**SOUTH CAROLINA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**State CDBG CARES Act Coronavirus Funding (CDBG-CV1)**

**Public Facilities and Improvements Program**

**Intent to Apply**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regional Coordination:** Was this project developed in coordination with your regional council of government?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If yes, please provide the following information:

|  |  |
| --- | --- |
| COG Name: |  |
| COG Contact Name: |  |
| COG Contact Email: |  |
| COG Contact Phone: |  |

**Applicant Eligibility:** |
| Applicants must be non-entitlement local governments (towns, cities or counties) and have identified a project that prevents, prepares for or responds to the coronavirus. |
| **Applicant Information:** |
| Applicant Entity:  |  |
| Address:  |  |
| Contact Person Name: |  |
| Contact Person Email: |  | Telephone |   |
| Region: | Choose an item. |  |  |
|  | Appalachian |  | Lower Savannah |
|  | BCD |  | Pee Dee |
|  | Catawba |  | Santee-Lynches |
|  | Central Midlands |  | Upper Savannah |
|  | Lowcountry |  | Waccamaw |

|  |  |
| --- | --- |
| Total Anticipated CDBG-CV1 Amount Requested for Public Facilities and Improvements: |  |

**Proposed Project:**

Provide a concise description of the proposed project below and describe the activities to be funded with CDBG-CV1. The scope of work should be very specific in identifying how the CDBG money will be used.

|  |
| --- |
|  |

**Project Eligibility:**

Describe the need for the project and how the activities will prevent, prepare for, or respond to the coronavirus.

|  |
| --- |
|  |

**Project Area:**

Please be as specific as possible and describe the area that will benefit from the project and all of its activities. Include estimated number of people that will benefit from the project.

|  |
| --- |
|  |

**Beneficiaries:**

Please indicate whether the project will have a community-wide benefit, with the entire population of the UGLG being the primary beneficiaries of the project, or an area the community, whether the project will benefit businesses or a limited clientele. Include the estimated number of people that will benefit from the project and the methodology used to determine the estimate.

|  |
| --- |
|  |

**National Objective:**

Describe how the project activities will meet the LMI or Urgent Need objective. If Limited Clientele (LMC) will be used, describe how compliance with the national objective will be determined. If Area Benefit (LMA) will be used, identify the Census Tract and Block Groups and/or non-entitlement local government(s) included in the service delivery area.

*Note:* If the primary beneficiary of your Public Facilities project will be a **school** in which at least 75% of students/households receive SNAP or TANF benefits, please list further details in the area below.

|  |
| --- |
|  |

**Project Timeframe**

What is the anticipated time frame in which you will complete the proposed activities/project?

|  |
| --- |
|  |

**Project Administration and Personnel**

Identify who will administer the project to ensure compliance with federal CDBG regulations and who will carry out delivery of the project. If applicable, identify any anticipated subrecipients that will be used and/or any professional services contracts for which procurement will be needed.

|  |
| --- |
|  |

**Budget Narrative:**

Please include information on whether additional funding, including local funds, will be required and the status of that funding commitment.

|  |
| --- |
|  |

**Project Budget**

Please list the estimated funds being requested for each activity. You may apply for one or more program activities. Add more lines if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **CDBG-CV1 Amount** | **Other Funds** | **Total** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| Administration |  |  |  |
| Total Project Cost |  |  |  |

**Project Income**

Do you expect this project, in combination with income from other CDBG projects, to generate income in excess of $35,000 in a single year? Please select YES/NO

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**Application Portal Access**

Will the CDBG-CV1 application be completed at the COG or Non-Entitlement County-level?

|  |  |  |  |
| --- | --- | --- | --- |
|  | COG |  | Non-Entitlement County |

If the primary contact listed above is **not** the same person who will complete the online application, please list further contact information below:

|  |  |
| --- | --- |
| Portal Applicant:  |  |
| Lead County/COG:  |  |
| E-Mail Address: |  |

**Authorized Grantee Representative (elected official or local government administrator):**

a. To the best of my knowledge and belief, the information in this Letter of Intent and all attached documentation is true and correct;

b. This pre-application complies with all applicable State and federal laws and regulations; and

c. Approval of this Letter of Intent and invitation to submit a final application does not imply final project approval or funding.

|  |  |
| --- | --- |
| Name:  |  |
| Signature:  |  |
| Title: |  |
| Date: |  |

**Please submit this completed form via email to: SCCDBG.CV1@sccommerce.com**

**Enter the following on the Email subject line: “CV ITA PUBLIC FACILITIES - (ADD NAME OF APPLICANT/COG/MUNICIPALITY)”**