City of Dothan Competitive Process Infrastructure and Public Facility Application FY 2016	GRAY SHADED AREAS ARE FOR STAFF USE ONLY Date Received PROJECT #

1. Organization Name:

2a. Amount of CDBG funds requested: $_____

2b. Total Project Cost: $_____

3. Name and Street Address of Applicant/Organization

4. Contact Person:

Phone Number:

Fax Number:

E-mail Address:

5. Is 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 microenterprises**
- ☐ **Local Government**
- ☐ **None of the above**

6. Do you describe your organization as faith-based? ☐Yes ☐No

FUNDING SUMMARY

7. Federal Tax or Employer Identification Number: _____

8. DUNS (Data Universal Number System) Number:
To obtain a DUNS number, you need to call 1-866-705-5711, select option 3. The process is free and takes an average of 10 minutes. Additional information can be obtained at: http://www.whitehouse.gove/omb/grants/duns/_num_guide.pdf

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

- ☐ Low Income Households
- ☐ Battered Spouses
- ☐ Severely disabled adults
- ☐ Illiterate Adults
- ☐ Persons with AIDS
- ☐ Homeless persons
- ☐ Abused Children
- ☐ 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

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), <u>include Census Tract and block group</u>)

CONSOLIDATED PLAN OBJECTIVES

13. Describe specifically how your project will address a priority in the Consolidated Plan

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.

<u>Income Level of Unduplicated Persons</u>

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. What items do you want CDBG to pay for and list the cost of each item

FUNDING LEVELS

17. ☐ **We will accept funding for the full request amount Only. S_____**

☐ **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? (not applicable for local government)

☐**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. Figures used should apply to this project/program only (insert extra rows as necessary).

Funding Source (include name) and Type of Funds	Amount of Funding Requested	Status Anticipated/Committed
Federal Funds (Public): CDBG	**$**	
ESG	**$**	
HOPWA	**$**	
State Funds (Public):		
Private Funds from Houston County		
Private Funds (grants, donations, fundraising)		
Other Private Resources:		
Other Public Resources:		
Volunteer Resources:		

Total of Private Funds **a. $ _____**

Total of Public Funds **b. $_____**

Total of Project Funding (sum of a+b) **c. $_____**

PREVIOUS CITY FUNDING

20. Please list CDBG funds or City funds received in the LAST THREE YEARS and the status of that funding.

YEAR	PROJECT NAME	CDBG FUND	BUDGETED AMOUNT	AMOUNT EXPENDED TO DATE
2012				
2013				
2014				

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)

_____ _____
President/President, Board of Directors Date
Or Department Head