

PROPOSAL NUMBER
(OFFICE USE ONLY)

APPLICATION DUE: JANUARY 8, 2010 BY 5 PM
S P A R T A N B U R G C O U N T Y
GRANTS IN AID APPLICATION
Spartanburg County, South Carolina
Fiscal Year 2010 – 2011
Program Period Ending June 30, 2011



CHECK BOX FOR REQUESTED FUNDING SOURCE: GENERAL FUND CDBG HOME

SECTION - 1

1 . A P P L I C A N T I N F O R M A T I O N

PROJECT NAME: _____

DATE: _____ FEDERAL TAX OR EMPLOYER ID NO: _____

AGENCY/ORGANIZATION: _____

ADDRESS: _____

_____ (CITY) _____ (STATE) _____ (ZIP)

DIRECTOR/CEO: _____

PHONE: _____ EMAIL: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____ PHONE: _____

_____ (CITY) _____ (STATE) _____ (ZIP) EMAIL: _____

SECTION - 2

2 . P R O J E C T D E S C R I P T I O N

PROJECT CATEGORY: HOUSING HEALTH & HUMAN SERVICES
 ECONOMIC DEVELOPMENT ENVIRONMENTAL/CONSERVATION
 COMMUNITY INFRASTRUCTURE ARTS/CULTURAL/TOURISM

PROJECT DURATION: BEGIN: _____ END: _____

PROJECT TYPE: ONE-TIME PROJECT NEW PROJECT EXISTING PROJECT

Does this program or project serve the unincorporated population of Spartanburg County? YES NO

TOTAL FUNDING REQUEST: \$ _____

3 . O R G A N I Z A T I O N O V E R V I E W

DESCRIBE THE ORGANIZATION'S OVERALL GOALS AND OBJECTIVES.

SECTION - 3

5.1 Please list any secured/anticipated leveraged funding for the project. For HOME applicants - a twenty-five percent (25%) match is required from non-federal investments or contributions. Please list the source and amount of match funds.

Source	Amount	Please Check One	
		Secured	Anticipated

5.2 If this project/program will require funding beyond the current year, explain how the organization or agency plans to fund the project/program in future years. However, please note that funds are appropriated on an annual basis.

5.3 HOME APPLICANTS ONLY – If applying for CHDO funds, please attach evidence of status as qualifying Community Housing Development Organization (CHDO).

SECTION - 5

CDBG AND HOME APPLICANTS ONLY The Performance Measurement System has three (3) main components. Each project funded by Housing and Urban Development (HUD) must fit into these general categories. Please check **ONE** box in each category below that best describes your program.

Objectives: The Outcome Performance Measurement System has three objectives. Choose the objective that best describes your program goals.

OBJECTIVE:

CHECK ONLY ONE BOX

- Suitable Living Environment.** In general, this objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment.
- Decent Affordable Housing.** The activities that typically would be found under this objective are designed to cover the wide range of housing possibilities. This objective focuses on housing programs where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger element.
- Creating Economic Opportunities.** This objective applies to the type of activities related to economic development, commercial revitalization, or job creation.

Outcome: There are also three outcomes under each objective. Choose the outcome that best describes your program activities.

OUTCOME:

CHECK ONLY ONE BOX

- Availability/Accessibility.** This outcome category applies to activities that make services, infrastructure, housing, or shelter available or accessible to low to moderate income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low to moderate income people.
- Affordability.** This outcome category applies to activities that provide affordability in a variety of ways in the lives of low to moderate income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or daycare.
- Sustainability-Promoting Livable or Viable Communities.** This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to low to moderate income people by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities and neighborhoods.

Please select the beneficiary categories that apply to your project, insert the total number of expected beneficiaries, and select the beneficiary type.

BENEFICIARY INFORMATION

Beneficiary Category:

Please check all that apply:

- Disability & Special Needs
- Victims of Domestic Violence
- Homeless
- Elderly Persons
- Low-to-Moderate Income
- AIDS/HIV
- Other _____

Total number of beneficiaries:

Beneficiary Type:

Please check **ONLY ONE**:

- People
- Housing Units
- Jobs
- Business
- Public Facilities

GENERAL FUND APPLICANTS ONLY Provide a description of the measurement reporting tool or evaluation process that will be utilized to determine project outcome (i.e. client surveys, statistical data from a verifiable source, etc.) Your response should have a predicted number and what you intend to help/improve (i.e. people, businesses, households, etc.)

8 . S T A T E M E N T O F A S S U R A N C E S

If this grant application is awarded funding, the

_____ agrees that:

(NAME OF ORGANIZATION)

- 1) Financial records, support documentation, statistical records, and all other records pertinent to Grant In Aid funding shall be retained for a period of five years.
- 2) All procurement transactions regardless of whether negotiated or advertised and without regard to dollar value shall be conducted in a manner so as to provide maximum open free competition.
- 3) The funding recipient shall establish safeguards to prohibit employees from using their positions for a purpose that has the appearance of being motivated by a desire for private gain for themselves or others.
- 4) All expenditures must have adequate documentation.
- 5) All accounting records and supporting documentation shall be available for inspection by Spartanburg County by request.
- 6) No person, on the basis of race, color, or national origin, should be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under the program or activity funded in whole or part by Grant In Aid funds.
- 7) Employment made by or resulting from Grant In Aid funding from Spartanburg County shall not discriminate against any employee or applicant on the basis of handicap, age, race, color, religion, sex, or national origin.
- 8) None of the funds, materials, property, or services provided directly or indirectly under Grant In Aid funding from Spartanburg County shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office.
- 9) Letter of commitment from other funding sources and/or letters of support for your project shall be furnished to Spartanburg County upon request.

SIGNATURE: _____ DATE: _____
(Applicant/Authorized Official Signature)

SIGNATURE: _____ DATE: _____
(Witness)

RETURN FIVE (5) COPIES OF APPLICATION (1 with original signatures and 4 copies) and 2 COPIES OF ATTACHMENTS TO:

ANN BRUNSON, SENIOR ADMINISTRATIVE ASSISTANT
SPARTANBURG COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT
P.O. BOX 5666
SPARTANBURG, SC 29304