CDBG PUBLIC SERVICE

[Program Overview](javascript:Workflow.RetrieveStepHtml(84,%2029124,%20false);)



Richland County, South Carolina  
Public Services (CDBG)

**Richland County, SC**  
2020 Hampton Street  
Richland, SC 29201  
803-576-2230  
[corbett.ebonik@richlandcountysc.gov](mailto:corbett.ebonik@richlandcountysc.gov)

\*These guidelines are neither intended to be all-inclusive but condensed guidelines for the overall program. Additional information can be requested to determine compliance and eligibility.

The Richland County Community Development Office requests proposals from local non-profit organizations and government entities to carry out Public Services in the County through the Community Development Block Grant (CDBG) Program. CDBG supports community development activities to build stronger and more resilient communities. This funding supports activities in the unincorporated areas of Richland County or activities serving residents of the unincorporated areas of Richland County.

The Community Development Block Grant (CDBG) is funded and regulated at the federal level by The Department of Housing and Urban Development (HUD) and administered locally by Richland County. The CDBG Program is authorized under Title I of the Housing and Community Development Act of

1974. The regulations implementing the CDBG Program are located in the 24 CFR, Part 570. Richland County’s objectives for this program are in accordance with HUD’s National Objectives and principally for the benefit of low-and moderate-income (LMI) persons. Richland County invites applications from qualified entities to apply for funding through a Notice of Funding Availability (NOFA). Public Service applications must be for projects that will have a direct impact on very low- to moderate-income residents living within Richland County exclusive of the City of Columbia and incorporated municipalities in the County.

The primary objective is to fund projects and activities that are consistent with locally developed CDBG Program Priorities and to address the federal/local Consolidated Plan objectives.

This funding is for the period October 1, 2022 through September 30, 2022. Available Richland County CDBG funding is currently $254,094. Funding is for reimbursable eligible expenses. There is a 25% match requirement of either cash, in-kind contributions, or both. **Applications must be submitted by 4:30 pm on Thursday, November 10th.**  
  
*\*Please note that Applications/ Requests for Coronavirus related projects require a separate funding application to be considered for Community Development Block Grant CARES ACT (CDBG-CV) awards.*

The CDBG regulations allow the use of grant funds for a wide range of Public Services, including, but not limited to:

* Employment services (e.g., job training);
* Crime prevention and public safety;
* Child care;
* Health services;
* Substance abuse services (e.g., counseling and treatment);
* Fair housing counseling;
* Education programs;
* Energy conservation;
* Services for senior citizens;
* Services for homeless persons;
* Down payment assistance;
* 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 (but typically not the purchase) of a facility, equipment, and other property needed for the public service. To utilize CDBG funds for a public service, the service must be either: A new service; or A quantifiable increase in the level of an existing service.

The following Public Services are not eligible:

* Political Activities
* Ongoing grants or non-emergency payments (defined as more than 3 consecutive months) to individuals for their food, clothing, rent, utilities, or other income payments.

Religious Organizations

Primarily religious organizations must meet conditions outlined at 24 CFR Part 570.200(j) found in the CDBG regulations. An organization that participates in the CDBG program shall not, in providing program assistance, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious beliefs and may not engage in inherently religious activities, such as worship, religious instruction, or proselytizing as part of the programs or services funded under this part. If an organization conducts such activities, they must be offered separately, in time or location, from the programs funded by CDBG. Participation must be voluntary for the beneficiaries of the programs.

