**SOUTH CAROLINA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

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

**Public Services 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 the applicable region:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Appalachian |  | Lower Savannah |
|  | BCD |  | Pee Dee |
|  | Catawba |  | Santee-Lynches |
|  | Central Midlands |  | Upper Savannah |
|  | Lowcountry |  | Waccamaw |

|  |  |
| --- | --- |
| Total Anticipated CDBG-CV1 Amount Requested for Public Services: |  |

**Proposed Project:**

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

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**Project Eligibility:**

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

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|  |

**New or Quantifiably Increased Public Service:**

Please describe how the proposed activity represents a new or quantifiable increase in an existing service? If an increase, please explain.

|  |
| --- |
|  |

**Project Area:**

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

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| --- |
|  |

**National Objective:**

Describe how the project activities will meet the Low- to Moderate-Income (LMI) or Urgent Need objective. If the activity will meet the LMI Limited Clientele (LMC) national objective, describe the clientele to be served and how compliance with the national objective will be determined (please include whether the activity will benefit a presumed benefit population). If the activity will meet the LMI Area Benefit (LMA), identify the Census Tract and Block Groups and/or non-entitlement local government(s) included in the service delivery area (and attach documentation that the public service activities to be provided by CDBG funds will benefit LMI persons where at least 51% of participants are LMI).

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**Project Timeframe:**

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

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|  |

**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.

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**Budget Narrative:**

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

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**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.

Provide the estimated project cost, amount of CDBG funds to be requested and sources, amounts and dates secured for all anticipated cash matching funds. Clearly state the source of the cost estimates.

Total Estimated Project Cost: $ CDBG Request: $

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

**Program 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?

|  |  |
| --- | --- |
|  | 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 SERVICES - (ADD NAME OF APPLICANT/COG/MUNICIPALITY)”**