

**City of Lake Elsinore
Community Support Program
Fiscal Year 2023-24 Funding Application**

I. GENERAL INFORMATION:

Applying Organization Name: Dream Center Lake Elsinore

Organization Address: 114 East Peck Street

City: Lake Elsinore

Zip Code: 92530

Mailing Address: 114 East Peck Street

City: Lake Elsinore

Zip Code: 92530

Website: www.DreamCenterLE.org

Telephone Number: [REDACTED]

Fax Number: n/a

Executive Director: Brett Masters

Telephone Number: [REDACTED]

E-mail: [REDACTED]

Program Manager: Dave Snow

Telephone Number: [REDACTED]

E-mail: [REDACTED]

Is your Organization: Non-Profit Organization Yes No
 Faith Based Organization Yes No

II. ORGANIZATIONAL HISTORY:

Date Organization founded: 2014

Date Organization incorporated as a non-profit organization: 11/8/2017

Provide a copy of your statement of non-profit status from the State of California and Most Recent IRS Form 990. IRS Form 990 is a public record. Form 990s for all charities registered in California are posted on the Attorney General's web site www.ag.ca.gov. The web site also offers a searchable database of California charities. Form 990s for 501(c)(3) charities may be found at GuideStar www.guidestar.org.

Federal identification number: [REDACTED]

State Identification Number: [REDACTED]

Members/Board of Directors: **(Attach)**

Mission Statement – Briefly describe the goals and objectives of your organization and community services it provides.

The Dream Center is a volunteer driven organization that finds and fills needs of
and families in our community. We do this by connecting isolated people to God
community of support through regular service projects, events. We work to meet
where they are, bring them hope and a way off the streets, out of poverty and in

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Lake Elsinore City Council Member during the past 12 months? If Yes, briefly describe:

n/a

Is a Lake Elsinore City Council Member a member of the Board of Directors or an Officer of the organization? If Yes, provide Council Member's Name and title within the organization:

n/a

This application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

III. PROJECT ACTIVITY:

Name of Project: DREAM Projects

Amount Requested: \$5000

Where will the proposed activity occur (be specific as to the geographic boundaries)? If the project involves a new or existing facility, what is the proposed service/benefit area for the facility?

Dream Projects' service and benefit area is the City of Lake Elsinore.

Check ONLY the applicable category your application represents.

- Public Service
- Homeless Activities
- Housing
- Rehabilitation/Preservation (please provide picture of structure)
- Public Facilities (construction)
- Other: (provide description) _____

Respond to A & B only if this application is for a public service project.

(a) Is this a NEW service provided by your agency? Yes No

(b) If service is not new, will the existing public service activity level be substantially increased or improved? Yes No

V. PROJECT NARRATIVE:

Provide a detailed Project Description of the project/program (and its objectives) that the City of Lake Elsinore grant funding will be used to support.

Dream Projects was started in 2016 by Pastor Dave Snow via counselors at LEUSD to start a mentorship extension program at Ortega High School.

Dave and his team of volunteers picks up kids after school and mentors them as they compete a variety of service projects in our community.

Dave and his team also provide mentorship for students as they explore who they want to be when they grow up and how they want to give back to their community. This program ensure kids have a safe place to be after

school with adults who can speak into their potential and encourage them to form and pursue their goals. Dream Projects helps kids who have otherwise struggled in traditional school settings and have been transferrec to Ortega High for continuing personal attention. Dream Projects is an extension of that program to help students receive positive mentorship.

on becoming projective members of society.

What methods will be used for community involvement to assure that all who might benefit from the project are provided an opportunity to participate?

This program is open to all high school kids who would like to participate. Dream Projects has a unique partnership with Ortega High school because administration has asked our youth director to help students who need extra help, attention, or mentorship. We are always looking for projects to complete around the City and oftentimes get referrals from community members as well as the City of Lake Elsinore via code enforcement and community development. This program is run by committed high level volunteers through the Dream Center.

What evidence is there of a long-term commitment to the proposal? Describe how you plan to continue the work (project) after the Community Support funds are expended?

Dream Projects aims to complete projects which will in tern help improve or transform a part of our community for long term benefit. Many of these projects are long term improvements for community residents. Additionally, our goal is to bring these community members into long term relationship aimed at life transformation. We plan to build relationships with these residents and students and connect them to a helpful and healthy community. This will have lasting impacts in our community as more and more people look to help their neighbor and improve their surrounding

community.

VI. FINANCIAL INFORMATION:

PLEASE ATTACH COPIES OF THE CURRENT BUDGET AND FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT) OF THE ORGANIZATION. It does not require a CPA's audit, but please submit if available.

SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Is Subject to all Community Support Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Support Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Lake Elsinore.
- Funding is not immediately available to the recipient. Please allow time for checks to be processed.
- The awarding of Community Support Funding does not constitute an automatic annual allocation.
- The recognition for Community Support Funding should accrue to the City of Lake Elsinore.
- Community Support Funding must be spent as specified on the application and records may be requested by the City of Lake Elsinore to ensure the funds were used appropriately.
- Community Support Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.

We hereby certify the information contained in this application is true to the best of our knowledge and belief.

PREPARED BY: Brett D. Masters, Exec. Director
NAME and TITLE (Please Print or Type)

SIGNATURE: Brett D. Masters

PRESIDENT or AUTHORIZED OFFICER: Brett D. Masters, Exec. Director
NAME and TITLE (Please Print or Type)

SIGNATURE: Brett D. Masters

ORGANIZATION NAME: Dream Center LE

TELEPHONE: 858/952-4024 EMAIL ADDRESS: brett@dreamcenterLE.org

DATE: 10/18/23
(Month, Day, Year)