



## Summary of the Home American Rescue Plan (ARP)

The American Rescue Plan Act of 2021 (ARP) was made public law on March 11, 2021. The ARP provides additional relief to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses. Section 3205 of The ARP appropriated \$5 billion dollars to the Secretary of Housing and Urban Development. In September 2021, the United States Department of Housing and Urban Development (HUD) issued Community Planning and Development (CPD) Notice CPD-21-10, which establishes requirements for funds appropriated under Section 3205 of the ARP for the HOME Investment Partnerships Program (HOME).

The purpose of the HOME-ARP program is to provide homelessness assistance and supportive services through the following four eligible activities:

- Development and support of affordable housing,
- Tenant-based rental assistance (TBRA),
- Provision of supportive services, and
- Acquisition and development of non-congregate shelter units.

HOME-ARP requires that funds be used to primarily benefit individuals and families in the following specified Qualifying Populations (QPs). Those populations are:

- Homeless, as defined in 24 CFR 91.5 Homeless (1), (2), or (3),
- At risk of Homelessness, as defined in 24 CFR 91.5 At risk of homelessness
- Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking as defined by HUD.
- Other Populations where providing supportive services or assistance under section 212(a) of NAHA (42 U.S.C. 12742(a)) would prevent the family's homelessness or would serve those with the greatest risk of housing instability. HUD defines these populations as individuals and households who do not qualify under any of the populations above but meet one of the following criteria:
  - Other Families Requiring Services or Housing Assistance to Prevent Homelessness
  - At Greatest Risk of Housing Instability

For full definitions of the Qualifying Populations and eligible activities, including eligible costs, please refer to the [Final HOME-ARP Implementation Notice](#).



**GREENVILLE COUNTY REDEVELOPMENT AUTHORITY**  
**Funding Application Form**  
**HOME AMERICAN RESCUE PLAN (HOME ARP)**

**This application must be complete and include all requested information and attachments or THE APPLICATION WILL NOT BE CONSIDERED. ONLY TYPED APPLICATIONS WILL BE ACCEPTED.**

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**GENERAL AGENCY INFORMATION**

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

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

Email Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

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

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**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?

4. Has your agency been recognized as a Community-Based Development Organization as defined by the U.S. Department of HUD? \_\_\_\_\_
5. 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? \_\_\_\_\_
6. How frequently is your organization audited? \_\_\_\_\_
7. When was your last audit? \_\_\_\_\_

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### **ABOUT YOUR PROPOSED PROJECT**

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

- |  |   |
|--|---|
| <input type="checkbox"/> Supportive Services   | <input type="checkbox"/> Non-Profit Operating Cost    |
| <input type="checkbox"/> Tenant-Based Rental Assistance:<br>Rental Assistance<br>Utilities Assistance<br>Security and Utility Deposits | <input type="checkbox"/> Non-Profit Capacity Building |

1. Project Description: (If applying for multiple activities, please describe each. Please attach separate file if more space is required.)
2. Proposed Area of Operation within Greenville County: \_\_\_\_\_
3. Qualifying population you plan to assist:  
☐ Individuals and families experiencing homelessness (QP-1).  
☐ Individuals and families at risk of homelessness (QP-2).  
☐ Individuals and families fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking (QP-3).  
☐ Other populations for whom supportive services or assistance would prevent homelessness or serve those with the greatest risk of housing instability (QP-4).
4. Proposed number of clients to be served?

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**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
	<b>Supportive Services</b>			
1				
2				
3				
	<b>Tenant-Based Rental Assistance</b>			
1				
2				
3				
	<b>Non-Profit Operating Costs</b>			
1				
2				
3				
	<b>Non-Profit Capacity Building</b>			
1				
2				
3				
	<b>TOTAL:</b>			

## CHECKLIST OF COMPLETION

**This application must be complete and include all requested information, or THE APPLICATION WILL NOT BE CONSIDERED.** Submit with all supporting documentation via OneDrive. Email Jose Reynoso at [jreynoso@gcra-sc.org](mailto:jreynoso@gcra-sc.org) for your OneDrive link.

- \_\_\_\_\_ 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 board members, email addresses, and 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.

**PLEASE DO NOT SIGN UNTIL THE ENTIRE APPLICATION HAS BEEN FILLED OUT FIRST. YOUR SIGNATURE WILL LOCK THE DOCUMENT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name