APPLICATION FOR
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) ENTITLEMENT PROGRAM
— 2018 Program Year Funding —

ACTIVITY NAME:
Saratoga Senior Center - New Siding

APPLICANT:
Department of Public Works- City of Saratoga Springs

MAILING ADDRESS:
City Hall, Broadway
Saratoga Springs, NY

PHONE: 518-587-3550  FAX: 518-580-9480  EMAIL: skip.scirocco@saratoga-springs.org

CONTACT PERSON: Anthony Scirocco  TITLE: Commissioner

APPLICANT (select 1): ☐ City Department Public Agency  ☐ Private non-profit organization  ☐ Other

(List Dept.)  (List Federal ID #)

(DUNS #)

NATIONAL OBJECTIVE (select 1):
"Benefit persons of Low/moderate income"  "Address slum/blight Conditions"  "Urgent CD Need"
☐ L/M Income Area Benefit  "N/A" Slum/blighted Area  "N/A" Urgent

Need
☐ L/M Income Limited Clientele Activities  ☐ Slum/blighted Spot Basis
☐ L/M Income Housing Activities  "N/A" Urban Renewal Completion
☐ L/M Income Job Creation/Retention

REQUESTED ENTITLEMENT FUNDING: $5,427.5

Funding Leveraged from Other Sources: $3,590.4

Total Activity Cost: $9,017.90

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:
Please respond in writing to **each** of the following (add additional pages as necessary):

1. **Activity Description**

Provide a detailed description of your proposed activity. In this description, provide responses to the following items:

A) Identify whether the activity is new, ongoing, or expanded from previous years.

B) Describe the community need that your activity is intended to address and how your activity will address that need. Provide evidence that this need is currently not being addressed through existing programs or activities.

C) Identify who will benefit from the proposed activity. If the activity is designed to benefit:
   C-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.

   C-2) the inhabitants of a predominantly low–moderate income area, identify the Census Block Group in which the activity is located.

   C-3) designed to benefit a low–moderate income “limited clientele”, identify the “limited clientele” group.

D) 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, etc.*

E) Provide an activity timeframe/schedule (include start, completion dates, and other significant performance stages).
F) Identify whether the activity requires additional local, state or federal approval (license, permit, design/historic/environmental review, etc.). For construction/site development projects, provide evidence of site control.

2. ORGANIZATIONAL CAPACITY
A) Provide an overview of your organization including length of time in existence. List current officers and board members and identify any prior funding by the City of Saratoga Springs (year, activity, and amount).

B) 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.

C) 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.

D) Identify any other agencies/partners involved in this activity and define their roles and responsibilities.

3. ACTIVITY BUDGET – (ATTACHMENTS 1, 2)
A) Include attached budgets (Attachments 1, 2) as appropriate. Depending on the activity, the applicant may need to submit one or both of the attached budget forms. More detailed budgets may be attached (and are recommended) in support of the proposal. If an architect, engineer, or other personnel have conducted a cost analysis, attach a copy noting the author and date of analysis.

   - PROGRAM OPERATING BUDGET (Attachment 1) – for all proposals including public service projects and construction/site development projects
   - CONSTRUCTION/SITE DEVELOPMENT BUDGET (Attachment 2) – for construction/site development projects

B) 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.). Attach copies of funding commitment letters or other evidence of funding support.

4. MONITORING OF FEDERAL FINANCIAL ASSISTANCE TO SUBRECIPIENTS – (ATTACHMENT 3)
The City of Saratoga Springs is responsible for ensuring that subrecipients expend awards in accordance with applicable laws, regulations, and provisions of contracts and grant.

A) In accordance with OMB Circular A-133, please complete Attachment 3 and include it with your application.

B) During your last fiscal year, if your organization expended more than $500,000 in total federal financial awards (including CDBG and all other federal assistance), please include a copy of your latest Single Audit Report with this application.
Proposal Abstract:

The city-owned building at 5 Williams Street, currently occupied by the Saratoga Senior Center, is in need of replacement siding. The building has a combination of wood and vinyl siding, and most of the wood sections are deteriorating and falling apart. Many areas are completely rotten through. Replacement siding would improve this public facility and help to revitalize the neighborhood.

This project would serve the Senior Center membership of 1,300 seniors and the 2,500+ people who use the building every year. In addition to serving as a senior center and providing programs that address the safety, education, and social needs of seniors; the building is an emergency shelter and public polling place. As a public service, the Center also provides space to other community members and groups including AARP, the Mayor’s Senior Advisory Committee, the Saratoga Children’s Theatre, AA, and Saratoga County Office for the Aging.

