

Community Development Block Grant 2021 Program Year Subgrantee Application - Submission #6468

Date Submitted: 3/3/2021



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
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.connors@saratoga-springs.org****

Activity Name*

Shelter and Transitional Housing services

Applicant Organization*

Wellspring (incorporated as Domestic Violence and Rape Crisis Services of Saratoga County)

Address*

480 Broadway LL20

City*

Saratoga Springs

State*

NY

Zip Code*

12866

Phone Number*

(518)583-0280

Email Address*

executivedirector@wellspringcares.org

Contact Person*

Maggie

Title*

Fronk

Applicant Type*

Choose 1

City Department

Non-Profit Organization

Other Public Agency

List Department*

Federal ID #*

141644567

DUNS #*

781611009

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*

22,440

Funding leveraged from other sources*

4488

Total activity cost*

44880

If zero, please indicate.

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

Proposal Abstract *

We request funds to provide homelessness intervention and prevention activities estimated at 2,900 bed nights for to approximately 50 domestic violence survivors who are fleeing domestic violence and residing in Wellspring's domestic violence shelter. (The exact number served number varies based on occupancy but also length of stay.) Funds requested will partially support continuation of a 1FTE shelter manager whose job duties include:

- facilities management to provide a safe and welcoming shelter
- supervision of shelter advocates
- direct client assistance with accessing entitlements, employment, childcare and rental assistance
- assistance securing housing
- referrals to community supports needed to maintain housing
- budgeting assistance, and
- safety planning.

Wellspring staff will provide financial literacy training to all shelter residents. This program is designed to effect long-term improvements in both reduced victimization and economic self-sufficiency through improved job skills, employment placement, and financial management skills.

Please provide a BRIEF overview of your proposal.

Persons served*

50

This activity is...*

continuing from previous years

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

Priorities Addressed*

This proposal is identified as a high priority in the Consolidated Plan, addressing homeless facilities and services needs. The proposal addresses both 1) emergency shelter for families with children and 2) supportive services to prevent and/or alleviate homelessness. Wellspring operates the only emergency domestic violence shelter in Saratoga County, the only shelter for families, and the county's only 24-hour hotline for domestic violence. Nationally, 50% of all homeless women and children are on the streets because of violence in the home. Domestic violence is not only the second most common violent crime in Saratoga County and a primary cause of homicide, but it frequently leads to homelessness for abuse victims and their children. Some victims are chronically homeless because of repeated incidents where they needed to flee their homes; we help them to exit violent homes, develop safety plans and access resources so they live safely and independently.

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*

And in Saratoga County domestic violence is:

- The #2 violent crime
- The leading cause of family homelessness, and a
- Primary cause of homicide.

The project benefits women, men and children in our emergency shelter who are homeless due to family violence (homelessness intervention) and to non-residential clients of Wellspring (homelessness prevention). This proposal benefits the 'limited clientele group'(category C3) of homeless persons, battered spouses and abused children.

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*

Our advocates work with clients not just to exit an abusive situation, but to develop skills and resources so they achieve independence from the social services system. To help residents transition to these programs, the CDBG-funded shelter manager:

- Assists the shelter resident to develop a budget and save for housing and relocation costs
- Assists the resident with housing applications, apartment searches and accessing furnishings.

We measure success based on key milestones:

- Number of adults transitioning to safe housing after shelter
- number of adults who apply for housing/rental subsidies
- number of adults who attain permanent safe housing for themselves and their families
- number of adults who access an order of protection, or temporary support or custody
- number of adults who apply for employment, access employment, or have job advancements
- number of adults who access entitlements so they may reduce financial dependence
- number of adults who access medical, mental health or substance abuse treatment.

This data is reflected in individual case records.

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 *

This is an ongoing activity, so can start immediately upon funding notification. We did not have funding for this position last year, thus had to decrease our support staff in the shelter below the optimum level. This worked in 2020 solely because we also had to decrease the number of shelter residents to afford necessary social distancing in response to COVID. This funding would allow up us to reallocate the correct number of staff to provide necessary oversight and support to the families in our shelter.

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

Required Approvals/Permits*

WELLSPRING is licensed by the New York State Office of Children and Family Services to operate the county's only domestic violence shelter. This project requires no additional licensure.

