GAP PROGRAM

July 1, 2019 – June 30, 2020



**Application Packet**

Deadline for Submission:

**Wednesday, June 19, 2019 by 5 p.m.**

To be submitted to:

Channing Banks

United Way of Greenville County

105 Edinburgh Court

Greenville, SC 29607

864.331.2991

[cbanks@unitedwaygc.org](mailto:cbanks@unitedwaygc.org)

**GAP PROGRAM**

Program Sponsor Logos: United Way of Greenville County, City of Greenville, and Greenville County Redevelopment Authority



PROGRAM DESCRIPTION

The Grant Assistance Partnership (GAP) program is a combined effort by the City of Greenville, United Way of Greenville County and the Greenville County Redevelopment Authority to empower residents to enhance and improve their communities through their neighborhood associations. The GAP program provides grant awards to neighborhood associations that are using strategic initiatives, projects and programs to achieve positive community development.

SOURCE OF FUNDING

The GAP program is made possible through funding provided by the City of Greenville and the Greenville County Redevelopment Authority (GCRA) through their Community Development Block Grant programs (CDBG) funded by the U.S. Department of Housing and Urban Development (HUD), along with funds from United Way of Greenville County. All projects and activities under the GAP program must meet HUD CDBG national objectives.¹

MAXIMUM GRANT AWARD

Eligible neighborhood associations may apply for up to $2,500 per year for eligible neighborhood activities and initiatives.

ELIGIBILITY

Community Development Block Grant-eligible neighborhoods can apply for GAP funding. If you live in the county and have questions regarding your neighborhood’s eligibility, contact Lovetta Walton at 242-9801, ext. 124. If you live in Greenville’s city limits and have questions about your neighborhood’s eligibility, contact Rebecca Edwards at 467-4428.

¹Code of Federal Regulations, Part 570-Community Development Block Grants, Part 570.208.

**GAP PROGRAM**

EXAMPLES OF ELIGIBLE PROJECTS

Each neighborhood association is strongly encouraged to develop and implement a strategic plan. This strategic plan should serve as a guide for requesting GAP funds.

Preference will be given to projects or activities that:

* help build the neighborhood association’s capacity to plan, manage and implement initiatives for long-term impact;
* demonstrate high levels of resident involvement;
* help build and sustain connections among neighbors and groups within the community;
* are led by the community/neighborhood with minimal assistance from staff; and
* benefit the community as a whole by working to implement Neighborhood Vision and/or Master Plans initiatives and/or Grassroots Leadership Development (GLDP) Alumni priorities.

Possible projects include, but are not limited to, the examples listed below.

|  |  |
| --- | --- |
| **Neighborhood Goal Area** | ***Examples of Projects*** |
| 1. Resident Engagement | Door-to-door community engagement campaigns; develop neighborhood brand; use neighborhood brand at special events, on neighborhoods signs, event materials; use as match for other grants; develop and distribute neighborhood newsletter (electronic or paper); develop youth engagement activities; conduct neighborhood skills assessment; job fairs; projects to support GLDP Alumni initiatives |
| 1. Neighborhood History | Acquire photos, speakers, audio, video to support neighborhood history documentation; host events to educate residents and celebrate neighborhood history; print neighborhood history (professional printing); initiatives to support GLDP Alumni |
| 1. Neighborhood Beautification | Sidewalk inventory and/or repair; Light the Night events to identify streetlight needs; beautification projects at neighborhood gateways; neighborhood cleanups |
| 1. Neighborhood Capacity | Community asset inventory; obtaining 501©(3) status; etc. |

INELIGIBLE ACTIVITIES

* Financing the use of facilities or equipment for political purposes or to engage in other partisan political activities.
* Purchasing furnishings and personal property.
* Income payments to individuals or families for food, clothing, rent, utilities, etc.

**GAP PROGRAM**

INSTRUCTIONS

1. Before filling out a project application:
   * Read the entire GAP Program Application Packet and follow all instructions detailed within the packet.
   * Discuss your project idea with your respective county/city representative.

**Greenville County Redevelopment Authority**

Lovetta Walton

[lwaton@gcra-sc.org](mailto:lwaton@gcra-sc.org), 864-242-9801, ext. 124

**City of Greenville, Community Development**

Rebecca Edwards

[redwards@greenvillesc.gov](mailto:redwards@greenvillesc.gov), 864-467-4428

1. The application forms provided must be used and responses must be typed.
2. Applications are due on **Wednesday, June 19, 2019 by 5 p.m.** via mail, hand-delivery, or email to:

Channing Banks

United Way of Greenville County

105 Edinburgh Court

Greenville, SC 29607

864.331.2991

[cbanks@unitedwaygc.org](mailto:cbanks@unitedwaygc.org)

If your application has been mailed or hand-delivered, please send an email notifying Channing Banks that you have done so.

Applications submitted after the deadline will be considered for funding at the discretion of the review panel, but may receive a lower score in the application category.

