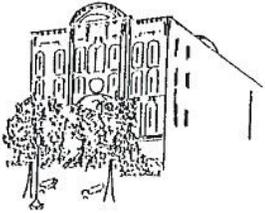


Community Development Block Grant 2020 Program Year and COVID-19 Funding Joint Application - Submission #5325

Date Submitted: 5/20/2020



**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](mailto: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\***

COVID related renovations

**Applicant Organization\***

Wellspring

**Address\***

480 Broadway LL20

**City\***

Saratoga Springs

**State\***

NY

**Zip Code\***

12866

**Phone Number\***

5185830280

**Email Address\***

executivedirector@wellspringcares.org

**Contact Person\***

Maggie Fronk

**Title\***

Executive Director

**Applicant Type\***

Choose 1

- City Department
  Non-Profit Organization
  Other Public Agency

**List Department\***

**Federal ID #\***

141644567

**DUNS #\***

781611009

**Specify\***

**National Objective\***

Choose 1

- Benefit persons of low-moderate income
  Address slum/blight conditions
  Urgent need

**Specify\***

Low-Mod Income Limited Clientele Activities ▼

Choose 1

**Requested CDBG Entitlement Funding\***

0

**Requested CDBG COVID-19 Funding\***

6000

If zero, please indicate.

If zero, please indicate.

**Funding leveraged from other sources\***

10000

**Total activity cost\***

16000

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

We seek funding to assist with expenses related to office renovations to afford social distancing and other environmental modifications to adhere to guidance from OSHA, the CDC, and the NYS Department of Labor so that our staff and clients can work together in a healthy environment that adheres to best practices for minimization of virus transmission.

Our current office space, where we meet with clients for: safety planning, counseling, legal advocacy, housing assistance, etc. was very insufficient to do our work prior to COVID 19 (we had purchased a property and hoped to raise the funds to build a new facility and be moved in there within 2 years, however the current health crisis has obliterated our ability to launch a capital campaign at this time as our community is struggling as a result of COVID's impacts in business and individuals.)

Since the COVID health crisis our program space is not only insufficient, but poses serious health risks due to:

- lack of distancing,
- 2) inadequate air flow (we are in a basement with neither windows or doors for air exchange), and
- 3) a predominantly open office environment whereby 18 people share a common work area. Currently only 2 individuals, the executive director and finance director, have office with doors- (due to the need to lock up confidential records) ... all others are open desk seating with colleagues on either side of them less than 3 feet apart AND are in office thoroughfares where constantly throughout the day colleagues pass within inches of their desk as they move throughout the office. All staff sit within 3 feet of each other.

That's the staff space. And our client meeting spaces? Our counseling cubbies where we meet with clients are tiny (you can touch both walls with your arms NOT fully extended and the client and Wellspring employee are directly facing each other with less than 3 feet between them (and sometimes there is also a third person in that tiny room). Additionally, we all have learned that virus transmission is not solely dependent on spacing, but also on: air flow, the intensity of the air exchange between people, and the duration of exposure. Our current environment is a perfect storm for virus transmission because:

1. Air flow- We are in an older building that is broken up into small cubbies to meet with clients. The building layout was not designed for this purpose, nor is our antiquated HVAC system up to the task... so those tiny windowless counseling cubbies have dismal air exchange and throughout the day we meet with one abuse victim after another all day long in those spaces... without a break between sessions.

2. Intensity of air exchange- researchers have found that when people are engaged in activities that involve voice projection, the viral particulates spread more intensely and well beyond the 6' distance. Some of the activities that increase particulate transmission are: singing, talking loudly, highly emotional speech. There's not much singing that goes on in a counseling cubby, but you can imagine that as victims are discussing the highly emotional impacts of being: emotionally and physically abused, threatened, raped/sexually violated, and sometimes strangled to within moments of death—their recounting of the abuse is very emotional: sobbing, speaking with anger, and breathing intensely as they relive the abuse. This happens in those very cubbies with less than 3 feet between the client and advocate.

