**GREENVILLE COUNTY REDEVELOPMENT AUTHORITY**

**2021 CDBG - PUBLIC SERVICE AND EMERGENCY HOME REPAIR**

**APPLICATION REQUIREMENTS**

**The application must be complete and include all requested information and attachments submitted by the deadline or THE APPLICATION WILL NOT BE CONSIDERED. ONLY TYPED APPLICATIONS WILL BE ACCEPTED.**

Application Deadline

**FEBRUARY 8, 2021 at 1:00 PM**

**For paper applications binders and staples will not be accepted. The attachment pages should be one sided, consecutively numbered, and include organization’s name. Do not use folders or notebooks. Please make sure you complete and sign the application checklist. One hard copy and one full electronic copy with all required attachments must be submitted.**

**Return the paper checklist and application along with all supporting documentation by mail or in person to:**

Greenville County Redevelopment Authority

Attn: Tiphany Powell

301 University Ridge, Suite 2500

Greenville, SC 29601

**Return the checklist and application along with all supporting documentation via email to:** tpowell@gcra-sc.org

**A mandatory training session for new applicants, providing detailed information, will be held on Wednesday, January 20, 2021 from 1:00 pm to 3:00 pm for CDBG applicants, via Zoom.** Please contact Tiphany Powell via e-mail at tpowell@gcra-sc.org to register for the mandatory training session.

2021 CDBG Timeline

-Application Deadline February 8, 2021

-Funding Approval March 2021

-Funding Announcement May/ June 2021

-Award Budget/ Goals Submission May 2021

-Annual Action Plan Submission May 2021

-Environmental Assessment July/August 2021

-Bi-Annual Report January 2021

-Monitoring Visit Ongoing

-Annual Report July 2021

-CAPER Report August 2021

**Subrecipients contract agreements will be executed based on the timeline of the completion of the HUD agreement with GCRA.\*\***

**2021 CDBG-PUBLIC SERVICE CHECKLIST OF COMPLETION**

**and REQUIRED ATTACHMENTS**

**\_\_\_\_\_ Verification of non-profit 501(c)3 status as well as Certificate of Good Standing, if applicable. (Attachment 1)**

**\_\_\_\_\_ Copy of the last audit, if available (Attachment 2)**

**\_\_\_\_\_ Comments from state licensing agencies, if applicable. (Attachment 3)**

**\_\_\_\_\_ Cost Estimate and itemized Scope of Work is required for rehab, construction, or maintenance projects. Conceptual plans/drawings, only if available. (Attachment 4)**

**\_\_\_\_\_ List of funding from other sources. (Attachment 5)**

**\_\_\_\_\_ Applicants detailed operating budget including sources of revenue and expenditures. (Attachment 6)**

**\_\_\_\_\_ Program guidelines, and/or workflow chart for proposed project. (Attachment 7)**

**\_\_\_\_\_ Personnel Cost Description (if staff costs are included in your funding request). (Attachment 8)**

**\_\_\_\_\_ Project Schedule and timeline. Only for construction, maintenance, or rehab projects. (Attachment 9)**

**\_\_\_\_\_ Answered all questions on the application. If the question was not applicable, it was marked N/A.**

**I have completed the application in its entirety. I understand that if there is any missing information or if the application is received past the deadline my application will not be considered.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency**

**CDBG – PUBLIC SERVICE ELIGIBLE ACTIVITIES**

To be eligible for CDBG assistance, a public service must be either a new service or a

quantifiable increase in the level of an existing service above that which has been

provided by or on behalf of the unit of general local government (through funds raised by

the unit or received by the unit from the State in which it is located) in the 12 calendar

months before the submission of the action plan. (An exception to this requirement may

be made if HUD determines that any decrease in the level of a service was the result of

events not within the control of the unit of general local government.)

The CDBG regulations allow the use of grant funds for a wide range of public service activities, including, but not limited to:

 – Employment services (e.g., job training) – Crime prevention and public safety

–Childcare – Health services

–Substance abuse services (e.g., counseling and treatment)

–Fair housing Activities – Education programs

–Energy conservation – Services for senior citizens

–Services for homeless persons – Welfare services (excluding income payments)

– Homebuyer Down payment assistance – Recreational services

-CDBG funds may be used to pay for labor, supplies, and material as well as to operate and/or maintain the portion of a facility in which the public service is located. This includes the lease of a facility, equipment, and other property needed for the public service.

-Localities cannot use CDBG funds to replace local or state monies to fund essential services typically offered by the local government entity.

**-** CDBG-funded public service activities are typically categorized under the LMI Benefit National Objective as either Area Benefit or Limited Clientele activities. (The distinguishing factor between the two categories is whether the service will be offered to all residents of a particular LMI income area or to a particular group of LMI residents in the entire community.)

