

Berkeley County Community Development Block Grant Program



Application for CDBG Grant Funding

Part I. Applicant

Program/Project Title:	
Organization/Applicant Name:	
Organization Representative/ Title:	
Address:	
Telephone number:	
Email:	
Organization DUNS Number	
Organization FEIN Number	
Organization CCR Number	
Contact Person/Title (if different):	
Telephone number: Cell phone:	
Email:	
CDBG Amount Requested:	\$

If your agency received CDBG funds in the past 5 years, fill out the table below.

Funding Year	Activity Title	\$ Award Amount	Status (Complete, Underway or In-Planning)

Part II. Project Description & Eligibility

A. Type of Entity *(Check one that describes the applicant)*

<input type="checkbox"/>	Governmental Agency
<input type="checkbox"/>	Private Non-profit with IRS 501c(3) Status or equivalent
<input type="checkbox"/>	Berkeley County Department

B. Consistency with the County's Consolidated Plan *(Check **ONE** appropriate goal)*

<input type="checkbox"/>	Public Service
<input type="checkbox"/>	Public Facility Improvement
<input type="checkbox"/>	Slum and Blight Removal

C. The program or project will meet the following Housing and Community Development Objective(s) or CDBG Annual Action Plan priority needs and goals requirement(s) *(Check one or more that best describes the program or project)*

<input type="checkbox"/>	Public Services - Provide Supportive Services for Special Needs Populations
<input type="checkbox"/>	Public Services - Provide Vital Services for LMI Households
<input type="checkbox"/>	Public Services - Provide for Improvements to Owner-occupied Housing
<input type="checkbox"/>	Public Facility - Improve Access to Public Facilities
<input type="checkbox"/>	Slum and Blight Removal - Reduce Slum & Blight in Residential Areas

D. Please provide a brief description of the program or project. Include the major activities and/or scope of services that will be conducted as part of the program/project.

A large, empty rectangular box with a thin black border, intended for the user to provide a brief description of the program or project, including major activities and/or scope of services.

E. Outcome Measures:

1. What is the total estimated number of persons to be served by this project? _____
2. What is the total estimated number of LMI persons to be served by this project? _____
3. What is the anticipated percentage of LMI persons to be served by this project? _____
4. What is the number of Berkeley residents to be served by this project? _____
5. What is the number of residents from other towns to be served by this project? _____

Please describe and other outcome details.

F. Will another entity besides the applicant be administering the project? If yes, please identify.

G. Population to be Served *(Please check one)*

Additional Notes (if needed)

<input type="checkbox"/>	Elderly	
<input type="checkbox"/>	Youth	
<input type="checkbox"/>	Disabled	
<input type="checkbox"/>	Homeless/Near Homeless	
<input type="checkbox"/>	Abused Spouses or Children	
<input type="checkbox"/>	Illiterate Adults	
<input type="checkbox"/>	Residents of Public Housing	
<input type="checkbox"/>	Low to Moderate Income Households	

H. Proposed budget for the project or program activity only

	CDBG	Other Sources (list below)
Program staff salaries/fringes		
Supplies (please describe):		
Other (please describe): _____		
Facility Improvements (Attach a cost estimate for the proposed scope of work):		
TOTAL		

I. Other Sources of Funds: Please list other non-CDBG funding sources that your organization expects to receive or has received for the proposed project or program activity. *Attach copies of any funding commitments. Indicate any unsuccessful efforts to obtain funding for this activity from other sources.*

Name of Funding Source:	Amount:	Status (application, award, firm commitment):
	\$	
	\$	
	\$	

J. Financial Statement: Please provide proof of your organization's financial health, such as a year-end financial statement or certified audit (If you have provided a copy of your most recent audit, please note date of submission). Any entity that is claiming to have IRS non-profit status must also provide documentation displaying that designation, such as a designation letter from the IRS or a Form 990.

Part III. Itemized Budget for the Proposed Program

Please fill in the below.

Program Activities	CDBG Request	Other Grant Funds	Agency Allocation	Row Totals
Operating Expenses				
Personnel Costs				
Itemize				
Non-Personnel Costs				
Itemize				
Program/Project Expenses				
Column Totals				

APPLICANT CERTIFICATION

THE UNDERSIGNED CERTIFIES THAT:

- a) The information contained in this document is complete and accurate;
- b) The proposed program/project described in this application will meet the National Objective of benefiting low- and moderate-income persons, as defined by the CDBG Regulations at 24 CFR Part 570;
- c) The applicant shall comply with all Federal, State and County laws, and CDBG Program requirements;
- d) If the project is a facility improvement, the sponsor shall maintain compliance with 24 CFR 570.505; &
- e) Sufficient funds are available from non-CDBG sources to complete the project, as described, or operate the program through the fiscal year end on June 30, 2022, if CDBG funds are allocated to the applicant.

Signature of Authorized Applicant Representative

Date

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 Berkeley County upon request.
- 7) All materials submitted shall become public records retained by Berkeley 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 Berkeley 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 Berkeley 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 Berkeley 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: _____ DATE: _____
(Applicant/Authorized Official Signature)

NAME and TITLE: _____
(Please Print)

WITNESS SIGNATURE: _____ DATE: _____

Berkeley County
CDBG Application for Funding
CONFLICT OF INTEREST DISCLOSURE FORM

Federal Law prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the funding sources administered through this jurisdiction (1) or who are in the position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity, either for themselves or those whom they have family or business ties, during their tenure or for one year thereafter.

Therefore, please answer the following disclosure questions:

1. Are you currently a (Please Check One):

- | | |
|---|---|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Officer |
| <input type="checkbox"/> Executive Management Staff | <input type="checkbox"/> Staff directly associated with delivery of program |

2. State position held:

3. Are you a business partner of any Berkeley County employee(s) or member of County Council?

(Please Check One): No Yes

If yes, please state the name of the county employee(s) and the department or County Council Member(s):

4. Are you an immediate family member of any Berkeley County employee(s) or member of County Council?

(Please Check One): No Yes

If yes, please state the name of the county employee(s) and the department or County Council Member(s):

Signature:

Name:

Name of Current Employer:

Date:

24 C.F.R. §570.611 (CDBG); 24 C.F.R. §576.404 (ESG) and 2 C.F.R. §200.112 and/or any other citations applicable to any futurefunding that may be awarded to this jurisdiction.