

APPLICATION FOR  
**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) ENTITLEMENT PROGRAM**  
 — 2015 Program Year Funding —

ACTIVITY NAME: EMERGENCY SHELTER REVITALIZATION & EXPANSION PROJECT

APPLICANT: MOTHER SUSAN B. ANDERSON EMERGENCY SHELTER

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

PHONE: 518-584-3122 FAX: 518-587-4819 EMAIL: NEYSHAW@YAHOO.COM + BAILEY43@GOL.COM

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

APPLICANT (select 1):  City Department (List Dept.)  Private non-profit organization (List Federal ID #) 14-1613500  Other Public Agency (Specify)

(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:

40,000.00  
~~\$50,000.00~~

Funding Leveraged from Other Sources:

\$2,500.00

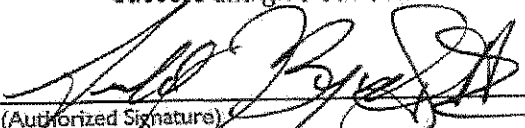
Total Activity Cost:

42,500.00  
~~\$52,500.00~~

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 with 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 repairs and enhance the exterior façade 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

  
 (Authorized Signature)  
Arnold Byrd

CO. PASTOR / EXEC ADMIN  
 (Title)  
1/30/15

## MOTHER ANDERSON EMERGENCY SHELTER

### 2015 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 siding 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. It is also important to maintain the beauty of the Downtown Saratoga atmosphere. Currently the Shelter expansion house is pink and unappealing.
- 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. Our Expansion house gives us the opportunity to reach out to the entire immediate family.
- C. Our Shelter Expansion program is designed to assist families with temporary living quarters and for families in emergency situations. This enables us to service the community in one of two ways: One we can continue our service from one shelter program to the next. Second- we have been able to host a residence for families in need during emergency situations. For the last five years we have provided Health fairs, HIV/AIDs workshops, Hospice preparation, etc. in our Community Activity 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 well- 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

### 2015 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 29 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, 2013 around \$ 9,500, and 2014 19,000 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. In the Expansion Project specifically, we have been able to provide temporary emergency housing shelter for families. For example in 2013 a row of houses caught fire and we were able to provide a home for 10 people who were immediately homeless. Our expansion home is furnished and the shelter provided them with everything they needed until they were able to stabilize their situation.

We continue to provide counseling, and our job referral program will start this year. Our President is a Certified Counselor/ Coach, and has 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 Executive Administrator and provides the assistance the President needs. The Shelter also designates 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
<b>PRECONSTRUCTION</b>				
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	

<b>DEVELOPMENT</b>				
Relocation	0	0	0	N/A
Site Preparation	0	0	0	N/A
Construction - materials	\$20,000.00	\$1,250.00	\$21,250.00	Grant, Donations + Fund Raising
Construction - labor	\$20,000.00	\$1,250.00	\$21,250.00	Grant, Donations + Fund Raising
Construction Financing	0	0	0	N/A
Other - (explain)	0	0	0	N/A
<i>Subtotal</i>	40,000.00	\$2500.00	\$42,500.00	

TOTAL COST	\$40,000.00	\$2500.00	\$42,500.00
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Construction Proposals attached: <sup>1</sup> Prestige Construction  
2. Dave's Painting

**Proposal**

PROPOSAL NO. 029  
 SHEET NO. 113  
 DATE 9-16-2014

Prestige Construction  
 130 JEFFERSON ST. 518-488-1400  
 Saratoga Springs NY 12866

PROPOSAL SUBMITTED TO:

WORK TO BE PERFORMED AT:

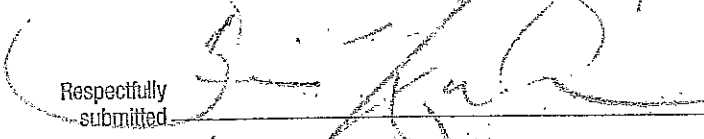
NAME Pastor Sheila Byrd	ADDRESS Henry St
ADDRESS Henry St	DATE OF PLANS
PHONE NO. 584-3122	ARCHITECT

- We hereby propose to furnish the materials and perform the labor necessary for the completion of Clap Board Siding
- ~~Work that will be done~~
  - INSTALL NEW CLAP BOARD AROUND THE TOTAL HOUSE AS NEEDED TO THE TOP AND BOTTOM FLOOR
  - REPLACE AND REPAIR FRONT PORCH, DECKING, CEILING AND HALL CEILING AS NEEDED!
  - REMOVE REAR UNIT WINDOWS AND REPLACE THEM WITH DOUBLE PANE VINYL ONES (6)
  - TRIP STAIR 36" DOORS WILL BE REPLACED
  - THE TOTAL HOUSE WILL GET PAINTED. NOTE: OWNED CHOSE OF COLOR
  - NOTE ALL DEBTS FROM CONSTRUCTION WORK WILL BE REPAID

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of Forty Five Thousand Seven Hundred Sixty Three Dollars (\$ 45,763.00) with payments to be made as follows:

15,200 (1) 15,363 (2) 15,200 (3) to get started once all the siding is finished once the job is completed


Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

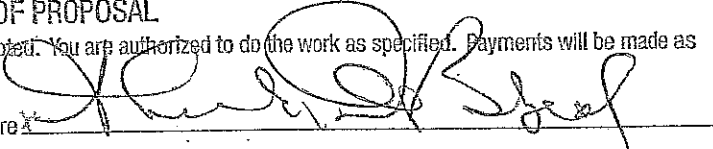
Respectfully submitted  
  
 Per Lawrence Wilcox

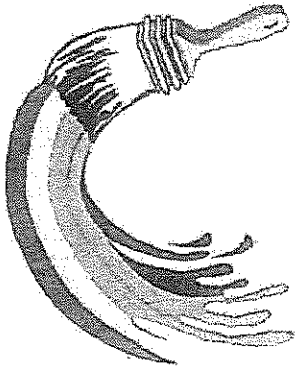
Note — this proposal may be withdrawn by us if not accepted within \_\_\_\_\_ days.

**ACCEPTANCE OF PROPOSAL**

The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Date: 9/16/14  


Signature:   
 Signature: \_\_\_\_\_



*Cave's  
Painting*

In business locally for 40 years

**Estimate:**

**For Henry St. House**

- A. Remove rear window and replace with new double pane.
- B. Repair and replace as needed the deck, ceiling and railings of the front porch.
- C. Replace two storm doors
- D. Prep and paint entire house
- E. Repair rotten wood on trim
- F. Remove current siding and replace with new cedar clapboards

**Cost: For jobs A-D \$23,500, For F- \$19,000**

**Proof of insurance** and references will be provided as requested

**Arnold Byrd II**

CO-PASTOR / EXEC ADMIN  
Dave Godette

1/30/45

308 Nelson Ave., Saratoga Springs, N.Y. 12866  
Fully Insured, (581-9221 ( Office & Fax) 879-9473 (Cell)

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

ORGANIZATION: MOTHE 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 2015 - Dec 2015

Please identify below the funding received during your last fiscal year: \$19,000.00 - 2014

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

CDBG Activity Name: EMERGENCY SHELTER REVITALIZATION + EXTENSION Project

CDBG Funding Program Year: 2015 CDBG Funding Amount: \$50,000.00

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 X


\* 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 X

\* 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>



1/30/15