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)

No file chosen

Deed, MOU, purchase contract, etc.

Organization Overview

WELLSPRING, a private nonprofit has been in operation for almost 40 years providing the only comprehensive 24/7 victims assistance services in Saratoga County to individuals and families experiencing relationship and sexual abuse, including: dating violence, domestic violence, sexual assault, stalking, and elder abuse. We have an active board of directors that oversees strategic planning, quality assurance, resource development, fiscal oversight and personnel management (see attached board roster).

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

Organization Capacity Documentation

board list and org chart.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

We have extensive background in helping domestic violence victims achieve self-sufficiency. In 2020 Wellspring responded to 2,110 hotline calls and our shelter provided 2,367 bed nights of shelter to 54 people (of note: occupancy was significantly below normal levels due to the impacts of COVID). While our shelter is a safe home for adults and children fleeing abuse, our services are far more comprehensive. To successfully leave an abuse, a victim needs services and supports to adequately meet the family's basic living needs, such as: employment, housing, childcare, medical coverage, transportation, and legal protections. Without these skills and services, the family has an increased risk of repeat victimization or chronic homelessness. So that we may find housing and treatment options to meet the needs of families rendered homeless by abuse, we engage in community collaborations including: the Saratoga County Housing Alliance, Saratoga North Country Continuum of Care, CARES Emergency Solution Grant Steering Committee, the Coordinated Entry, Strategic Planning and Data and Goals committees of our Housing Alliance, as well as many solutions-area task forces addressing issues relative to homelessness..

While other community-based services exist that assist individuals with case management and vocational needs, we offer the only services specific to the needs of domestic violence victims and their families. As domestic violence is a leading cause of homelessness for families, Wellspring's services are a critical component in the plan to end homelessness in Saratoga Springs. Our self-sufficiency initiatives include:

- our financial Literacy program, Project Hope and Power, and
- a housing and employment specialist who works with clients on job-readiness training and with local employers who may be interested in hiring graduates of this program
- Permanent, rapid rehousing, and transitional housing programs (36 total apartments) to provide rent subsidies and on-going support services to individuals and families working toward self-sufficiency. (Of note we have recently received 3 Empire State Supportive Housing Initiative grants to provide an additional 30 rent subsidized apartment d for survivors beginning in 2022-3 contingent on the builders' projects being completed.)

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

The Executive Director is responsible for oversight of the program. The Associate Director directly supervises program staff. The Shelter Manager supervises the two shelter advocates and provides direct one-on-one case management assistance, transitional goal planning and assists with Project Hope and Power, a financial literacy program aiding participants in attaining sustained increases in financial skills and earning potential.

Our staff have extensive knowledge not only in victim services, but also in housing and homelessness.

- Elizabeth Bliss LMSW, Associate Director, has worked for Wellspring since 2015 overseeing our staff and survivor services. She has not only worked directly in domestic violence service provision (7 years at Safe Horizon, 1 year court advocacy in D.C., 1 year at Catholic Charities of Saratoga, Warren and Washington Counties), but in addition to direct service experience, also was the Systems Policy Specialist and Director of Programs for the NYS Coalition against Domestic Violence (NYSCADV) for 8 years. At NYSCADV she trained advocates from across the state on best practices, thus has not only a knowledge of all the dv programs in the state but also a personal connection to many of the thought leaders and champions for dv services in NYS and the country.
- Our NewView Housing Manager, Holly Zapp, has worked in human services since 1986 starting in residential mental health treatment, with a long career as a supervisor for Saratoga County Child Protective Services, a period working in a youth homeless shelter, and has been with Wellspring's housing program since 2012.
- Our Shelter Manager, Kelly Heaton, has been working o in our shelter since 2017.
- The executive director, Maggie Fronk, has led the agency since 2002. Since 1985 she has worked in human services at a supervisory/management level providing housing and support to vulnerable populations. She was a founding member of the Saratoga County Homelessness Alliance, has served in a leadership capacity since that time on the board of the Saratoga Housing Alliance as well as the regional Saratoga North County Continuum of Care board. Before joining Wellspring, she managed Albany-based HIV/AIDS housing programs, provided contract monitoring of HIV/ AIDS housing programs like Ahana House, in Waterford, the HIV programs of Mohawk Opportunities in Schenectady and Unity House in Troy, and also provided tech assistance to HUD's, then, newly-formed Continuum of Care process in several counties.
- Our Finance Director, Eve Mulholland, has been in that position at Wellspring since 2006 and has more than 25 years' experience in finance spanning global industries as well as nonprofit financial management. She manages more than \$1.4 M in grants for Wellspring and is responsible for submitting the fiscal reports for this grant.

