

**APPLICATION FOR  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) ENTITLEMENT PROGRAM  
— 2011 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) 587-4819 EMAIL: QTBSSS@aol.com

CONTACT PERSON: REV. Shelia A. Byrd TITLE: Executive Admin.

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

(List Dept.) (List Federal ID #) (Specify)

14-1613500  
(DUNS #)

NATIONAL OBJECTIVE (select 1):

<p><b>“Benefit persons of Low/moderate income”</b></p> <p><input type="checkbox"/> L/M Income Area Benefit</p> <p><input checked="" type="checkbox"/> L/M Income Limited Clientele Activities</p> <p><input type="checkbox"/> L/M Income Housing Activities</p> <p><input type="checkbox"/> L/M Income Job Creation/Retention</p>	<p><b>“Address slum/blight Conditions”</b></p> <p><input type="checkbox"/> “N/A” <input type="checkbox"/> Slum/blighted Area</p> <p><input type="checkbox"/> Slum/blighted Spot Basis</p> <p><input type="checkbox"/> “N/A” <input type="checkbox"/> Urban Renewal Completion</p>	<p><b>“Urgent CD Need”</b></p> <p><input type="checkbox"/> “N/A” <input type="checkbox"/> Urgent Need</p>
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**REQUESTED ENTITLEMENT FUNDING:** \$ 23,000.00

Funding Leveraged from Other Sources: \$ 3,000.00

Total Activity Cost: \$ 26,000.00

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 shelter (housing) for females and their children under the age of 8 years old (if it's a male child).

The approval of this grant will enable us to provide a safe and a Code Compliance house for the clients ranging from all ages (children - senior citizens). We are able to serve at least 10-15 clients per day. In keeping with ADA standards, we desire to install a handicap ramp for disabled clients in the shelter. The plumbing system is in need of upgrading (removing cast from pipes and old fixtures) to eliminate termites that have been discovered.

Arnold J. Byrd (Authorized Signature) President/CEO (Title)

Arnold J. Byrd (Typed or Printed Name) 1/25/2011 (Date)

**Activity Description:**

We are requesting funding for the Mother Anderson Emergency Shelter so that we can continue to make the shelter a safe and code compliance facility for the clients and staff. We are seeking new funding for installing a Handicap Ramp for disable clients who cannot utilize the stairway to enter the building. This will help us to be in compliance with the ADA Regulations.

The Mother Anderson Emergency Shelter is Currently over 150 years old and many of the plumbing and Electrical Systems needs updating. During the winter months, we have been experiencing several breakage/freezing of pipes. We are requesting funding so that we can upgrade our plumbing system by installing PVC Piping in critical areas of the shelter. This will elevate additional expense each year for plumbing repairs.

In addition we have been informed by Terminex, that the shelter have termite problems. This problem have been on-going for over several years. This funding will also help us to address this problem to protect this facility from further damage cause by termites.

Saratoga County have seen an increase in the number of people who are homeless especially females with children. The Mother Anderson Shelter has been providing Emergency Housing since 1986. We were the first Emergency Shelter in Saratoga and currently, we are the only Shelter that provide housing for females and their children.

The clients that we serve are individuals who mostly have issues with addictions, family relationships, low academic skills and low self esteem. We currently provide Counseling/Life Coaching Services for the clients and networking with other Human Service Agencies for further assistance. The majority of the clients are unemployed and with little working skills. We are currently preparing programs that will address these issues so that the residents of the Shelter will be better prepare to re-enter the work force, and also to manage their basic-life skills. We will continue to work with other agencies to assess the needs in our community, along with the city, to address the need of affordable housing and homelessness.

Every quarter, we provide to the city CDBG Program with data reflecting the number of people served in the shelter.

## II. ORGANIZATIONAL CAPACITY

In March of 1986, the Mother Anderson Emergency Shelter was the the First Women Shelter in Saratoga County to address the needs of the homeless female and their children. We have seen major changes in the lives of the clients in our twenty-five years of service. Over 100 clients have been provided shelter and other basic needs (food, clothing, counseling and training) through this program.