3. Duration of exposure- Researchers have also found that the time someone is in proximity to someone who is COVID positive influences the probability of transmission. A very brief encounter could theoretically result in transmission... but more time spent near the person significantly increases probability of transmission. The Johns Hopkins contact tracer course indicates that a period of 15 minutes exposure is considered significant for viral transmission. The average counseling session is one hour; when we are working with a client on a writing up the petition for an order of protection, we are often in the room with them for 3 hours or more... in those same small spaces.

**CLEARLY WE HAVE A PROBLEM!**

Wellspring's work is important in preventing/ addressing homelessness... and also improving public safety.

In Saratoga County domestic violence is:

The second most common violence crime

The primary cause of family homelessness, and

The primary cause of homicide.

And during our pause at home COVID response domestic violence and sexual assault have increased dramatically (in the first month of the 'pause' Wellspring's hotline calls increase 110%... and those numbers are not going down. We also know that many victims are choosing to remain in the abuse. What's happening in the home is scary, but it's a familiar scary; they fear the unknown in this COVID situation if they left the home, reported to police, went to a shelter... so they are hunkering down and enduring the abuse. We predict that when the health curve truly flattens, Wellspring's curve will spike dramatically!

We need you help so we can create an office where our staff can work safely and we can meet with clients safely.

In our current design we have at full staffing 22 employees and 3 interns in the office regularly. To We have developed a COVID response policy that includes reduction our staff on site to 50-60% to be able to provide adequate social distancing. To do this while maintaining staffing levels requires a mix of; schedule changes, some remote employees, strategic scheduling for folks who work in the community, drastic changes to our donation policy and ways of providing for client basic needs, and environmental fixes. We are asking CDBG to assist with the environmental fixes.

Working with Bonacio Builders we have designed a system of clear vinyl partitions between each workspace and also a partition at each desk space to separate the desk from the open walkway. This will provide individuals with some separation for colleagues. Our space was too small to use plexiglass and folks would be bumping into it, so we chose thick vinyl sheeting (the kind that is used in walk-in coolers, to minimize the risk of injury. Because of the building's sprinkler system, we can not permanently mount the dividers, so Bonacio is building individual frames that allow spacign at the ceiling for fire prevention. This this is not a permanent renovation to the building, but a moveable fixture. We will also stagger staff schedules, so that 'adjacent' staff are not on site at the same time. There is no ability to modify our counseling cubbies to meet CDC recommendations, so we are deploying some administrative and supervisory staff off-site to reduce the number of people in the office and be able to use their space to meet with clients. We have two local businesses that have offered us temporary space to relocate staff, so they are generously donating in-kind office space to assist us during the COVID crisis (these details are still being finalized- this is the leveraged match for this grant). The partitions are a time and materials project so we do not

have a firm number on the cost, but Bonacio anticipates it will be slightly more than \$5,000.

Additionally, we are purchasing four large room HEPA filters (one for each 'room' of the office) at a cost of \$249.99.

Budget:

Time and materials for partitions, estimated \$5000

\$ large room HEPA filtration units \$250/per unit

Total : \$1,000

Please provide a BRIEF overview of your proposal.

**Persons served\***

100

**This activity is...\***

new

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

**Activity Beneficiaries\***

This project benefits women, men and children who are victims of domestic violence, sexual assault, and trafficking. This population is defined by HUD as a low-moderate income limited clientele group.

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 ability to:

- 1) Move staff back to our worksite, with health and safety modifications to meet CDC guidelines
- 2) Meet with clients for one-on-one sessions in a safe and socially distanced environment

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 \***

As soon as possible

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

### Required Approvals/Permits\*

No permit is required. While we are not making any structural or other permanent modifications to our rented space, we will seek landlord approval before proceeding

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.

### Site Control Documentation (if applicable)

No file chosen

Deed, MOU, purchase contract, etc.