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

While we partner extensively with other community organizations to address issue s of housing stability, there are no direct partners on this project. Due to the specific and serious safety and confidentiality needs of domestic violence victims, all shelter services are provided by Wellspring staff.

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*

Maggie Fronk

Date*

3/3/2021

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

Optional: Evidence of Funding Support

OVS contract.pdf

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*

Wellspring (incorporated as Domestic Violence and Rape Crisis Services of Saratoga County)

Mailing Address*

480 Broadway LL20

Federal ID*

141644567

Phone #*

15185830280

Fax #

DUNS #*

781611009

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

Jan/2021-Dec 2021

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

Community Development Block Grant Entitlement Funding (CDBG):

CDBG Activity Name*

Handicap Renovation and COVID response

CDBG Program Year*

2020

CDBG Funding Amount*

46000

If not applicable, please reply N/A.

Other Federal Financial Awards (cash & non-cash):**Name & Catalog of Federal Financial Assistance (CFDA)#***

HUD SHP 14.267

Federal Funding Amount*

374470

If not applicable, please reply N/A.

Name & CFDA #

OVW Transitional Housing16.736

Federal Funding Amount

100018

Name & CFDA #

NYS Office of Victim Services

Federal Funding Amount

355755

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*

2019 Wellspring Final FS.pdf
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***

Department of Social Services- NYS per diem

Year*

2020

Award Amount*

239,279

If not applicable, please reply N/A.

Program Name

Saratoga Co DSS

Year

2020

Award Amount

38,500

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:*

Is the project a permitted use under current zoning regulations?*

- Yes
- No

Is the project consistent with the adopted Comprehensive Plan?*

- Yes
- No

Will the project require or lead to a change in land use of the affected property (e.g. from non-residential to residential, commercial to industrial, or from one industrial use to another)?*

- 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?*

- 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?*

- 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? *

- Yes
- 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?*

- Yes
- No

Are there any EPA monitored facilities within a 1 mile radius or the project location?*