**Environmental Reviews**

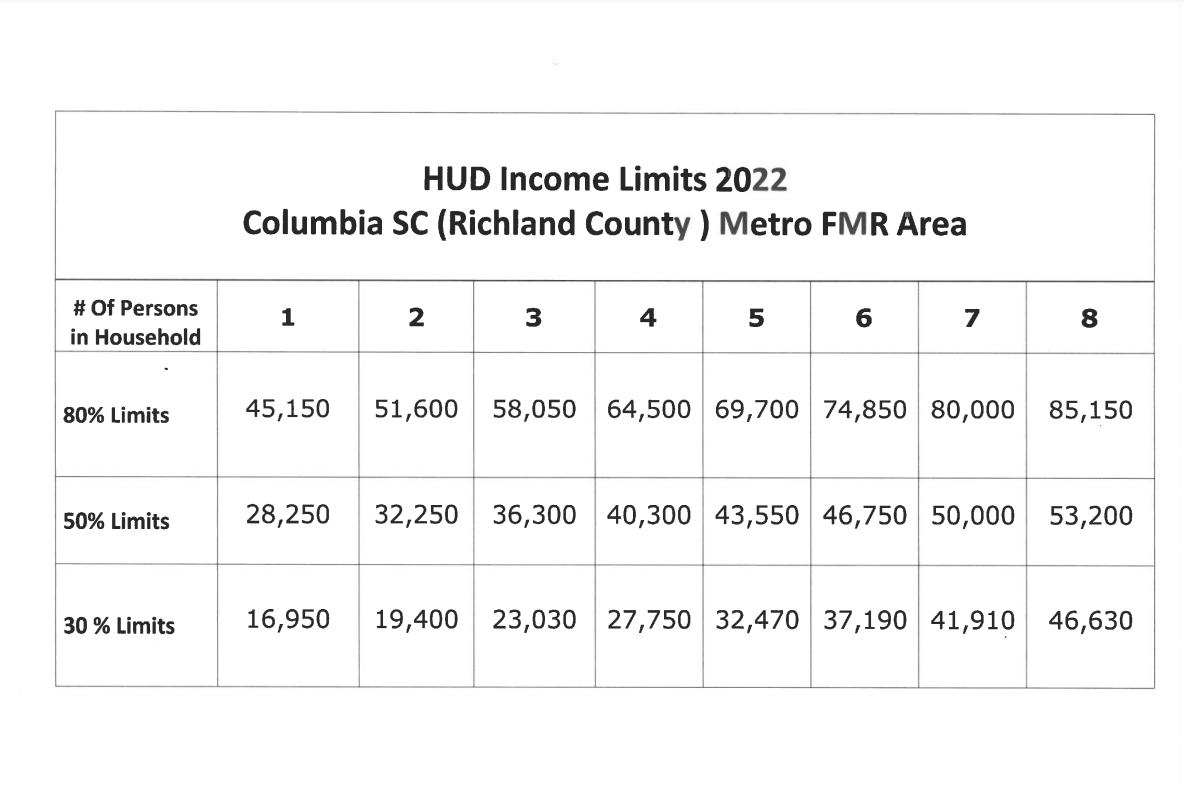
Richland County is required to conduct an Environmental Review for each Activity. This program requires 24 CFR Part 58 level review to be considered for funding.

An environmental review is the process of reviewing a project and its potential environmental impacts to determine whether it meets federal, state, and local environmental standards. The environmental review process is required for all HUD-assisted projects to ensure that the proposed project does not negatively impact the surrounding environment and that the property site itself will not have an adverse environmental or health effect on end users. Not every project is subject to a full environmental review (i.e., every project's environmental impact must be examined, but the extent of this examination varies), but every project must be in compliance with the National Environmental Policy Act (NEPA) and other related Federal and state environmental laws.

**In order for a project or program to qualify for CDBG funds:**

**Client Eligibility & Required Beneficiary Documentation**

Each Subrecipient is required to maintain documentation on clients benefiting from activities and programs funded through the CDBG program. As a condition of receiving the HUD grant, Richland County, and in turn the Subrecipient, must certify that low- and moderate-income persons are being served. Exceptions to maintaining all of the required income documentation include clients of a battered women’s shelter, seniors age 62 years and older, and persons with recognized disabilities. HUD also requires information on the race, gender, and ethnic background of the clients, how many are female heads of households, their residency in Richland County, and how many are very- low income. Richland County Community Development staff and HUD must also have access to the names and addresses of the clients. Any information regarding applicants for services funded through federal monies shall be held in strict confidence.

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**All public service activities must meet a National Objective**: The authorizing statute of the CDBG program requires that each activity funded, except for program administration and planning activities, must meet one of three national objectives. The three national objectives are:

– Benefit to low- and moderate- income (LMI) persons;

– Aid in the prevention or elimination of slums or blight;

– Meet a need having a particular urgency (referred to as urgent need).

**Subrecipient Orientation:** A **mandatory** orientation for Subrecipients will be held on **October 19, 2022.** At least two representatives from each Subrecipient program must attend (ex: program specialist, chief fiscal officer, a representative of the Board of Directors, etc.) The orientation is to educate Subrecipient organizations about the basic rules under which all CDBG activities must operate and provides an opportunity to establish clear expectations with respect to performance standards, policies, and procedures.