Under the Area Benefit criteria, the public service must be offered to all residents of an area where at least 51 percent of the residents are LMI. The area must be clearly delineated by the State and must be primarily residential.

Under the Limited Clientele criteria, activities benefit a specific targeted group of persons of which at least 51 percent must be LMI.

**2020 Income Limits**

Use for Section 2, Question # 2

|  |
| --- |
| **GREENVILLE COUNTY - FY 2020** |
| Income Limit Category  | # of Persons in Family |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **Extremely Low 30% Income Limits ($)**  | **$15,750**  | **18,000** | **20,250** | **22,450** | **24,250** | **26,050** | **27,850** | **29,650** |
| Very Low 50% Income Limits ($) | $26,250  | 30,000 | 33,750 | 37,450 | 40,450 | 43,450 | 46,450 | 49,450 |
| Low 80% Income Limits ($) | $41,950  | 47,950 | 53,950 | 59,900 | 64,700 | 69,500 | 74,300 | 79,100 |

|  |
| --- |
| **LAURENS COUNTY – FY 2020** |
| Income Limit Category  | # of Persons in Family |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **Extremely Low 30% Income Limits ($)**  | **$11,100** | **12,700** | **14,300** | **15,850** | **17,150** | **18,400** | **19,700** | **20,950** |
| Very Low 50% Income Limits ($) | $18,500 | 21,150 | 12,800 | 26,400 | 28,550 | 30,650 | 32,750 | 34,850 |
| Low 80% Income Limits ($) | $29,600 | 33,800 | 38,050 | 42,250 | 45,650 | 49,050 | 52,400 | 55,800 |

|  |
| --- |
| **SPARTANBURG COUNTY – FY 2020** |
| Income Limit Category  | # of Persons in Family |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **Extremely Low 30% Income Limits ($)**  | **$13,600** | **15,550** | **17,500** | **19,400** | **21,000** | **22,550** | **24,100** | **25,650** |
| Very Low 50% Income Limits ($) | $22,650 | 25,900 | 29,150 | 32,350 | 34,950 | 37,550 | 40,150 | 42,750 |
| Low 80% Income Limits ($) | $36,250 | 41,400 | 46,600 | 51,750 | 55,900 | 60,050 | 64,200 | 68,350 |

<https://www.huduser.gov/portal/datasets/il/il2019/select_Geography.odn>

GREENVILLE COUNTY REDEVELOPMENT AUTHORITY

**Project/Program Proposal**

**PY 2021 Funding Application Form**

**COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS**

**(CDBG) – ONLY TYPED APPLICATIONS WILL BE ACCEPTED**

**SECTION 1: GENERAL AGENCY INFORMATION**

Agency/Organization:

Executive Director:

Mailing Address: Physical Address:

Telephone:       Fax:

1. If requested by GCRA, can you present your request for funding in person?
2. Will you be able to spend requested funds by June 30, 2021?
3. Will this project be undertaken without assistance from GCRA?

If yes, what is the effect on your project without GCRA funding?

1. If applying as a Municipality, was this project funded under the municipality’s annual budget?
2. Identify the targeted population to be served.

**Consolidated Plan Compliance**

1. Is this Project activity consistent with priorities and specific objectives established in the consolidated plan? Visit [www.gcra-sc.org](http://www.gcra-sc.org) to view the 2020-2024 Consolidated Plan.
2. Explain how this project is consistent with the goals and objectives in the consolidated plan.

**SECTION 2: PROPOSED PROJECT / PROGRAM**

Type of Proposed Activities (check all that apply).

[ ] Acquisition of Real Property [ ] Equipment

[ ] Essential Services [ ] Facility Rehabilitation

[ ] Operational Costs

1. Briefly describe the Project. The narrative should include the need or problem to be addressed. (Please note detailed Program Activities will be described in Section 3 of this application):
2. Proposed Site/Location:

 b. Area/Community to be Benefited:

c. Number of Unduplicated Clients Benefiting Annually **(ONLY FROM THE FUNDS YOU ARE REQUESTING FROM GCRA):**

2. How many clients within the following groups will **requested funds** benefit annually? **SEE PAGE 4 FOR INCOME LIMITS FOR GREENVILLE, SPARTANBURG, AND LAURENS COUNTIES**.

 Extremely low income (30%):

 Very Low income (50%):

 Minorities:

 Women:

3. Is elderly, disabled, or special needs persons to be served?

If yes, describe.

4. Will this program primarily benefit low/moderate income persons or households (more than 51% of your clients)?

5. If your program primarily benefits low/moderate income persons or households, what evidence will you maintain to verify this?

6. Has your proposed project/program been reviewed by the appropriate state licensing agencies?       If yes, please enclose and label as Attachment #3.