- Yes
- No

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?*

- Yes
- No

If so, has it been inspected for lead?*

- Yes
- No

Is there currently lead present?*

- Yes
- No

Has it been inspected for asbestos?*

- Yes
- No

Is there currently asbestos present?*

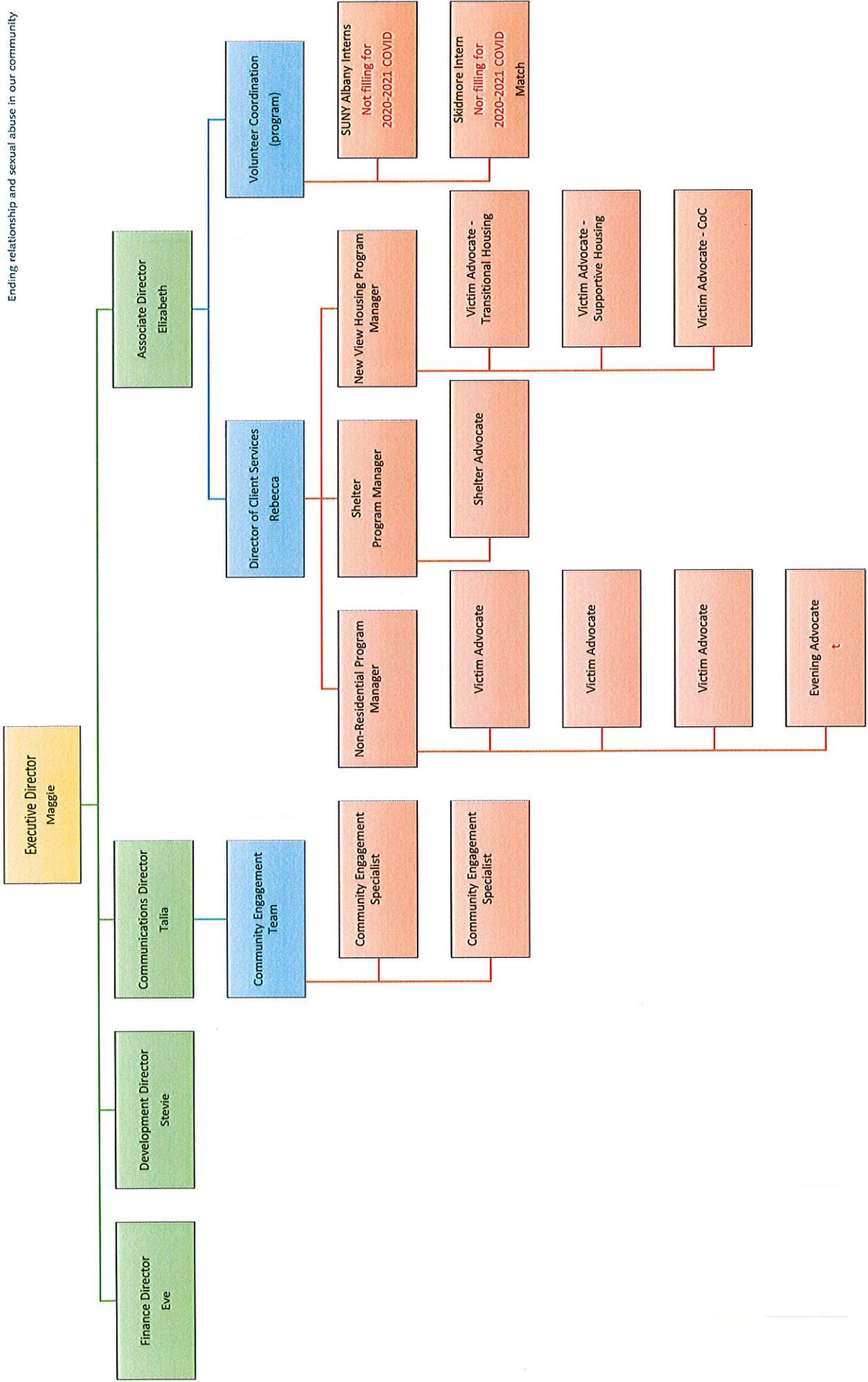
- Yes
- No

Name 1st Term Start Date	Address	Phone / E-mail	Community Affiliation	Occupation	Board Committee
Behuniak, Jake 1/1/2018	125 High Rock Ave #206 Saratoga Springs, NY 12866	jbehuniak@marshallsterling.com	Saratoga County Chamber Ambassador	Independent Insurance Broker	Finance
Collins, Stephanie 1/1/2015	Greenfield Center, NY 12833	518-583-7477 SLDoubleday@mac.com	The Beagle School Board of Directors Saratoga EOC Spring Fling: Chairperson Saratoga Hospital Summer Gala Committee Go Kids Foundation: Secretary	Community Member	Development: Co- Chair Governance
Cumming, David L. 1/1/2018	Morgan Stanley Broadway Saratoga Springs, NY 12866	518-312-2731 Cummingd89@gmail.com	Leadership Saratoga Alumni	Financial Advisor CFP ®	Executive: Secretary Finance
Dolinsky, Andi 1/1/2020	40 5th Avenue Saratoga Springs, NY 12866	518-681-9525 Astaffan@gmail.com		Recruiter	Development
D'Orazio, Giovanna 1/1/2020	125 High Rock Ave Saratoga Springs, NY 12866	518-308-8339 gad@doraziopeterson.com	Board Member Saratoga Springs Preservation Foundation President Adirondack Women's Bar Association	Attorney	Development
Fuller, Erica 1/1/2016	34 Lefferts Street Saratoga Springs, NY	518-225-4026 ericabfuller@gmail.com	Flower and Fruit Mission	Community Volunteer	Executive: President Governance

<p>Toohey, Linda 1/1/2018</p>	<p>30 Longwood Drive Saratoga Springs, NY 12866</p>	<p>518-281-9833 lindatoohy904@gmail.com</p>	<p>Board member: Saratoga Performing Arts Center Charles R. Wood Foundation</p>	<p>Community Volunteer</p>	<p>Development: Co- Chair Governance</p>
<p>Margaret Smith Cassier</p>	<p>2 Larkspur Ct., Greenfield Center, NY 12833</p>	<p>(518)588-9800 msmith@airosmithdevelopment.co m</p>		<p>President/CEO</p>	



