

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

ACTIVITY NAME:

Mother Susan B Anderson Women's Emergency Shelter Expansion Project

APPLICANT:

Mother Susan B Anderson Women's Emergency Shelter

MAILING ADDRESS:

SSS PO Box 104

Saratoga Springs, New York

Zip: 12866

PHONE: 518-226-0696

FAX: 518-226-3193

EMAIL: SSStoga@gmail.com

CONTACT PERSON:

Neysha Johnson-Byrd

TITLE:

Treasurer / Board Member

APPLICANT (select 1):  City Department  
Public Agency

Private non-profit organization

Other

\_\_\_\_\_  
(List Dept.)

14-1613500  
\_\_\_\_\_  
(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:** \$ 27,000

Funding Leveraged from Other Sources: \$ 1,000

Total Activity Cost: \$ 28,000

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:

Neysha Johnson Byrd  
(Authorized Signature)

Neysha Johnson Byrd  
(Typed or Printed Name)

Treasurer / Board Member  
(Title)

28 Jan 2018  
(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).

## **Proposal Abstract and Overview Page 1**

The Mother Anderson 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. This year's grant is needed to service the increasing growth of the people in need in our community. Our facility has the capability to house more women and children and our transitional house is in need of repairs and updates. The block city grants help our organization meet the needs of the homeless and misplaced families. This year's grant will assist us in servicing our residents by providing a Case Manager to assist the residents obtaining the services, housing, and healthcare they need. Our facility houses 13 people a day. Our shelters require constant care to continue our success and give our clients a sense of security that is vital to their success and well-being.

### **MOTHER ANDERSON EMERGENCY SHELTER**

#### **2018 Expansion Project**

##### 2018 Activity Description

- A. We are requesting new funding for the Mother Anderson Women and Children's Emergency Shelter and Transitional Shelter to provide the residents with Case Management Care.
- B. In 2017, the shelter maximized its bed capacity of 13 every month. During our expansion, we employed a Case Manager as an employee. In 2017, we serviced 56 women and six children. 19 of these Residents have obtained jobs and housing due to our program. With a 34% success rate, we know that adding a full-time employee is the key to our success. This funding would continue to support the direct community needs of Saratoga Springs, New York.
  - C-1. The homeless community. We will be able to accommodate an additional 5 residents which would bring the total availability from 9-10 to 14-15 beds.
  - C-2. Both of our facilities are located in the low-moderate income area of Census Block Group 610.003.
  - C-3. This grant will benefit the Homeless and low-to-moderate displaced families and victims of circumstances.
- C. The Mother Susan Anderson Homeless Shelter has provided shelter to over 50 residents this past year. With the proposed changes, the yearly assistance will be closer to 50 residents. In addition to an increase of space, we have established program assistance and work with agencies within the county to provide the care our residents need to become more stable in our community.
- D. . Our programs are designed to assist new residents within a 90 day period. We work with the New York State Department of Social Services, the Housing Authority and the EOC programs. The Director of the Mother Susan Anderson Shelter has developed a Case Management program for our employee to implement to each resident.
- E. Our program is designed to assist our residents within a 90 day period. During that time the program calls for job searches, searches for available government programs for housing and assistance, and health care maintenance.
- F. N/A

### **MOTHER SUSAN B. ANDERSON EMERGENCY SHELTER**



## Officers/Board Members

Pastor Arnold J. Byrd II	President
Stacey McVaigh	Director
Neysha Johnson-Byrd	Treasurer
Deaconess Doris Crawford	Member
Deaconess Juanita Greco	Member
Ruth Mattiello	Member

### **MOTHER ANDERSON EMERGENCY SHELTER**

#### **2018 Expansion Project**

#### **Organizational Capacity**

The Mother Anderson Emergency Shelter was started in 1986. It was the first women and children shelter in Saratoga County to address the needs of homeless females. We have seen positive changes in the lives of the clients throughout our 31 years of service. We provide our residents with food, clothing, counseling, and other basic needs.

- A. The officers of the Mother Anderson Emergency Shelter are: President, Pastor Arnold J. Byrd II, Director, Stacey McVaigh, Treasurer- Neysha Johnson-Byrd, Board Member, Juanita Greco, Board Member Doris Crawford and Ruth Mattiello, Board Member. We have received funding since 2007 for approx... \$28,000, 2008 around \$15,500 2009 around \$14,700, 2010 around \$11,000, 2011 around \$14,000, 2013 around \$ 9,500, 2014 19,000, 2015 \$35,000, and 2017 \$19,340 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, new handicap ramp, exterior house paint and porch remodel, new kitchen, flooring, and a new bathroom.
- B. We have been involve with the Homeless Program for over 30 years, 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. 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. In the Expansion Project specifically, we have been able to provide temporary emergency housing shelter for families who do not qualify for the Women and Children Shelter living. For example in 2013 a row of houses caught fire and we were able to provide a home for 10 people who were immediately homeless. In 2014 and 2015, we provided a home to men estranged from their families, and women with male children. Our expansion home is furnished and the shelter provided them with everything they needed until they were able to stabilize their situation.

This year we have partnered with Suny HVCC to provide case management training for their interns and to provide us with additional staff. Our Shelter board is comprised of people with experience in the areas of: Business Administration, Social Work, Finance, and Health Care. We've had several newspaper media stories and honorable mentions about the achievements of our program and the success of our clients.

- C. Pastor Arnold Byrd II, provides administrative policy making, Stacy McVaigh provides Social Service standards and leadership, Neysha Johnson-Byrd provides Financial Assistance and bookkeeping, Doris Crawford and Ruth Mattiello to House Leadership and Structure. Our new Case Manager provides Health and Wellness wellness to our residents. The Shelter also has a House Monitor delegate. There are no other

Agencies involved in this project.

(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	27,000	1,000.00	28,000	FUNDRAISING
Fringe				
Other (consultants, etc.)				
<i>Subtotal</i>	27,000	1,000.00	28,000.00	

<b>OVERHEAD</b>				
Advertising/Marketing	0	0	0	-
Program Supplies	0	0	0	-
Rent & Utilities	0	0	0	-
Other - list below	0	0	0	-
<i>Subtotal</i>	0	0	0	