

SOUTH CAROLINA CDBG-CV1 PROGRAM

Application Portal User Guide

Applying for CDBG-CV1 Program funds from the South Carolina Department of Commerce is a simple and easy process. You will apply through the Application Portal link provided after completing your Intent to Apply information for the Public Services and Public Facilities Improvements Programs on the CDBGSC Website.

This document will guide you through what information is needed in each section of the application. Any information field marked with an asterisk (*) is required to complete before submitting the application.

If you have any questions on completing your application, you can reach out to us via email at: SCCDBG.CV1@sccommerce.com

Section 1 – Applicant Contact Information

This is the first part of the application that you will complete. In this section, you will need to provide identifying and contact information for your applicant organization and in some cases, the information of the agency administering your funds, such as a Council of Government (COG).

Part 1: Applicant Information

- Applicant Entity*

This is the local government entity that will be *receiving the funds needed to implement projects*, such as a County or Town.

If you are applying as part of a group of Counties, your designated Lead County should be named here.

- Applicant Contact Name*

This is the name of the person who will be the main point of contact for correspondence, or who will be contacted if more information is required about the application. This should be the same person listed in the “Applicant Information” section of the Intent to Apply documentation.

- Applicant Contact Title*

This is the title or job description of the main point of contact listed above.

- Address*

This is the main address of the Applicant Entity office.

- Region*

This is the region that the Applicant Entity is based in. This is usually the same region as the COG Association in which the Entity is based.

- Email address*

This should be an email address of the Applicant Contact listed above. This should be the same email as listed in the Intent to Apply documentation.

- Telephone*

This should be the telephone number of the Applicant Contact. This should be the same phone Number as listed in the Intent to Apply documentation.

- Name of Authorized Chief Elected Official*

This is the name of the Chief Elected Official of the *Applicant Entity*. This is the authorized individual who will sign all acknowledgements and authentications provided. For example, this could be a County Administrator.

- Title of Chief Elected Official*:

The title or job description of the Chief Elected Official should be noted here.

Part 2: In case of Administering Agency, please complete part 2:

- Name: Text Box
- Title: Text Box
- Organization: Text Box
- Address: Text Box
- Phone: Text Box
- Email: Text Box

This is the contact information needed for any Administering Agency completing the application.

If you are a COG or contractor completing this application on behalf of a non-entitlement community, you should enter your contact information here.

Part 2 is not required to be completed if the Applicant Entity is completing their own application.

Section 2 – Overall Project Application Information

In this section, you will enter general identifying information about your potential project. This includes information about project timeline, costs, and description.

Please note that this section of the application is for an *overall summary* of your Public Services or Public Facilities project. More information on specific activities, beneficiaries of individual activities, and National Objective requirements will be included in **Section 3**.

- Project Type*

In this field, you will select the type of project that you are applying for, Public Services or Public Facilities Improvements. Please note that *two separate applications* will need to be completed to apply for both programs.

- Project Title*

In this field, you will enter the proposed name of your project. This should be a general description of intended project impact. For example, "Providing Food Delivery Services to Elderly Populations" or "Expanding Broadband Access".

- Anticipated Start Date*

In this field, you will enter the proposed Start Date for your project. Please ensure that your entity considers all reporting requirements and prep work needed before starting the proposed project.

- Anticipated Completion Date*

In this field, you will enter the anticipated Completion Date for your project. This is the date that you anticipate all CDBG-CV1 project activities will be completed by. Please note that additional consideration will be given to projects that have an Anticipated Completion Date of before December 31st, 2021.

- Description of overall project timeline*

In this field, you will enter a description of the overall project timeline and delivery. This may include project milestones, rollout dates, and other considerations needed to meet the anticipated completion date.

- Total Estimated Project Cost*

In this field, you will enter the total cost of the entire project. This may be larger than the amount requested from your CDBG-CV1 funds. For example, if you are anticipating additional funding for your project past the allocation provided by CDBG-CV1, you will need to add that to the Total Estimated Project Cost. CDBG-CV1 funds can be used to meet a portion of the project or regional need, as long as the activities proposed are eligible.

- Total CDBG-CV1 Requested Amount*

In this field, you will enter the total cost of all project activities you are requesting from CDBG-CV1, including administrative costs. For Public Service projects, please note that the total CDBG-CV1 cost should not exceed your regional allocation.

