Community Development Block Grant 2021 Program Year Subgrantee Application - Submission #6460

Date Submitted: 3/2/2021



CITY OF SARATOGA SPRINGS

EQUAL HOUSING OPPORTUNITY

OFFICE OF COMMUNITY DEVELOPMENT

City Hall - 474 Broadway
Saratoga Springs, New York 12866
518.587.3550 x2575 www.saratoga-springs.org

Community Development Block Grant (CDBG) Entitlement Program 2021 Program Year – Subgrantee Application

IMPORTANT

2021 CDBG Guidebook

DO NOT attempt to complete this application prior to reviewing the 2021 CDBG Guidebook (link provided above). Questions should be directed to the Community Development Planner at lindsey.connnors@saratoga-springs.org.

Activity Name*			
iDignity - Identification for Individuals in Need			
			/
Applicant Organization*			
The Salvation Army			
Address*			
27 Woodlawn Ave, P.O. Box 652			
City*	State*	Zip Code*	
Saratoga Springs	NY	12866	

Phone Number*		Email Address*
5185841640	//	bree.barker@use.salvationarmy.org
Contact Person*		Title*
Lt. Bree Barker		Corps Officer
Applicant Type*		1
Choose 1 © City Department	Non-Profit Organiz	eation Other Public Agency
List Department*		
Federal ID #*		DUNS #*
13-5562351		06-2517941
Specify*		
Choose 1 Benefit persons of low-moderate income	Address slum/blight	nt conditions Urgent need
Specify* Low-Mod Income Limited Cli Choose 1	entele Activities 🔻	
Requested CDBG Entitlement Funding* 40,000	Funding leveraged from other sources*	Total activity cost* 48000
If zero, please indicate.	20% of total project costs strongly recommended, but not required. If zero, please indicate.	

Proposal Abstract *

The Salvation Army serves to fill gaps in the community and meet human needs without discrimination. Our iDignity Program serves to provide assistance to individuals who are facing obstacles to employment, housing, or advancement out of poverty to break the cycle of intergenerational poverty. This program provides items, such as Birth Certificates, Social Security Cards, Non-Driver ID's, Driver's Licenses, and GED fees and supplies. We are the referral source for many agencies for many of these services, as they are not available at other organizations. These services are available to all of low or moderate-income.

Please provide a BRIEF overview of your proposal.

This activity is*	
expanded from previous years	~

Priorities Addressed*

Priority Public Service Needs:

Many individuals experiencing homelessness, or at risk of homelessness, face a variety of barriers that prevent them from taking the next step towards a successful transition to stable, productive living environments.

For example, a hurdle toward employment for a homeless or at-risk individual is often a lack of identification. This can be a long, expensive process. Our dedicated staff members walk with the individual through the application process, provide financial assistance for the documents, provide transportation and/or a mailing address to receive the documents, and provide access to secure lockers to safely store documents until permanent housing is obtained. ID, Social Security Cards, and Birth Certificates are the most common request of homeless individuals. These documents allow an individual to open a bank account, apply for a job, apply for housing, and access rehabilitation services.

List which of the community development priorities listed in the City's 2020 Consolidated Plan this project will address. Describe how the project fill those identified needs.

Activity Beneficiaries*

Beneficiaries of these funds will be of low- to moderate-income, as determined by the HUD calculator. Beneficiaries will be identified through street outreach, referrals from outside agencies, our dedicated case managers, and through our other services, such as our Anti-Trafficking program, After-School program, Food Pantry, food delivery system, and homeless services.

We expect to serve 500 individuals through this program.

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*

We aim to provide 500 birth certificates, social security cards, non-driver's ID, and/or driver's licenses for up to 500 individuals. We aim to also provide intensive wrap-around case management services for 80 individuals, at their request, to break the cycle of homelessness and intergenerational poverty.

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 *

Activity will start upon receiving grant award and will continue for one year. The program will be evaluated quarterly for program proficiency and to evaluate performance goals.

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

Required Approvals/Permits*

N/A

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

Site Control Documentation (if applicable)

Choose File No file chosen

Deed, MOU, purchase contract, etc.

