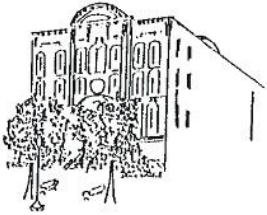


Community Development Block Grant 2020 Program Year and COVID-19 Funding Joint Application - Submission #5334

Date Submitted: 5/21/2020



CITY OF SARATOGA SPRINGS

OFFICE OF COMMUNITY DEVELOPMENT

City Hall – 474 Broadway
Saratoga Springs, New York 12866
Tel: 518-587-3550 x2575 fax: 518-580-9480



COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) ENTITLEMENT PROGRAM
2020 PROGRAM YEAR & CDBG COVID-19 FUNDING
- Joint Application -

IMPORTANT

2020 CDBG Guidebook

****DO NOT attempt to complete this application prior to reviewing the 2020 CDBG Guidebook (link provided above). Questions should be directed to the Community Development Planner at lindsey.connors@saratoga-springs.org****

Applying for:*

Regular 2020 CDBG PY
Entitlement Funding

CDBG-CV CARES ACT
Funding (COVID-19 related
activities)

Both/Either

Activity Name*

Mother Susan Anderson Women and Children's Emergency Shelter

Applicant Organization*

Soul Saving Station

Address*

PO Box 104

City*

Saratoga Springs

State*

NY

Zip Code*

12866

Phone Number*

518-584-3122

Email Address*

ssstoga@gmail.com

Contact Person*

Neysha Byrd

Title*

Finance Committee Member

Applicant Type*

Choose 1

City Department

Non-Profit Organization

Other Public Agency

List Department*

Federal ID #*

14-1613500

DUNS #*

N/A

Specify*

National Objective*

Choose 1

Benefit persons of low-moderate income

Address slum/blight conditions

Urgent need

Specify*

Low-Mod Income Area Benefit

Choose 1

Requested CDBG Entitlement Funding*

0

Requested CDBG COVID-19 Funding*

7740

If zero, please indicate.

If zero, please indicate.

Funding leveraged from other sources*

0

Total activity cost*

7740

20% of total project costs strongly recommended, but not required. If zero, please indicate.

Proposal Abstract *

Due to the Pandemic of COVID-19 in the Saratoga Springs New York area, our facility has faced many challenges that have required not only additional spending but also a lack of income to take care of our homeless shelter. Our need is immediate and we are requesting additional funds from the 2020 COVID-19 CDBG.

First, due to the shutdown of government and stay at home order. our facility has not been able to function at full capacity in order to meet the requirements of the CDC and NYS guidelines. This has affected our income greatly. This has caused a reduce in revenue that we would normally and consistently have.

Last, as our income has reduced do to safety guidelines and less income, our expenses has increased during COVID-19. In order to keep our residents safe and abide by the stay at home order, we have had to provide food for our residents and cleaning services required to prevent the spread of the coronavirus.

Please provide a BRIEF overview of your proposal.

Persons served*

7

This activity is...*

new

How many low-moderate income persons will be served through this activity?

Activity Beneficiaries*

The beneficiaries of the requested funding are as follows

- Staff Salary due to lack of income generated
- Residents currently at shelter to provide CDC Guideline cleaning
- Residents to provide food and abide by the NYS stay at home order

These three areas are designed to benefit individual person of low to moderate income at the shelter

Identify who will benefit from the proposed activity. If the activity is designed to benefit: 1) individual persons of low- to moderate-income, describe the process you will use to identify these persons and determine their income eligibility and the number of persons you expect to serve. 2) the inhabitants of a predominantly low-moderate income area, identify the Census Block Group in which the activity is located. 3) a low-moderate income "limited clientele", identify the "limited clientele" group.

Performance Goals and Indicators*

The requested funds are calculated to meet the spending required for the next 2.5 months. The performance goals will be indicated by the calculated needs:

\$4740.20-salary
\$1500-Cleaning
\$1500-Food

Identify your performance goals and the types of indicators you will use to document activity accomplishments and success. (Examples should include: # of persons with new/improved access to services, # of affordable houses rehabilitated, # of businesses assisted, # of jobs saved or created, etc.)

Activity Timeframe/Schedule *

immediate

Include start, completion dates, and other significant performance stages.

Required Approvals/Permits*

N/A

Site Control Documentation (if applicable)

No file chosen

Deed, MOU, purchase contract, etc.

Identify whether the activity requires additional local, state or federal approval (license, permit, design/historic/environmental review, etc.). For construction/site development/land acquisition projects, provide evidence of site control.

Organizational Capacity*

Has your organization been a previous sub-recipient of City CDBG funds and/or any other federal award?