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

In this field, you will list and describe any other funds used to complete the total project costs. If your Total Estimated Project Cost and CDBG-CV1 Requested Amount differ, you must explain that difference and where additional funds are being utilized.

- Please provide a concise description of the proposed project and the eligible activities to be funded with CDBG-CV1*

In this field, you will provide a general description of all project activities and the expected project outcome.

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

In this field, you will describe why the activities listed in the project are needed to respond to the coronavirus. This can include a wide variety of reasons, such as distributing PPE to prevent LMI residents from spreading the virus, using equipment to build barriers and promote social distancing, provide job trainings to mitigate increased unemployment due to the pandemic, etc.

- Describe the area that will benefit from the project. Include estimated number of people that will benefit from the project*

In this field, you will list the estimated number of beneficiaries, both LMI and non-LMI, who will benefit from the proposed project. You should also list the anticipated area of project effect, such as a County, disadvantaged portion of a town, etc.

- If Public Service project, will the proposed activity represent a new or quantifiable increase in an existing service? If an increase, please explain. If Public Facilities, enter N/A*

In this field, you will explain why an increase in a public service is needed. Public Service projects are only eligible for funding if the proposed services represent a new or quantifiable increase in need due to the coronavirus. This section is not required for Public Facilities applications.

- Identify who will administer the project to ensure compliance with federal CDBG regulations and who will carry out delivery of the project*

In this field, you will provide information on who will be both administering the project funding (who will be awarded project funds) and what entity will be responsible for project implementation. For example, a COG could monitor and ensure project compliance with HUD regulations, while a County administers and staffs project delivery on the ground.

Section 3 – Activity Information

In this section, you will provide specific information about all individual activities within the proposed project. The fields listed below should be completed for *each proposed activity*, as required.

Please note that we have included sections for multiple National Objective criteria. For each activity, you will only be responsible for completing the sections that correspond with your selected National Objective. While these field are all listed as “required”, they will pre-populate with a “0”, or you will be able to enter “n/a” in non-applicable sections for each activity.

For example, if your activity only used the LMI Area Benefit National Objective, you would enter “n/a” for the LMI Limited Clientele and Urgent Need fields.

You will have the ability to create multiple activities within an application with differing National Objectives, as needed.

- CDBG Activity Name*

In this field, you will provide the name of your activity. For example, “Distribution of PPE”.

- Activity Description*

In this field, you will describe what your activity will consist of and what you hope to accomplish. Please provide as much detail as possible on the specifics of your activity when completing this section (Where the activity will take place, who will be the primary recipients, what specific service/improvement will be provided, etc.).

- Estimated Cost*

In this field, you will provide the cost of completing your activity. The total cost of all activities should equal the amount of CDBG-CV1 funds requested in **Section 2**.

- Total Beneficiaries*

In this field, you will provide the total amount of people who will benefit from the activity directly.

- Total Number of LMI People Benefitting*

In this field, you will provide the amount of people who will benefit from the activity directly and indirectly who are considered Low/Moderate Income. This will be a subset of the total number of people benefitting. For example, if # of LMI Beneficiaries is 600, and there are 400 other beneficiaries, then the # of Total People Benefitting would be 1,000.

Please keep in mind that to be eligible, activities must have a 51% benefit to LMI beneficiaries overall. Therefore, your LMI Beneficiaries number over your Total Beneficiaries number must be at least 51%.

- Status of Environmental Review*

In this field, you will provide the status of your environmental review for each activity. Some activities, mostly Public Services, are exempt from completing an environmental review if they are determined to not have an environmental impact.

However, documentation is required for all activities deemed to have environmental impact, including those that are "Categorically Excluded, Subject To 24 CFR 58.5" and "Categorically Excluded, Not Subject To 24 CFR 58.5".

If it is determined that an activity requires environmental review, *the project cannot be funded until environmental review has been completed*. In **Section 4**, you will have the opportunity to attach your Environmental Review Records (more information on ER specifics are provided in Section 4).

- Describe need due to COVID*

In this field, you will discuss how your activity is needed to prepare for, prevent, or respond to the coronavirus. While this field was provided in **Section 2**, applicants will need to discuss why the specific activity listed is needed to respond to coronavirus.

