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|  | **RICHLAND COUNTY, SOUTH CAROLINA**  **HOME INVESTMENT PARTNERSHIPS PROGRAM**  **FUNDING APPLICATION FY 2022**  **OCTOBER 1, 2022 - SEPTEMBER 30, 2023** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | |
| **Organization Name:** | | | | |
| **Mailing Address:**  **Project Address:** | | | | |
| **Primary Contact’s Name:** | | **Phone:** | | |
| **Primary Contact’s Title:** | | **Fax:** | | |
| **E-Mail Address:** | | **Agency Website:** | | |
| **Tax I. D. Number:** | | **DUNS Number:** | | |
| **Is this organization registered as a charitable organization under Section 501(c)(3) of the Internal Revenue Code?** | | | ☐ **Yes** ☐ **No** | |
| **Has your organization ever been designated a Community Housing Development Organization (CHDO) in the past two (2) years?** | | | ☐ **Yes** ☐ **No** | |
| **PROJECT DESCRIPTION AND BUDGET** | | | | |
| **1. Project Name**: | | | | |
| **2. Brief Project Summary/Description:** | | | | |
|  | | | | |
| **3. Project Location:** | | | | |
| **4. Project Start Date:** | | **5. Project Completion Date:** | | |
| **6. Total Project Cost: $** | | | | |
| **7. Total HOME Funding Requested: $** | | | | |
| **8. HOME Funding Amount as a Percentage (%) of Overall Project Budget: \_\_\_\_\_ %** | | | | |
| **9. Are you requesting CHDO operating funds?** | ☐ **Yes** ☐ **No** | | | **$** |
| **10. What non-Federal sources could be counted as HOME matching funds?** | | | | |
| **11. Total # of low/mod households served by this project: \_\_\_\_\_\_\_\_** | | | | |
| **12. Indicate what best identifies your project:**  ☐ Homebuyer Assistance for Purchase ☐ Rental Housing Acquisition  ☐ Homebuyer Assistance for New Construction☐Rental Housing Rehabilitation  ☐ Homebuyer Assistance for Rehabilitation ☐ Rental Housing New Construction  ☐ Homebuyer Assistance for Accessibility ☐ Tenant Based Rental Assistance  ☐ Construction of New For-Sale Housing ☐ Rehab of For Sale-Housing | | | | |

1. **Activity eligibility must meet at least one of the Five-Year Consolidated Goals**

*Select the strategy that best fits the proposed project.*

|  |  |
| --- | --- |
|  | **Housing Strategy** |
| ☐ | **HSG-1 Owner-Occupied Housing Rehabilitation -** Continue to provide financial assistance to low- and moderate-income homeowners to rehabilitate their homes and provide emergency repairs as necessary. |
| ☐ | **HSG‐2 Renter-Occupied Rehabilitation ‐** Provide financial assistance to landlords to rehabilitate housing units that are rented to low‐ and moderate‐income tenants. |
| ☐ | **HSG-3 Housing Construction -** Increase the supply of decent, safe, sound, and accessible housing that is affordable to homebuyers and renters in the community through rehabilitation of vacant buildings and new construction. |
| ☐ | **HSG-4 Homeownership -** Continue to assist low- and moderate-income households to become homeowners by providing down payment assistance, closing cost assistance, housing rehabilitation assistance, and requiring housing counseling training. |
|  | **Homelessness Strategy** |
| ☐ | **HMS-3 Prevention and Housing -** Continue to support the prevention of homelessness through anti-eviction activities and programs for rapid re-housing. |
| ☐ | **HMS‐4 Housing ‐** Support the rehabilitation of and making accessibility improvements to emergency shelters, transitional housing, and permanent housing for the homeless. |
| ☐ | **HMS‐5 Permanent Housing ‐** Support the development of permanent supportive housing for homeless individuals and families. |
|  | **Other Special Needs Strategy** |
| ☐ | **SNS‐1 Housing ‐** Increase the supply of affordable, decent, safe, sound, and accessible housing for the elderly, frail elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs through rehabilitation of existing buildings and new construction. |