WELLSPRING
Ending relationship and sexual abuse in our community



Budget Form 1
Proposed Activity Program Operati

	Entitlement Grant	Leveraged Funding	Total Activity Cost
PERSONNEL			
Salaries	\$ 18,700.00	\$ 5,610.00	\$ 24,310.00
Fringe	\$ 3,740.00		\$ 3,740.00
Other (consultants, etc.)			\$ -
<i>Subtotal</i>	\$ 22,440.00	\$ 5,610.00	\$ 28,050.00
OVERHEAD			
Advertising/Marketing			\$ -
Program Supplies			\$ -
Rent & Utilities			\$ -
Other (please list below)			
			\$ -
			\$ -
			\$ -
<i>Subtotal</i>	\$ -	\$ -	\$ -
TOTAL COST	\$ 22,440.00	\$ 5,610.00	\$ 28,050.00

ng Budget

Source of leveraged Funds and In-Kind Services

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NYS Office of Victim Services

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Contract
#: C1094666



**Office of
Victim Services**

ANDREW M. CUOMO
Governor

ELIZABETH CRONIN
Director

June 28, 2019

Domestic Violence and Rape Crisis Services of Saratoga County (DBA Wellspring)
480 BROADWAY, Suite LL20
SARATOGA SPRINGS, NY 12866-6728

RE: VOCA Grant Program Application Number OVS01-VOCA-2019-00265

Funding Source: Federal VOCA Victim and Witness Assistance Grant Program

Dear Applicant:

It is my pleasure to inform you that the New York State Office of Victim Services (OVS) has awarded your Victim Assistance Program funding for the period October 1, 2019 through September 30, 2022 under the Victim and Witness Assistance Grant Program. Your tentative award amounts are:

2019-2020	\$444,718.71
2020-2021	\$462,072.31
2021-2022	\$472,993.13

All award amounts are tentative pending successful contract negotiations and are dependent on the availability of funds. Funding is not guaranteed.

The response to this RFA was overwhelming, with requests for funding far exceeding the amount specified as available. Given this significant demand, OVS identified additional funding. Even with that increase, however, the agency could not bridge the gap between the funding available and funding requested by victim assistance programs. To address this, OVS reduced all awards to ensure sufficient funding for the contract period and access to victim services throughout the state.

Also, please note:

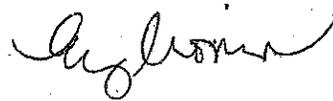
OVS has the funding to meet the three-year commitments outlined in this letter. However, we think it prudent to mention that the level of funding of federal Victim of Crime Act (VOCA) funds in the future is unclear. There are currently no large deposits for the fund on the horizon and we anticipate that future federal VOCA awards may not be at the extraordinarily high levels OVS has received since 2015. As the federal funding picture becomes more certain, we will continue to keep OVS grant recipients informed about anticipated future funding levels. However, grant recipients should be mindful that should federal funding levels be reduced, OVS may have to opt not to extend these three-year contracts for the two-year renewal option. If federal awards in the future are significantly lower, we would likely have to issue a new RFA for a significantly reduced amount compared to amounts awarded under this procurement. Grant recipients will be given ample warning of future funding levels, but we wanted to ensure that you knew the potential exists that funding levels for victim assistance programs may be very different by October 1, 2022.

Included with this letter is a contract checklist to assist you with finalizing your grant. Additional OVS documents required to execute your agency's grant contract can be found on the OVS website OVS.ny.gov. Completed documents should be uploaded into the Grants Gateway in either the Pre-Submission Uploads or Grantee Document folders. Feel free to contact your OVS Contract Management Specialist Tara Goddeau at Tara.Goddeau@ovs.ny.gov or 518-457-6548 should you need assistance.

Please submit all the required documents and make all budget adjustments by the close of business on July 12, 2019. Your agency's submission will be considered complete when it contains all the items on the attached checklist.

On behalf of the Office of Victim Services and the Grants Unit, we look forward to continuing our shared efforts to serve innocent victims of crime in New York State.

Sincerely,



Elizabeth Cronin, Esq.
Director