

**GREENVILLE COUNTY REDEVELOPMENT AUTHORITY  
PY 2026 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.**

**Application Deadline  
FEBRUARY 6, 2026 by 1PM**

Return the checklist and application along with all supporting documentation via the secure OneDrive link provided to you by Jose Reynoso at [jreynoso@gcra-sc.org](mailto:jreynoso@gcra-sc.org) or mail to:

**GCRA  
PY26 CDGB/ESG Application  
301 University Ridge, Suite S-4300  
Greenville, SC 29601**

Contact Haley Howell at [hhowell@gcra-sc.org](mailto:hhowell@gcra-sc.org) for any questions regarding the application. A mandatory training session for new applicants, providing detailed information, will be held on Wednesday, January 14, 2026, at 2:00 pm for ESG applicants at 301 University Square, South Tower, 4<sup>th</sup> Floor Flex Suite.

2026 CDBG Timeline	
- Application Deadline	February 6, 2026
- Funding Approval	March 2026
- Award Letter	May/ June 2026
- Award Budget/ Goals Submission	May 2026
- Annual Action Plan Submission	May 2026
- Environmental Reviews	July/August 2026
- Bi-Annual Report	January 2026
- Monitoring Visit	Ongoing
- Annual Report	July 206
- CAPER Report	August 2026

**SECTION 1: APPLICANT INFORMATION:**

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

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

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

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

Telephone: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

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1. If requested, can you present your request for funding in person to our Board?  
\_\_\_\_\_
2. Will you be able to spend the requested funds by June 30, 2026? \_\_\_\_\_

**ABOUT YOUR ORGANIZATION**

1. How many years has your organization been in operation? \_\_\_\_\_
2. Describe the experience your organization and its key staff members have providing the programs described in this application. Attach additional sheets if necessary.  
  
\_\_\_\_\_

3. Is your organization a faith-based organization? \_\_\_\_\_
4. Are you a non-profit 501(c) 3? \_\_\_\_\_
5. What is your tax-exempt number? \_\_\_\_\_
6. What is your federal ID number? \_\_\_\_\_
7. What is your UEI number? \_\_\_\_\_

8. Is your organization receiving funding from the United Way? \_\_\_\_ If yes, please explain.
  
9. How frequently is your organization audited, and when was the most recent 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.**

**SECTION 2: PROPOSED PROJECT/ PROGRAM**

See Eligible Activities page 6. Is this activity consistent with priorities and specific objectives established in the consolidated plan? \_\_\_\_ Visit [gcra-sc.org](http://gcra-sc.org) to view the 2025-2029 Consolidated Plan.

- |  |  |
|--|--|
| <input type="checkbox"/> Essential services and operations               | <input type="checkbox"/> Shelter operations                  |
| <input type="checkbox"/> Homeless prevention                             | <input type="checkbox"/> Rapid re-housing                    |
| <input type="checkbox"/> HMIS  | <input type="checkbox"/> Childcare services                  |
| <input type="checkbox"/> Case management                                 | <input type="checkbox"/> Emergency Shelter                   |
| <input type="checkbox"/> Homeless Prevention                             | <input type="checkbox"/> Rapid Re-housing                    |
| <input type="checkbox"/> Emergency health and mental health services     |  |
| <input type="checkbox"/> Educational services, life skills, job training |  |
| <input type="checkbox"/> Substance abuse treatment services              | <input type="checkbox"/> Legal services      Street Outreach |

1. Projected Total Cost of Project for Which You Are Requesting Funding: \_\_\_\_
  
2. On a separate document briefly describe the project(s). The narrative should include the need or problem to be addressed and area/community to be benefitted.
  
3. How many people or households experiencing homelessness does your organization serve annually? \_\_\_\_ Please provide documentation of data.

**Income limits for Greenville, Spartanburg, and Laurens County on page 7**

Extremely low income (30%): \_\_\_\_\_  
 Very Low income (50%): \_\_\_\_\_  
 Minorities: \_\_\_\_\_  
 Women: \_\_\_\_\_

4. Does your organization focus on a specific sub-population experiencing homelessness? \_\_\_\_\_. If yes, please describe.

**FUNDING ASSISTANCE NEEDED FOR PROJECT**

1. Total funding requested from the GCRA: \_\_\_\_\_
2. Please list itemized dollar amounts and proposed activities for how the funds will be spent:

**SECTION 3: PROPOSED ACTIVITIES:**

ACTIVITY	AMOUNT REQUESTED	MATCH AMOUNT	FUNDING SOURCES

3. Please describe the non-GCRA funding used for this activity.

\_\_\_\_\_

4. ESG matching requirement ( [eCFR :: 24 CFR 576.201 -- Matching requirement.](#) ). Please describe your matching funds. **YOU MUST INCLUDE A LIST OF "MATCHING" FUNDS IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED.**

\_\_\_\_\_

## 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**

- **Subrecipients will be required to determine eligibility and provide documentation for each household/ client served. Participation in Coordinated Entry and HMIS is required.**

## HUD Area Median Income (AMI)

FY2025 Income Limit Area	Median Family Income	FY25 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Greenville- Mauldin- Easley, SC HUD Metro FMR Area	\$97,300	Extremely Low (30%) Income Limit	20,300	23,200	26,650	32,150	37,650	43,150	48,650	54,150
		Very Low (50%) Income Limit	33,850	38,700	43,550	48,350	52,250	56,100	60,000	63,850
		Low (80%) Income Limit	54,150	61,900	69,650	77,350	83,550	89,750	95,950	102,150

FY2025 Income Limit Area	Median Family Income	FY25 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Laurens County, SC HUD Metro FMR Area	\$74,400	Extremely Low (30%) Income Limit	15,650	21,150	26,650	32,150	37,650	43,150	46,150	49,150
		Very Low (50%) Income Limit	26,050	29,800	33,500	37,200	40,200	43,200	46,150	49,150
		Low (80%) Income Limit	41,650	47,600	53,550	59,500	64,300	69,050	73,800	78,550

FY2025 Income Limit Area	Median Family Income	FY25 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Spartanburg, SC HUD Metro FMR Area	\$82,400	Extremely Low (30%) Income Limit	17,300	21,150	26,650	32,150	37,650	43,150	48,650	54,150
		Very Low (50%) Income Limit	28,750	32,850	36,950	41,050	44,350	47,650	50,950	54,200
		Low (80%) Income Limit	46,000	52,600	59,150	65,700	71,000	76,250	81,500	86,750

**\*HUD will release new income limits in April 2026\***

## **CHECKLIST OF COMPLETION**

**Applications must be submitted via OneDrive with all supporting documentation listed below. Written applications will not be accepted.** You can request your OneDrive link by contacting Haley Howell @ [hhowell@gcra-sc.org](mailto:hhowell@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.**

**List of Board Members including contact information.**

**Copy of the last audit or explained why the agency was not audited.**

**Copy of licenses, 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).**

**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.**

**Detailed operating budget including sources of revenue and expenditures.**

**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**