

APPLICATION FOR
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) ENTITLEMENT PROGRAM
 — 2014 Program Year Funding —

ACTIVITY NAME: EMERGENCY SHELTER REVITALIZATION & EXTENSION PROJECT

APPLICANT: MOTHER SUSAN B. ANDERSON EMERGENCY SHELTER

MAILING ADDRESS: PO BOX 104 60 HENRY STREET
SARATOGA SPRING NY 12866 Zip: 12866

PHONE: (518) 584-3122 FAX: 518-587-4819 EMAIL: BAILEY43@aol.com

CONTACT PERSON: PASTOR SHELIA A. BYRD TITLE: PRESIDENT/CEO

APPLICANT (select 1): City Department Private non-profit organization Other Public Agency
(List Dept.) (List Federal ID #) (Specify)

14-1613500
 (DUNS #)

NATIONAL OBJECTIVE (select 1):
 "Benefit persons of Low/moderate income"
 L/M Income Area Benefit
 L/M Income Limited Clientele Activities
 L/M Income Housing Activities
 L/M Income Job Creation/Retention
 "Address slum/blight Conditions"
 "N/A" Slum/blighted Area
 Slum/blighted Spot Basis
 "N/A" Urban Renewal Completion
 "Urgent CD Need"
 "N/A" Urgent Need

REQUESTED ENTITLEMENT FUNDING: \$24,000.00
 Funding Leveraged from Other Sources: \$3000.00
 Total Activity Cost: \$27,000.00

Proposal Abstract - please provide a *brief* overview of your proposal including the number of persons that will be served with this grant in the space below:

The Mother Anderson Shelter was established in 1986, to shelter the homeless women and children in a safe and secure environment, each year we see an increase need for this service. Most of the clients are provided counseling services to help rebuild self-confidence for re-entry into the community. Approval of our requested funding in the past has allowed us to meet code compliance for our clients while giving our clients a safe and healthy environment. We now have the capability to provide shelter (beds) for 10-20 people per day.

The approval of this grant will allow us to continue the much needed roof repairs and/or replacement to this revitalization project. Our shelter requires constant care and maintenance to continue our success and give our clients a sense of security that is vital to their success and well-being.

Pastor Shelia A. Byrd
 (Authorized Signature)
PASTOR SHELIA A. BYRD
 (Typed or Printed Name)

Pastor
 (Title)
1/31/14
 (Date)

Please respond in writing to each of the following (add additional pages as necessary):

MOTHER ANDERSON EMERGENCY SHELTER

2014 Revitalization and Expansion Project

ACTIVITY DESCRIPTION

- A. We are requesting new funding for our Emergency Shelter so we may be able to continue to repair and upgrade our facility to meet the needs of our clients and the community. Currently our Expansion House has deteriorating roof that needs attention this year. Due to the nature in which we service our community, continuous care, upkeep, and repairs are a necessity to ensure that our client's needs are met.**
- B. Our Women and Children's shelter is essential to our community. Our Shelter provides women with children not only a safe environment, but resources that we provide that will assist them to a better future.**
- C. Our Community Education Center would be able to address this issue by providing a place to mentor them, tutoring on a one on one basis, and counseling, in addition we would like to continue to provide child care service for the clients in the shelter along with classes parenting skills, reading and other literary skills. For the last five years we have provided Health fairs, HIV/AIDs workshops, Hospice preparation, etc. in our Community Activates Building. Saratoga County Social Services Department is pleased that we have been helping the clients to learn the basic skills to manage their lives and make good judgment calls for themselves. These programs have helped low-to moderate income individuals to regain self-esteem and a desire to re-enter the workforce. We have noticed more and more teenagers needing housing because of homelessness among young people. Providing, counseling is essential for them. Many of these young people are within our city.**
- D. Our Program has served over 25-35 new clients a year who are homeless.**
- E. Our goal is to help the clients get into their own apartments within-30-60 days through the help of Social Services, and the Housing Authority, and EOC programs**
- F. No activities require a building permit or licenses, etc.**

MOTHER ANDERSON EMERGENCY SHELTER

2014 Revitalization and Expansion Project

Organizational Capacity

The Mother Anderson Emergency Shelter was started in 1986. It was the first women's/children shelter in Saratoga County to address the needs of the homeless females. We have seen positive changes in the lives of the clients throughout our 28 years of service. These clients were assisted with food, clothing, counseling, and other basic needs.

- A. The officers of the Mother Anderson Emergency Shelter are Pastor Shelia A. Byrd President, Pastor Arnold J. Byrd II Exec. Admin- Juanita Greco, Doris Crawford and Denise Jones are members of the board. We have received funding since 2007 for approx... \$28,000, 2008 around \$15,500 2009 around \$14,700, 2010 around \$11,000, 2011 around \$14,000, and 2013 around \$ 9,500 respectively. These funds were used to repair, replace, roofing, exterior siding, removal of exterior type asbestos siding, plumbing and electrical repairs, basement floor, interior sheet rocking of walls, and new handicap ramp.
- B. We have been involve with the Homeless Program for over 28 years, working with the City Community/Developmental Programs, Social Services, Mental Health, Domestic Violence and other Human Services Program, coordinating our efforts to address homelessness in our county/community. Most of our clients have left the shelter going into their own apartments, returning to Vocational Schools and families. Some were able to unite with their children.