Organization Overview

The Salvation Army, established 1865, has been operating in Saratoga County since 1887. Our mission is to meet human needs without discrimination. We do this by evaluating community resources, discovering gaps in services, and filling those needs

We have a local Advisory Board in Saratoga Springs, as well as a Board of Directors for all Salvation Army North Eastern locations, housed at our Territorial Headquarters in Nyack, NY. Both lists are uploaded below.

Provide an overview of your organization including length of time in existence. List current officers and board members.

Organization Capacity Documentation

Advisory and BOT listings.pdf OPTIONAL: Upload board list, org chart, yearly accomplishment summary, etc.

-Previous CDBG awards*

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

Yes

No

-Award Completion*

Have these activities been completed and all federal requirements met?

yes

no

Experience

The Salvation Army currently employs 5 case managers, including licensed social workers, who have specialized training in child services, adult services, family services, homeless services, Anti-Trafficking services, and health care management services. These dedicated case managers have extensive experience in sourcing and providing identification for at-risk and homeless individuals, as well as advocating on their behalf with service providers.

In addition, we have a P.O.Box that can be used by individuals without a mailing address, and lockers available for the safekeeping of documents.

Describe your organization's experience in successfully conducting this type of activity. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

Key Persons

Lt. Trisha Smouse, LMSW: Financial Management (current).

Lt. Bree Barker: Reporting and Project Management (current).

Erin Beaury: Social Services Director, management of caseworkers, and direct service (current).

Jennifer Smith, MSW: Case Manager, Anti-Trafficking specialty (current). Timothy Pryor: Case Manager, Homeless and Housing Specialist (current).

Sarah Fritch: Case Manager, Family Specialist (current).

Laurel Whalen: Case Manager (current).

Identify the person(s) responsible for program and financial management of the activity. Identify all other persons involved in this activity noting whether these positions are current or new, pending this award. For construction/site development projects, identify the development team including proposed contractors, subcontractors, and project manager.

Partner Agencies

We currently receive referrals for these services and for collaboration from the following agencies: Shelters of Saratoga, Code Blue, RISE/TSA, Catholic Charities, Franklin Community Center, and local churches. These agencies will provide referrals for their current or potential clients with needs for identifying documents. These agencies will continue to work with their clients for wrap-around services. Clients requesting assistance who do not have a current case manager will be, upon their request, be served with wrap-around services through Salvation Army case managers.

Identify any other agencies/partners involved in this activity and define their roles and responsibilities.

-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*
Michael J. Southwick, Secretary	3/1/2021

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.xlsx

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

Choose File No file chosen

Optional: Evidence of Funding Support

Choose File No file chosen

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

Optional: Detailed Budget/Cost Analysis

Choose File No file chosen

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

Organization*				
The Salvation Army in Saratoga	Springs			
Mailing Address*				
P.O. Box 652				
Federal ID*	Phone #*	Fax#		
13-5562351	5185841640			
DUNS #*	Please identify you	r fiscal year (mth/yr to mth/yr):*		
06-2517941	10/1/2020 to 9/31	10/1/2020 to 9/31/2021		
Please identify below the funding Community Development B				
CDBG Activity Name*		CDBG Program Year*	CDBG Funding Amount*	
iDignity		2021	40000	
If not applicable, please reply N//	A .		<i>7.</i>	
Other Federal Financial Awa	ards (cash & non-cash):			
Name & Catalog of Federal Finan	acial Assistance (CFDA)#*		Federal Funding Amount*	
OVCFY2018 Integrated Service	s for Minor Victims of Human	Trafficking; CFDA#16.320	493798	
If not applicable, please reply N/	A.		<u> </u>	
Name & CFDA #				

Victim Of Crime Act, Victim and Witness Assistance Grant Program; CFDA#16.575

Federal Funding Amount		
327117		
Name & CFDA #		Federal Funding Amount
During your last fiscal year, has your organization expended n \$750,000 in total federal financial awards (incl. CDBG & all or assistance)?*		Single Audit Report* Choose File No file chosen Upload a copy of your organization's
⊚ Yes		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 Other Saratoga County Awards (cash & non-cash):	Please describe:*	
Program Name*	Year*	Award Amount*
CARES-ESG	2020	68510
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 acknow of a traditional paper document, 2) by signing in this alternat and binding upon you to the same force and effect as a hand a traditional signature at a later date.	e manner, you authori	ze your electronic signature to be valid

I agree.