- New or Quantifiable Increase in Service. If Public Facilities, enter N/A*

In this field, you will explain why there is an increased need in your community for the proposed Public Service activity, related to coronavirus. Please include a **quantifiable number or percentage** to show increase in demand from December 2019 to November 2020.

- National Objective*

In this field, you will select the National Objective criteria that this activity fulfills. Please note that all activities must fulfill a National Objective to be considered eligible for funding.

Once you have selected a National Objective for each activity, please enter “N/A” for the fields which **do not** pertain to the selected National Objective. This step must be completed for each activity.

- **If National Objective = LMI Area Benefit**

Describe how the area benefit was determined (e.g., census data, income survey)*

In this field, you will describe how your LMI Area Benefit percentage was determined. HUD guidelines state that census data or administered income surveys are needed to determine Area Benefit. Income surveys will need to be provided if used to determine area benefit.

You will be prompted in **Section 4** to attach a sample of the income survey or Census data used.

For LMI Area Benefit, you will be required to provide proof of your:

- % served by the project from HUD LMI Summary Data (Census)*

In this field, you will list the percentage of LMI population in the area of the proposed project, as determined by Census data (must be at least 51%). If an Income Survey was used to determine Area Benefit, please enter “n/a” into this field.

- List the census tract number(s) that are included in the project area (Census)*

In this field, you will include the Census tract numbers that were used to determine the LMI population of the proposed project. If an Income Survey was used to determine Area Benefit, please enter “n/a” into this field.

- List the census tract block group(s) that are included in each of the census tracts listed in the previous question (Census)*

In this field, you will include the Census tract block groups that were used to determine the LMI population of the proposed project. These groups should be listed along with the Census tract numbers in the data utilized. If an Income Survey was used to determine Area Benefit, please enter “n/a” into this field.

- If an Income Survey was used, please complete the following items*

In this section, you will list the LMI percentage that was determined in the income survey (must be at least 51%). You will also include the date that the income survey was started. If Census Data was used to determine Area Benefit, please enter “n/a” into this field.

- **If National Objective = LMI Limited Clientele**

Please complete all fields that apply from the options mentioned below for Limited Clientele*

- % LMI Served*

In this field, you will enter the percentage of population served which falls under the LMI Limited Clientele that the project activity serves. This is typically collected through verification or self-certification of household income. Some Limited Clientele are presumed benefit of LMI, as listed below.

- Is there a presumed benefit clientele?*

In this field, please select all the fields that apply from the dropdown menu. This will provide information on what LMI Limited Clientele is benefitting from the project activity. If your activity does not have any presumed benefit clientele, please select “No Presumed Benefit”.

- Is there a presumed benefit clientele based on nature/location of activity?*

Please select one option which will apply in this field. For example, a daycare center that is designed to serve residents of a public housing complex.

- Describe nature/location of the activity*

In this field, you will describe the project activity which will provide benefits to *the specific group(s) of persons selected above* rather than every person in the project area.

Please provide an explanation of how the nature of the activity serves specifically an LMI Limited Clientele population.

- **If National Objective = Urgent Local Need**

Please select this field only if your project activities are designed for tasks that alleviate emergency conditions due to the coronavirus.

- Describe how the urgent need is directly related to the coronavirus*

In this field, you will describe the urgent need tied to your project activities as it related to the coronavirus. Urgent Need qualified activities must meet the HUD eligibility criteria to demonstrate emergency conditions.

Please click the “Save Activity” button once you finish entering your activity. This will prompt you to submit another activity once the first entry has been saved.

You must click the “Save Activity” button *then* the “Save” button on the bottom-right side to save all activities in this section before moving forward.

Section 4 – Attachments

In this section, you will be required to submit the attachments and documentation needed to maintain compliance with both HUD and State guidelines when receiving CDBG-CV1 funds. While some documents will need to be pulled from Applicant Entity records (such as the Environmental Review Records), the majority of the required documentation and instructions on completing these forms can be found on the CDBGSC Website at the following link:

<https://www.cdbgsc.com/forms/startup/>

These forms will need to be completed by the Applicant Entity and uploaded to the portal in the Attachments section.