We continue to provide counseling, parenting skill workshops, job referrals, housing counseling, etc. As Certified Counselor/ Coach, I have seen close to fifty percent of our clients regain a productive life. We've had several newspaper media stories and honorable mentions about the achievements of our program and the success of our clients.

- C. Pastor Shelia Byrd handles the programs and the financial management of the activities. Pastor Arnold Joseph Byrd II is her Exec. Admin and provides the assistance the President needs. The Shelter also has a House Monitor who stays in the shelter to maintain the in-house rules for the clients. We have utilized the same contractor for most of our Rehabilitation/Revitalization Projects.
- D. There are no other Agencies involved in this project.

MOTHER SUSAN B. ANDERSON EMERGENCY SHELTER

Officers/Board Members

Pastor Shelia A. Byrd	President
Pastor Arnold J. Byrd II	Exec. Administrator
Rodney Ruffin	Treasurer
Ms. Denise Jones	Member
Ms. Doris Crawford	Member
Ms. Juanita Greco	Member

(ATTACHMENT 2)

CONSTRUCTION / SITE DEVELOPMENT BUDGET

(Entitlement Grant + Leveraged Funds = Total Activity Cost)

	ENTITLEMENT GRANT	Leveraged Funds*	Total Activity Cost	*Source of leveraged Funds and In-Kind Services
PRECONSTRUCTION				
Legal	0	0	0	N/A
Engineering	0	0	0	N/A
Architectural/Design	0	0	0	N/A
Fees and Permits	0	0	0	N/A
<i>Subtotal</i>	\$ 0	\$ 0	\$ 0	

DEVELOPMENT				
Relocation	0	0	0	N/A
Site Preparation	0	0	0	— N/A
Construction - materials	\$	\$ 1,500.00	\$	DONATION + FUNDRAISING
Construction - labor	\$	\$ 1,500.00	\$	DONATIONS + FUNDRAISING
Construction Financing	0	0	0	N/A
Other - (explain)	0	0	0	N/A
<i>Subtotal</i>	\$	\$ 3,000.00	\$	

TOTAL COST	\$ 18,000.00	\$ 3,000.00	\$
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(ATTACHMENT I)

PROGRAM OPERATING BUDGET

(Entitlement Grant + Leveraged Funds = Total Activity Cost)

	ENTITLEMENT GRANT	Leveraged Funds*	Total Activity Cost	*Source of leveraged Funds and In-Kind Services
PERSONNEL				
Salaries	0	0	0	— N/A
Fringe	0	0	0	N/A
Other (consultants, etc.)	0	0	0	N/A
<i>Subtotal</i>	0	0	0	

OVERHEAD				
Advertising/Marketing	0	0	0	N/A
Program Supplies	\$ —	\$ 3000.00	\$	DONATION + FUNDRAISING
Rent & Utilities	\$ 6,000.	\$ —	\$	
Other – list below				
<i>Subtotal</i>				

TOTAL COST	\$ 6,000.00	\$ 3,000.00	\$
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OFFICE OF MANAGEMENT AND BUDGET (OMB) CIRCULAR A-133
MONITORING OF FEDERAL FINANCIAL ASSISTANCE TO SUBRECIPIENTS

ORGANIZATION: MOTHER SUSAN B. ANDERSON EMERGENCY SHELTER
MAILING ADDRESS: PO BOX 104 SARATOGA SPRINGS, NY 12866
FEDERAL ID #: 14-1613500 PHONE: 518-584-3122 FAX: 518-587-4819
DUNS #: _____

1. Please identify your fiscal year (mth/yr to mth/yr): JAN/2014 - 12/14

Please identify below the funding received during your last fiscal year: \$ 9,427.00 - 2013

2. Community Development Block Grant Entitlement Funding (CDBG):

CDBG Activity Name: EMERGENCY SHELTER REVITALIZATION + EXTENSION PROJECT
CDBG Funding Program Year: 2014 CDBG Funding Amount: \$

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

GIVE NAME & CATALOG OF FEDERAL FINANCIAL ASSISTANCE (CFDA) #	AMOUNT OF AWARDS
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>

4. During your last fiscal year, has your organization expended more than \$500,000 in total federal financial awards (incl. CDBG & all other federal assistance)? YES * NO

* If "yes", include a copy of your latest Single Audit Report with this completed and signed form as part of your application. If you answered "no", please complete, sign and return this form.

5. Are you aware of any financial audit violations, findings or questioned costs relating to any activity funded with federal financial assistance? YES * NO

* If "yes", please describe: _____

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

IDENTIFY PROGRAM NAME & YEAR OF AWARD	IDENTIFY AMOUNT OF CO. AWARDS
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>

Rev. Axel Byrd
Authorized Signature

11/31/14
Date