7. If your project involves site acquisition, clearance, or construction, be aware of the following potential site problems.

 a. Is the potential site located in a flood way or flood hazard area?

 If yes, describe.

 b. Is the potential site located near a site identified by the South Carolina

 Department of Health and Environmental Control as being under study for

 potential soil or water contamination problems?

If yes, explain.

 c. Is the potential site located at or near a site identified by the South

 Carolina State Historical Preservation Office as being one with historical,

 social, or archeological significance?

If yes, explain.

 d. Does your site currently have appropriate utilities?

e. If the project involves construction activity, **please note, Cost Estimate and itemized Scope of Work is REQUIRED for all construction, rehab, or maintenance projects. If available, also include** c**onceptual plans/drawings.** Please enclose documents, and label as Attachment # 4 to this application.

**SECTION 3: PROPOSED ACTIVITIES**

See Page 3 for eligible activities. Please select from the list below the activities which best describe the proposed project.

1. Describe the activity as well as the goals and outcome targets.

|  |  |
| --- | --- |
| **Activities**  | **Goals**  |
| **EXAMPLE**-Provide needed prescription medications for low-income uninsured elderly patients  | -Filling 200 prescriptions by purchase and dispensing through medical clinic pharmacy |

1. Specifically describe, the period in which these activities will be carried out and the frequency with which services will be delivered:
2. Describe the site and operating hours in which activities will be carried out (Ex: Afterschool Program, Senior Center)
3. What efforts will your agency and partners make to promote your program and reach isolated individuals?

**SECTION 4: PROGRAM CONTACT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name**  | **Title**  | **Direct Phone #**  | **Email Address** |
| **Project Contact** Someone who works with the program on a daily basis and can answer questions |  |  |  |  |
| **Finance Contact** Someone who is responsible for Reimbursement request and can provide budget and audit information  |  |  |  |  |
| **Application Contact**Person who completed this application  |  |  |  |  |
| **Authorized Contact** Person responsible for signing Contract agreement  |  |  |  |  |

**SECTION 5: ABOUT YOUR AGENCY**

1. How many years has your organization been in operation?
2. Describe the experience your organization and its key staff members have in providing the programs described in this application. Attach additional sheets if necessary.
3. Is your agency a public agency?
4. Is your agency a faith-based organization?
5. Is your agency an institution of higher education?
6. Has your agency been recognized as a Community-Based Development Organization as defined by the U.S. Department of HUD?
7. Are you a non-profit 501(c) 3?
8. What is your tax-exempt number?
9. What is your federal ID number?
10. What is your DUNS number?
11. What is the purpose/mission of your organization?
12. What programs does your organization currently provide?
13. Is your organization receiving funding from the United Way?
14. How frequently is your organization audited?
15. When was your last audit?

**YOU MUST INCLUDE A COPY OF YOUR LATEST AUDIT IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED. IF YOU HAVE NOT BEEN AUDITED, PLEASE COMPLETE THE AUDIT CERTIFICATION STATEMEMENT**

**SECTION 6: PROJECT BUDGET**

1. Total CDBG Funds Requested Per Activity:

|  |  |  |
| --- | --- | --- |
| **ACTIVITY** | **AMOUNT of Funds Being Requested**  | **Estimated Cost of Project**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL FUNDING REQUEST** |  |  |

1. Please check the appropriate box.

[ ] This is a new Service.

[ ] Maintain the same level of service as previously funded

[ ] An increase in level of service with increase in funding request. Please explain increased request.

1. What assistance (in kind, donations, volunteer) do you expect to receive?

\*\*\***YOU MUST ENCLOSE A DETAILED OPERATING BUDGET INCLUDING SOURCES OF REVENUE AND EXPENDITURES IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED\*\*\***

**ATTACHMENT # 8**

**Personnel Cost Description**

**Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Complete only if Staff/ Case Management/Contracted Personnel Costs are included in your funding request\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position Title** | **Annual Salary/ Full Contract Amount**  | **Annual Fringe Benefits**  | **Total Annual Salary** | **% of Time Spent on CDBG Program**  | **Total Position Cost Requested in application**  |
| Ex: Case Manager  | $25,000 | $5,000 | $30,000 | 40% | $12,000 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**ATTACHMENT #9**

**Project Schedule and Timeline**

 **\*Complete only if requesting funds for construction, maintenance, or rehab projects\***

**Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quarter**  | **Activities to be completed**  | **Target** **Start Date** | **Target Completion Date** | **Funds Expended This Quarter**  | **Total Funds Expended**  |
| **July – September**  |  |  |  |  |  |
| **October- December**  |  |  |  |  |  |
| **January – March**  |  |  |  |  |  |
| **April- June**  |  |  |  |  |  |