

<b>City of Dothan</b> <b>Competitive Process</b> <b>HOUSING</b> <b>APPLICATION FY 2020</b>	<b>GRAY SHADED AREAS ARE FOR STAFF USE ONLY</b>  Date Received
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<b>1. Organization Name:</b>	<b>Project Name:</b>
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Type of project

Rental   
  Homeownership   
  Rental Assistance  
 Group Home or Shelter   
  Other (specify) \_\_\_\_\_

Type of project activity

New Construction   
  Tenant Based Rental Assistance   
  Other (specify) \_\_\_\_\_  
 Home Buyer Program   
  Infrastructure Improvement  
 Rehabilitation   
  Acquisition

**APPLICANT INFORMATION**

<b>2. Lead Applicant Name</b>	<b>3. Secondary Applicant (if applicable)</b>
Contact Person <u>Street Address</u> Title Phone Number Fax Email Address	Contact Person <u>Street Address</u> Title Phone Number Fax Email Address

**4. Type of applicant**

Private Non-Profit Organization  
 Private For-Profit Organization  
 Public Organization

**5. Federal Tax Identification Number**

**5a DUNNS Number**

To obtain a DUNNS number, you need to e-mail 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)

**FUNDING SUMMARY**

<b>6. Amount of Funds Requested</b>				
<b>CDBG</b>	\$	<b>Grant</b>	\$	<b>Loan</b>
<b>Other Assistance</b>	\$	<b>Grant</b>	\$	<b>Loan</b>
<b>TOTAL REQUEST</b>	\$	<b>Grant</b>	\$	<b>Loan</b>

If a loan is requested, please indicate the loan term as shown below (cash flow from operations is not an option).

	<u>Terms</u>	<u>Years</u>
Principal and no interest	_____	_____
Principal and a balloon payment	_____	_____
Declining balance loan (forgiven over time)	_____	_____
Grant		
Other: Explain	_____	_____

**HUD PERFORMANCE MEASUREMENTS**

**7. 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

**8. Identify the project and give a brief description of the proposed project (please limit response to the space provided).**

**9. Describe in detail the project location, address(es), provide maps and or drawings, total number of units and number of units assisted with public funds. Include nearest shopping and employers on your map. (Please limit to two pages for maps and drawings.)**

**10. Tell us why this project is needed (include information from market studies or other supporting documentation) and how it will fill a gap in the City's housing market. Describe how the proposed project addresses a priority in the Consolidated Plan.**

**11. Briefly describe the project goals for providing or assisting in the preservation or expansion of affordable housing in Dothan**

**12. Describe any effort made to build community support for the project and the results of those efforts.**

**13. Please list CDBG funds received in the last three years and the status of that funding.**

<b>YEAR</b>	<b>PROJECT NAME</b>	<b>BUDGETED AMOUNT</b>	<b>AMOUNT EXPENDED TO DATE</b>
2017		\$	\$
2018		\$	\$
2019		\$	\$

**14. To help promote the efficient use of federal, state, and local funding please describe how the project will maintain long term (more than 20 years) or permanent affordability; and explain how the project will provide affordable housing at rental rates lower than those in the existing market or homeownership opportunities for first-time buyers.**

**15. Briefly outline the proposed timetable for the commitment and expenditure of the funding being requested (include other project factors such as rezoning, construction schedule, or application(s) for funding). Please note: If funded, this schedule will be used for any project agreement for use of CDBG funding.**

**Date:**

**Description of Activity:**

**16. Please provide evidence of your organization's capacity and experience to undertake and complete the proposed project within the established timetable and budget (attach evidence of financial commitment(s) not to exceed five pages).**

**17. How does your organization obtain input from low-income persons potentially benefiting or affected by your proposed project. If applicant is a non-profit, please include evidence (such as minutes of a meeting) that the proposed project has the support of the organization's Board of Directors. Please attach a one page list of your current board members and indicate the experience and background they bring to your board.**

**18. Please describe the target population this project is to serve and how the project will promote diversity. Please indicate the number of persons or households that will benefit from the project by income category.**

<b>Circle or Indicate Persons or Households</b>		
<b>Number between 0-31% median income</b>		<b>Persons (P) or Households (HH)</b>
<b>Number between 31-50% median income</b>		<b>Persons (P) or Households (HH)</b>
<b>Number between 51-80% median income</b>		<b>Persons (P) or Households (HH)</b>
<b>Number between 81-100% median income</b>		<b>Persons (P) or Households (HH)</b>
<b>TOTAL</b>		<b>Persons (P) or Households (HH)</b>



20.

