

**City of Lake Elsinore  
Community Support Program  
Fiscal Year 2024-25 Funding Application**

**I. GENERAL INFORMATION:**

Applying Organization Name: Honore's Home of Care 501(c)3

Organization Address: 315 N Langstaff Street

City: Lake Elsinore

Zip Code: 92530

Mailing Address: 315 N Langstaff Street

City: Lake Elsinore

Zip Code: 92530

Website: www.hhocare.org

Telephone Number: [REDACTED]

Fax Number:

Executive Director: April Honore

Telephone Number: [REDACTED]

E-mail: [REDACTED]

Program Manager: April Honore

Telephone Number: [REDACTED]

E-mail: [REDACTED]

Is your Organization:      Non-Profit Organization       Yes       No

   Faith Based Organization       Yes       No

RECEIVED  
OCT 16 REC'D  
ACCOUNTS PAYABLE

**II. ORGANIZATIONAL HISTORY:**

Date Organization founded: 08/02/2018

Date Organization incorporated as a non-profit organization: 04/23/2018

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: [REDACTED]

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

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

ALL people deserve help. Our Mission proposes 3 goals:

To grow organic produce for the purpose of teaching and feeding the community in self-preservation skills,

To provide jobs and temporary housing to the population generally deemed unemployable and/or homeless,

To provide programs that promote socio-emotional skills to the your through community building projects.

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: MA's Community Garden

Amount Requested: \$5,000

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?

0 Mountain View Ave APN 373-153-023

Honore's Home of Care (HHOCare) is in escrow for this parcel of land.

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.

MA's Garden is a project focused on the "Farm to fork" model. Members of the community prepare the land, plant the seeds/seedlings, and share/donate the harvested produce.

The space is meant to include underserved communities of impoverished and troubled youth and their families, as well as the homeless and unemployed. Members will learn how to grow food to provide for themselves, as well as valuable social skills, coping skills, and cooperative work skills.

Our board members and existing volunteers will assist new plot renters, offer dance to new gardeners, and nurture a sense of community. Guidelines will be developed and contracts implemented to ensure the space stays clean and organized, security fencing and cameras, will be installed to monitor access, preventing vandalism and theft, and a secure environment for community members.

The food grown on site and income brought in from plot rent will contribute to our existing Community Feeds Program. This income will also help us to take steps toward fiscal independence from grants and donations, building/ensuring the longevity of our programs.

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

HHOCare is requesting funding for a percolation test to assess the state the soil on our parcel for building suitability and septic, as well as determine whether we can plant directly into the soil. This information will be extremely valuable regarding installing toilet, kitchen, etc for the garden - \$500

HHOCare is requesting funding for land grading in preparation to set up the Garden - \$2000

HHOCare is requesting funding for a boundary survey of the parcel we are acquiring - \$2500

Due to acquiring the parcel through probate, we were unable to negotiate these assessments into our agreement.

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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.

This project will be open to the public. We anticipate 20+ plots to rent for community members. HHOCare will provide workshops and events that are open to the public of Lake Elsinore. These workshops are geared toward individuals and families that want to learn to grow their own food and build a nurturing community in a beautiful, clean, safe space. HHOCare anticipates this program will involved 15+ volunteers and impact/benefit 250+ people annually through Community Feeds, garden and cooking workshops, community outreach, and events.

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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?

**Online Platforms:**

HHOCare has an Instagram and a website where we can be reached.

**Community Outreach:**

HHOCare hosts workshops for the public and is working on a newsletter.

**Multilingual Communications:**

Providing materials in both English and Spanish to ensure inclusivity. Two of our board members speak Spanish.

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?

HHOCare has been consistently running the Community Feeds Program for 6 years.

Up until last year, HHOCare has been 100% Board Member financed.

HHOCare was able to purchase this parcel of land outright through a combination of personal contributions from Board Members and a grant from Inland Empire

Community Foundation (IECF). Through this same grant, funding has been granted

to set up the beds, provide tools and supplies (soil amendments, rakes, hoses,

shovels, etc). Once the garden gets going, HHOCare anticipates that plot rent will cover

expenses after grant funds are expended. Since the land was purchased outright,

overhead costs should be limited to property taxes, utilities, security monitoring, and program costs, as there is no mortgage.

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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:** April Honoré - Executive Director  
NAME and TITLE (Please Print or Type)

**SIGNATURE:** April Honoré

**PRESIDENT or AUTHORIZED OFFICER:** April Honoré - Executive Director  
NAME and TITLE (Please Print or Type)

**SIGNATURE:** April Honoré

**ORGANIZATION NAME:** Honoré's Home of Care

**TELEPHONE:** 619-993-6602      **EMAIL ADDRESS:** Honores home@gmail.com

**DATE:** 10-16-2024  
(Month, Day, Year)