

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

**I. GENERAL INFORMATION:**

Applying Organization Name: Trauma Intervention Programs of 

Organization Address: 26838 Cherry Hills Blvd.

City: Menifee


Zip Code: 92586

Mailing Address: 26838 Cherry Hills Blvd.

City: Menifee

Zip Code: 92586


Website: [www.tiprivco.org](http://www.tiprivco.org)

Telephone Number: 

Fax Number: 

Executive Director: Magda Stewart

Telephone Number 

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Program Manager: Magda Stewart, CEO

Telephone Number 

E-mail: 

Is your Organization:      Non-Profit Organization      ☒ Yes      ☐ No

   Faith Based Organization      ☐ Yes      ☒ No

**II. ORGANIZATIONAL HISTORY:**

Date Organization founded: 1993

Date Organization incorporated as a non-profit organization: 7/12/2007

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](http://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](http://www.guidestar.org).

Federal identification number: [REDACTED]

State Identification Number:

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

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

Goal: (1) To assist First Responders on trauma scenes by providing emotional and practical support to survivor

so that our first responder partners can focus on the task at hand knowing survivors are being cared for.

(2) Increase # of trained volunteers to be able to respond to trauma scenes 24/7/365.

(3) Provide postvention services and resources to those impacted by trauma and loss of a loved one.

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:

No

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:

Natasha Johnson-Mayor

This application has been authorized by the organization's:

☐ Executive Committee ☒ Board of Directors ☐ Members-at-Large

### III. **PROJECT ACTIVITY:**

Name of Project: Trauma Intervention

Amount Requested: \$10,000

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?

City of Lake Elsinore and unincorporated communities.

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.

Trauma Intervention Services of Riverside County is comprised of specially  
trained volunteers who are requested to trauma scenes by emergency personnel  
to provide emotional and practical support to traumatized citizens on a 24 hour 365 days a year basis.

TIP volunteers provide emotional support, help arrange services survivors need  
such as shelter, family notification, information and referrals for follow up services.

TIP volunteers usually respond to locations being requested within 20 minutes.

Additionally TIP is partners with SAFE Family Justice Center and the  
Riverside County Suicide Prevention Coalition.

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Describe how your organization will use the funding awarded? Include equipment or services that would be purchased and why.

Purchase volunteer supplies

Volunteer recruitment and training

Maintain Liability Insurance which is required for the work we do.

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Explain how the grant funding will specifically benefit City of Lake Elsinore residents. Also, who is the target population and provide the estimated number of people expected to benefit from this project/program plus the number of volunteers involved.

Grant funding benefits residents of City of Lake Elsinore's residents who suffer a trauma by having trained volunteers on scene to provide immediate support.

It also assists First Responders by allowing them to focus on their job and get back into service quicker. FY 22-23 TIP of Riverside County responded to 495 calls, assisted 1218 clients, and 496 on scene First Responders.

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

TIP of Riverside County uses all methods possible to bring awareness of the program and services to communities, City Council, emergency responders, and hospitals.

This is done through social media, fairs, briefings, community speaking engagements, mixers, etc.

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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?

TIP of Riverside County is celebrating 30 years of service. We continue to gain financial support from service agreements with neighboring cities, the county's Suicide Prevention Coalition, donations and fundraising.

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**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:

Magda Stewart

NAME and TITLE (Please Print or Type)

SIGNATURE:

Magda Stewart

PRESIDENT or

AUTHORIZED OFFICER:

Magda Stewart - CEO

NAME and TITLE (Please Print or Type)

SIGNATURE:

Magda Stewart

ORGANIZATION NAME:

TRAUMA INTERVENTION PROGRAMS

TELEPHONE:

951-609-5068

EMAIL ADDRESS:

Magda.Stewart@TIPRI.org

DATE:

10/16/23

(Month, Day, Year)