2019				
2020				
2021				

**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 (see Board of Directors Acknowledgement Form) that the proposed project has the support of the organization's Board of Directors.**

**CLIENT INPUT INFORMATION**

**22. How does your organization receive input for 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 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)

Name (Signature)

President/President, Board of Directors

Date