**Mandatory Trainings:** Additional mandatory trainings may take place throughout the program year if deemed necessary by the Richland County or HUD.

**Program Performance Required Documentation:**

Agencies will be expected to submit progress reports quarterly via Neighborly. **Quarterly Reports are** **due by 5pm on the 15th of each quarter.**

**All applicants must submit the following documents:**

**Required Documentation**

1. Verification of non-profit 501(c)3 status
2. Certificate of Good Standing
3. Articles of Incorporation and By-Laws
4. Form 990
5. Copy of the last audit or explain why the agency was not audited
6. General Liability, automobile and Workers Compensation
7. State and/or necessary licenses, if applicable. *NOT MANDATORY*
8. List of Board of Directors
9. Conflict of Interest Statement *NOT MANDATORY*
10. Itemized Scope of Work including Cost Estimate is required for rehab, construction, or maintenance projects.
11. Conceptual plans/drawings, only if available *NOT MANDATORY*
12. List of funding from other sources
13. Detailed operating budget including sources of revenue and expenditures.
14. Program guidelines, and/or workflow chart for proposed project. *NOT MANDATORY*
15. Personnel Cost Description (if staff costs are included in your funding request *NOT MANDATORY*
16. Project Schedule and timeline. *NOT MANDATORY*
17. Resume of project team

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| See the source image | **RICHLAND COUNTY, SOUTH CAROLINA**  **PUBLIC SERVICE APPLICATION FOR**  **COMMUNITY DEVELOPMENT BLOCK**  **GRANT (CDBG) - FY 2022 FUNDS** |

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| --- | --- | --- |
| **Applicant Information** | | |
| **Organization Name:** | | |
| **Mailing Address:**  **Project Address**  **(if different):** | | |
| **Agency Point of Contact Name:** | **Phone:** | |
| **Agency Point of Contact Title:** | **Fax:** | |
| **Agency Website:** | **E-Mail Address:** | |
| **Tax-Exempt I. D. Number:** | **DUNS Number:** | |
| **EIN Number:** | **Unique Entity ID (SAMs #):** | |
| **Is this organization registered as a charitable organization under Section 501(c)(3) of the Internal Revenue Code?** | | **Yes  No** |
|  | |
| **PROJECT DESCRIPTION AND BUDGET** | | |
| 1. **Project Name**: | | |
| 1. **Brief Project Summary/Description:** | | |
| 1. **Project Location:** | | |
| 1. **Project Start Date:** | 1. **Project Completion Date:** | |
| 1. **Total Project Cost:** | | |
| 1. **Total CDBG Funding Requested:** | | |

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| **APPLICATION QUESTIONS** |
| **1. Have you or will you also be applying for program funding through the City of Columbia, Lexington County, or the State of South Carolina?** |
| **2. Agency Mission Statement:** |
| **3. Is your agency a 501(c) (3) or (4) Non-Profit Organization?** *If yes, the organization's IRS designation letter, By-Laws, and Articles of Incorporation is required under the Required Documents tab.* |
| **4. Years of Operation for your agency as designated 501-C-3.** |
| **5. If the proposed program was not funded by the County last year, is it a new program or a continuing program but with an increased service level?** |
| **6. Explain the new program or how the existing program will increase its current service level. Provide information on the increased demand for services and proposed increased outcomes over the prior year.** |
| **7. Please describe all of your Agency's programs and services. This may be provided in bullet point format or narrative.** |
| **8. Enter the number of beneficiaries, by income, expected to be served during the program year October 1, 2022 through September 30, 2023.** |

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| --- | --- |
| **Total # of low/mod clients/households to be served by this project: \_\_\_\_\_\_\_\_**  *Count "households" when the entire household is served, e.g. food banks and housing. Count "persons" for services such as mental health counseling. For Area Benefit activities, enter the # of low-income persons in the service area census tracts* | |
| **Please check which of the following applies: Individuals  or Households** | |
| **Indicate the Priority Need that Best Identifies Your Project:** | |
| Abused Children | Senior Services |
| Battered Spouses | Housing |
| Services for the Disabled | Homeless Shelter/Transitional Housing |
| Infrastructure Improvements | Serving the special needs population |
| Services for HIV/AIDS | Other |
| **Enter the number of beneficiaries, by income, expected to be served during the program year October 1, 2022 through September 30, 2023­­\_\_\_\_\_\_\_\_\_\_\_** | |