Electronic Signature	Date
Michael J. Southwick, Secretary	3/1/2021
	SESSMENT FOR NEW CONSTRUCTION PROJECTS-
PROJECTS OF 75% OR MORE	TING BUILDING FOOTPRINTS OR REHAD
Does your proposed project include new construction, exp more of an existing building? *	pansion of an existing building footprint, or rehabilitation of 75% or
⊚ Yes	
No	
Brief description of project and location. Include size of buil	ding, scope of impact, land disturbance, and construction schedule:*
Location Map* Choose File No file chosen	
upload pdf	
Does the project require a permit or approval from any o	ther government agency (local state or federal)?
Yes	incl government agency (local, state of rederal).
⊚ No	
List required permits and/or approvals:*	
☐ Is the project a permitted use under current zoning regula	ations?*
Yes	
⊚ No	
Is the project consistent with the adopted Comprehensive	Plan?*
⊚ Yes	
⊚ No	
	the affected property (e.g. from non-residential to residential,
commercial to industrial, or from one industrial use to an	otner):
♦ Yes♦ No	

Describe:*	
	/
☐ Is the project on or adjacent to farmland?*	_
Yes	
⊚ No	
If the project is residential, how many units will be created?	
	/
─Is the project site within 2,500 feet of the Saratoga County Airport? *	
Yes	
© No	
Are there floodplains on or adjacent to the parcel on which the project is to be constructed?*	٦
 Yes, 100 yr floodplains. Yes, 500 yr floodplains. No. 	
Are there wetlands on or adjacent to the parcel on which the project is to be constructed?*	٦
⊚ Yes	
⊚ No	
─Is the project within 1,000' of a state or county roadway/highway OR I-87?*	
⊚ Yes	
⊚ No	
Which roadways?*	
	/
Is the project within 3,000' of a rail line? *	7
No No	
─Is there an industrial facility within line of site of the project location?*	
Yes	
⊚ No	

Which facility?*
Has the project site or adjoining property ever been used as a gasoline station, motor repair facility, commercial printing facility, dry cleaners, photo developing laboratory, junkyard or landfill, or as a waste treatment storage, disposal, processing or recycling facility?*
⊚ No
Are there any EPA monitored facilities within a 1 mile radius or the project location?*
Yes
No No
The stands addressed
List street address:*
Are there above-ground flammable or explosive storage tanks within a 1 mile radius or the project site?*
⊚ Yes
⊚ No
Is the project located in an environmental justice area?*
⊚ Yes
⊚ No
Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on —the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of —Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?*
⊚ Yes
⊚ No
Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NYS Historic Preservation Office (SHPO) archaeological site inventory?*
⊚ Yes
⊚ No
Does the project site contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?*
⊚ Yes
⊚ No

Is this a rehabilitation project?*	-
⊚ Yes	
⊚ No	
Was the building constructed prior to 1978?*	If so, has it been inspected for lead?*
⊚ Yes	⊚ Yes
⊚ No	⊚ No
Is there currently lead present?*	Has it been inspected for asbestos?*
⊚ Yes	⊚ Yes
⊚ No	⊚ No
Is there currently asbestos present?*	٦
⊚ Yes	
⊚ No	

Corporate Structure

For administrative purposes, the international office of The Salvation Army divides the United States into four geographic Territories, each directed by a Territorial Commander.

The Salvation Army, (TSA) East is one of the four Territories, with its Headquarters in West Nyack, New York. There are twelve states and two U.S. territories within TSA: Maine, Vermont, Connecticut, Massachusetts, Rhode Island, New Hampshire, Delaware, Pennsylvania, New York, New Jersey, Kentucky and Ohio, the U.S. Virgin Islands and Puerto Rico.

