

GREENVILLE COUNTY REDEVELOPMENT AUTHORITY
PY 2026 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.

Application Deadline
FEBRUARY 6, 2026 at 1:00 PM

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 or mail to:

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

Contact Mary Rivera at mriviera@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 10:00 am for CDBG applicants at 301 University Ridge, South Tower 4th Floor Flex Suite, Greenville, SC.

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 2026
- CAPER Report	August 2026

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

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)
- Childcare
- Substance abuse services (e.g., counseling and treatment)
- Fair housing activities
- Services for homeless persons
- Crime prevention and public safety
- Health services
- Education programs
- Services for senior citizens
- Recreational services

-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. **Any activities involved in hiring contractors must be indicated in application.**

-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 REDEVELOPMENT AUTHORITY
Project/Program Proposal
PY 2026 Funding Application Form
COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS

SECTION 1: APPLICANT INFORMATION:

Organization/Organization: _____

Executive Director: _____

Mailing Address: _____

Physical Address: _____

Telephone: _____

Point of Contact: _____

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, 2027? _____
3. Can 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.

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 in providing the programs described in this application. Attach additional sheets if necessary.

3. Is your organization a public agency? _____
4. Is your organization faith-based? _____
5. Is your organization an institution of higher education? _____
6. Has your organization 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 UEI 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? _____ If yes, please explain.

14. 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 COMPLETE THE AUDIT CERTIFICATION STATEMENT

Consolidated Plan Consistency

6. See eligible activities on page 5. Is this activity consistent with priorities and specific objectives established in the Consolidated Plan? Visit gcra-sc.org to view the 2025-2029 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).

- | | | |
|--------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Child Care | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Fair Housing Activities | <input type="checkbox"/> Services for Homeless Persons | |
| <input type="checkbox"/> Crime Prevention and Public Safety | <input type="checkbox"/> Health Services | |
| <input type="checkbox"/> Educational Programs | <input type="checkbox"/> Senior Services | <input type="checkbox"/> Recreational Services |
| <input type="checkbox"/> Operating Costs for Public Services | <input type="checkbox"/> Public Facilities | |
| <input type="checkbox"/> Public Infrastructure | Home Repair | |

1. Briefly describe the project. The narrative should include the need or problem to be addressed. In your narrative, include the location of your proposed project, area/community that will be benefited, and the number of unduplicated clients benefiting annually. (Attach additional sheets if necessary)

2. How many clients within the following groups will benefit annually? **SEE PAGE 4 FOR INCOME LIMITS FOR GREENVILLE, SPARTANBURG, AND LAURENS COUNTIES.**

Low Income (80%): _____
Extremely low income (30%): _____
Very Low income (50%): _____
Minorities: _____
Women: _____

3. Does your program/ activity target any special populations? _____
4. Will this program primarily benefit low/moderate income persons or households (more than 51% of your clients)? _____

5. Please describe how you will verify client eligibility.

6. **ONLY answer if your project involves improvements to public facilities or infrastructure.**

- 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 are REQUIRED for all construction, rehab, or maintenance projects.** If available, include conceptual plans/drawings. Please enclose documents, and label as Attachment # 4 to this application.

SECTION 3: PROPOSED ACTIVITIES

1. Describe the activity as well as the goals and outcome targets. (Attach additional sheets if necessary)

Activities	Goals

2. 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 organization and partners make to promote your program and reach isolated individuals?

SECTION 4: 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 funding (in kind, donations, grants, 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

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

Quarter	Activities to be completed	Start Date	Completion Date	Funds Expended	Funds Expended
July – September					
October- December					
January – March					
April- June					

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

PY 2026 CDBG-PUBLIC SERVICE CHECKLIST OF COMPLETION
and REQUIRED ATTACHMENTS

The application must be submitted with 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)

Copy of licenses, 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

Date