

**RESOLUTION NO. \_\_\_\_\_**

**WHEREAS**, the Wiregrass Resource Conservation and Development Council, Inc. (WRC&D) offers reimbursable grant funds for projects that meet certain guidelines; and

**WHEREAS**, the City of Dothan desires to apply with WRC&D for a reimbursable grant in the amount of \$25,000.00 for Virtual Reality Headsets to be used for “Mental Health Training” for attendees and users of the Wiregrass Public Safety Center (WPSC) and for said equipment to be housed at the WPSC; and

**WHEREAS**, WRC&D requires a Cooperative Agreement to be signed prior to reimbursement of grant funds.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** That the City of Dothan City of Dothan intends to apply for and if awarded, accept funding from the WRC&D for a reimbursable grant in the amount of \$25,000.00 for Virtual Reality Headsets to be used at the WPSC.

**Section 2.** That Mark Saliba, Mayor of the City of Dothan and in such capacity, is hereby authorized and directed to execute any agreement, for and in the name of the City of Dothan, which shall be attested by the City Clerk.

**PASSED, ADOPTED AND APPROVED** on \_\_\_\_\_.

**ATTEST:**

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
**Mayor**

\_\_\_\_\_  
**Associate Commissioner District 1**

\_\_\_\_\_  
**Associate Commissioner District 2**

\_\_\_\_\_  
**Associate Commissioner District 3**

\_\_\_\_\_  
**Associate Commissioner District 4**

\_\_\_\_\_  
**Associate Commissioner District 5**

\_\_\_\_\_  
**Associate Commissioner District 6**  
**BOARD OF CITY COMMISSIONERS**



[\(https://wiregrassrcd.com/\)](https://wiregrassrcd.com/)

# General Grant Application

Grant Applications for the 2023 grant cycle will be available from April 1-June 30, 2022. If you need any help with the application, please call our office at 334-774-2334

Please be sure to fill out the form completely. You can not save this form and return to work on it again. We suggest you develop your budget and answers to the questions separately and then fill out the form.

Name of Project \*

Project Sponsor \*

Sponsor Tax ID No \*

Senate District #

House District #

Project Contact Name (this field is required)

Contact Title

Contact Phone Number

Contact Email

Project County Location \*

Contact Address (this field is required)

City

State

Zip Code

Address of Project (Be as specific as possible)

City

State

Zip Code

Description of Project \*

Objective of the Project \*

Grant Amount Requested \*

Use the fields below to explain what portions of the funds you are requested will be used in which categories. Leave the categories you will not be using blank.

Personnel

Facilities (Rental)

Services

Postage

Materials/ Supplies

Sub-Contracts

Travel

Equipment

Other (specify below)

Other Expenses (use this field to identify what your other expenses will be--only fill out if \*Other box is used above)

Signature (Type Your Full Name as your signature)

Email