

PROPOSAL NUMBER
(OFFICE USE ONLY)

SPARTANBURG COUNTY

CDBG and HOME APPLICATION

FISCAL YEAR 2020

PROGRAM YEAR ENDING JUNE 30, 2021

APPLICATION DUE for CDBG and HOME: SEPTEMBER 30, 2019



CHECK BOX FOR REQUESTED FUNDING SOURCE: CDBG HOME

SECTION 1 APPLICANT INFORMATION

PROJECT NAME: _____

DUNS NUMBER: _____ FEDERAL TAX OR EMPLOYER ID: _____

LEGAL NAME OF AGENCY/ORGANIZATION _____

as registered with SC Secretary of State

ADDRESS: _____

(CITY)

(STATE)

(ZIP)

DIRECTOR/CEO: _____
(Name & Title)

PHONE: _____ EMAIL: _____

CONTACT PERSON: _____
(Name & Title)

ADDRESS: _____

(CITY)

(STATE)

(ZIP)

PHONE NUMBER: _____ EMAIL: _____

SECTION 2: PROJECT DESCRIPTION

PROJECT CATEGORY

Housing Economic Development Infrastructure Health and Human Services

PROJECT DURATION

BEGIN: _____ END: _____

PROJECT TYPE

One Time Project New Project Existing Project

PROJECT AREA

Does this program or project serve the unincorporated area of Spartanburg County? _____

In what census tract and/or block group is the project located? _____

TOTAL FUNDING REQUEST: _____

SECTION 3a: PROJECT SCOPE

Briefly describe the proposed project or program for which funds are being requested. The narrative should include the need or problem to be addressed in relation to the Consolidated Plan or other community development priorities, as well as the population to be served or the area to benefit. Provide evidence that this need is not being met. Also, describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives, method of approach, capacity to carry out this activity (staff experience and expertise and financial) and the implementation schedule. Describe how you propose to coordinate your services with the other community agencies and leverage resources and if not, why not.

SECTION 3b: Proposed Schedule of Work

Include the period over which the activities will be carried out and, as applicable, the frequency with which services will be delivered.

SECTION 4: ORGANZIATION OVERVIEW

Please provide a brief description of your organization, including the purpose and mission of the agency, type of services provided, and the number and characteristics of clients served. Include any experience with similar programs to the one being submitted for funding. Please list any prior experience with CDBG or HOME funding.

SECTION 5a: LEVERAGED AND MATCHED FUNDS

Please list any funding leveraged for your program/project for which you are requesting funds for CDBG or HOME. **For HOME applicants - Please list the 25% required match of NON FEDERAL funds.**

SOURCE	AMOUNT	PLEASE CHECK ONE	
		Secured	Anticipated

SECTION 5b: FUTURE FUNDING

If your project will require future funding, please provide information how the program will be funded.

SECTION 5c: CHDO CERTIFICATION

HOME APPLICANTS ONLY: If applying for CHDO funds, please attach evidence of status as a qualifying Community Housing Development Organization by completing CHDO certification package and submitting it with the application.

CDBG AND HOME APPLICANTS

SECTION 6a: PERFORMANCE OBJECTIVES

Select only **one** objective based on the project's need.

- Suitable Living Environment**
Applies to the activities that are designed to benefit communities, families or individuals by addressing issues in their living environment.
- Decent affordable Housing**
Applies to housing activities 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 Opportunity**
Applies to the type of activities related to economic development, commercial revitalization, or job creation.

SECTION 6b: PERFORMANCE OUTCOME

Select only **one** outcome based on the project's purpose.

- Availability/Accessibility**
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 moderate income people.
- Affordability**
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 hookups or services such as transportation or daycare.
- Sustainability - Promoting Livable or Viable Communities**
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.