APPLICATION CHECKLIST

* Project Discussion with Respective County/City Representative
* Signed Cover Page
* Copy of Neighborhood’s Strategic Plan (if applicable)
* Narrative
* Neighborhood Support and Documentation
* Project Schedule
* Project Maintenance
* Budget
* Completed Neighborhood Resolution
* Signed Grant Terms and Conditions Acknowledgement Statement

SCORING

Applications will be scored and ranked using the following chart. Due to limited funds, low-ranking applications may not receive funding.

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| --- | --- | --- |
| Application | *A high ranking application is one that was submitted on time and in its entirety. All required information was included and all attachments supplied. A low ranking application is one that has sections that are incomplete, documentation is missing, and was submitted late.* | Maximum – 10 points |
| Experience | *A high ranking applicant will have successful prior experience with the GAP Program. This applicant has previously met their goals, expended funds in a timely manner, and effectively communicated with their respective representative. A low ranking applicant will have previously been untimely with achieving their project’s goals and submitting expenditures.* | Maximum – 10 points |
| Administration  Organizational Capacity | *A high ranking applicant will have the administrative capacity to carry out the proposed activity and be able to leverage funds for additional support of the proposed activity for a completion date of June 30, 2020. The applicant also will be able to meet all requirements in the grant’s terms and conditions.* | Maximum – 25 points |
| Project | *A high ranking application is one that includes a project that complies with CDBG regulations, is consistent with the neighborhood’s objectives/priorities in their strategic plan, fits within the Greenville Dream’s goal areas, has a significant impact in the neighborhood, and begins promptly. A low ranking application is one that includes a project that cannot be delivered on time, could be accomplished without the use of GAP funds, is ineligible under the grant guidelines, is inconsistent with the objectives/priorities in the neighborhood’s strategic plan, and has little to no impact on the neighborhood.* | Maximum – 55 points |

**GAP PROGRAM APPLICATION**

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| **COVER PAGE** |

**ORGANIZATION INFORMATION:**

Organization Name                                    

President Name                                    

Mailing Address                                                       

City                           State       Zip      

Phone                           Email                     

Federal Tax ID No.                              DUNS No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your neighborhood association have the following:

Articles of Incorporation Yes No

Current Registration with the Secretary of State as a Charitable Organization Yes No

Certification as a federal 501c3 organization Yes No

Strategic Plan Yes No *If ‘yes’, please include a copy with this Application.*

**PROJECT MANAGER:**

\***NOTE:** This person will be the point of contact for questions related to the application and project implementation upon award of funds.

Project Manager Name

Phone                           Email

**PROJECT TITLE (Event/Activity)                                ­­­­­­­­­**

**TOTAL FUNDS REQUESTED $*****(not to exceed $2,500)***

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| **SIGNATURE** |

The signature below certifies that the information included in this application is correct and that this application has been authorized by the applicant’s governing body as an expression of the neighborhood’s wishes.

Signature Date

Print Name

Title (President or other Authorized Official)

**GAP PROGRAM APPLICATION**

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| **NARRATIVE** |

To ensure that all required information is included and to assist the application review panel in evaluating each proposal, please respond to the following questions in a clear, concise, and detailed manner.

1. ***Project Description***

* **What GAP Neighborhood Goal focus area will the project address?**
* **What do you want to do and why?**
* **What are the objectives and anticpated outcomes?**

* **How will you measure the success of those outcomes?**

1. ***Needs Statement***

* **What problem are you trying to solve and how will the project resolve the issue? Demonstrate project need using detailed data or back-up documentation. Refer back to your neighborhood master plan as needed.**

1. ***Items Requested***

* **List each item that you will purchase with GAP funds and explain why the item is needed to complete the project.**

1. ***Location and Land Ownership (if applicable)***

* **Where is your project located? Please state the exact location including an address or cross streets, if applicable.**
* **Is the project on private property or city/county owned property?**

1. ***Project Support***

* **Does your project need additional support from city/county staff? If so, which departments will be involved? Have these departments been contacted? *Note:* It is important that impacted departments are notified as soon as possible.**
* **Explain your organization’s previous experience with GAP funds, other grant programs, and/or community led projects.**

1. ***Neighborhood Benefit***

* **What are the lasting impacts of your project on the neighborhood?**
* **How will the project help promote long-term community goals?**
* **How many neighborhood residents will be impacted by the project and how did you arrive at this estimate?**
* **How will the project impact residents?**

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| **NEIGHBORHOOD SUPPORT** |

Projects should demonstrate broad participation and project support from neighborhood residents.

* + - **Provide examples of how residents participated in selecting and planning your project.**
    - **How will residents be involved in the implementation of the project?**
    - **Detail your marketing plan for engaging residents once the project is completed**?

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| **PROJECT SCHEDULE** |

Projects should be completed **by June 30, 2020**. In the space below, list in chronological order the specific steps or activities you will take to carry out this project. Identify the person or group primarily responsible for each step or activity. Estimate when the step or activity will be started and completed.

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| --- | --- | --- | --- |
|  | **PROJECT** | **SCHEDULE** |  |
| **STEP/ACTIVITY** | **PERSON/GROUP RESPONSIBLE** | **START DATE** | **COMPLETION DATE** |
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| **PROJECT MAINTENANCE/SUSTAINABILITY** |

Please provide a maintenance and sustainability plan for your project.

