PART I: COVER SHEET

*Please submit this statement of intent if your agency has identified a childcare facility project that you wish to pursue in the 2020 funding cycle, but do not yet have sufficient details to submit a complete NOFA application before the deadline. Please note that a full NOFA application will be required before the City can enter into a contract.*

|  |
| --- |
| **Project Name:** Click here to enter text. |
| **Applicant Contact Information:**  Agency Name: Click here to enter text.  Organization Type: Choose One  Contact Person: Click here to enter text. Contact Person Title: Click here to enter text.  Mailing Address: Click here to enter text.  City, ST, ZIP: Click here to enter text.  Phone: Click here to enter text.  Email: Click here to enter text. |
| **Project Eligibility:**  Project will provide a new or increased benefit to low- and moderate-income families  Project meets all of the City’s eligibility criteria *(we have read page 4 of the Public Facilities NOFA to confirm)* |
| **Project Location:** (must be in City of Bellingham to be eligible)  Click here to enter text.  **Is this a new facility or an improvement which was not available in the twelve months prior to May 15, 2020?**  Yes  No  Click here to enter text.  **Has this facility previously received funding from the City of Bellingham?**  Yes  No  **Explain:** Click here to enter text. |
| **Estimated Funding Need:**  City Project Funds Requested: $ Click here to enter text.  Estimated Project Budget: $ Click here to enter text.  Total Organizational Budget: $ Click here to enter text. |
| **CERTIFICATION and AUTHORIZED SIGNATURE:** To the best of my knowledge and belief, the information contained in this statement of interest is true and correct. The submission of this application has been duly authorized by the governing body of the Applicant.  Click or tap to enter a date.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Applicant Representative Date  Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Title of Authorized Applicant Representative (Please Print or Type) |

PART II: AGENCY INFORMATION

*Please limit your responses to no more than two pages for questions 1-4.*

1. **Agency Mission.** Please paste of copy of your agency’s mission statement below.

Click here to enter text.

1. **Agency Beneficiaries.** Who are your current clients or beneficiaries? Please describe the demographics your organization serves, and total number of beneficiaries served per year.

Click here to enter text.

Do the majority of your clients or beneficiaries have low or moderate incomes (define in text above)?

Yes  No

1. **Qualifications and expertise.** Briefly summarize your agency’s qualifications and expertise (e.g., years of operation, accreditations, experience of staff members, number of volunteers). Please mention any recent leadership changes. Do you have the capacity to take on a new project at this time?

Click here to enter text.

1. **Funding and partnerships.** Please list your organization’s major funding sources, and any anticipated changes in your future funding or financial position.

Click here to enter text.

PART III: PROJECT INFORMATION

*Please limit your responses to no more than two pages for questions 5-9.*

1. **Project Summary.** Briefly summarize your project idea in one or two sentences; describe whether the project will provide a new, expanded or an improved facility or service.

Click here to enter text.

1. **Project Purpose.** Identify the community need or needs the proposed project will address. Will the facility (a) fulfill a currently unmet need or (b) introduce improvements that substantially enhance the facility’s ability to meet that need?

Click here to enter text.

1. **Project Beneficiaries.** What is the target population and geographic area of the project? Estimate how many *additional* clients this project will allow your agency to serve. What portion of these beneficiaries earn under 80% of Area Median Income?

Click here to enter text.

1. **Funding Needs.** How much financial support will you be requesting? What are your other potential sources of funding for this project?

Click here to enter text.

1. **Project Status.** How far along is your agency in the planning process? What resources have you already invested (e.g., staff time, consultants, professional services)? What contingencies would need to be worked out in order for this project to proceed?

Click here to enter text.