

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

ACTIVITY NAME:

APPLICANT:

MAILING ADDRESS:

----- Zip: -----

PHONE: ----- FAX: ----- EMAIL: -----

CONTACT PERSON: ----- TITLE: -----

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

(List Dept.)

(List Federal ID #)

(Specify)

(DUNS #)

NATIONAL OBJECTIVE (*select 1*):

“Benefit persons of Low/moderate income
Need”

“Address slum/blight Conditions”

“Urgent CD

L/M Income Area Benefit
Need

“N/A” Slum/blighted Area

“N/A” Urgent

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

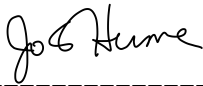
REQUESTED ENTITLEMENT FUNDING: \$-----

Funding Leveraged from Other Sources: \$-----

Total Activity Cost: \$-----

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 See Attached.



(Authorized Signature)

(Title)

(Typed or Printed Name)

(Date)

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.

(ATTACHMENT 1)

PROGRAM OPERATING BUDGET

(Entitlement Grant + Leveraged Funds = Total Activity Cost)

	ENTITLEMENT GRANT	Leveraged Funds*	Total Activity Cost	*Source of leveraged Funds and In-Kind Services
PERSONNEL				
Salaries				
Fringe				
Other (consultants, etc.)				
<i>Subtotal</i>				

OVERHEAD				
Advertising/Marketing				
Program Supplies				
Rent & Utilities				
Other - list below				
<i>Subtotal</i>				

TOTAL COST

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(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
PRECONSTRUCTION				
Legal				
Engineering				
Architectural/Design				
Fees and Permits				
<i>Subtotal</i>				

DEVELOPMENT				
Relocation				
Site Preparation				
Construction – materials				
Construction – labor				
Construction Financing				
Other – (explain)				

Subtotal

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TOTAL COST

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

ORGANIZATION: _____

MAILING ADDRESS:

FEDERAL ID #: _____ PHONE: _____ FAX: _____

DUNS #: _____

1. Please identify your fiscal year (mth/yr to mth/yr): _____

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

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

CDBG Activity Name: _____

CDBG Funding Program Year: _____ CDBG Funding Amount: _____

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

GIVE NAME & CATALOG OF FEDERAL FINANCIAL ASSISTANCE (CFDA) #	AMOUNT OF AWARDS
_____	_____
_____	_____
_____	_____

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:

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

IDENTIFY PROGRAM NAME & YEAR OF AWARD

IDENTIFY AMOUNT OF CO. AWARDS

Jo G Hume

Authorized Signature

Date

Proposal Abstract:

Saratoga County Economic Opportunity Council, Inc., (EOC) is the designated anti-poverty agency for Saratoga County, dedicated to providing and promoting opportunities for individuals and families to achieve self-sufficiency. EOC is applying for the Community Development Block Grant (CDBG) through the City of Saratoga Springs to provide a healthy well balanced lunch to all who come into the Soup Kitchen daily. The Soup Kitchen is a community based initiative that has been in existence since 1987 to serve the homeless and low income residents of Saratoga County, more specifically those residing in Saratoga Springs. For the past 10 years we have served 243,966 meals and currently average 70 meals per day. Soup Kitchen meals have been prepared and served seven day a week for the past 30 years by an almost primarily volunteer staff. Given recent increases in Soup Kitchen utilization, especially with the growth of and increased partnership with the Code Blue Program, as well as aging volunteer base, EOC recognizes the need for a Soup Kitchen staff person to support our dedicated volunteers with preparing food and managing donations, upkeep and maintenance, as well as managing the increased number of guests as the Soup Kitchen receiving meals.

1. Activity description:

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

The Saratoga County Economic Opportunity Council (EOC) has run the free soup kitchen providing nutritious meals to low-income residents of Saratoga Springs since 1987. The soup kitchen began one day per week but quickly grew to operate 7 days a week; Monday through Sunday including holidays. Our hours of operation are from 11:45 am until 1:00 pm Monday through Saturday and 3:00 pm – 4:00 pm on Sundays. The offering begins with soup at 11:45 with the main course starting at 12 noon and is served until 1:00 pm. We offer a hot homemade soup with a different main course every day. Included is always juice, milk, coffee, water and dessert. Also available for free, on a daily basis, are breads and pastries donated by Hannaford, Stewarts, Freihofer’s and other local bakeries. These items are placed on a donation table in the dining room and are open to the public to take what they need. On a daily basis we have a Community Services Advocate present at the soup kitchen to offer services to the customers who come in to use the kitchen. Our aim is to ensure we are offering all available services to our customers.

The Soup Kitchen is primarily supported by volunteers who generously dedicate their time on a weekly and sometimes daily basis. The position of a designated Soup Kitchen staff person would be a new position to support the Soup Kitchen volunteers in daily operation and upkeep.

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.

