City of Spartanburg
Department of Neighborhood Services

Community Development Block Grant (CDBG – CV)
COVID- 19

Project Application II

Applicant Agency

Applicant Name and Title
The City of Spartanburg Neighborhood Services Department is making available CDBG funding to assist eligible entities and/or businesses in response to local needs as it relates to COVID-19.

Eligible Activities include:

- Building improvement, including public facilities
- Assistance to Businesses, including special economic development assistance
- New or increased public services
- Planning for response to infectious diseases

Public Service Eligible uses include:

- Housing counseling to prevent displacement
- Job loss prevention
- Job training
- Medical supplies development and delivery
- Foods systems development and delivery

To be considered for funding, please complete the following questions as well as include all required attachments. Proposals must be submitted in the legal name of the organization or agency and an authorized representative of the applicant organization who has the legal authority to bind the organization in contract with the City of Spartanburg must sign the application (in BLUE INK).

All applications are due by 4pm on January 15, 2021 to be considered for funding.

Please submit to:

City of Spartanburg
Neighborhood Services
440 S. Church Street
Spartanburg, SC 29306

For questions or information, call: 864-596-3560
APPLICANT INFORMATION

Name of Organization: ____________________________________________________________

Business Address: ______________________________________________________________________

Mailing Address: _______________________________________________________________________

Authorized Representative – NAME and TITLE: _______________________________________________

Contact Person – NAME and TITLE: ________________________________________________________

Telephone: __________________________ Fax: __________________________

E-Mail Address: ________________________________________________________________________

Type of organization:  ☐ Not for Profit/501(c) 3   ☐ For Profit   ☐ Government/Public Agency

Federal Tax ID number: ___________________________________________

DUNS Number: ___________________________________________________

(The Federal Government requires all applicants for federal funds to have a DUNS number)

Does the requested CDBG CV funding replace other funding for the same service(s)?
________________________________________

Have you received funding from the City of Spartanburg for this same activity in 2019 – 2020?
Yes ___________   No __________

Total matching funds (if applicable): $ _________________________________

Project Title:
__________________________________________________________________________________
Application Questions:

1. Describe your organization’s mission and program activities.

2. Explain how COVID-19 has impacted your organization and the ability to provide services.

3. Describe your organization/project funding needs and objectives directly associated with COVID-19 relief or recovery efforts.

4. What type of funding are you applying for?
   - Direct assistance for individuals and families
   - Service operation funding

5. Describe the population your project will purposefully serve.

6. If you are partnering with other organizations/businesses on this project, please list them and their roles.
7. Describe in detail how assistance will be provided. (i.e. Who, how much, for what purpose)

8. How many recipients will your project serve and how will they be chosen?

9. What is your anticipated timeline for project start and completion?

10. Will your organization be able to sustain services that are offered? If so, how?

11. Does your organization utilize “Charity Tracker”? 
Budget:

Amount requested: $_______________________

Please complete the budget worksheet: In column A, list the items for which you anticipate the need for CDBG funds; in column B, provide the calculation explaining how you arrived at the cost of the line item. In column C, provide your total projected request for that line item.

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<thead>
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<th>A – BUDGET ITEM</th>
<th>B – CALCULATION</th>
<th>C – CDBG CV REQUEST</th>
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**BUDGET TOTAL**
Attachments:

The following attachments are required and must be included as part of your application package, including this checklist.

- All sections of the application are complete
- Copy of 501 (c) 3
- List of Board of Directors
- IRS Form 990 for last fiscal year
- Most current audited financial statement
- Certificate of Good Standing (Secretary of State)
- Budget form (attached)

I have completed this application in its entirety and I can legally sign for this organization.

________________________________________________   ____________________
Name                                          Date

Title and Agency