

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

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ACCOUNTS PAYABLE

I. GENERAL INFORMATION:

Applying Organization Name: Helping Our People Lake Elsinore

Organization Address: 506 W. Minthorn Street

City: Lake Elsinore

Zip Code: 92530

Mailing Address: 506 W. Minthorn Street

City: Lake Elsinore

Zip Code: 92530

Website: www.DreamCenterLE.org/DCPantry

Telephone Number: [REDACTED]

Fax Number: n/a

Executive Director: Brett Masters

Telephone Number: [REDACTED]

E-mail: [REDACTED]

Program Manager: Brett Masters

Telephone Number: [REDACTED]

E-mail:

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

 Faith Based Organization ☐ Yes ☒ No

II. ORGANIZATIONAL HISTORY:

Date Organization founded: 1990

Date Organization incorporated as a non-profit organization: 2/2/1992

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 goal of the food pantry is to provide food, hygiene products, clothing and related items to our program recipients at least 2x monthly. Approximately 5,000 unduplicated households receive this assistance. The majority of our clientele are extremely low-income per HUD definitions and are living below the poverty line.

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: Helping Our People Elsinore 

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?

The food pantry serves the cities of Lake Elsinore, Wildomar and Canyon Lake as well as the communities of Lakeland Village and Horse Thief Canyon.

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.

The HOPE Food Pantry is instrumental in helping alleviate the need for food for residents of Lake Elsinore and immediate surrounding areas. Our Pantry program ensures that those with the greatest need receive the food they need for proper nourishment and survival. The need in our community increased dramatically during the recent pandemic and continues to grow today due to general economic conditions, such as the dramatic inflation of food prices which makes it very difficult for many residents to obtain ample amounts of nutritious and balanced meals on low incomes.

The Pantry provides food to a diverse population including families, single men and women, children, disabled adults and homeless individuals. Approximately 54,000 "duplicate" individuals receive Pantry assistance based on monthly data captured over the prior fiscal year.

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

Funding will be used to cover our most important costs including food, rent, utilities, gasoline and supplies. We need to meet our annual funding goals in order to properly maintain our warehouse and office spaces, our two box trucks used to pick up food donations, as well as freezers and refrigeration equipment. These costs will certainly increase in FY 2024-25 due to an expanding client base as well as economic inflation.

One current challenge is to maintain, repair or replace our aging freezer equipment in order to ensure food quality and safety.

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 will help ensure that the Pantry can continue existing operations plus expand to meet community demands through FY 2024-25. This funding is critical to provide food and related supplies for the neediest in our community. During FY 2023-2024, HOPE has served an average of nearly 5,000 households per month and the upward trend in client growth continues to date. The majority of our clients are living below the poverty line and their food costs could easily equate to 30-40% of their income based upon USDA food cost guidelines.

Through client intake forms and income self-certification (per HUD guidelines), we confirm that all clients receiving services through HOPE are low-income persons. HOPE only serves those in desperate need of assistance in our community. Our volunteers who serve the clients total 300 during the prior fiscal year.

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

Our Outreach Team regularly goes out into the community. Local agencies we work with include the Lake Elsinore Unified School District, SWAG, DPSS, City of Wildomar, City of Lake Elsinore, City of Canyon Lake, and Dream Center's Adopt-A-Block program.

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?

HOPE has been meeting the needs of local residents in need of food for 34 years. Community Support funding is instrumental in our ability to serve the food needs of our low-income population within our service area.

We would not be able to continue full operations without such funding.

We also seek funding from other sources and partner with local markets and other organizations such as Feeding America to receive an ongoing source of fresh supplies. We hold fundraisers and food drives to supplement these efforts.

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:

DAVID BAKER, BOARD MEMBER

NAME and TITLE (Please Print or Type)

SIGNATURE:

David Baker

PRESIDENT or

AUTHORIZED OFFICER:

BRETT MASTERS, EXEC. DIRECTOR

NAME and TITLE (Please Print or Type)

SIGNATURE:

Brett Masters

ORGANIZATION NAME:

HOPE, Inc.

TELEPHONE:

951-376-3703

EMAIL ADDRESS:

brette.DreamCenterLE.org

DATE:

10/17/24

(Month, Day, Year)