TSA is governed by a Board of Trustees and divided into thirteen (13) Commands, each with its own Headquarters and its own leader called the Divisional Commander who, working with his/her General Secretary, reports to the relevant Territorial Commander.

Each Command is itself comprised of operating units responsible for services within a specific program focus or geographic area. As such, each Command and the operating units within its jurisdiction are subject to the policies and procedures developed, adopted and implemented by TSA.

The Salvation Army's operations at 27 Woodlawn Avenue, Saratogoa Springs, NY 12866 are part of the Empire State Command.

Each operating unit is encouraged to recruit and develop an Advisory Board comprised of local volunteers to guide the direction and impact of the unit. The advisory board members are recruited to reflect the local population(s), monitor fiscal and program standards, provide community connections, are held to a strict code of conduct, comply with The Salvation Army conflict of interest policy, and recommend direction and need for local program services.

Please note that the address listed and the information presented is that of the local operating unit of The Salvation Army. Use this contact address for parties responsible for the relevant program, service and reports referred to within the attached document. The legal corporate name for documents is The Salvation Army, the corporate address is 440 West Nyack Road, West Nyack, NY 10994-1739. For FFATA purposes, all federal funds are reported under the corporate address, FEIN 13-5562351 and DUNS 06-251-7941. The corporate board is the Board of Trustees of the New York not-for-profit corporation.

Please note that the <u>authorized officers for approval and execution of all documents</u> are the Secretary or Assistant Secretary –Legal of the Board of Trustees.

In accordance with our Corporate By-Laws, SECTIONS 3-2, 3-3: the Board of Trustees is comprised of ten members: Three of the Trustees of the Corporation shall be such persons as shall be appointed by the General of the branch of the Christian Church known as The Salvation Army to the offices of National Commander of The Salvation Army in the United States, Territorial Commander and Territorial Chief Secretary of the Eastern Territory of The Salvation Army in the United States, and each shall serve as a Trustee for so long as he shall hold the office to which he was appointed by the General. The remaining seven Trustees of the Corporation shall be such persons as are selected by the National Commander of The Salvation Army in the United States, Territorial Commander and Territorial Chief Secretary of the Eastern Territory of The Salvation Army in the United States, or by a majority of them, from the officers and lay members of The Salvation Army, and each of said seven Trustees shall serve for a term of one year from the date of selection. SECTION 5-2: Regular meetings of the Board of Trustees of the Corporation shall be held without notice each Tuesday morning at the principal office of the Corporation, or at such location or on such other day and hour as the Board of Trustees may from time to time direct.

THE SALVATION ARMY a New York Corporation FEIN 13-5562351 DUNS 06-2517941

Executive Address: 440 West Nyack Road West Nyack, New York 10994-1739

T 845-620-7200 F 845-620-7615

Listing of Corporate Trustees and Officers

NAME/EMPLOYMENT	TITLE	HOME ADDRESS
Kenneth G. Hodder	Chairman Trustee	2401 Belle Haven Meadows Court Alexandria, VA 22306
William A. Bamford III	President, Trustee	6 Matthew Drive Chestnut Ridge, NY 10977
Philip J. Maxwell	Vice President, Trustee	9 Patriot Drive Airmont, NY 10952
Hubert S. Steele III	Treasurer, Trustee	1 Lansing Court New City, NY 10956
Michelle L. Dressler	First Assistant Treasurer Trustee	16 Henry Street Orangeburg, NY 10962
Michael J. Southwick	Secretary	15 Sunset Road Old Greenwich, CT 06870
Richard D. Allen	Assistant Secretary – Legal	20 Spruce Lane Naples, ME 04055
Thomas O. Henson	Second Assistant Treasurer	3 Tin Court Walden NY 12586
Charles S. Foster	Assistant Secretary – Property	4 Hannah Lane Valley Cottage, NY 10989
Adolph M. Orlando	Second Assistant Secretary –Prop	erty 469 Esplanade Pelham Manor, NY 10803
Beth A. Foster	Assistant Secretary – Finance	4 Hannah Lane Valley Cottage, NY 10989
Sandra J. Jackson	Trustee	2 Bubenko Lane Garnerville, NY 10923
Raphael C. Jackson	Trustee	2 Bubenko Lane Garnerville, NY 10923
Ruth A. Stoneburner	Trustee	11 Forest Ridge Rd Nyack, NY 10960
G. Lorraine Bamford	Trustee	6 Matthew Drive Chestnut Ridge, NY 10977
Deslea A. Maxwell	Trustee	9 Patriot Drive Airmont, NY 10952
As of 22 January 2021		