1. **Description of Project & Grant Request***:*

*On a separate sheet of paper, please describe the activities to be carried out through this funding request (include attachments):*

* + *Describe the full details of the activity being undertaken with HOME funds (who, what, where, and how).*
  + *Describe, and quantify where appropriate, the services and outcomes that will be provided as a result of the expenditure of HOME funds.*
  + *How will these services be delivered?*
  + *Why are HOME funds needed to support the project?*
  + *How will the HOME funds leverage other funds?*

1. **Project Service Area:**

**\* Submitted applications must be for projects that will have a direct impact on very low- to moderate-income residents living within Richland County exclusive of the City of Columbia and incorporated municipalities in the County.** Incorporated municipalities includes towns and cities of Forest Acres, Arcadia Lakes, the Town of Blythewood, the Town of Irmo, and the Town of Eastover that are not eligible for the program and may be eligible to receive similar funding from the State of South Carolina Community Development Block Grant Program.

*The Project Service Area refers to the location where project beneficiaries reside or where clients accessing services reside. A Project Service Area may be a broader area that is beyond the actual location of a physical site.*

*Describe the Project Service Area using street boundaries, census tracts, or other recognizable boundaries – if a proposed project/service is available to all County residents, state the service area as county-wide. (Keep in mind the project must serve majority Richland County residents, regardless of the organization’s physical location.).*

1. **Describe the Clientele you intend to serve:**

*The organization must ensure that individuals or households benefiting from HOME funding are low- and moderate-income. Documentation demonstrating this MUST be obtained for each household. This information will be used to measure the project’s performance outcome.*

|  |  |
| --- | --- |
| **Clientele** | |
| Estimate the number of low- to moderate income households served by this project: |  |
| Identify the primary beneficiaries this project will serve. Check the appropriate category below:  ☐ Low- and/or Moderate-Income Households ☐ Individuals with Disabilities  ☐ Elderly Individuals (over age 62) ☐ Homeless Persons  ☐ At-Risk and Abused Children/Youth ☐ Battered Spouses  ☐ Persons Living with HIV/AIDS ☐ Other (describe below) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Describe the process of collecting data for individuals or households and explain what documentation your organization collects to determine income status (i.e. self-surveys, pay stubs, tax forms, bank statements, sworn statements, etc.).

**FY 2022 HOME Income Limits**

**Columbia, SC HUD Metro FMR Area**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2021 Income Limit Category** | **1**  **Person** | **2**  **Person** | **3**  **Person** | **4**  **Person** | **5**  **Person** | **6**  **Person** |
| **30% median income or below** | $16,950 | $19,400 | $20,030 | $27,750 | $32,470 | $37,190 |
| **50% of median income** | $28,250 | $32,250 | $36,300 | $40,300 | $43,550 | $46,750 |
| **80% of median income** | $45,150 | $51,600 | $58,050 | $64,500 | $69,700 | $74,580 |

**LMI Clientele Table**

*(Based on the income guidelines listed in previous table)*

|  |  |
| --- | --- |
| **Low/Moderate Income Persons or Households:** | **Total Number of Individuals or Households:** |
| **30% of median income or below** |  |
| **31 - 50% of median income** |  |
| **51 - 80% of median income** |  |

1. **Agency Description & Experience:**

*On a separate sheet of paper, describe the following:*

* + *Mission of the organization.*
  + *Experience of the organization in carrying out the proposed activities/services.*
  + *Length of time the organization has been involved in provided the proposed activities/services.*
  + *Describe how your organization markets its services to clients/consumers. How do clients* *access your services and programs?*
  + *What are your hours and days of operation?*
  + *List the names of the board of directors and describe the staff and volunteers who will be* *involved on this project (including the training of volunteers).*

***Budget Breakdown:***

***Please fill out the following budget to support your HOME project request. The final program budget will be incorporated into the Statement of Work section of the organization’s subrecipient agreement with Richland County****. Please provide a brief description of each budget line item on a separate sheet of paper.*