SECTION 6c: BENEFICIARY CATEGORY

Please check all that apply:

- | | | | |
|--------------------------|------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Disability & Special Needs | <input type="checkbox"/> | Low-to moderate-income |
| <input type="checkbox"/> | Victims of Domestic Violence | <input type="checkbox"/> | AIDS/HIV |
| <input type="checkbox"/> | Homeless | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Elderly Persons | | |

SECTION 6d: BENEFICIARY NUMBER AND TYPE

Check only ONE beneficiary type:

- People Housing Units Jobs Businesses Public Facility

Estimated Number of Beneficiaries: _____

What data do you have to prove eligibility? (Census data, surveys etc) _____

DOCUMENTATION OF BENEFICIARIES

Please 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, beneficiary forms). Your response should show how you will be able to document the number of beneficiaries listed above. Also show that the program will track immediate and intermediate outcomes that will relate to the goals and documentation of beneficiaries, if applicable.

SECTION 7: BUDGET

Discuss all funding sources, proposed and confirmed for this project including Section 5a.

REVENUE	CURRENT ALLOCATION (If applicable)	FY20 PROJECT BUDGET REQUEST
Please enter the current allocation your organization receives by the correct funding source (if applicable) and the 2019 budget request.		
CDBG (Community Development)		
HOME (Community Development)		
TOTAL REVENUES		
EXPENDITURES and BUDGET	COMPLETE FY20 PROJECT BUDGET	FY20 PROJECT BUDGET REQUEST
Please enter the total projected budget for the 2019 <u>project</u> (not organization) in the first column and your 2019 budget request for expenditures to be paid for the project by CDBG or HOME funding in the second.		
If more than one funding source is being requested, indicate source for each item.		
Example of budget items: PERSONNEL-Salaried positions(job title), OPERATING COSTS-supplies, equipment, rent/lease, insurance, printing telephone, CONSTRUCTION/ACQUISTION-acquisition, development, rehab hard cost, physical inspections, architectural engineering, permits and fees, insurance, appraisal.		
TOTAL EXPENDITURES		

SECTION 8: STATEMENT OF ASSURANCES

If this grant application is awarded funding, the _____ agrees that:
(Legal Name of Organization)

- 1) The funding recipient is currently registered at <http://sam.gov> and the registration will be updated as necessary.
- 2) Financial records, support documentation, statistical records, and all other records pertinent to funding shall be retained for a period of five years following completion of project/activity.
- 3) 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.
- 4) 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.
- 5) All expenditures must have adequate documentation.
- 6) All accounting records and supporting documentation shall be available for inspection by Spartanburg County upon request.
- 7) All materials submitted shall become public records retained by Spartanburg County, with the following exceptions: all late applications will be returned to the applicant without further review, and materials not requested as part of the application may be discarded.
- 8) No person, on the basis of race, color, national origin, sex, gender identity, familial status, religion, disability, age, veteran status, or any other characteristic protected under applicable federal, state, or local laws 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 CDBG or HOME funds. The funding recipient agrees to furnish copies of applicable policies and procedures upon request.
- 9) Employment made by or resulting from CDBG or HOME funding from Spartanburg County shall not discriminate against any employee or applicant on the basis of disability, age, race, color, religion, sex, or national origin.
- 10) None of the funds, materials, property, or services provided directly or indirectly under CDBG or HOME 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.
- 11) The funding recipient will comply with requests regarding liability insurance coverage, fidelity bond coverage for principal staff who handles the agency's accounts, and payment of payroll taxes and worker's compensation as required by Federal and State laws.
- 12) Letter of commitment from other funding sources and/or letters of support for your project shall be furnished to Spartanburg County upon request.
- 13) Authorization to request funds: I acknowledge the statements above and certify the information contained in this application is true and correct. I further understand material omission or false information contained in this application constitutes grounds for disqualification.

SIGNATURE: _____
(Applicant/Authorized Official Signature)

DATE: _____

NAME and TITLE: _____
(Please Print)

SIGNATURE: _____

DATE: _____

WITNESS