



# GCRA

Greenville County Redevelopment Authority

**GREENVILLE COUNTY REDEVELOPMENT AUTHORITY  
PY 2023 Funding Application Form  
EMERGENCY SOLUTIONS GRANT (ESG) FUNDS**

**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 9, 2023 by 5PM**

Return the checklist and application along with all supporting documentation via email to: [kconley@gcra-sc.org](mailto:kconley@gcra-sc.org)

A mandatory training session for new applicants, providing detailed information, will be held on Thursday, January 20, 2023 from 10:00 am to 12:00 pm for ESG applicants at 301 University Ridge, Suite 2500.

PY 2023 ESG Timeline	
-Application Deadline	February 9, 2023
-Funding Approval	March 2023
-Funding Announcement	May/ June 2023
-Award Budget/ Goals Submission	May 2023
-Annual Action Plan Submission	May 2023
-Environmental Assessment	July/August 2023
-Bi-Annual Report	January 2024
-Monitoring Visit	Ongoing
-Annual Report	July 2024
-CAPER Report	August 2024

**GENERAL AGENCY INFORMATION**

Agency/Organization: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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If requested, can you present your request for funding in person to our Board? \_\_\_\_\_

Will you be able to spend requested funds by June 30, 2023? \_\_\_\_\_

**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? \_\_\_\_\_ Please provide a Certificate of Good Standing. What is your tax-exempt number? \_\_\_\_\_  
What is your federal ID number? \_\_\_\_\_ What is your DUNS number?  
\_\_\_\_\_

8. What is the purpose/mission of your organization?
  
  
  
  
  
  
  
  
  
  
9. What program does your organization currently provide?
  
  
  
  
  
  
  
  
  
  
10. Is your organization receiving funding from the United Way? \_\_\_\_\_
  
11. How frequently is your organization audited? \_\_\_\_\_
  
12. 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 EXPLAIN WHY.**

## ABOUT YOUR PROPOSED PROJECT

Type of Proposed Activities. See Eligible Activities pages 8-9. (Check all that apply). Is this 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.

- |  |  |
|--|--|
| <input type="checkbox"/> Street Outreach     | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Homeless Prevention | <input type="checkbox"/> Rapid Re-housing  |
| <input type="checkbox"/> HMIS                |  |

1. Projected Total Cost of Project for Which You Are Requesting Funding: \_\_\_\_\_
2. Project Description:
  - a. 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**): \_\_\_\_\_
3. How many clients within the following groups will **requested funds** benefit annually? **SEE ATTACHED INCOME LIMITS FOR GREENVILLE, SPARTANBURG, AND LAURENS COUNTIES.**  
Very low income: \_\_\_\_\_  
Low-moderate income: \_\_\_\_\_  
Minorities: \_\_\_\_\_  
Women: \_\_\_\_\_
4. Is elderly, disabled, or special needs persons to be served? \_\_\_\_\_ If yes, describe.
5. Has your proposed project/program been reviewed by the appropriate state licensing agencies? \_\_\_\_\_ **If yes, please enclose comments from those agencies.**
6. 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.

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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.

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d. Does your site currently have appropriate utilities? \_\_\_\_\_

e. **If the project involves construction activity and drawings are available, please enclose.**

**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:

<b>ACTIVITY</b>	<b>AMOUNT REQUESTED</b>	<b>MATCH AMOUNT</b>	<b>MATCH FUNDING SOURCES</b>
<b>Street – Outreach</b>			
<b>Emergency Shelter</b> <input type="checkbox"/> – Essential Service <input type="checkbox"/> – Operations <input type="checkbox"/> – Major Rehab <input type="checkbox"/> – Conversion			
<b>HMIS</b>			
<b>Homeless Prevention</b> <input type="checkbox"/> – Rental Assistance <input type="checkbox"/> – Financial Assistance <input type="checkbox"/> - Services			
<b>Rapid Rehousing</b> <input type="checkbox"/> – Rental Assistance <input type="checkbox"/> – Financial Assistance <input type="checkbox"/> – Services			
<b>Total</b>			

3. Is funding required other than the amount requested from GCRA? \_\_\_\_\_ Is this funding available now? \_\_\_\_\_ From what sources? \_\_\_\_\_  
How much will be provided? \_\_\_\_\_ (Please attach list of sources).
4. What assistance (in kind, donations, volunteer) do you expect to receive?  
**YOU MUST INCLUDE A LIST OF "MATCHING" FUNDS IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED.**
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5. When will funding be needed from the GCRA? \_\_\_\_\_
6. Is this a new construction or rehabilitation project? \_\_\_\_\_ Have the cost estimates been verified by an engineer or architect? \_\_\_\_\_ If so, please include the estimate.
7. **YOU MUST ENCLOSE A DETAILED OPERATING BUDGET INCLUDING SOURCES OF REVENUE AND EXPENDITURES IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED.**
8. Will this project be undertaken without assistance from GCRA? \_\_\_\_\_ If yes, what is the affect on your project without GCRA funding?
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## 2022 Income Limits

### Greenville County-FY 2022

Median Family Income: \$ 85,200

Income Limit Category	# of Persons in Family							
	1	2	3	4	5	6	7	8
EXTREMELY LOW 30% Income Limits	17,900	20,450	23,030	27,750	32,470	37,190	41,910	46,630
VERY LOW 50 % Income Limits	29,850	34,100	38,350	42,600	46,050	49,450	52,850	56,250
LOW Income limits	47,750	54,550	61,350	68,150	73,650	79,100	84,550	90,000