Yes No

Organizational Capacity (2)*

Have these activities been completed and all federal requirements met?

yes no

Authorized Electronic Signature Agreement*

By checking the "I agree" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.

I agree.

Electronic Signature*

Neysha Johnson Byrd

Date*

5/21/2020

Activity Budget *

Complete and upload budget forms 1 and/or 2 (provided below) as appropriate. Depending on the activity, the applicant may need to submit one or both of the budget forms. On these forms, identify the amount and sources of leveraged funding for this activity. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, etc.). Upload copies of funding commitment letters or other evidence of funding support in the space provided. *In addition, more detailed budgets MAY be uploaded in the space provided. If an architect, engineer, or other personnel have conducted a cost analysis, upload a copy noting the author and date of analysis.

Budget Form 1 - Proposed Activity Program Operating Budget

[Budget Form 1](#)

Required for public service or economic development activities as applicable. Complete and save to your local computer, then upload below.

Upload Budget Form 1

Budget-Form-1---CDBG-Application 2020 COVID-19.xlsx

Optional: Evidence of Funding Support

No file chosen

Proof of leveraged funding (ie. grant award letter, private donation commitment letter, etc.)

Budget Form 2 - Construction/Site Development Budget

[Budget Form 2](#)

Required for "bricks and mortar" activities (ie. construction, rehabilitation, land acquisition, etc.) as applicable. Complete and save to your local computer, then upload below.

Upload Budget Form 2

No file chosen

Optional: Detailed Budget/Cost Analysis

No file chosen

OFFICE OF MANAGEMENT AND BUDGET (OMB) CIRCULAR A-133 -- MONITORING OF FEDERAL FINANCIAL ASSISTANCE TO SUBRECIPIENTS*

Organization*

Soul Saving Station

Mailing Address*

PO Box 104 Saratoga Springs, NY 12866

Federal ID*

14-1613500

Phone #*

518-584-3122

Fax #

DUNS #*

N/A

Please identify your fiscal year (mth/yr to mth/yr):*

01/2020-12/2020

Please identify below the funding received during your last fiscal year.

Community Development Block Grant Entitlement Funding (CDBG):

CDBG Activity Name*

Mother Susan Anderson Women and Children's Emergency Shelter

CDBG Program Year*

2020

CDBG Funding Amount*

7740.20

If not applicable, please reply N/A.

Other Federal Financial Awards (cash & non-cash):

Name & Catalog of Federal Financial Assistance (CFDA)#*

Federal Funding Amount*

N/A

0

If not applicable, please reply N/A.

Name & CFDA #

Federal Funding Amount

Name & CFDA #

Federal Funding Amount

During your last fiscal year, has your organization expended more than \$750,000 in total federal financial awards (incl. CDBG & all other federal assistance)?*

Yes No

Single Audit Report*

No file chosen

Upload a copy of your organization's latest Single Audit Report.

Are you aware of any financial audit violations, findings or questioned costs relating to any activity funded with federal financial assistance? *

Yes
 No
 N/A

Please describe:*

Other Saratoga County Awards (cash & non-cash):

Program Name*

Year*

Award Amount*

N/A

N/A

0

If not applicable, please reply N/A.

Program Name

Year

Award Amount

Program Name

Year

Award Amount

Authorized Electronic Signature Agreement*

By checking the "I agree" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.

I agree.

Electronic Signature

Date

Neysha Johnson-Byrd

5/21/2020

-----ENVIRONMENTAL IMPACT & RISK ASSESSMENT FOR NEW CONSTRUCTION PROJECTS----- **----- (INCLUDING EXPANSIONS OF EXISTING BUILDING FOOTPRINTS OR REHAB** **PROJECTS OF 75% OR MORE)**

Does your proposed project include new construction, expansion of an existing building footprint, or rehabilitation of 75% or more of an existing building? *

Yes

No

Budget Form 1
Proposed Activity Program Operating Budget

	Entitlement Grant	Leveraged Funding	Total Activity Cost	Source of leveraged Funds and In-Kind Services
PERSONNEL				
Salaries	\$ 4,740.20	\$ -	\$ 4,740.20	
Fringe			\$ -	
Other (consultants, etc.)			\$ -	
<i>Subtotal</i>	\$ 4,740.20	\$ -	\$ 4,740.20	
OVERHEAD				
Advertising/Marketing			\$ -	
Program Supplies			\$ -	
Rent & Utilities			\$ -	
Other (please list below)				
Food	\$ 1,500.00		\$ 1,500.00	
Cleaning Service	\$ 1,500.00		\$ 1,500.00	
			\$ -	
<i>Subtotal</i>	\$ 3,000.00	\$ -	\$ 3,000.00	
TOTAL COST	\$ 7,740.20	\$ -	\$ 7,740.20	