- Authorized Signature Form*

Please note that this is the updated version of the form titled “Authorization Signatures for Payments/Checks” on the CDBGSC website. This form is required to provide banking information for authorized entity personnel and account information for funds awarded.

- Needs Assessment from Each County in Project Area*

A Needs Assessment conducted within the past year, prior to application, must be submitted and attached with each application. A Needs Assessment for **each county** must be included in the final application. For example, if a Lead County is applying for a total group of 4 Counties, the Applicant Entity must upload 4 separate Needs Assessments specific to each County.

- Debarment/Suspension Certification*

This form is required to show non-debarment or suspension status from the System for Awards Management (SAM). This system will be the primary vehicle for awarding and tracking CDBG-CV1 awards to each Applicant Entity. The certification listed in this form will be requested to acknowledge in **Section 5**.

- Audit Requirement Certification*

This form is required to showcase an expected audit timeline for the Applicant Entity. The certification listed in this form will be requested to acknowledge in **Section 5**.

- Section 504 Form Compliance Schedule*

A Non-discrimination plan is required for approval of any CDBG projects, per HUD guidelines. Your organization will need to complete the compliance attestation and have an authorized representative sign the form. The form is available on the CDBGSC website.

- Section 102 Funding Disclosure Form*

This document is needed to disclose any other government funds or awards received when requesting from CDBG-CV1. If your CDBG-CV1 Fund Requested amount is *greater than* \$200,000, you will need to complete this form in its entirety.

If your requested funds from CDBG-CV1 are less than \$200,000, you will need to complete the beginning portion of the form. An authorized representative will need to sign the form, as well.

- Maps showing racial/ethnic concentration in the project area*

To maintain compliance with State AFFH Requirements, a map showing the racial concentration of the targeted project area is requested. This information can be accessed in local Census records or in the HUD AFFH mapping tool.

- Evidence of Citizen Participation Compliance*

Evidence proving Citizen Participation is required for all CDBG projects. In this field, you must attach documentation of implemented Citizen Participation sessions, and that planned forums or other community discussions have been put in place for citizens to ask questions about the proposed project.

The following information is needed to provide sufficient evidence of Citizen Participation: Copies of Citizen Participation notices, the minutes taken from public hearings, evidence of a held public comment period, a list of attendees, and an affidavit of publication from a local newspaper. An application hearing must also be held ahead of your application submission.

Please note that CDBG-CV1 requirements have shortened the Citizen Participation window from 30 days to 5 days, and accommodations have been made to permit online sessions due to the coronavirus.

- Environmental Review Records (ERR)*

If all activities in **Section 3** of the application are not Exempt from Environmental Review, you will need to attach a copy of your Environmental Review Records, including any environmental assessment required for the impacts of the proposed CDBG-CV1 projects.

In this field, please include any written determinations, compliance determinations, statutory checklists, or previous environmental determinations that are being used for your proposed project.

Please note that an Environmental Review, if not exempt, is required before any funding can be awarded or distributed through CDBG-CV1. Any delays to completing the Environmental Review forms (or CEST/CNEST forms) could delay your application approval.

If your project does not require any Environmental Review: Please attach the form available on the CDBGSC website titled “Environmental Review for Activity/Project that is Exempt or Categorically Excluded Not Subject to Section 58.5”

If your project requires Environmental Review: Please attach the full Environmental Review Record, documents required from the CDBGSC website based on project type, and the “Request for Release of Funds” document available on the CDBGSC website under “Environmental Review”.

- Documentation supporting the National Objective*

In this field, you will attach the documentation used to justify your National Objective for *all* proposed activities.

This can include the Income Surveys or census data used for LMI Area Benefit, a Narrative for which LMI Limited Clientele were targeted in activities, or an Attestation of Urgent Need from the applicant entity.

- Sample Income Survey (If using Income Survey)

If you selected the “LMI Area Benefit” National Objective and used an Income Survey to measure the LMI population of the project area, a copy of the HUD-approved income survey must be provided

- Census Data

If you selected the “LMI Area Benefit” National Objective and used Census Data to measure the LMI population of the project area, please provide the census tract data, block groups, and income levels found on the HUD website.

- Summary of Survey Results (If using Income Survey)

This form should be uploaded if you selected the “LMI Area Benefit” National Objective and used an Income Survey to measure the LMI population of the project area.