### Laurens County- FY 2022

Median Family Income: \$ 67,000

Income Limit Category	# of Persons in Family							
	1	2	3	4	5	6	7	8
EXTREMELY LOW 30% Income Limits	13,590	18,310	23,030	27,750	32,350	34,750	37,150	39,550
VERY LOW 50% Income Limits	21,000	24,000	27,000	29,950	32,350	34,750	37,150	39,550
LOW Income Limits	33,550	38,350	43,150	47,900	51,750	55,600	59,400	63,250

### Spartanburg County-FY 2022

Median Family Income: \$ 74,700

Income Limit Category	# of Persons in Family							
	1	2	3	4	5	6	7	8
EXTREMELY LOW 30% Income Limits	15,700	18,310	23,030	27,750	32,470	37,190	41,190	46,630
VERY LOW 50% Income Limits	26,150	29,900	33,650	37,350	40,350	43,350	46,350	49,350
LOW Income Limits	41,850	47,800	53,800	59,750	64,550	69,350	74,100	78,900

## ESG ELIGIBLE ACTIVITIES

- **Street Outreach:** serves unsheltered homeless persons. Essential services include engagement, case management, emergency health and mental health services, transportation, services for special populations (homeless youth; homeless persons with HIV/AIDS; and homeless victims of domestic violence, sexual violence, and/or stalking).
- **Emergency Shelter:** serves people staying in emergency shelters. Essential services include case management; childcare, education, employment, and life skills services; legal services; health, mental health, and substance abuse services; transportation; services for special populations. Shelter activities include renovation (including major rehab or conversion), operations (maintenance, utilities, furniture, and food).
- **\*Homeless Prevention:** available to persons below 30% average median income and homeless or risk of becoming homeless. Used to prevent an individual or family from becoming homeless; to help an individual or family regain stability in current housing or other permanent housing. Eligible activities include housing relocation and stabilization services; short-term (up to 3 months) and medium-term (4 – 24 months) rental assistance. Duration up to 24 months during any 3-year period, including one-time payment for up to 6 months of rent arrears on the tenant's portion of the rent. Tenant-based or project based.
- **\*Rapid Re-housing:** Available to those who are literally homeless. Used to help a homeless individual or family move into permanent housing and achieve housing stability. Eligible activities include housing relocation and stabilization services; short-term (up to 3 months) and medium-term (4-24 months) rental assistance. Duration up to 24 months during any 3-year period, including one-time payment for up to 6 months of rent arrears on the tenant's portion of the rent. Tenant-based or project based.

### **\*Allowable activities for Homeless Prevention and Rapid Re-housing:**

**Financial Assistance (no assistance to a household for a purpose and time period supported by another public source except a one-time pay for up to 6 months of arrears). Assistance includes moving costs, rent application fees, security deposit, last month's rent, utility deposit, and utility payments. Services include housing search/placement; housing stability case management; mediation and legal services; credit repair, budgeting, and money management.**

- **HMIS:** Eligible costs for recipients that are HMIS lead agencies include: hosting and maintaining software or data; backing up, recovering, or repairing software or data; upgrading, customizing, and enhancing HMIS; integrating and warehousing data; administering HMIS; reporting; conducting training on using HMIS.

Eligible costs for subrecipients include computer hardware, software, and software licenses; office space, utilities, and equipment; obtaining technical support; salaries for HMIS operation; staff travel (training and program participant intake); participation fees charged by HMIS lead.



## **ESG PROGRAM REQUIREMENTS**

- **Required to use centralized/coordinated intake, implement ESG in coordination with Continuums of Care\*. This is used to promote consistent standards, avoid duplication and unnecessary assistance, and promote strategic targeting of homeless assistance resources. Used to assess the eligibility and needs of each individual or family. Must regularly re-evaluate participant eligibility. Written standards are required to ensure consistent program administration. Must provide dollar for dollar match (cash or in-kind). Must participate in HMIS and financial reporting in IDIS. Must have performance reporting.**

## CHECKLIST OF COMPLETION

**The application must be TYPED and complete to include all requested information or THE APPLICATION WILL NOT BE CONSIDERED. Return the with all supporting documentation to: [kconley@gcra-sc.org](mailto:kconley@gcra-sc.org)**

- \_\_\_\_\_ **Executive Director and Primary Contact Information.**
- \_\_\_\_\_ **Verification of non-profit 501(c)3 status as well as Certificate of Good Standing, if applicable.**
- \_\_\_\_\_ **Copy of the last audit or explained why the agency was not audited.**
- \_\_\_\_\_ **Comments from state licensing agencies, if applicable.**
- \_\_\_\_\_ **Conceptual plans / drawings for construction projects, if applicable.**
- \_\_\_\_\_ **List of funding from other sources, if applicable.**
- \_\_\_\_\_ **List of matching funds **and sources** for the project (**Matching fund must be non-federal to be acceptable**).**
- \_\_\_\_\_ **Costs estimates verified by the engineer or architect **or contractor**, if applicable.**
- \_\_\_\_\_ **Detailed operating budget including sources of revenue and expenditures.**
- \_\_\_\_\_ **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**