

**City of Dothan  
Competitive Process  
Public Service Application  
FY 2012**

GRAY SHADED AREAS ARE FOR STAFF USE ONLY

Date Received

1. **Project Name:**

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

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

3. **Name and Complete Business 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 of microenterprises

neither of the above

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

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

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

To obtain a DUNNS 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.gov/omb/grants/duns\\_num\\_guide.pdf](http://www.whitehouse.gov/omb/grants/duns_num_guide.pdf)

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. Please provide a brief summary of proposed project (limit response to the space provided typing in 12-point font):

12. Location of proposed project (street address where service is provided):

**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%. 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 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 the City of Dothan are provided in the application packet.

| <u>Income Level of Unduplicated Persons</u>  | Number of Persons |
|--|-------------------|
| 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. a) What items do you want the City to pay for and how will this help achieve your goals as listed in 14a. List the cost of each item.  
b) 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.  
c) 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 service to clients.  
 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

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.

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

| Funding Source<br>(include name) and Type of Funds                              | Amount of Funding<br>Requested | Status<br>Anticipated/Committed |
|---|--------------------------------|---------------------------------|
| <b>Federal Funds (Public):</b><br><br>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>                                    | c \$                           |                                 |

**b. What is your agency's total budget? \$**

**PREVIOUS FUNDING**

20. Please list CDBG Funds, the City of Dothan General Funds, and/or other Program monies received in the LAST THREE YEARS and the status of that funding.

| YEAR | PROJECT NAME | FUND TYPE<br>(CDBG, City and<br>Other) | BUDGETED<br>AMOUNT | AMOUNT<br>EXPENDED TO<br>DATE |
|------|--------------|--|--------------------|-------------------------------|
|      |              |  | \$                 | \$                            |
|      |              |  | \$                 | \$                            |
|      |              |  | \$                 | \$                            |
|      |              |  | \$                 | \$                            |
|      |              |  | \$                 | \$                            |
|      |              |  | \$                 | \$                            |

**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