Our officer's are: Bishop Arnold Byrd, President; Rev. Shelia A. Byrd, Exec/Admin. There are Five Board Members: Bishop Byrd, Rev. Shelia Byrd, Juanita Greco, Doris Crawford, and Denise Jones. We have had funding for 2010@ \$11,000, 2009@ \$14,700, 2008@ \$15,550, 2007@ \$28,000.00. These funds were used to repair the Shelter from the roof to the basement and all Exterior work.

We have been involved with the homeless program for over 25 years, working along with the City Community Program, the Social Services Programs. Many clients have left the shelter going into their own apartments, or with family members. Many have reunited with their children and have gone on to learn parenting skills at various workshops. Several have new jobs, and are helping other clients to be successful. We continue to have individuals such as school counselors, Mental Health Professional, EOC Staff (food-clothing-etc.), Social Services helping us to accomplish our goals for success.

Bishop Byrd and/or Rev. Shelia Byrd are the responsible party for this revitalization project, funding, and Shelter Program. We are currently working with the same Contractor that has started this project last year. He will assist us in this New Activity sending this award.

There are no other Agencies involve in ths project.

MOTHER ANDERSON EMERGENCY WOMEN SHELTER

CURRENT OFFICERS AND BOARD MEMBERS

1. Bishop Arnold J. Byrd ----- President
2. Rev. Shelia A. Byrd -----Executive Administrator
3. Mrs. Denise Jones-----Member
4. Juanita Greco-----Member
5. Doris Crawford;R.N. -----Member

**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	1,100.00	500.00	1,600.00	DONATIONS / FUNDRAISING
Rent & Utilities	4,000.00	1,000.00	5,000.00	DONATIONS; FUNDRAISING RENTAL INCOME
Other – list below				
Waste Mgmt	400 <sup>00</sup>	100 <sup>00</sup>	500 <sup>00</sup>	Donations
Subtotal	\$5,500 <sup>00</sup>	1,600 <sup>00</sup>	\$7,100.00	
<b>TOTAL COST</b>	\$5,500 <sup>00</sup>	\$1,600 <sup>00</sup>	\$7,100.00	

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

<b>DEVELOPMENT</b>				
Relocation	<del>0</del>	<del>0</del>	<del>0</del>	—
Site Preparation	<del>0</del>	<del>0</del>	<del>0</del>	—
Construction - materials	8,000.00	500.00	8,500.00	Donations / Fundraising
Construction - labor	4,500.00	—	4,500.00	
Construction Financing	<del>0</del>	<del>0</del>	<del>0</del>	—
exterminator! Other - (explain)	5000.00	500.00	5500.00	Donations / FUNDING
<i>Subtotal</i>	17,500.00	1,000.00	18,500.00	

<b>TOTAL COST</b>	17,500.00	1,000.00	18,500.00	
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**MOTHER SUSAN ANDERSON EMERGENCY SHELTER**

**Capital Budget/Project**

2011 - 2012

<b><u>Description</u></b>	<b><u>Total</u></b>
A. Handicap Ramp Labor Cost	\$ 4,500.00 2,500.00
Sub.Total	<u>7,000.00</u> ✓
B. Plumbing System Conversion Labor Cost	3,500.00 2,000.00 ✓
Sub.Total	<u>\$ 5,500.00</u>
C. Exterminator (Termites)	\$5,000.00 ✓
	<u>\$17,500.00</u>

**PROGRAM OPERATING BUDGET:**

<b><u>Description</u></b>	<b><u>Cost</u></b>
Utilities	\$ 4,000.00
Program Supplies	1,500.00
	<u>\$ 5,500.00</u>

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

ORGANIZATION: Mother 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): 01/11 - 12/31/11

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

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

CDBG Activity Name: Mother Susan B. Anderson Emergency Shelter

CDBG Funding Program Year: 2010-11 CDBG Funding Amount: 26,000.00

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

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

AMOUNT OF AWARDS

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

\* 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

IDENTIFY PROGRAM NAME & YEAR OF AWARD	IDENTIFY AMOUNT OF CO. AWARDS
_____	_____
_____	_____
_____	_____

[Signature]  
Authorized Signature

1/25/11  
Date