

**APPLICATION FOR  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) ENTITLEMENT PROGRAM  
— 2013 Program Year Funding —**

ACTIVITY NAME: Emergency Shelter Revitalization Project

APPLICANT: Mother Susan Anderson Emergency Shelter

MAILING ADDRESS: P.O. Box 104; 60 Caroline St.  
Saratoga Springs, New York Zip: 12866

PHONE: (518) 584-3122 FAX: (518) 587-4819 EMAIL: ajbsss@odl.com

CONTACT PERSON: Rev. Shelin A. Byrd TITLE: Exec. Admin.

APPLICANT (select 1):  City Department  Private non-profit organization  Other Public Agency  
(List Dept.) 14-16-13500 (List Federal ID #) (Specify)

83-571-4507  
(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:** \$ 15,000.00  
 Funding Leveraged from Other Sources: \$ 3,000.00  
 Total Activity Cost: \$ 18,000.00

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 provide emergency shelter for women and their children. The Shelter provides both long and short term housing. The shelter can serve at least 8 clients up to 10 clients if necessary. This proposal will help us to continue to provide shelter for the homeless in our community. This Grant will help with program expenses, and with necessary repairs for extending additional space for clients and their children for counseling, and group sessions, and children activities.

Arnold P. Byrd President  
Arnold P. Byrd 11/30/13

(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.

## I. Activity Description:

- A. The Mother Anderson Emergency Shelter has been established since 1986 providing shelter for women and their children in a safe and secure environment. Each year we see a great need for this service, especially with children. Our service is an on-going project. Our goal is to provide continuous counseling, parenting-skills and job preparation from networking agencies. Rebuilding self-confidence and willingness to make life changes is also part of our goals.
- B. We are looking to Expand our services by obtaining additional space for Group Session, Training, Recreational space for children and Mentoring program, etc. Our community has a great need in providing the homeless with a structure life plan for re-entry into the community with all the necessary tools of life.
- C. Many of these clients are without proper resources. They are low-to-moderate income. Social Services has been a great partner in assisting us in identifying persons in need of assistance.

We have seen many of our clients restore to their families, work places, and becoming independent from the services we provide. The needs are still great, however our efforts for many years has demonstrated the success of this program.

Expanding our facilities, will allow us to provide the additional services that the clients need as describe previous. This will allow us to also provide Prevention Instruction (Homelessness), etc.

This additional space will start around the summer period, and hopefully completed before winter of 2013. This project will entail minor structural repairs, and an upgraded furnance. Estimated cost approx. \$10,000.00.

## I. Activity Description; cont'd 2.

This project will need assistance from the Block Grant and other donations from local entities, friends.

- D. Our programs have serve over 30-50 clients a year.
- E. Most clients are in their own Apartments within 30-60 days.
- F. No activities of the Addition requires a building permit or licensurer, etc.

## II. Organizational Capacity:

A. The Mother Anderson Emergency Shelter, was started in 1986. It was the first women shelter in Saratoga County to address the needs of homeless families. Throughout the years,

B. We have witness positive changes in the lives of the clients. We have been able to provide shelter for over 200-300 clients in our 27 year history. Food, clothing, and hygiene accessories were provided. On-going prevention programs (at-risk children, parenting skills, mentoring and counseling) has been successful.

C. The Officer's of the Mother Anderson Emergency Shelter are: Bishop Harold Byrd - President, Rev. Shelia Byrd - Exec. Admin., Mr. Rodney Ruffin - Secy/Treasurer. The members of the Board are: Juanita Greco, Doris Crawford, + Denis Jones. The above position are current. Rev. Shelia Byrd & myself are the responsible party that handles the programs & financial management of the activities. Our house monitor is Alfreda, who stays at the shelter to maintain house rules. The contractors for the heating systems will be "One Hour Heating/Cooling Company of Glen Falls, and Dave Pinkin of Saratoga (Carpentry/Painting work)

D. There are no other agencies/partners 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

(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	0
Fringe	0	0	0	0
Other (consultants, etc.)	0	0	0	0
Subtotal	0	0	0	

<b>OVERHEAD</b>				
Advertising/Marketing	0	0	0	
Program Supplies	1800 <sup>00</sup>	800 <sup>00</sup>	2600 <sup>00</sup>	DONATION, FUND RAISING
Rent & Utilities	4200 <sup>00</sup>	1000 <sup>00</sup>	5200 <sup>00</sup>	RENTAL/ INCOME DONATION/ FUNDRAISING
Other - list below	0	0	0	
Subtotal	6000 <sup>00</sup>	1800 <sup>00</sup>	7800 <sup>00</sup>	

<b>TOTAL COST</b>	6000.00	1800.00	7800.00
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**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	—
Subtotal	0	0	0	

<b>DEVELOPMENT</b>				
Relocation	0	0	0	—
Site Preparation	0	0	0	—
Construction - materials	8200 <sup>00</sup>	1000 <sup>00</sup>	9200 <sup>00</sup>	Donation / Fund RAISING
Construction - labor	800 <sup>00</sup>	200 <sup>00</sup>	1000 <sup>00</sup>	Donation / Fund RAISING
Construction Financing	0	0	0	—
Other - (explain)	0	0	0	—
Subtotal	9000 <sup>00</sup>	1200 <sup>00</sup>	10200 <sup>00</sup>	

<b>TOTAL COST</b>	9000 <sup>00</sup>	1200 <sup>00</sup>	10,200 <sup>00</sup>
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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; Saratoga Spgs; N.Y. 12866

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

DUNS #: 83-571-4507

1. Please identify your fiscal year (mth/yr to mth/yr): 01/13 - 12/31/13

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

2. Community Development Block Grant Entitlement Funding (CDBG):  
CDBG Activity Name: Emergency Shelter Revitalisation Project  
CDBG Funding Program Year: 2012-13 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  
NONE 0  
NONE 0  
NONE 0

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

\* 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  
0 0  
0 0  
0 0  
0 0

[Signature]  
Authorized Signature

1/29/13  
Date