

# CDBG Applications

Row 3

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**Submission Date** 01/05/22 2:00 PM

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**Applicant Organization** Saratoga Affordale Housing Group

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**Activity Name** Allen Drive Apartments Case Management

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**Address** 20 Prospect St

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**City** Ballston Spa

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**State** NY

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**Zip Code** 12020

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**Phone Number** +1 (151) 888-5009

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**Email Address** chp@vchcny.org

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**Contact Person** Cheryl Hage-Perez

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**Title** Property Manager

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**Applicant Type** Non-Profit Organization

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**Department**

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**Agency**

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<b>Federal ID #</b>	26-1210093
<b>DUNS #</b>	832926245
<b>National Objective</b>	Benefit persons of low-moderate income
<b>Low-Mod Income Benefits</b>	Low-Mod Income Housing Activities
<b>Requested CDBG Entitlement Funding</b>	\$18,000.00
<b>Funding leveraged from other sources</b>	\$5,300.00
<b>Total activity cost</b>	\$23,300.00
<b>Proposal Summary</b>	<p>Saratoga Affordable Housing Group is requesting \$18,000 for a Case Manager. The case manager will be a half time position at \$18 per hour for 20 hours per week. With fringe benefits the total for the position will be \$23,300. Also included in the budget is staff mileage and supplies. SAHG will match this award with funds from tenant rent. This Manger will assist the low income, disabled tenants who reside there. The position would offer case management services, assist homeless persons to maintain stable housing at Allen Drive, work with the tenant to prevent eviction and a homeless situation, educate and assist the elderly and disabled tenants in terms of safety and assure they receive the necessary services to remain stably and independently housed, and other duties to insure stable housing for the target population. The case Manager will also act as a liaison with the families and their children with school officials to insure a successful school experience. In addition, the case manager will ass</p>

**Persons served** 77

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**This activity is...** continuing from previous years

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**Approval/ Permit?** N/A

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**Previous CDBG awards** Yes

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**Award Completion** Yes

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**Signature**

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**Budget Form 1**  
**Proposed Activity Program Operati**

	Entitlement Grant	Leveraged Funding	Total Activity Cost
<b>PERSONNEL</b>			
Salaries	\$ 18,000.00		\$ 18,000.00
Fringe		\$ 3,600.00	\$ 3,600.00
Other (consultants, etc.)			\$ -
<i>Subtotal</i>	\$ 18,000.00	\$ 3,600.00	\$ 21,600.00
<b>OVERHEAD</b>			
Advertising/Marketing			\$ -
Program Supplies		\$ 500.00	\$ 500.00
Rent & Utilities			\$ -
Other (please list below)			
staff mileage		\$ 1,200.00	\$ 1,200.00
			\$ -
			\$ -
<i>Subtotal</i>	\$ -	\$ 1,700.00	\$ 1,700.00
<b>TOTAL COST</b>	<b>\$ 18,000.00</b>	<b>\$ 5,300.00</b>	<b>\$ 23,300.00</b>

**ng Budget**

<b>Source of leveraged Funds and In-Kind Services</b>
tenant rent

tenant rent
tenant rent



# CITY OF SARATOGA SPRINGS

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

### IMPORTANT

### 2022 CDBG Guidebook

**\*\*DO NOT attempt to complete this application prior to reviewing the 2022 CDBG Guidebook (link provided above). Questions should be directed to the Community Development Planner at [Amber.Upton@saratoga-springs.org](mailto:Amber.Upton@saratoga-springs.org)\*\***

Applicant Organization\*

Address\*

City\*

State\*

Zip Code\*

Phone Number\*

Email Address\*

**Proposal Abstract** \* Please provide an overview of your proposal.



**Priorities Addressed\***

Please include 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.

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It is intended for the user to provide a detailed response to the question about community development priorities.

**Activity Beneficiaries\*** 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\*** 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 \*** Include start, completion dates, and other significant performance stages.

**Organization Overview\***

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

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



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[Empty response box]

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

Organization\*

Mailing Address\*

Federal ID\*

Phone #\*

DUNS #\*

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

**Please identify below the funding received during your LAST FISCAL YEAR.**

CDBG Activity Name\*

If not applicable, please reply N/A.

CDBG Program Year\*

CDBG Funding Amount\*

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

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

Federal Funding Amount\*

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)?\*

Single Audit Report\* 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? \*

Please describe:\*

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

Program Name\*

Year\*

Award Amount\*

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.



**VCHC** VETERANS & COMMUNITY  
HOUSING COALITION

## Annual Report

2021 was a very successful in meeting our goals for the Allen Drive Apartments. It is important to note that these accomplishments were due to the CDBG funding of the case manager position.

Twelve families found themselves unable to pay their rent and were in danger of eviction. The case manager was able to secure emergency rental assistance from the NYS Emergency Shelter Grant, Support Services for Veterans & Families, the CARES ACT funds and other financial services.

All back rent was paid and no family was displaced.

Twenty four families were living with food insecurity. Through the food pantry of Veterans & Community Housing Coalition, the case manager delivered groceries weekly to each family. Groceries included meat, produce and dairy to insure a balanced diet. Food security will be ongoing if funding is continued.

Occupancy remains at 100% with a waiting list.



**Saratoga Affordable Housing Group, Inc.  
2021-22 Board of Directors**

**Board Member**

Rocco Ferraro, President

Appointment: 2011

[Ferrarora7@gmail.com](mailto:Ferrarora7@gmail.com).

Phone: 518-495-3638

15 Friar Tuck Court, Clifton Park, NY 12065

Lucile Lucas, Vice President

Appointment 2013

[jljucas3@gmail.com](mailto:jljucas3@gmail.com)

Phone: 518-573-8001

6 Onondaga Drive, Queensbury, NY 12804

Richard Ferguson

Appointment: 2018

[fergstar@me.com](mailto:fergstar@me.com)

Phone: 518-879-9526

P.O. Box 165, Saratoga Springs, NY 12866

Ann Bullock

Appointment: 2017

[ajcaseylaw@gmail.com](mailto:ajcaseylaw@gmail.com).

Phone 518-877-4900

86 Lincoln Ave, Saratoga Springs, NY 12866

Bob Reed

Appointment: 2014

Allen Drive Resident Rep

[Vikings27@verizon.net](mailto:Vikings27@verizon.net).

Phone: 583-2999

36 Allen Drive, Apt 11, Saratoga Springs NY 12866

Sr. Charla Commins

Appointment: 2018

[ccommins@swwcc.org](mailto:ccommins@swwcc.org)

Phone: 518-587-5000

142 Regent Street, Saratoga Springs, NY 12866

Fran Dingeman

Appointment: 2017

[fran@networksaratoga.com](mailto:fran@networksaratoga.com)

Phone: 518-365-3459

P.O. Box 168, Saratoga Springs, NY 12866

Cindy Phillips, Secretary-Treasurer

Appointment: 2018

[sindymom@aol.com](mailto:sindymom@aol.com)

Phone: 518-584-2275 (h)

518-573-1254 (c)

9 Carlyle Terrace, Saratoga Springs 12866