### 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\*

Maggie Fronk

### Date\*

5/20/2020

### 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

BudgetForm1-CDBGApp (1).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

**Budget Form 1**  
**Proposed Activity Program Operating Budget**

	Entitlement Grant	Leveraged Funding	Total Activity Cost	Source of leveraged Funds and In-Kind Services
<b>PERSONNEL</b>				
Salaries			\$ -	
Fringe			\$ -	
Other (consultants, etc.)			\$ -	
<i>Subtotal</i>	\$ -	\$ -	\$ -	
<b>OVERHEAD</b>				
Advertising/Marketing			\$ -	
Program Supplies			\$ -	
Rent & Utilities			\$ -	
Other (please list below)				
Vinyl dividers (T&M)	\$ 5,000.00		\$ 5,000.00	
HEPA room filters (4)	\$ 1,000.00		\$ 1,000.00	
2 off site offices			\$ -	\$10,000 ( estimated value of rental space) from 2 community businesses
<i>Subtotal</i>	\$ 6,000.00	\$ -	\$ 6,000.00	
<b>TOTAL COST</b>	<b>\$ 6,000.00</b>	<b>\$ -</b>	<b>\$ 6,000.00</b>	

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

**Organization\***

Wellspring ( inc. as Domestic Violence and Rape Crisis Services of Saratoga County)

**Mailing Address\***

480 Broadway LL20

**Federal ID\***

141644567

**Phone #\***

518.583.0280

**Fax #**

518.583.2215

**DUNS #\***

781611009

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

January 2020 to Dec 2020

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

**Community Development Block Grant Entitlement Funding (CDBG):**

**CDBG Activity Name\***

Homelessness Prevention and Intervention

**CDBG Program Year\***

2018

**CDBG Funding Amount\***

7848.70

If not applicable, please reply N/A.

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

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

NYS DCJS16.588

**Federal Funding Amount\***

35,600

If not applicable, please reply N/A.

**Name & CFDA #**

NYS OVS 16.575

**Federal Funding Amount**

444,719

**Name & CFDA #**

HUD RR&Perm 14.267

**Federal Funding Amount**

269,093

**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\***

DV SHELTER

**Year\***

2019

**Award Amount\***

40,000

If not applicable, please reply N/A.

**Program Name**

DSS NON-RESIDENTIAL CONTRACT

**Year**

2019

**Award Amount**

\$38,500

**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**

Maggie Fronk

**Date**

5/20/2020

From : Maggie Fronk <executivedirector@wellspringcares.org>

Wed, May 20, 2020 06:22 PM

Subject : CDBG

To : Lindsey Connors <lindsey.connors@saratoga-springs.org>

4 attachments

**CAUTION: This email originated outside of the City network. Please contact IT Support if you need assistance determining if it's a threat before opening attachments or clicking any links.**

Lindsey:  
Here is the letter confirming both application (COVID and original)

Also I think I will hit a single audit this year for the first time (audit is in progress now- some of our funding sources are part federal and part not, so we need to find out how they allocate to get to our final number). However on the online application I tried to check 'yes' but could not go forward since I then needed to attach results of my past single audit (which of course I don't have) ... so I changed it to no.

Also there weren't enough spaces for me to input all my federal grants, so here's a cut and paste of all of them

-

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

GIVE NAME & CATALOG OF FEDERAL FINANCIAL ASSISTANCE (CDFA) #	AMOUNT OF AWARDS	
Grant	Total	Fed Funds*
DCJS 16.588	35,600	35,600
OVS 16.575	444,719	355,755
HUD RR&Perm 14.267	269,093	269,093
DOJ OVW 16.736	94,564	94,564
DCJS RC 19	100,007	100,007
OVS Attorney	97,723	78
HUD II 14.267	105,377	105,377
TANF 93.558	12,545	12,545
<b>Sub-Contracts</b>		
Legal Aid 16.524	5,000	5,000
NYSCASA 16.017SASP16.017	18,664	18,664
<b>TOTAL</b>		<b>996,683</b>

\* This is the total possible federal funds based upon current grant projections and budget. Often we do not fully expend all monies due to staff vacancies or using less than the full amount of rental assistance funds (generally because clients paid more rent than anticipated due to employment income) so we anticipate actual federal funds will be less than projected. We have not in

Maggie Fronk  
maggiefronk.blogspot.com

Executive Director  
Wellspring

**-----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