

CDBG Applications

Row 18

Submission Date

01/31/22 12:32 PM

Applicant Organization

SOUL SAVING STATION FOR EVERY NATION

Activity Name

Mother Susan Anderson Women and Children's Emergency Shelter Expansion Project

Address

PO BOX 104

City

SARATOGA SPRINGS

State

New York

Zip Code

12866

Phone Number

+1 (518) 584-3122

Email Address

ssstoga@gmail.com

Contact Person

Neysha Byrd

Title

Finance Committee Member/Board

Applicant Type

Non-Profit Organization

Department

Agency

Federal ID #	14-1613500
DUNS #	0
National Objective	Benefit persons of low-moderate income
Low-Mod Income Benefits	Low-Mod Income Area Benefit
Requested CDBG Entitlement Funding	\$14,780.00
Funding leveraged from other sources	\$500.00
Total activity cost	\$15,280.00
Proposal Summary	The new family shelter is in need of a cooling system. As a building that services mothers and their children proper heating and cooling units are essential
Persons served	20
This activity is...	new
Approval/ Permit?	N/A
Previous CDBG awards	Yes

**Award
Completion**

Yes

Signature



Home > 36,000 BTU 19.2 SEER Mitsubishi Quad Zone Heat Pump System 6+6+6+6

36,000 BTU 19.2 SEER Mitsubishi Quad Zone Heat Pump System 6+6+6+6

By: Mitsubishi Model: MXZ-4C36NAZ / 4-MSZ-GL06 ID: 8333

★★★★★ (4) [WRITE A REVIEW](#) Availability: Ships in 2-3 Business Days

MITSUBISHI ELECTRIC

Suggested Retail ~~\$6,501.00~~

As Low As **\$5,118.47** As low as \$236.17 / MONTH *

FREE SHIPPING

Heat Pump Condenser +
1x 36,000 BTU Heat Pump Condenser
+ \$3,150.75 [VIEW ITEM](#)

Required Fields *

Norton Shopping Guard 1/21/2022 11,275 Ratings

Type here to search 99°F ENG INTL 5:30 PM 1/21/2022

Two units are needed totaling \$10,236.94 plus labor install. This system is not preferred

S. Helm Heating & Cooling

133 Donje LN Gloversville NY 12078 -
7666

Job Estimate

Soul Saving Station

Soul Saving Station
62 Henery ST Saratoga NY 12866
518-495-3706

2 AC units for henery st.

Item Description	Amount
3 ton Ac unit and air handler With all parts	\$6,695.00
3 ton mini split multi zone Ac unit with all parts	\$6,185.00
30 hours labor	\$2,400.00

Subtotal	\$15,280.00
Tax Rate	Tax Exempt
Other Costs	
Total Cost	\$15,280.00

All prices are good for 30 days only 1-31-22

Thank you for your business!



CITY OF SARATOGA SPRINGS

OFFICE OF COMMUNITY DEVELOPMENT

City Hall - 474 Broadway
Saratoga Springs, New York 12866
518.587.3550 x2575 www.saratoga-springs.org



Community Development Block Grant (CDBG) Entitlement Program

IMPORTANT

2022 CDBG Guidebook

****DO NOT attempt to complete this application prior to reviewing the 2022 CDBG Guidebook (link provided above). Questions should be directed to the Community Development Planner at Amber.Upton@saratoga-springs.org****

Applicant Organization*

Address*

City*

State*

Zip Code*

Phone Number*

Email Address*

Proposal Abstract * Please provide an overview of your proposal.

Priorities Addressed*

Please include which of the community development priorities listed in the City's 2020 Consolidated Plan this project will address. Describe how the project fill those identified needs.

Activity Beneficiaries* Identify who will benefit from the proposed activity. If the activity is designed to benefit: 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. 2) The inhabitants of a predominantly low-moderate income area, identify the Census Block Group in which the activity is located. 3) A low-moderate income "limited clientele", identify the "limited clientele" group.

Performance Goals and Indicators* 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, # of businesses assisted, # of jobs saved or created, etc.)

Activity Timeframe/Schedule * Include start, completion dates, and other significant performance stages.

Organization Overview*

Provide an overview of your organization including length of time in existence. List current officers and board members.

Experience* 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.

Key Persons* 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.

Partner Agencies* Identify any other agencies/partners involved in this activity and define their roles and responsibilities.

Budget Form 2
CONSTRUCTION / SITE DEVELOPMENT

	Entitlement Grant	Leveraged Funding	Total Activity Cost
PRECONSTRUCTION			
Legal			\$ -
Land Acquisition			\$ -
Engineering			\$ -
Architectural/Design			\$ -
Fees and Permits			\$ -
<i>Subtotal</i>	\$ -	\$ -	\$ -
DEVELOPMENT			
Relocation			\$ -
Site Preparation			\$ -
Construction - materials	\$ 12,630.00	\$ 250.00	\$ 12,880.00
Construction - labor	\$ 2,150.00	\$ 250.00	\$ 2,400.00
Construction Financing			\$ -
Other (please list below)			
			\$ -
			\$ -
			\$ -
<i>Subtotal</i>	\$ 14,780.00	\$ 500.00	\$ 15,280.00
TOTAL COST	\$ 14,780.00	\$ 500.00	\$ 15,280.00

MOTHER SUSAN B. ANDERSON EMERGENCY SHELTER

Officers/Board Members

Pastor Arnold J. Byrd II	President
Neysha Johnson-Byrd	Director
Hyacinth Charles-White	Member
Deaconess Juanita Greco	Member
Ruth Mattiello	Member

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

Organization*

Mailing Address*

Federal ID*

Phone #*

DUNS #*

Please identify your fiscal year (mth/yr to mth/yr):*

Please identify below the funding received during your LAST FISCAL YEAR.

CDBG Activity Name*

If not applicable, please reply N/A.

CDBG Program Year*

CDBG Funding Amount*

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

Name & Catalog of Federal Financial Assistance (CFDA)#*

Federal Funding Amount*

If not applicable, please reply N/A.

Name & CFDA #*

Federal Funding Amount*

Name & CFDA #*

Federal Funding Amount*

During your last fiscal year, has your organization expended more than \$750,000 in total federal financial awards (incl. CDBG & all other federal assistance)?*

Single Audit Report* Upload a copy of your organization's latest Single Audit Report.

Are you aware of any financial audit violations, findings or questioned costs relating to any activity funded with federal financial assistance? *

Please describe:*

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

Program Name*

Year*

Award Amount*

If not applicable, please reply N/A.

Program Name*

Year*

Award Amount*

Program Name*

Year*

Award Amount*

Authorized Electronic Signature Agreement*

By checking the "I agree" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.