* **Describe how the project will be maintained after the grant period ends.**
* **If applicable, describe a backup plan should volunteers fail to perform required maintenance duties.**

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| **BUDGET** |

Using the following chart, please provide a detailed budget for the project. The budget should be clear, appropriate, and sufficient to complete the project. Costs should clearly support the proposed tasks and be consistent with the project narrative. Please identify ALL costs associated with the project and the anticipated funding source for each item. There is a $500 maximum limit for food.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PROJECT** | **BUDGET** |  |
| **ITEM** | **TOTAL ITEM/ACTIVITY COST** | **GAP FUNDING REQUEST** | **NEIGHBORHOOD MATCH (LEVERAGED/SPONSORED AMOUNT )** |
| *Example: Printing* | $550 | $300 | $250 |
|  |  |  |  |
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|  |  |  |  |
| Grand Total: |  |  |  |

**Budget Narrative:**

In the space below explain in detail your plan to leverage and/or obtain sponsors and additional funding for your project. If additional funds are already leveraged at the time of application, please attach a letter of support from the organization supplying the additional funds. If your neighborhood association will provide additional funding, please specify the amount and the source of those funds.

**RESOLUTION**

**TO PARTICIPATE FULLY IN THE COMPLETION**

**OF THE COMMUNITY DEVELOPMENT PROJECT(S) SPECIFIED**

**IN THE ENCLOSED GAP APPLICATION**

WHEREAS, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has identified the project(s) detailed in this GAP

Application to be beneficial to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_community in one or more of the following realms of community development: organizational development, resident involvement, communication, crime prevention, training & education, beautification, capital improvements and housing development; and,

WHEREAS, the members of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have agreed to support and actively participate in the project(s) detailed in this GAP Application; and,

WHEREAS, the members of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understand that receiving GAP funding joins the neighborhood association with the City of Greenville, the Greenville County Redevelopment Authority and United Way of Greenville County in a commitment to community development in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_neighborhood.

NOW, THEREFORE, LET IT BE RESOLVED BY THE PRESIDENT AND MEMBERS OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMMUNITY, that this GAP Application is submitted and the project(s) detailed therein fully supported.

RESOLVED THIS \_\_\_\_\_\_\_DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

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Neighborhood Association President Neighborhood Association Treasurer

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Neighborhood Association Member Neighborhood Association Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neighborhood Association Member Neighborhood Association Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neighborhood Association Member Neighborhood Association Member

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**GRANT ASSISTANCE PARTNERSHIP PROGRAM**

**Grant Terms and Conditions**

1. The grant funds are to be used only for the purposes outlined in this grant proposal. Grant funds must be used in accordance with the approved budget.
2. All expenses must be documented with a receipt or invoice with description of services or items purchased with grant funds. **Funds must be expended prior to June 30, 2020.**
3. The neighborhood identified and appointed Project Manager will be responsible for working with City/County officials on approval of all project activity and reporting in accordance to their standard forms and timelines. The Project Manager will contact their representative upon receiving a notification of award to schedule a pre-award conference meeting.
4. All financial and other records regarding this grant shall be adequately maintained to show how funds were used exclusively for this grant’s purpose.
5. All events are to be documented with pictures or activity/sign-in sheets to demonstrate resident involvement.
6. Copies of newsletters or brochures funded by this grant are to be provided, along with number distributed and method of distribution.
7. For all purchases $1,500 or less, your organization agrees to provide three verbal quotes to demonstrate that the least expensive service or product was purchased. Provide details of vendor quotes and items purchased including pictures, if applicable.
8. For all purchases $1,501-$2,500, your organization agrees to provide three written quotes to demonstrate that the least expensive service or product was purchased. Provide details of vendor quotes and items purchased including pictures, if applicable.
9. For all purchases above $2,500 (in which funds from this grant will be used as a portion of the purchase), your organization agrees to submit formal bids to demonstrate that the least expensive service or product was purchased. Provide details of vendor proposals and items purchased including pictures, if applicable.
10. Your neighborhood association agrees to have at least one member participate in the Grassroots Leadership Development Program during 2020, unless a neighborhood resident has graduated from the program within the last 2 years and/or to have a representative at 75% of Greenville Dreams meetings during the grant period.
11. An **Expense Report** and **Check Request** form must be submitted to receive funds under this Agreement. The following documents must be attached: purchase order, or receipt, including date, item purchased, amount spent and a **Quote Information** form. Forms for the Expense Report, Check Request and Quote Information will be provided.
12. Revisions to the approved GAP grant and budget may be made **once a year** usinga **Request for Grant Revision** form. Once submitted, the proposed changes will be reviewed and the neighborhood association will be contacted with a decision with 15 business days. All requested revisions must receive written approval prior to implementing the revision.
13. Events, programs and publicity performed under this program should include the following statement: ***“Funding support from the Grant Assistance Partnership (GAP)”.***

The signature below certifies that the above terms and conditions of the Grant Assistance Partnership have been read and agreed to upon notification of award of funds.

Signature Date

Print Name

Title (President or other Authorized Official)