

**APPLICATION FOR  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) ENTITLEMENT PROGRAM  
— 2012 Program Year Funding —**

ACTIVITY NAME: Emergency Shelter Revitalization Project  
 APPLICANT: Mother Susan B Anderson Emergency Shelter  
 MAILING ADDRESS: P.O. Box 104; 60 Caroline Street  
Saratoga Springs, New York Zip: 12866  
 PHONE: (518) 584-3122 FAX: (518) 587-4879 EMAIL: awbsss@aol.com  
 CONTACT PERSON: Rev. Stelia A. Byrd TITLE: Exec. Administrator

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”  
 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:** \$ 17,500.00  
 Funding Leveraged from Other Sources: \$ 2,500.00  
 Total Activity Cost: \$ 20,000.00

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 Emergency 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 counseling services to help rebuild self-confidence for re-entry into community. Approval of our requested funding in the past has allowed us to meet code compliance for our clients. We are able to provide shelter (beds) for 8-10 people per day. Recently we were able to build a handicap ramp from the shelter to the main sidewalk. The shelter is now handicap accessible and meets the ADA standards. The approval of this grant will allow us to continue working on upgrading our plumbing system and removal of deteriorating cast iron plumbing.

Arnold J. Byrd  
 ARNOLD J. BYRD  
Resident / CEO  
 1/26/2012

## **Activity Description**

**A.** We are requesting new funding for Mother Anderson Emergency Shelter so that we can continue to upgrade the plumbing system. Currently we have many deteriorating cast iron pipes that need to be replaced with PVC pipes. This is an on-going project. The Mother Anderson Home/Shelter is over 150 years old.

**B.** There is a need in our community to address the need of at-risk children who are subject to drop out of school and experience unemployment and trouble with criminal justice system. We are committed to address these issues through the use of our Educational Center

**C.** Our Community Educational Center would be able to address this issue by providing a place to mentor them, tutoring on a one on one basis, and counseling, in addition we would like to continue to provide child care service for the clients in the shelter along with classes parenting skills, reading and other literary skills. For the last five years we have provided Health fairs, HIV/ AIDS workshops, Hospice preparation, etc. in our Community Activities Building. Saratoga County Social Services Dept. is please 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 and family abuse. Addiction and substance abuse seemingly is the lending cause 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 over 20-30 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.

## **II. 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 life's of the clients in our twenty-six years of service. We have been able to provide emergency shelter for over 200 people during our twenty-six years. These clients were assisted with food, clothing, counseling, and other basic needs.

**A.** The officers of The Mother Anderson Emergency Shelter are: Bishop Arnold Byrd President, Rev. Shelia Byrd Exec. Admin., Mr. Rodney Ruffin Secretary/Treasurer. The members of the board are: Juanita Greco, Doris Crawford, Denise Jones. We have funded by this program since 2007 around \$28,000, 2008 around \$15,500, 2009 around \$14,700, 2010 around \$11,000, and 2011 around \$14,700 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 of over 26 hears, 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.

We continue to provide counseling, parenting skill workshops, job referrals, housing counseling, etc. As a Certified Counselor/Coach, I have seen close to fifty percent of our clients regain a productive life (jobs,schooling,etc). We've had several Newspaper Media Stories sharing about the achievements of our program and the success of our clients.

**C.** Rev. Shelia Byrd and myself are the responsible party that handles the program's and the financial management of the activities. We have a house monitor (Alfreda) who stays at the Shelter to maintain the in house rules for clients. We have utilized the same contractor for most of our Rehabilitation/Revitalization Project. We will probably use the service of the Heating/Cooling Company to install a New Heating and cooling unit for winter/summer purposes.

**D.** There are no other Agencies involve in this project.

**Mother Susan Anderson Emergency Woman's Shelter**  
**(Officers/Board Members)**

Bishop Arnold J. Byrd

President

Rev. Shelia A. Byrd

Exec. Admin.

Mr. Rodney Ruffin

Secretary/Treasure

Ms. Denis Jones

Member

Ms. Doris Crawford

Member

Ms. Juanita Greco

Member

MOTHER SUSAN ANDERSON EMERGENCY SHELTER

Capital Budget/Project

2012 - 2013

Description	Total
1. New Central Air Condition Unit	\$5,000.00
Labor Cost	<u>3,000.00</u>
sub-total	\$8,000.00
2. Plumbing System Conversion	3,500.00
labor Cost	<u>\$1,500.00</u>
sub-total	\$5,000.00
Grand Total	\$13,000.00
	\$13,000.00

PROGRAM OPERATING BUDGET

Description:

1. Utilities, Insurance, etc.	\$4,000.00	
2. Program Supplies/Equip. (Beds,linens,HeatBox,etc)	<u>\$3,000.00</u>	
	total	<u>\$7,000.00</u>
	Grand Total	\$20,000.00

(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
<b>PERSONNEL</b>				
Salaries	0	0	0	—
Fringe	0	0	0	—
Other (consultants, etc.)	0	0	0	—
Subtotal	0	0	0	

<b>OVERHEAD</b>				
Advertising/Marketing	0	0	0	—
Program Supplies	1,500.00	500.00	2,000.00	DONATION/FUND RAISING
Rent & Utilities	4,000.00	1,000.00	5,000.00	RENTAL INCOME DONATION/FUND RAISING
Other - list below				
HEAT BOX (INSECTS)	1,500.00	300.00	\$1,800.00	DONATION/FUND RAISING
Subtotal	7,000.00	1,800.00	\$8,800.00	

<b>TOTAL COST</b>	\$7,000.00	\$1,800.00	\$8,800.00
-------------------	------------	------------	------------

## 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	—
Engineering	0	0	0	—
Architectural/Design	0	0	0	—
Fees and Permits	0	0	0	—
<i>Subtotal</i>	0	0	0	

<b>DEVELOPMENT</b>				
Relocation	0	0	0	—
Site Preparation	0	0	0	—
Construction - materials	8,500 <sup>00</sup>	1,500 <sup>00</sup>	10,000 <sup>00</sup>	DONATION / FUNDRAISING
Construction - labor	4,500 <sup>00</sup>	1,000.00	5,500.00	DONATION / FUNDRAISING
Construction Financing	0	0	0	
Other - (explain)	0	0	0	
<i>Subtotal</i>	13,000 <sup>00</sup>	2,500 <sup>00</sup>	15,500 <sup>00</sup>	

**TOTAL COST**

13,000 <sup>00</sup>	2,500 <sup>00</sup>	15,500 <sup>00</sup>
----------------------	---------------------	----------------------

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

ORGANIZATION: Mother Susan Anderson Emergency Shelter

MAILING ADDRESS: P.O. Box 104

FEDERAL ID #: 14-1613500 PHONE: (518) 584-3122 FAX: (518) 587-4819

DUNS #: \_\_\_\_\_

1. Please identify your fiscal year (mth/yr to mth/yr): 01/12 - 12/31/11

Please identify below the funding received during your last fiscal year: \$14,700.00

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

CDBG Activity Name: Mother

CDBG Funding Program Year: 2012-2013 CDBG Funding Amount: 20,000.00

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 \$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
_____	_____
_____	_____
_____	_____

[Signature]  
Authorized Signature

1/26/12  
Date