

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

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I. GENERAL INFORMATION:

Applying Organization Name: Trauma Intervention Programs of E

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

Telephone Number: [REDACTED]

Fax Number: [REDACTED]

Executive Director: Magda Stewart

Telephone Number: [REDACTED]

E-mail: [REDACTED]

Program Manager: Magda Stewart

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: 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. 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:

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

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

Goals-work with first responders to provide emotional and practical support services to survivors of traumatic events such as drowning, fatal traffic accidents, suicides, etc.

Objectives-(1) To increase the number of trained volunteers to support First Responders on a 24/7/365 basis.

(2) to provide on scene support to survivors of traumatic events and referral resources in order to facilitate their healing and long term recovery.

(3) to provide postvention services to survivors of suicide loss and continue the partnership with the Riverside County Suicide Pr

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

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.

The core service of TIP of Riverside County is the Crisis Response Team. The team is comprised of specially trained volunteers who are called by emergency responders to provide on scene support to emotionally traumatized citizens on a 24/7/365 basis. Volunteers respond to any location requested within 20-30 minutes of being called. TIP volunteers provide emotional support, serve as liaison between victims and First Responders, arrange for shelter, transportation, ect., provide for follow up resources, and provide information and referrals to the appropriate agencies for on-going services. Additionally, TIP of Riverside County partners with the Riverside County Suicide Prevention Coalition to focus on local outreach to survivors of suicide loss either on scene of the tragedy or responding within a couple of days from the loss to provide support and follow up resources. Response includes a LOSS kit which contains a lot of materials about suicide and resources specific to suicide loss.

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 uses all possible methods to bring awareness of the program to communities and First Responders. We participate in fairs, speak at council meetings, present in front of groups such as Rotary, women's clubs, American Legion, etc. as well as social media mixers and fundraising events.

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 was founded in 1993. We continue to gain financial support for our existing partners cities, add new cities to our service area, fundraising events, and private donors.

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-CEO
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 OF RIVERSIDE COUNTY

TELEPHONE:

951-609-5068

EMAIL ADDRESS:

MagdaCEO@TIPRUCO.org

DATE:

10/16/24
(Month, Day, Year)