**Program Information**

**Activity eligibility must meet at least one of the Five-Year Consolidated Goals**

*Select the strategy that best fits the proposed project.*

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| **Housing Strategy** |
| **HSG-1 Owner-Occupied Housing Rehabilitation -** Continue to provide financial assistance to low- and moderate-income homeowners to rehabilitate their homes and provide emergency repairs as necessary. |
| **HSG‐2 Renter-Occupied Rehabilitation ‐** Provide financial assistance to landlords to rehabilitate housing units that are rented to low‐ and moderate‐income tenants. |
| **HSG-3 Housing Construction -** Increase the supply of decent, safe, sound, and accessible housing that is affordable to homebuyers and renters in the community through rehabilitation of vacant buildings and new construction. |
| **HSG-4 Homeownership -** Continue to assist low- and moderate-income households to become homeowners by providing down payment assistance, closing cost assistance, housing rehabilitation assistance, and requiring housing counseling training. |
| **HSG‐5 Fair Housing ‐** Promote fair housing choice through education, training, and outreach throughout the County. |
| **Homelessness Strategy** |
| **HMS‐1 Continuum of Care ‐**Support the local Continuum of Care’s (CoC) efforts to provide emergency shelter, and permanent supportive housing to persons and families who are homeless or who are at risk of becoming homeless. |
| **HMS-2 Operation/Support -** Assist providers in the operation of housing and support services for the homeless and persons at-risk of becoming homeless. |
| **HMS-3 Prevention and Housing -** Continue to support the prevention of homelessness through anti-eviction activities and programs for rapid re-housing. |
| **HMS‐4 Housing ‐**Support the rehabilitation of and making accessibility improvements to emergency shelters, transitional housing, and permanent housing for the homeless. |
| **HMS‐5 Permanent Housing ‐** Support the development of permanent supportive housing for homeless individuals and families. |
| **Other Special Needs Strategy** |
| **SNS‐1 Housing ‐** Increase the supply of affordable, decent, safe, sound, and accessible housing for the elderly, frail elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs through rehabilitation of existing buildings and new construction. |
| **SNS‐2 Social Services ‐** Support social service programs and facilities for the elderly, frail elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs. |
| **SNS‐3 Accessibility ‐**Improve the accessibility of owner-occupied housing through rehabilitation and improve renter occupied housing by making reasonable accommodations for the physically disabled and by removing architectural barriers. |
| **Community Development Strategy** |
| **CDS-1 Community Facilities -** Improve the parks, recreational centers, trails, libraries, and all public and community facilities in the County. |
| **CDS-2 Infrastructure -** Improve the public infrastructure through rehabilitation, reconstruction, and new construction. |
| **CDS‐3 Accessibility Improvements ‐** Improve the physical and visual accessibility of community facilities, infrastructure, and public buildings. |
| **CDS-4 Public Services -** Improve and enhance public services including; programs for youth, the elderly, disabled, and other public service programs for low- and moderate-income persons. |
| **CDS‐5 Public Safety ‐** Improve the public safety facilities, equipment, and ability to respond to emergency situations. |
| **CDS-6 Clearance/Demolition -** Remove and eliminate slum and blighting conditions through the demolition of vacant, abandoned and dilapidated structures on a spot basis and/or area-wide basis. |
| **CDS-7 Revitalization -** Promote neighborhood revitalization in strategic areas of the County through acquisition, demolition, rehabilitation, code enforcement, infrastructure improvements, housing construction, public and community facilities improvements, etc. |
| **CDS‐8 Historic Preservation ‐** Promote historic preservation and adaptive reuse of existing buildings in the community through financial incentives. |
| **Economic Development Strategy** |
| **EDS-1 Employment -** Support and encourage new job creation, job retention, workforce development, employment, and job training services for the unemployed and underemployed persons. |
| **EDS-2 Financial Assistance -** Support business and commercial growth through expansion and new development through technical assistance programs and low interest loans. |
| **EDS‐3 Redevelopment Program ‐** Plan and promote the development, redevelopment and revitalization of economically distressed areas of the County. |
| **EDS‐4 Financial Incentives ‐** Support and encourage new economic development through local, state and Federal tax incentives and programs such as Tax Incremental Financing (TIF), tax abatements (LERTA), Enterprise Zones/Entitlement Communities, Section 108 Loan Guarantees, Economic Development Initiative (EDI) funds, etc. |

1. **What National Objective(s) does your project fit under:**

Benefits low- and moderate-income persons;

Aids in the prevention or elimination of slums and blight; or

Meets another community development need of particular urgency.