EOC conducts a Comprehensive Community Needs Assessment every 3 years. Identified as one of the top 5 needs is the need for food. The number of meals served daily has been consistent for the past 10 years showing the need is great. The faces may change but the need does not. The Saratoga County EOC Soup Kitchen is the only soup kitchen in the City of Saratoga Springs and in the county. The Salvation Army serves breakfast while EOC provides the lunch. If Code Blue is in session dinner is provided. The Shelters of Saratoga also has a dinner offering available.

A new partnership with Code Blue and the Presbyterian New England Congregational Church now offers respite at the Soup Kitchen and Church Sanctuary during times when the Code Blue Shelter closes for cleaning and maintenance or is need of overflow shelter. Respite begins with lunch at the Soup Kitchen and continues through the afternoon/evening. As a result, the demand for meals at the Soup Kitchen on both Respite and Non-Respite days has continued to increase.

- C) Identify who will benefit from the proposed activity. If the activity is designated 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.

The customers utilizing the soup kitchen are most often the homeless or extremely low income, unemployed, under-employed, elderly, disabled or seasonal workers of Saratoga Springs and the surrounding areas. Because the kitchen is an emergency service program we do not ask for information from those coming in to use the soup kitchen. It is a safe, judge free location for individuals to come and enjoy a healthy, warm meal.

- D) Identify your performance goals and the types of indicators you will use to document activity accomplishments and success.

EOC will serve 25,000 meals per year at the soup kitchen to address emergency hunger needs. All in attendance will have the opportunity to receive information and referrals from other agencies coming to the kitchen to offer needed services. EOC documents those who take advantage of the offerings of services and we have a documented goal of providing these services to 200 individuals/families.

- E) Provide an activity timeframe/schedule (including start, completion dates and other significant performance states).

EOC has a monthly calendar that is created to track the other partner agencies that come into the kitchen to offer services. We have different services during different times of the year to ensure that we are meeting our customers' needs and offering services that are of interest. Also, on a daily basis, a Community Services Advocate goes to the soup kitchen to offer services to the customers. We want to ensure we are offering all available services to our customers. Programming is provided 7 days a week, year-round on an ongoing basis.

EOC tracks the number of meals that are served by using a manual count system only identifying if the customer is an adult, senior or child. However, additional information is collected when Soup Kitchen customers voluntarily participate in additional services and activities provided during meal times.

- 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.

EOC operates the soup kitchen year round, including holidays. The only time it is closed is during the winter on a day when it is too dangerous for volunteers and staff to get to the kitchen to cook the meal or if there is an equipment failure (furnace, gas leak etc.)

The kitchen operates Monday through Sunday including holidays. Hours of operation are from 11:45 am until 1:00pm Monday through Saturday and 3:00pm – 4:00pm on Sundays.

The soup kitchen is licensed through the Department of Health with random inspections. It is also monitored by the Regional Food Bank for food safety and compliance. All requirements are up to date and never have we had a loss or interruption in licensing or findings.

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)

EOC has been the Community Action Agency in Saratoga County for over 43 years and has supported many programs such as the Soup Kitchen, Latino Community Advocacy Program (LCAP), Women, Infants and Children (WIC), Head Start, Early Head Start, Weatherization, Financial Literacy, Crisis and Family Development, a Food Panty and holiday programs.

Attached is our list of board members.

EOC has received \$4,800 per year from the City of Saratoga Springs since 1994 to support the soup kitchen. Also, funding has been received through CDBG for various programs/projects since 2004. A listing is attached.

- 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.

EOC has been operating the Soup Kitchen in its location since 1987. It is proving more difficult as the years go on as the cost of services and supplies increase. The soup kitchen relies on donations to cover costs such as disposables, snow removal, garbage, recycling, cleaning products and equipment, just to name a few.

- 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.

EOC has a finance department that coordinates the agency's funding, including the soup kitchen. The person responsible for overseeing the daily operation is the Community Services Coordinator with the assistance of long-time volunteers. On a daily basis a community services advocate goes to the soup kitchen to offer services to the customers who come in to use the kitchen.

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

EOC is the only Soup Kitchen serving lunch daily in Saratoga County. The partner agencies coming to the kitchen to offer other services are: EOC advocates, Shelter of Saratoga, Saratoga County Public Health, Cornell Cooperative Extension, Fidelis Health Care, CDPHP and Legal Aid Society SNAP

program. All of the partner agencies come to the kitchen to offer services to the customers. Our goal is to wrap services around our customers and offer them programs in one location.

3. Activity Budget

- A) Include attached budgets (attachments 1, 2) as appropriate. Depending on the activity, the application 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.

See attached

- 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.

EOC received \$13,800 from the Regional Food Bank to cover the cost of some of the food for the soup kitchen. The City of Saratoga Springs gives an annual donation of \$4,800 towards the operation of the soup kitchen, leaving \$43,180 unfunded and relying on fundraising to ensure the soup kitchen remains open.

4. Monitoring of Federal Financial Assistance to Subrecipients

- A) See attached
- B) See attached