



**GREENVILLE COUNTY REDEVELOPMENT AUTHORITY
PY 2020 Funding Application Form
COMMUNITY DEVELOPMENT BLOCK GRANT - COVID 19
(CDBG-CV)**

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 25, 2021 BY 4:00 PM**

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

2021 CDBG-CV Timeline	
-Application Deadline	February 25, 2021
-Funding Approval	March 2021
-Funding Announcement	March/April 2021
-Award Budget/Goals Submission	April/May 2021
-Bi-Annual Report	January 2022
-Annual Report	July 2022

GENERAL AGENCY INFORMATION

Agency/Organization:

Agency Telephone:

Executive Director:

Email Address:

Contact Person and Title:

Email Address:

Mailing Address:

Physical Address:

ABOUT YOUR AGENCY

1. How many years has your organization been in operation?
2. What is the purpose/mission of your organization?
3. What programs does your organization currently provide to address the Coronavirus Pandemic?
4. Are you a non-profit 501(c) 3? What is your tax-exempt number?
What is your federal ID number? What is your DUNS number?
5. How frequently is your organization audited?
6. When was your last audit?
7. Will you be able to spend requested funds by June 30, 2022?

ABOUT YOUR PROPOSED PROJECT

List of Activities - Check all activities your agency is applying for.

- | | |
|---|--|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Small Business Financial Assistance |
| <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> Food and Nutrition Assistance |
| <input type="checkbox"/> Utilities Assistance | <input type="checkbox"/> COVID Testing/Medical Services |
| <input type="checkbox"/> Mortgage Assistance | <input type="checkbox"/> COVID PPE Supplies |

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1. Project Description:
 2. Proposed Area of Operation within Greenville County:

FUNDING ASSISTANCE NEEDED FOR PROJECT

1. Total funding requested from the GCRA:

2. Please list itemized dollar amounts and proposed activities of how the funds will be spent:

	Activity Details	Amount of Funds Requested	Other Sources	Total Budget
<i>Ex</i>	<i>Utilities</i>	<i>\$2,000</i>	<i>\$500</i>	<i>\$2500</i>
1				
2				
3				
4				
5				
	TOTAL			

CHECKLIST OF COMPLETION

The application must be complete to include all requested information or THE APPLICATION WILL NOT BE CONSIDERED. Submit with all supporting documentation to: jreynoso@gcra-sc.org

- _____ Certificate of Good Standing or Articles of Incorporation.
- _____ Verification of non-profit 501(c)3 status, if applicable.
- _____ Copy of the last audit or explained why the agency was not audited.
- _____ Answered all questions on the application. If the question was not applicable, it was marked N/A.
- _____ List of agency's board members with contact information.

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 may not be considered.

Signature

Date

Printed Name