**PROJECT OPERATING BUDGET**

Form to be used only for new construction or redevelopment rental proposals (including assisted living)

<b>INCOME</b>					<b>EXPENSES</b>	
	# of Units	Sq.Ft	Monthly Rent	Total Rent	<b>Administrative Expenses</b>	
0 Bdrm					Management Fee	
0 Bdrm					On-site Personnel Payroll	
1 Bdrm					Health Ins. & Benefits	
1 Bdrm					Legal and Accounting	
1 Bdrm					Advertising	
2 Bdrm					Office Supplies	
2 Bdrm					Telephone	
2 Bdrm					Audit	
3 Bdrm					Other	
3 Bdrm					<b>Total Administrative Expense</b>	
3 Bdrm					<b>Operating Expenses</b>	
4 Bdrm					Utilities (Owner paid)	
4 Bdrm					Trash Removal	
4 Bdrm					Fire & Liability Insurance	
Total Rent Income					Other	
Parking Income					<b>Total Operating Expenses</b>	
Laundry Income					<b>Maintenance</b>	
Other Income:					Maintenance	
Other Income:					Repairs	
Other Income:					Grounds keeping (include snow removal)	
Other Income					Reserve Funds	
<b>Total Income</b>					Other	
Vacancy Rate: %		Less Vacancy			<b>Total Maintenance</b>	
<b>Annual Effective Gross Income</b>					<b>Real Estate Taxes</b>	
<b>ANNUAL DEBT SERVICE</b>					<b>Operating Reserve</b>	
1st Mortgage					<b>Replacement Reserve</b>	
2nd Mortgage					<b>TOTAL ANNUAL EXPENSES</b>	
Other Debt Service (specify)					<b>NET OPERATING INCOME</b>	
<b>Total Annual Debt Service</b>					P.U.P.A. Expenses*	

\*P.U.P.A. = Per Unit Per Annum Expenses

**SOURCES AND USES OF FUNDS**

Project Activities	Total Project Cost	City Funds Request	Other Funding	
			Amount	Source
<b>A. Acquisition Costs</b>				
1. Land				
2. Existing Structures				
3. Appraisals				
4. Soils Tests				
5. Surveys				
6. Other				
7. Other				
<b>B. Construction Costs</b>				
1. Building Permit Fees				
2. Tap Fees				
3. Off-Site Infrastructure				
4. Construction				
5. Landscaping				
6. Contingency				
7. Other				
8. Other				
<b>C. Design Fees</b>				
1. Architect Fee				
2. Engineering Fee				
3. Other				
4. Other				
<b>D. Interim Costs</b>				
1. Construction Insurance				
2. Const. Loan Origin Fee				
3. Construction Interest				
4. Consultants				
5. Taxes during Construction				
6. Other				
7. Other				
<b>E. Perm. Financing Fees/Deposits</b>				
1. Loan Fees & Expenses				
2. Attorney Fees				
3. LIHTC Fees				
4. Developer's Fee				
5. Operating Reserve				
6. Other				
7. Other				
<b>F. Tenant Relocation</b>				
1. Temporary Relocation				
2. Permanent Relocation				
<b>G. Project Management</b>				
1. Marketing				
2. Project Management				
3. Consultants				
4. Other				
5. Other				
<b>SUBTOTAL (A-G)</b>				



**SOURCES OF FUNDING (CONT.)**

Project Activities	Total Project Cost	City Funds Request	Other Funding	
			Amount	Source
<b>H. Homebuyer Assistance</b>				
1. Downpayment Assistance				
2. Closing Costs				
3. Interest Rate Buy down				
4. Case Management				
5. Other				
6. Other				
<b>I. Tenant Based Rental Assistance</b>				
1. Rent Payments				
2. Case Management				
3. Other				
<b>J. General Administration</b>				
1. Salaries/Benefits				
2. Operating/Supplies				
3. Travel				
4. Audit				
<b>SUB TOTAL (H-J)</b>				
<b>GRAND TOTAL (A-J)</b>				



**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