**Project Sources and Uses of Funds (Full Budget):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Use of Funds/Activity Detail** |  | **Amount** Requested |
| 1. | Ex: Project Manager | $ | 5,000 |
| 2. |  | $ |  |
| 3. |  | $ |  |
| 4. |  | $ |  |
| 5. |  | $ |  |
| 6. |  | $ |  |
|  | **Total:** | **$** |  |

**Total Sources of Project Funds:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Source of Funds** |  | **Amount** | **Committed *(Yes/No)*** |
| 1. Ex: | Wonderful Foundation | $ | 15,000 | YrYYes |
| 2. |  | $ |  |  |
| 3. |  | $ |  |  |
| 4. |  | $ |  |  |
| 5. |  | $ |  |  |
| 6. |  | $ |  |  |
|  | **Total:** | **$** |  |  |

*Please note: if this budget is not filled out completely, your application will not be complete, which may affect if your proposal is funded.*

**Project Time Schedule:**

**Program Year 2022: OCTOBER 1, 2022 - SEPTEMBER 30, 2023**

|  |  |
| --- | --- |
| **Task** | **Date** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |

**6. Other Items:**

*Attach a copy of the following items:*

* *Your organization’s budget for current year showing sources of funds and types of expenses.*
* *Commitment letters from non-HOME sources or evidence of application for other funds, if available.*
* *Most recent financial audit or statement, including balance sheet and income statement.*
* *Most recent IRS Form 990 submittal (or tax return).*
* *Most recent annual report.*
* *List of current officers and board members.*
* *Articles of Incorporation.*
* *IRS Determination Letter.*
* *Any other appropriate information about your project or organization (annual reports, maps, brochures, newsletters, news articles, etc.).*

**Housing projects are required to provide additional information regarding project budget, sources and use of funds, site control, project timeline and benchmarks, and plans and specifications, if available.**

**NOTE: If the Applicant is applying for HOME CHDO Set-aside funds contact Ms. Lovetta Walton.**

**Applications and all attachments must be submitted electronically by email to HOMEFunding@richlandcountysc.gov. If needed, please submit any hard copies NOT**

**STAPLED OR BOUND. Application and attachments should be in an 8-1/2” x 11” format and addressed 2022 HOME Funding Request, Attention: Community Development Department located at 2020 Hampton St., SC Suite 3058, Columbia, SC 29202.**

**If you have any questions or would like guidance in completing this application, please contact the Community Development Department at (803) 576-2230 or vía email at HOMEFunding@richlandcountysc.gov.**

**CERTIFICATION**

The undersigned certifies the information contained herein is true, accurate, and complete to the best of his/her knowledge and belief. The applicant agrees to comply with all Federal, State, and County policies and requirements affecting the HOME program. The signatory declares that he/she is an official of the organization, is authorized to file this application, and certifies that the information in this application is true and accurate, to the best of his/her knowledge. In order for your application to be accepted, in addition to the application itself, your organization must submit the following items along with the HOME application.

☐ ***Complete application with all questions completed. If an area does not apply, state N/A, do not leave a question blank.***

☐ Articles of Incorporation and Bylaws

☐ Current List of Board of Directors

☐ Certified Organization Audit/Financial Statements of most recent year

1. Copy of OMB A-133 Audit (required if $750,000 in aggregate Federal funds expended), or
2. Financial statements audited by a CPA (only if not qualified for A-133), or

☐ IRS 501(c)(3) Designation Letter (Pending letters will not be accepted)

☐ Copy of IRS Form 990 filed for most recent year

☐ Form W-9 (can be obtained at [**www.irs.gov**)](http://www.irs.gov/)

☐ Current Fiscal Year Agency Budget, including all funding sources

☐ Job Descriptions for this activity/project

☐ Organizational Chart

☐ An Executed Signature Authorization Letter

**I hereby confirm that this packet contains all materials requested**.

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Printed Name** | **Title** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signature** | **Date** |