

# 2023 CDBG Applications

Row 6

---

**Submission Date** 01/31/23 11:29 AM

---

**Applicant Organization** Soul Saving Station for Every Nation

---

**Activity Name** Mother Susan Anderson Emergency Shelter

---

**Address** PO Box 104

---

**City** Saratoga Springs

---

**State** NY

---

**Zip Code** 12866

---

**Phone Number** +1 (518) 584-3122

---

**Email Address** sstoga@gmail.com

---

**Contact Person** Neysha Byrd

---

**Title** Ex.

---

**Applicant Type** Non-Profit Organization

---

**Department**

---

**Agency**

---

**Federal ID #** 14-1613500

---

**DUNS #** 005752134

---

|   |  |
|---|--|
| <b>National Objective</b>                   | Benefit persons of low-moderate income   |
| <b>Low-Mod Income Benefits</b>              | Low-Mod Income Area Benefit  |
| <b>Requested CDBG Entitlement Funding</b>   | \$23,500.00  |
| <b>Funding leveraged from other sources</b> | \$2,000.00   |
| <b>Total activity cost</b>                  | \$23,500.00  |
| <b>Proposal Summary</b>                     | The funding will provide funding for the a Maintenance technician to manage all three buildings employ a house monitor and event coordinator |
| <b>Persons served</b>                       | 70   |
| <b>This activity is...</b>                  | new  |
| <b>Approval/ Permit?</b>                    | N/A  |
| <b>Previous CDBG awards</b>                 | Yes  |
| <b>Award Completion</b>                     | Yes  |
| <b>Signature</b>                            | <input checked="" type="checkbox"/>  |



# 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

### 2023 CDBG Guidebook

**\*\*DO NOT attempt to complete this application prior to reviewing the 2023 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.

A large, empty rectangular box with a thin black border, intended for the user to write the proposal abstract.

**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.

[Empty response box]

**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.

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

|                           | Entitlement Grant   | Leveraged Funding  | Total Activity Cost |
|---------------------------|---------------------|--------------------|---------------------|
| <b>PERSONNEL</b>          |                     |                    |                     |
| Salaries                  | \$ 21,500.00        | \$ 2,000.00        | \$ 23,500.00        |
| Fringe                    |                     |                    | \$ -                |
| Other (consultants, etc.) |                     |                    | \$ -                |
| <i>Subtotal</i>           | \$ 21,500.00        | \$ 2,000.00        | \$ 23,500.00        |
| <b>OVERHEAD</b>           |                     |                    |                     |
| Advertising/Marketing     |                     |                    | \$ -                |
| Program Supplies          |                     |                    | \$ -                |
| Rent & Utilities          |                     |                    | \$ -                |
| Other (please list below) |                     |                    |                     |
|                           |                     |                    | \$ -                |
|                           |                     |                    | \$ -                |
|                           |                     |                    | \$ -                |
| <i>Subtotal</i>           | \$ -                | \$ -               | \$ -                |
| <b>TOTAL COST</b>         | <b>\$ 21,500.00</b> | <b>\$ 2,000.00</b> | <b>\$ 23,500.00</b> |





**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.