1. **Description of Project & Grant Request***:*

*On a separate sheet of paper, please describe the activities to be carried out through this funding request (include attachments):*

* *Describe the full details of the activity being undertaken with CDBG funds (who, what, where and how).*
* *Describe, and quantify where appropriate, the services and outcomes that will be provided as a result of the expenditure of CDBG funds.*
* *How will these services will be delivered?*
* *Why are CDBG funds needed to support the project?*
* *How will the CDBG funds leverage other funds?*

1. **Project Service Area:**

*The Project Service Area refers to the location where project beneficiaries reside or where clients accessing services reside. A Project Service Area may be a broader area that is beyond the actual location of a physical site.*

* *Describe the Project Service Area using street boundaries, census tracts, or other recognizable boundaries – if a proposed project/service is available to all County residents, state the service area as county-wide. (Keep in mind the project must serve unincorporated areas of Richland County residents (excluding the City of Columbia and incorporated municipalities in the County).*

1. **Describe the Clientele you intend to serve:**

*The organization must ensure that individuals or households benefiting from CDBG funding are low- and moderate-income. Documentation demonstrating this* ***MUST*** *be obtained for each client. This information will be used to measure the project’s performance outcome.*

*On a separate sheet of paper, please answer the following questions:*

* *Is the project serving individual clients or households?*
* *If there is a target population served, explain how the population is selected, income qualified, and monitored.*
* *Describe the process of collecting data for individuals or households and explain what documentation your organization collects to determine income status (i.e. self-surveys, pay stubs, tax forms, bank statements, sworn statements, etc.).*

**Federal Eligibility**

**FY 2022 HOME Income Limits**

**Columbia, SC HUD Metro FMR Area**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2022 Income Limit Category** | **1 Person** | **2 Person** | **3 Person** | **4 Person** | **5 Person** | **6 Person** |
| **Extremely Low 0 - 30% median income or below** | $16,950 | $19,400 | $23,030 | $21,650 | $27,750 | $37,190 |
| **Very Low – 31 - 50% of median income** | $28,250 | $32,250 | $36,300 | $40,300 | $43,550 | $46,750 |
| **Low 51 – 80% of median income** | $45,150 | $51,600 | $58,050 | $64,500 | $69,700 | $74,850 |

**LMI Clientele Table**

*(Based on the income guidelines listed above)*

|  |  |
| --- | --- |
| **Low/Moderate Income Persons or Households:** | **Total Number of Individuals**  **or Households:** |
| **30% of median income or below** |  |
| **30 - 50% of median income** |  |
| **50 - 80% of median income** |  |
| **Total # Served:** |  |

1. **Agency Description & Experience:**

*On a separate sheet of paper, briefly describe the following:*

* *Mission of the organization.*
* *Experience of the organization in carrying out the proposed activities/services.*
* *Length of time the organization has provided the proposed activities/services.*
* *Describe how your organization markets its services to clients/consumers. How do clients access your services and programs?*
* *What are your hours and days of operation?*
* *List the names of the board of directors and describe the staff and volunteers who will be involved on this project (including the training of volunteers).*

1. **Budget Breakdown:**

*Please fill out this budget to support your CDBG project request. The final program budget will be incorporated into the Statement of Work section of the organization’s subrecipient agreement with the County. On a separate sheet of paper, please provide a brief description of each budget line item.*

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| **Financial** |
| **CDBG funds are to cover eligible projects or programs occurring October 1, 2022 through September 30, 2023. Will you be able to expend requested funds by 9/30/2023?** |
| **Does your Agency have any outstanding litigation or other legal issues? If yes, please explain** |
| **Are there any outstanding financial audit findings which remain unresolved? If yes, please explain** |
| **Does your Agency have a personnel policy with an affirmative action plan and a grievance procedure?** *This is required by HUD regulations and must be made available to the County, HUD or other federal entity for review, upon request***.** |
| **Did the agency expend $750,000 or more combined in federal funds in its last fiscal year?** *If yes, has a single audit been completed? Requirement of* [*2 CFR 200 Subpart F*](https://benevate.blob.core.windows.net/richlandcountysc-public/2%20CFR%20200%20Subpart%20F.pdf) |

