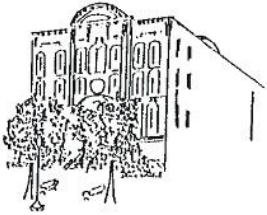


Community Development Block Grant 2020 Program Year and COVID-19 Funding Joint Application - Submission #5336

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*

Finley Street Bathroom Renovation

Applicant Organization*

AIM Services, Inc.

Address*

4227 Route 50

City*

Saratoga Springs

State*

NY

Zip Code*

12866

Phone Number*

518-587-3208

Email Address*

lstpierre@aimservicesinc.org

Contact Person*

Lauren St. Pierre

Title*

Program Director of Development & Grant Writing

Applicant Type*

Choose 1

City Department

Non-Profit Organization

Other Public Agency

List Department*

Federal ID #*

141609398

DUNS #*

805086290

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*

15000

Requested CDBG COVID-19 Funding*

0

If zero, please indicate.

If zero, please indicate.

Funding leveraged from other sources*

28469

Total activity cost*

43469

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

Proposal Abstract *

AIM Services, Inc. requests support from the Community Development Block Grant to fund the renovation of three bathrooms in our residential group home on Finley Street in downtown Saratoga Springs. The renovation will improve accessibility in these bathrooms for the 12 people that live in the home. Each bathroom requires substantial spatial design enhancements in order to support the residents who utilize wheelchairs, walkers, or require total assistance from their support staff when using the bathroom areas. These bathroom modifications need to occur in order to create more opportunities for the individuals living there to navigate their restrooms more safely and independently. To realize more instances of self-reliance in this private space is something that each individual asks for and deserves. Innovations in accessible construction are continually appearing. The implementation of these developments allow our organization to become even more person centered, technologically advanced, and compliant, all while adhering to ADA Guidelines. As each year passes, these bathrooms become more aged and renovations cannot be postponed any longer. Due to current conditions brought upon by COVID-19, this vulnerable population remains confined to their home throughout the day. Their restrooms are utilized more than ever and those living there deserve safe, advanced, and accessible facilities to realize their dreams of independence.

Please provide a BRIEF overview of your proposal.

Persons served*

12

This activity is...*

new

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

Activity Beneficiaries*

The proposed project is designed to benefit a low-moderate income "limited clientele group". The household is comprised of people of diverse abilities; those with intellectual and/or developmental disabilities who are 21 years of age or older. These people are dependent upon the Direct Support Professionals who care for them, and the accessible homes in which they live. This house is uniquely designed to meet the distinct needs of each resident.

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*

It is the goal of our organization that the 12 people living at Finley Street will experience an increase in safety and independence when utilizing their bathrooms. They will experience this through the addition of new assistive tools that will allow them to navigate their bathrooms with more autonomy. The addition of more grab bars lining the walls of the bathrooms, accessible toilets that are at a higher elevation, non-slip floors, and private shower and bath placement are components of proposed renovations.

On a daily basis, support staff document any notable health information and positive or negative experiences for each person they support. They communicate this information to every person belonging to an individual's support circle. Following the completion of these proposed renovations, support staff will be instructed to communicate the level of independence an individual is able to experience as a result of the bathroom improvements.

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 *

- I. July 2020: Bids go out
- II. July 2020: Contractor Selection
- III. August 2020: Renovation Project Begins
- IV. September 2020: Renovation Project Completed

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

Required Approvals/Permits*

The proposed renovations require proof of site control by providing proof of ownership. Proof of ownership is included as an attachment to this application.

Site Control Documentation (if applicable)

Proof of Ownership Finley Street.pdf
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*

Lauren St. Pierre

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

Finley Street Program Operating Budget.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

Finley Street Construction Budget.xlsx

Optional: Evidence of Funding Support

No file chosen

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

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*

AIM Services, Inc.

Mailing Address*

4227 Route 50

Federal ID*

141609398

Phone #*

518-587-3208

Fax

518-587-7236

DUNS #*

805086290

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

01/20 to 12/20

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

Community Development Block Grant Entitlement Funding (CDBG):

CDBG Activity Name*

Finley Street Bathroom Renovation

CDBG Program Year*

2020

CDBG Funding Amount*

15000

If not applicable, please reply N/A.

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

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

OPWDD Residential Repair & Replacement Program (RRR)

Federal Funding Amount*

2000

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*

N/A

Year*

0

Award Amount*

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

**-----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

Brief description of project and location. Include size of building, scope of impact, land disturbance, and construction schedule:*

Location Map*

No file chosen

upload pdf

Does the project require a permit or approval from any other government agency (local, state or federal)?

- Yes
 No

List required permits and/or approvals:*

Budget Form 2
CONSTRUCTION / SITE DEVELOPMENT BUDGET

	Entitlement Grant	Leveraged Funding	Total Activity Cost	Source of leveraged Funds and In-Kind Services
PRECONSTRUCTION				
Legal			\$ -	
Land Acquisition			\$ -	
Engineering			\$ -	
Architectural/Design			\$ -	
Fees and Permits			\$ -	
<i>Subtotal</i>	\$ -	\$ -	\$ -	
DEVELOPMENT				
Relocation			\$ -	
Site Preparation			\$ -	
Construction - materials	\$ 7,500.00	\$ 14,234.50	\$ 21,734.50	Medicaid Dollars
Construction - labor	\$ 7,500.00	\$ 14,234.50	\$ 21,734.50	Medicaid Dollars
Construction Financing			\$ -	
Other (please list below)				
			\$ -	
			\$ -	
			\$ -	
<i>Subtotal</i>	\$ 15,000.00	\$ 28,469.00	\$ 43,469.00	
TOTAL COST	\$ 15,000.00	\$ 28,469.00	\$ 43,469.00	

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		\$ 10,008,752.00	\$ 10,008,752.00	Medicaid Dollars
Fringe		\$ 2,402,100.00	\$ 2,402,100.00	Medicaid Dollars
Other (consultants, etc.)		\$ 9,911.00	\$ 9,911.00	Medicaid Dollars
<i>Subtotal</i>	\$ -	\$ 12,420,763.00	\$ 12,420,763.00	
OVERHEAD				
Advertising/Marketing			\$ -	
Program Supplies		\$ 1,945,481.00	\$ 1,945,481.00	Medicaid Dollars
Rent & Utilities		\$ 793,771.00	\$ 793,771.00	Medicaid Dollars
Other (please list below)				
Finley Street Renovation	\$ 15,000.00	\$ 28,469.00	\$ 43,469.00	Medicaid Dollars & OPWDD Contributions (RRR)
			\$ -	
			\$ -	
<i>Subtotal</i>	\$ 15,000.00	\$ 2,767,721.00	\$ 2,782,721.00	
TOTAL COST	\$ 15,000.00	\$ 15,188,484.00	\$ 15,203,484.00	