- Map of project area (if LMI Area Benefit)

If any activity proposed in **Section 3** used the LMI Area Benefit National Objective, a project area map must be attached.

- Limited Clientele Targeting Narrative (if LMC Limited Clientele)

If any activity proposed in **Section 3** used the LMC National Objective, a narrative describing the nature and location of activity and target population, as well as *how* the project will target this group, should be included. If the group is a Presumed Benefit group, like senior citizens, this should be included in the narrative as well.

Please keep in mind that income self-certifications from project beneficiaries must be provided during quarterly reports to justify this National Objective.

- Attestation of Urgent Need (if Urgent Need)

If any activity proposed in **Section 3** used the Urgent Need National Objective, a narrative describing why the activity or project is needed immediately must be provided.

- Program Income Plan (As needed)

If program income is expected to result from all current CDBG projects, including CDBG-CV1 projects, in excess of \$35,000 in a single year, the Applicant Entity will need to complete a Program Income Plan to justify how funds will be retained and utilized.

This plan will be requested from the Entity, along with quarterly reports of project income, and provided in template format. Program Income information was requested in the Intent to Apply documentation.

- Anti-displacement and Relocation Plan (As needed)

An Anti-Displacement and Relocation Assistance plan is required for HUD compliance in CDBG-CV1 projects. This plan will need to be created and attached to your application.

A template for creating an Anti-Displacement and Relocation Plan can be found at the link provided: https://www.hud.gov/sites/documents/DOC_16273.PDF

- Engineering Report (As needed)

If any activities in **Section 3** of the application require substantial engineering or installation, including any engineering reports required for the impacts of the proposed CDBG-CV1 projects.

Section 5 – Acknowledgements and Certifications

In this section, it is required to check all below mentioned fields. These acknowledgements are certifications of various State and HUD compliance requirements that you must agree to before submitting your application. Selecting each field marks as an electronic signature of the applicant.

- I certify, to the best of my knowledge and belief, the information in this application and all attached documentation is true and correct*

Please select this field to confirm that we have received the correct information from your application

- I certify, in order to ensure that there are no duplication of services, I agree to disclose any-and-all assistance my organization has - or will receive - in relation to the services included in your CDBG-CV1 grant*

By selecting this field, you agree to notify our team on receipt of any grant/funding sources that overlap with the CDBG-CV1 funds requested in your application.

- I certify, in order to prevent duplication of benefits, the uses of CARES Act CDBG-CV1 funding are serving with this grant are 100% unmet. This means there has not been, nor will there be, any other funding received to cover the expenses included in the CDBG-CV1 grant*

By selecting this field, you acknowledge that you have not received any other source of funding for the CDBG-CV1 funds requested and you do not intend to do so in the future.

- I certify that if selected as a sub-recipient of CARES Act CDBG-CV1 funding from the State of South Carolina, and subsequently receive a duplicate benefit, I agree to pay the CDBG-CV1 funds back to the State in the amount of such duplication*

By selecting this field, you acknowledge that you will return CDBG-CV1 funds approved in this application if you have received duplicate funds for the same project through other means.

- I certify that in receiving CDBG-CV1 funds, I agree to allow and comply with the monitoring and compliance requirements per the applicable sections in 2 CFR Part 200*

Please select this field to agree to comply with Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

- I certify that I understand that CDBG-CV1 funds are subject to audit in accordance to 2 CRF Part 200 Subpart F*

Please select this field to agree to comply with the audit requirements of Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

- I certify that my entity, nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency*

Please select this field to confirm that the agency applying for CDBG-CV1 is not subject to being debarred by any Federal Agency or in the System for Awards Management.

- I certify that I will affirmatively further fair housing and maintain documentation to support that certification, as required by statutes and regulations governing HUD programs*

Please select this field to certify that your Applicant Entity will practice and further the fair housing requirements provided by HUD.

After all required fields have been completed, you are ready to submit your application for review. Please click the Submit button at the bottom of the application page and our team will begin reviewing your completed application.

Our team will be in contact with your Applicant Entity or Administering Agency in regards to our determination of funding for your proposed projects.

Thank you for your interest in the South Carolina CDBG-CV1 Program!

