

GREENVILLE COUNTY REDEVELOPMENT AUTHORITY
PY 2024 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 APPLICATIONS SUBMITTED VIA THE ONE DRIVE LINK WILL BE ACCEPTED.

Application Deadline
FEBRUARY 8, 2024 at 5:00 PM

Return the checklist and application along with all supporting documentation via the secure OneDrive link provided to you via email.

A mandatory training session for new applicants, providing detailed information, will be held on Wednesday, January 17, 2024, at 10:00 am for CDBG applicants at 301 University Ridge, South Tower 4th Floor Flex Suite, Greenville, SC.

2024 CDBG Timeline

-Application Deadline	February 8, 2024
-Funding Approval	March 2024
-Funding Announcement	May/ June 2024
-Award Budget/ Goals Submission	May 2024
-Annual Action Plan Submission	May 2024
-Environmental Assessment	July/August 2024
-Bi-Annual Report	January 2025
-Monitoring Visit	Ongoing
-Annual Report	July 2025
-CAPER Report	August 2025

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

PY 2024 CDBG-PUBLIC SERVICE CHECKLIST OF COMPLETION
and REQUIRED ATTACHMENTS

The application must be electronically submitted and include all information required to be considered complete. Incomplete applications and applications submitted late will not be considered for funding. Return the application with all supporting documentation to the OneDrive link provided for you.

_____ 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)

_____ List of Board Members with contact information.

_____ 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 and 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)
- Education programs
- Fair housing Activities
- Services for senior citizens
- Energy conservation
- Welfare services (excluding income payments)
- Services for homeless persons
- Recreational services
- Homebuyer Down payment assistance

-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.

Greenville County-FY 2023

Median Family Income: \$ 89,000

Income Limit Category	# of Persons in Family							
	1	2	3	4	5	6	7	8
EXTREMELY LOW 30% Income Limits	18,700	21,400	24,050	26,700	28,850	31,000	33,150	35,250
VERY LOW 50 % Income Limits	31,150	35,600	40,050	44,500	48,100	51,650	55,200	58,750
LOW Income limits	49,850	57,000	64,100	71,200	76,900	82,600	88,300	94,000

Laurens County- FY 2023

Median Family Income: \$ 82,300

Income Limit Category	# of Persons in Family							
	1	2	3	4	5	6	7	8
EXTREMELY LOW 30% Income Limits	13,300	15,200	17,100	19,000	20,550	22,050	23,600	25,100
VERY LOW 50% Income Limits	22,200	25,400	28,550	31,700	34,250	36,800	39,350	41,850
LOW Income Limits	35,500	40,600	45,650	50,700	54,800	58,850	62,900	66,950

Spartanburg County-FY 2023

Median Family Income: \$ 80,200

Income Limit Category	# of Persons in Family							
	1	2	3	4	5	6	7	8
EXTREMELY LOW 30% Income Limits	16,650	19,000	21,400	23,750	25,650	27,550	29,450	31,350
VERY LOW 50% Income Limits	27,700	31,650	35,600	39,550	42,750	45,900	49,050	52,250
LOW Income Limits	44,300	50,600	56,950	63,250	68,350	73,400	78,450	83,500

GREENVILLE COUNTY REDEVELOPMENT AUTHORITY
Project/Program Proposal
PY 2024 Funding Application Form
COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS
(CDBG) – ONLY ELECTRONICALLY SUBMITTED APPLICATIONS WILL BE
ACCEPTED

SECTION 1: GENERAL AGENCY INFORMATION

Agency/Organization: _____

Executive Director: _____ Telephone: _____

Physical Address: _____

Mailing Address: _____

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, 2025? _____
3. Will this project be undertaken without assistance from GCRA? _____

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

4. If applying as a Municipality, was this project funded under the municipality's annual budget? _____
5. Identify the targeted population and number of individuals to be served.

Consolidated Plan Compliance

6. Is this Project activity consistent with priorities and specific objectives established in the consolidated plan? Visit www.gcra-sc.org to view the 2020-2024 Consolidated Plan. _____
7. 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

☐ Essential Services

☐ Operational Costs

☐ Equipment

☐ Facility Rehabilitation

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):**

- 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):** _____

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. Are 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 conceptual 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 eligible activities listed on Page 3 that best describe the proposed project.

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

Activities	Goals

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

SECTION 4: PROGRAM CONTACT

Project Contact Someone who works with the program on a daily basis and can answer questions.

_____ Name	_____ Phone	_____ Email Address
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Finance Contact

Someone who is responsible for Reimbursement request and can provide budget and audit information.

_____ Name	_____ Phone	_____ Email Address
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Application Contact

Person who completed this application

_____ Name	_____ Phone	_____ Email Address
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Authorized Contact

Person responsible for signing Contract agreement.

_____ Name	_____ Phone	_____ Email Address
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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
STATEMENT**

SECTION 6: PROJECT BUDGET

1. Total CDBG Funds Requested Per Activity:

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

2. 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.

3. 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					