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| **Insurance** | |
| **In the spaces below, provide the expiration date (MM/DD/YYYY) next to each insurance instrument. Type N/A in each answer box if a governmental entity.** | |
| **Insurance** | **Date** |
|  |  |
|  |  |
|  |  |
| **Zoning Requirements: Will your project or program require land plan review plans, zoning approval**  **Or adjustments, building inspection and or permits?** | |

**Project Budget**

**Budget Allocation:**

*Your CDBG funding request must be broken down below. Please list itemized dollar amounts and proposed activities of how the funds will be expended. The total must equal the total amount of CDBG funds you are requesting*

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| --- | --- | --- | --- | --- | --- |
|  | **Activity Details** | **Amount of Funds Requested** | **Other**  **Funding Sources**  **Amount** | **Other**  **Funding Sources** | **Total Budget** |
| ***Ex*** | ***Utilities*** | ***$2,000*** | ***$500*** | ***City of Columbia*** | ***$2,500*** |
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**Project Match**

***There is a 25% match requirement for the CDBG Public Services award. In-kind contributions may count towards your match***

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| --- | --- |
| Source | Amount |
|  |  |
|  |  |

**Required Documentation**

**-Verification of non-profit 501 (C) 3 Status \*Required  
-Articles of Incorporation and By-Laws \*Required**

**-Certificate of Good Standing \*Required**

**-Copy of last audit or explain why the agency was not audited\* required**

**-State and/or necessary licenses, if applicable**

**-Conflict of interest statement**

**-Itemized scope pf work including Cost Estimate is required for Rehab, construction, maintenance projects.\* required**

**-Conceptual plans/drawings, only if available.**

**-List of other funding sources**

**-Detailed operating budget including sources of revenue and expenditures \*required**

**-Program guidelines, and/or workflow chart for proposed project.**

**-Personnel Cost Description (if staff costs are included in your funding requests)**

**-Project Schedule and timeline**

**-Current Board Members-List Board Members Names, Contact Information and Term Expiration Date \*Required  
-Federal Tax Exemption Letter \*Required  
-Form 990 \*Required  
-Insurance: Upload General liability, automobile and Workers Compensation \*Required  
-Evidence of Secured 25% Match (ex: funding commitment letters, verification of in-kind donations, etc.) \*Required  
-Map of service area (include census tracts if qualifying the program under Area Benefit \*Required  
-Organizational Chart \*Required  
-Resumes of project team \*Required  
-W-9 \*Required**

**Applications must be submitted electronically by email @** [**CDBGFunding@richlandcountysc.gov**](mailto:CDBGFunding@richlandcountysc.gov) **by 4:30 PM on Thursday, November 10, 2022.**

**If needed, please provide any hard copies of the application and all attachments NOT STAPLED OR BOUND. Application and attachments should be an 8-1/2” x 11” format and addressed to Richland County, Community Planning & Development Department, Community Development Division, and 2020 Hampton St. Suite 3058, Columbia, SC 29202 by 4:30 PM on Thursday, November 10, 2022.**

**If you have any questions or would like guidance in completing this application, please contact the Community Development at** **(803) 576-2230 or vía email at** [**CDBGFunding@richlandcountysc.gov**](mailto:CDBGFunding@richlandcountysc.gov)**.**

**CERTIFICATION**

**The undersigned certifies the information contained herein is true, accurate, and complete to the best of his/her knowledge and belief. The applicant agrees to comply with all Federal, State, and County policies and requirements affecting the CDBG program. The signatory declares that he/she is an official of the organization, is authorized to file this application, and certifies that the information in this application is true and accurate, to the best of his/her knowledge. In order for your application to be accepted, in addition to the application itself, your organization must submit the aforementioned items above along with the CDBG application.**

* ***Complete application with all questions completed. If an area does not apply state N/A, do not leave question blank.***

**I hereby confirm that this packet contains all materials requested**.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name Title**

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**Signature Date**