**SOUTH CAROLINA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**State CDBG CARES Act Coronavirus Funding (CDBG-CV2)**

**Direct Public Services Program – Food Distribution and Food Services**

**Intent to Apply**

Food insecurity has risen drastically across South Carolina due to the COVID-19 pandemic and the resulting negative economic impact to households across the State. The need for food aid and reliance on food bank services has increased dramatically since March 2020. Due to increasing costs of food resulting from inflationary pressures, supply chain shortages, and increased transportation costs, the obstacles to combatting food insecurity caused by the pandemic have continued to increase since March 2020.

In a direct response to these issues brought about by the COVID-19 pandemic, the primary objective of the Direct Public Services Program will be to increase food security and the provision of food aid to households in-need statewide. The program will assist providers of services, such as food banks, that have been addressing this need statewide or regionally, through existing programs where provision of services quantifiably increased since March 2020.

Eligible activities under the CDBG-CV Direct Public Services Program must be for new or quantifiably increased public services that will address the increased need for food related assistance statewide that primarily benefit low and moderate income (LMI) individuals and include activities that prepare for, respond to, and prevent the coronavirus, where these activities do not represent a duplication of benefits. Eligible, new, or quantifiably increased food related public services may also be eligible for funding if they were new or expanded initially during the eligible “lookback period”, which began with approval of the first substantial amendment to the State’s 2020 Annual Action Plan for the CARES Act in November 2020. This means that retroactive costs may be eligible for funding if they include an increase in food related services that occurred after November 2020.

For additional information, please refer to the November 2022 Substantial Amendment to the 2020 Action Plan and Program Description which you can find on the South Carolina Department of Commerce website here: <https://www.cdbgsc.com/consolidated-plan/>

**Applicant Eligibility:**

Eligible subrecipients will be existing and established organizations that are:

1) directly involved and directly delivering the services for which funding is being requested (ie, the project will not involve provision of such services or undertaking delivery of such services through one or more contractors or subrecipients), and

2) already successfully providing comparable food distribution or other services on a large scale - statewide or at a minimum on a multi-county regional basis.

**Applicant Information:**

|  |  |
| --- | --- |
| Applicant Entity:  |  |
| Address:  |  |
| Contact Person Name: |  |
| Contact Person Email: |  | Telephone: |   |

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| Total Anticipated CDBG-CV2 Amount Requested for Direct Public Services: |  |

**Proposed Project:**

Provide a concise description of the proposed project below and describe the eligible activities to be funded with CDBG-CV2. The scope of work should be very specific in identifying how the CDBG money will address persistent food distribution and food security related needs arising as a result of the pandemic.

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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 pandemic.

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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.

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**Support During the Pandemic:**

How has your organization supported food security of individuals and families during the pandemic?

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**History with Food Security**

Briefly describe your organization’s history of addressing food security in the region(s).

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**Description of Comparable Services:**

Please describe any demonstrated capacity to serve large portions of the State, and/or any existing statewide or regional operations successfully providing comparable services

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**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/have completed 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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**Financial and Operational Capacity:**

Please describe experience with administrative and financial management of large-scale distribution programs, specifically, what methods are used to ensure financial management and compliance with program requirements?

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**Reimbursement Program:**

Funding for this program is based on the submission of invoices and appropriate documentation of expenses on a regular basis.

1. What, if any barriers, do you anticipate in being able to participate in a reimbursement program?

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1. Please indicate if the budget will include retroactive reimbursement for activities that have already been completed.

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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-CV2 Request: $

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| --- | --- | --- | --- |
| Activity | CDBG-CV2 Amount | Other Funds | Total |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| Administration |  |  |  |
| Total Project Cost |  |  |  |

**Organization’s Current Operating Budget:**

What is the size of your organization’s current operating budget?

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**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?

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|  | Yes |
|  | No |

**Application Portal Access**

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 Applicant:  |  |
| E-Mail Address: |  |

**Authorized Grantee Representative (organization official or authorized 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.

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

**Please submit this completed form via email to: SCCDBG.CV2@sccommerce.com**

**Enter the following on the Email subject line: “CV-2 DIRECT PUBLIC SERVICES - (ADD NAME OF APPLICANT)”**