(EXADPL)

THE SALVATION ARMY a New York Corporation FEIN 13-5562351 DUNS 06-2517941

Advisory Board Address:

27 Woodlawn Avenue (P.O. Box 652) Saratoga Springs, New York 12866 T 518-584-1640 F 844-282-9277

Board of Trustees

<u>NAME</u>	RACE/Gender	<u>TITLE</u>	HOME ADDRESS
Edward J, Martin	WM	Chairman	5 Camber Court Mechanicville, NY 12118
David Wilder	WM	Vice Chairman	6 Horseshoe Drive Saratoga Springs, NY 12866
Jim Frey	WM	Treasurer	200 Stone Church Road Saratoga Springs, NY 12020
Roy E. Lundin	WM	Secretary	101 London Square Drive Clifton Park, NY 12065
Bruce Boghosian	WM	Board Member	6019 Jockey Street Galway, NY 12074
David Snyder	WM	Board Member	106 Chelsea Drive Saratoga Springs, NY 12866
Song T. Han	АМ	Board Member	140 Meehan Road Mechanicville, NY 12118
Barbara Martin	WF	Board Member	412 Northern Pines Road Gansevoort, NY 12831
Sean Martin	WM	Board Member	7 Sicada Street Saratoga Springs, NY 12866
Dwayne McFarlan	e BM	Board Member	22G Skylark Dr South Glens Falls, NY 12803
Bob Reed	ВМ	Board Member	21 Corporate Dr, Ste 204 Clifton Park, NY 12065
Jill A. Robbins	WF	Board Member	149 Hayes Road Schuylerville, NY 12871
Robert Scheurer	WM	Board Member	13 Chester Street Glens Falls, NY 12801
Bree Barker	WF	Corps Officer	3 Worden Drive Saratoga Springs, NY 12866
Trisha Smouse	WF	Corps Officer	3 Worden Drive Saratoga Springs, NY 12866
Ivan Rock	WM	Divisional Commander	200 Twin Oaks Drive Syracuse, NY 13206

Board Authorized Corporate Signatories:

Michael J. Southwick	WM	Secretary	15 Sunset Road Old Greenwich, CT 06870
Richard D. Allen	NAI M	Assistant Secretary – Legal	20 Spruce Lane Naples, ME 04055
Adolph M. Orlando	WM	Second Assistant Secretary –Property	469 Esplanade Pelham Manor, NY 10803

As of 22 January 2021 (EXADPL)

All terms are one year and auto renew.

Budget Form 1
Proposed Activity Program Operation

	Proposed Activity Program Operation							
	Entitlement Grant			Leveraged Funding	Total Activity Cost			
PERSONNEL								
Salaries	\$	30,000.00			\$	30,000.00		
Fringe			\$	10,000.00	\$	10,000.00		
Other (consultants, etc.)					\$	-		
Subtotal	\$	30,000.00	\$	10,000.00	\$	40,000.00		
OVERHEAD								
Advertising/Marketing	\$	250.00			\$	250.00		
Program Supplies					\$	-		
Rent & Utilities	\$	1,250.00			\$	1,250.00		
Other (please list below)								
Identification Documents	\$	8,500.00			\$	8,500.00		
					\$	-		
					\$	-		
Subtotal	\$	10,000.00	\$	-	\$	10,000.00		
TOTAL COST	\$	40,000.00	\$	10,000.00	\$	50,000.00		

Internal Operating Budget (Kettles)