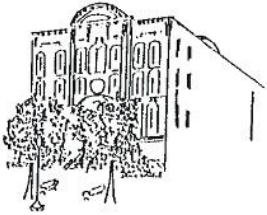


Community Development Block Grant 2020 Program Year and COVID-19 Funding Joint Application - Submission #5335

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*

COVID-19 Emergency Housing Assistance Program

Applicant Organization*

City of Saratoga Springs - Community Development Department

Address*

474 Broadway

City*

Saratoga Springs

State*

NY

Zip Code*

12866

Phone Number*

518-587-3550

Email Address*

lindsey.connors@saratoga-springs.org

Contact Person*

Lindsey Connors

Title*

Community Development Planner

Applicant Type*

Choose 1

- City Department
 Non-Profit Organization
 Other Public Agency

List Department*

Community Development Department

Federal ID #*

DUNS #*

Specify*

National Objective*

Choose 1

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

Specify*

Low-Mod Income Housing Activities ▼

Choose 1

Requested CDBG Entitlement Funding*

0

Requested CDBG COVID-19 Funding*

\$163,170

If zero, please indicate.

If zero, please indicate.

Funding leveraged from other sources*

\$6,000

Total activity cost*

\$169,170

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

Proposal Abstract *

The COVID-19 Emergency Assistance Program (CEHAP) will support emergency housing needs of Saratoga Springs residents related to the COVID-19 pandemic. Funding can be utilized for Rapid Rehousing or Emergency Rental Assistance.

SCOPE: A minimum of 35 Saratoga Springs households to be assisted with rapid rehousing support or emergency rental assistance via CEHAP. Applications will be accepted on a rolling basis until all funding is expended. Assistance will be disbursed directly to the landlord/housing provider.

LEVEL OF ASSISTANCE: 1- 3 months of assistance. Monthly limits based on HUD 2020 Fair Market Rates (FMR).

ELIGIBILITY: Applicants must have a household income of 80% AMI or below (AlbanySchenectady-Troy MSA), be connected to and referred by a participating local agency, AND:

Rapid-Rehousing Funds:

- present as homeless within the City
- have confirmed source of future income to maintain housing

Emergency Rental Assistance:

- be a City resident
- have a COVID-19 related lapse in income
- be in good standing as of March 1, 2020
- have confirmed source of future income to maintain housing
- have confirmation from landlord that CDBG-CV assistance will cure issue
- be in imminent risk of losing housing

*Households with a member who is documented as being at high-risk for severe COVID-19 infection will be prioritized.

REGULATORY COMPLIANCE: All assistance allocations must meet the regulatory requirements detailed in 24 CFR Part 570 and 24 CFR Part 92 and additional guidance as provided by HUD. This includes provisions specifically designed to prevent duplication of benefits among recipients of said assistance.

Approved CEHAP applications will demonstrate that all other possible federal and/or state sources of funding have been exhausted, or the applicant has been denied assistance or been deemed ineligible for these funding sources.

Existing comparable federal and state funding sources include, but are not limited to:

- Temporary Assistance via DSS/ODTA;
- STEHP via CAPTAIN, Wellspring (DV victims only) and/or TSA Housing Assistance Program;
- HOME via Rebuilding Together;
- and SSVF (for veterans only) via VCHC.

PARTICIPATING PROVIDERS: Agencies who wish to access funds on behalf of their clientele will sign an MOU with the City agreeing to the following:

- Assess the client's eligibility for CEHAP assistance, and work with them to complete the application and gather required documentation.
- Communicate directly with the City on behalf of the client.
- Provide wrap-around services (in line with services currently provided) to ensure client remains stably housed.
- In the case of rapid rehousing funding – work with the client to identify and secure affordable housing.
- Maintain individual case records and submit to onsite review of said records as needed (typically once a year).
- Provide reporting information to the City, including but not limited to: number of referrals, number of clients served, basic demographics, housing provided, case management services, service linkage, and other reporting as needed.
- Accept payment from the City for program delivery per each completed AND funded assistance request on a quarterly basis. Rapid rehousing applications will earn a \$500 program delivery fee, and emergency rental assistance applications will earn a \$250 program delivery fee.

Agencies who intend to participate in the program include: Wellspring, Shelters of Saratoga, Catholic Charities, CAPTAIN Community Human Services, Legal Aid Society, Salvation Army, and Veterans Community Housing Coalition.

Please provide a BRIEF overview of your proposal.

Persons served*

35

This activity is...*

new

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

Activity Beneficiaries*

Saratoga Springs households experiencing homelessness, or in imminent danger of losing housing due to a COVID-19 related lapse in income. Income will be verified by the participating agency working with the household to complete the application process.

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*

35 households rapidly rehoused and/or prevented from eviction.

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 begin as soon as funds become available. It is anticipated that there will be a dramatic increase for eviction prevention funding following the lift on the NYC eviction moratorium on August 20th. All funds will be expended within a year.

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

Required Approvals/Permits*

no

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.

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*

Meg Kelly

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

BudgetForm1-CEHAP.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

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

Organization*

N/A

Mailing Address*

N/A

Federal ID*

N/A

Phone #*

N/A

Fax #

DUNS #*

N/A

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

N/A

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

Community Development Block Grant Entitlement Funding (CDBG):

CDBG Activity Name*

N/A

CDBG Program Year*

N/A

CDBG Funding Amount*

0

If not applicable, please reply N/A.

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

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

N/A

Federal Funding Amount*

0

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*

Year*

Award Amount*

If not applicable, please reply N/A.

Program Name

Year

Award Amount

Program Name

Year

Award Amount

Authorized Electronic Signature Agreement*

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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

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		\$ 6,000.00	\$ 6,000.00	Program Administration by Community Development Planner.
Fringe			\$ -	
Other (consultants, etc.)			\$ -	
<i>Subtotal</i>	\$ -	\$ 6,000.00	\$ 6,000.00	
OVERHEAD				
Advertising/Marketing			\$ -	
Program Supplies			\$ -	
Rent & Utilities	\$ 145,670.00		\$ 145,670.00	
Other (please list below)				
program delivery fees	\$ 17,500.00		\$ 17,500.00	
			\$ -	
			\$ -	
<i>Subtotal</i>	\$ 163,170.00	\$ -	\$ 163,170.00	
TOTAL COST	\$ 163,170.00	\$ 6,000.00	\$ 169,170.00	