1. ACTIVITY DESCRIPTION
Provide a detailed description of your proposed activity. In this description, provide responses to the following items:
A) Identify whether the activity is new, ongoing, or expanded from previous years. This project is expanded from the 2017 project, which included replacement of windows and doors.

B) Describe the community need that your activity is intended to address and how your activity will address that need. Provide evidence that this need is currently not being addressed through existing programs or activities.

The Saratoga Senior Center is the only agency in the city providing comprehensive programs and services for senior citizens of Saratoga County. The Senior Center has 1,300 members and 150-175 people use the building every day. Seniors are the fastest growing demographic of our community, currently representing one quarter of the population of Saratoga Springs. The Senior Center is experiencing significant growth, and it is imperative that we keep the building in good operating condition. New siding will make the building more energy efficient, saving the City a significant amount of money. It is important that we replace the deteriorated sections of siding as soon as possible. Many rotting sections are at the very base of the building, allowing rainwater and snowmelt to penetrate the building, potentially compromising its integrity. The rotting siding is also an eyesore and has a significant impact on the aesthetic appeal of the building.

C) Identify who will benefit from the proposed activity. If the activity is designed to benefit:

The work will benefit the senior citizens of Saratoga County, a presumed low- to moderate-income group, and the community as a whole as an emergency shelter and polling place.

C-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.
C-2) the inhabitants of a predominantly low-moderate income area, identify the Census Block Group in which the activity is located.
C-3) designed to benefit a low-moderate income “limited clientele”, identify the “limited clientele” group.
D) 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, etc.)

Goals:
Ensure that project is completed in 2018. The goal of the project is to restore deteriorating parts of the building to ensure that it is in good condition and to increase energy efficiency. The project will result in improved conditions for the 2,500+ people who use the building each year, including 1,300 senior citizen members of the Saratoga Senior Center.

E) Provide an activity time frame/schedule (include start, completion dates, and other significant performance stages). Work to begin as soon as possible upon grant approval and will be completed in 2018.

F) Identify whether the activity requires additional local, state or federal approval (license, permit, design/historic/environmental review, etc.). For construction/site development projects, provide evidence of site control.
No additional approval is needed.

2. ORGANIZATIONAL CAPACITY
A) Provide an overview of your organization including length of time in existence. List current officers and board members and identify any prior funding by the City of Saratoga Springs (year, activity, and amount).

B) 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.

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- CONSTRUCTION/SITE DEVELOPMENT BUDGET (Attachment 2) - for construction/site development projects
B) 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.). Attach copies of funding commitment letters or other evidence of funding support.

4. MONITORING OF FEDERAL FINANCIAL ASSISTANCE TO SUBRECIPIENTS - (ATTACHMENT 3)
The City of Saratoga Springs is responsible for ensuring that sub recipients expend awards in accordance with applicable laws, regulations, and provisions of contracts and grant.
A) In accordance with OMB Circular A-133, please complete Attachment 3 and include it with your application.

B) During your last fiscal year, if your organization expended more than $500,000 in total federal financial awards (including CDBG and all other federal assistance), please include a copy of your latest Single Audit Report with this application.
**Program Operating Budget**

(Entitlement Grant + Leveraged Funds = Total Activity Cost)

<table>
<thead>
<tr>
<th>ENTITLEMENT GRANT</th>
<th>Leveraged Funds*</th>
<th>Total Activity Cost</th>
<th>*Source of leveraged Funds and In-Kind Services</th>
</tr>
</thead>
</table>

**Personnel**

- Salaries
- Fringe
- Other (consultants, etc.)

Subtotal

**Overhead**

- Advertising/Marketing
- Program Supplies
- Rent & Utilities
- Other - list below

Subtotal
(ATTACHMENT 2)

CONSTRUCTION / SITE DEVELOPMENT BUDGET

(Entitlement Grant + Leveraged Funds = Total Activity Cost)

<table>
<thead>
<tr>
<th>ENTITLEMENT GRANT</th>
<th>Leveraged Funds*</th>
<th>Total Activity Cost</th>
<th>*Source of leveraged Funds and In-Kind Services</th>
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**PRECONSTRUCTION**

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<td>Engineering</td>
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<td>Architectural/Design</td>
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<tr>
<td>Fees and Permits</td>
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*Subtotal*

**DEVELOPMENT**

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<td>Construction - materials</td>
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<td>Other - (explain)</td>
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<td>Subtotal</td>
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<td>3,590.4</td>
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<td>9,017.90</td>
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TOTAL COST
OFFICE OF MANAGEMENT AND BUDGET (OMB) CIRCULAR A-133
MONITORING OF FEDERAL FINANCIAL ASSISTANCE TO SUBRECIPIENTS

ORGANIZATION: City of San Antonio Springs

MAILING ADDRESS: Department of Public Works - 5 Lake Avenue, SS 12566

FEDERAL ID #: 14-6002423
PHONE: 518-587-2553
FAX: 518-587-2417

DUNS #: ____________________________

1. Please identify your fiscal year (mth/yr to mth/yr): 1/18 - 12/18

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

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

CDBG Activity Name: San Antonio Senior Center - New Windows, Doors and Siding

CDBG Funding Program Year: 2017
CDBG Funding Amount: $20,000

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

<table>
<thead>
<tr>
<th>NAME &amp; CATALOG OF FEDERAL FINANCIAL ASSISTANCE (CFDA) #</th>
<th>AMOUNT OF AWARDS</th>
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</table>

4. 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 _____

* 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 _____

* If “yes”, please describe:

   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
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   ______________________________________________________________________________________

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________________________________________________________________________________________
6. Other Saratoga County Awards (cash & non-cash):

**IDENTIFY PROGRAM NAME & YEAR OF AWARD**

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[Signature]

Authorized Signature

**IDENTIFY AMOUNT OF CO. AWARDS**

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1/31/18

Date
CARRY OUT MERCHANDISE

MERCHANDISE AND SERVICE SUMMARY
We reserve the right to limit the quantities of merchandise sold to customers

STOCK MERCHANDISE CARRIED OUT:

<table>
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<tr>
<th>REF #</th>
<th>SKU</th>
<th>QTY</th>
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<td>$91.08</td>
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<td>1000-052-907</td>
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<td>20.00</td>
<td>EA</td>
<td>1/2&quot;X4&quot;X8&quot; SUPER TUFF-R INSUL R3.3 /</td>
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MERCHANDISE TOTAL: $737.10

CUSTOMER PICKUP #1

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<tr>
<td>S0101</td>
<td>1001-242-357</td>
<td>96.00</td>
<td>PC</td>
<td>ALPG40IQ / Ply Gem Progressions Double 4&quot; Tradition / Ply Gem Progressions Double 4&quot; Traditional Lap 0.042&quot; Vinyl Siding 126&quot; (Woodgrain Sunrise Yellow PG40 IQ) [HQDC-4713233.1.001] [QC]</td>
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<td>Y</td>
<td>$8.46</td>
<td>$812.16</td>
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*** CONTINUED ON NEXT PAGE ***
## CUSTOMER PICKUP #1

**REF # W13**

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<td>Y</td>
<td>$19.49</td>
<td>$77.96</td>
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<td>(Nantucket Gray V0CP334 N8) [HQDC:4713233.1.003] [QC]</td>
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<td>EA</td>
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<td>$173.04</td>
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<td>Yellow VJC78 IQ) [HQDC:4713233.1.004] [QC]</td>
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<td>A</td>
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<td>$3.25</td>
<td>$32.50</td>
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<td>tarter Strip (VSS10NS 00) [HQDC:4713233.1.005] [QC]</td>
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**S.O. MERCHANDISE TO BE PICKED UP:**

**S/O BOISE CASCADE**

**REF # S06**

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<td>A</td>
<td>Y</td>
<td>$71.61</td>
<td>$358.05*</td>
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<td>ctual Size: 3/4&quot;x9-1/4&quot;) 9110) [HQDC:4713233.1.007] [QC]</td>
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<td>S0607</td>
<td>1000-027-447</td>
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<td>EA</td>
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<td>A</td>
<td>Y</td>
<td>$42.56</td>
<td>$85.12*</td>
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<td>ctual Size: 3/4&quot;x5-1/2&quot;) 9106) [HQDC:4713233.1.008] [QC]</td>
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</table>

**SCHEDULED PICKUP DATE:** Will be scheduled upon arrival of all S/O Merchandise

**MERCHANDISE TOTAL:** $1,589.91

## TOTAL CHARGES OF ALL MERCHANDISE & SERVICES

**Policy Id (PI):**

A: 90 DAYS DEFAULT POLICY;

*The Home Depot reserves the right to limit / deny returns. Please see the return policy sign in stores for details.*

| ORDER TOTAL  | $2,327.01 |
| SALES TAX    | $162.89   |
| TOTAL        | $2,489.90 |
| BALANCE DUE  | $2,489.90 |

END OF ORDER No. H1223-33953

## TERMS AND CONDITIONS

WILL CALL

Will Call items will be held in the store for 7 days. For Will Call merchandise pick up, proceed to Will Cal/Service Desk area (Pro Customers, proceed to the Pro Desk).

* Indicates item markdown

Customer Copy