

**COUNTY OF RIVERSIDE  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**APPLICATION FOR CITY OF LAKE ELSINORE**

**2025-2026 CDBG ALLOCATION**

**I. GENERAL INFORMATION**

Applying Organization Name: HELPING OUR PEOPLE ELSINORE, Inc. (aka- H.O.P.E.)

Type of Organization:    Non-Profit Organization ☒    Faith Based Organization ☐  
   For-Profit Organization ☐    Institution of Higher Education ☐

Organization Address: 506 W. MINTHORN STREET

City: LAKE ELSINORE, CA

Zip Code: 92530

Mailing Address: 114 E. PECK STREET

City: LAKE ELSINORE, CA

Zip Code: 92530

Telephone Number: [REDACTED]

Fax Number: [REDACTED]

Executive Director: BRETT MASTERS

Telephone Number: [REDACTED]

E-mail: [REDACTED]

Program Manager: BRETT MASTERS

Telephone Number: [REDACTED]

E-mail: [REDACTED]

Grant Writer: BRETT MASTERS

Address (if different from above): (SAME AS ABOVE)

Telephone Number: (SAME AS ABOVE)

E-mail: (SAME AS ABOVE)

**II. ORGANIZATIONAL HISTORY (This is applicable only if you are a non-profit organization)**

Date Organization founded: 1990

Date Organization incorporated as a non-profit organization (Attach Articles of Incorporation and Bylaws): 2/2/92

Federal identification number: [REDACTED]

DUNS Number: [REDACTED]

Organization Web Address: www.dreamcenterle.org/DCPantry

Does your Organization expend \$750,000 or more a year in federal funds? Y ☐ or N ☒

Number of paid staff: 3

Number of volunteers: 300

Members/Board of Directors (Attach): 5

### III. PROJECT ACTIVITY

A. Name of Project: PANTRY PROGRAM

B. Specific Location of Project

*(Attach Project Map - include street address; if a street address has not been assigned provide APN)*

Street or APN: 506 W. MINTHORN STREET

City: LAKE ELSINORE, CA

Zip Code: 92530

C. CDBG Funds Requested: \$50,000 *(total amount for the project only)*

D. 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?

We consider our geographic boundary to be aligned with the boundaries of the LEUSD (see attached)

E. In which City (ies)/Communities does the activity occur?

City (ies): Lake Elsinore, Wildomar, Canyon Lake

Community (ies): Lakeland Village and Horsethief Canyon

**NOTE:** HWS will make the final determination of the appropriate service area of all proposals.

F. If this project benefits residents of more than one community or jurisdiction, have requests been submitted to those other entitlement jurisdictions? (i.e., County district(s) 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, and/or 5<sup>th</sup>, City of Palm Springs, City of Moreno Valley, City of Riverside, etc.)

We will be submitting CDBG applications for Program Year 2025-26 to the city of Canyon Lake and the County of Riverside. We will also be submitting a funding request to the City of Wildomar for their "Non-Profit Public Service" process.

G. Check **ONLY** the applicable category your application represents.

- ☒ Public Service
- ☐ Homeless Activities
- ☐ Real Property Acquisition (Must consult with HWS prior to submitting application)
- ☐ Housing
- ☐ Rehabilitation/Preservation (please provide picture of structure) Public
- ☐ Facilities (construction)
- ☐ Infrastructure (i.e. Streets, Sewer, Sidewalk, etc.)
- ☐ Other: (provide description) \_\_\_\_\_

H. 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?

#### IV. PROJECT NARRATIVE

- A. Provide a detailed Project Description. The description should only address or discuss the specific activities, services, or project that is to be assisted with CDBG funds. If CDBG funds will assist the entire program or activity, then provide a description of the entire program or activity:
- Through our Pantry Program, we ensure that those at greatest risk of hunger receive the food they need to alleviate food-related consequences. We currently provide food, hygiene products, clothing and more to our program recipients at least 2x monthly. During the 2023-24 FY, HOPE served an average of over 5,000 households per month for an annual total of over 54,000 Individuals. Unsurprisingly, we have continued to see significant growth in clients served year-to-date 2024 with trends continuing to increase. And as reported previously, a report out of the Food Research and Action Center (FRAC) titled "Food Hardship in America: Households with Children Especially Hard Hit" (Sept. 2016) California was listed as 24th hardest hit among the 50 states. Among the metropolitan statistical areas (MSA) hardest hit, the area served by HOPE (Riverside-San Bernardino-Ontario) was ranked 37th hardest hit. The food pantry is instrumental in helping alleviate the need for food in this area.

- B. Provide a detailed description of the proposed use of the CDBG funds only (e.g. client scholarships, purchase of specific equipment, rent, supplies, utilities, salaries, etc.):

CDBG funds will be used to cover our most basic but crucial costs including food, rent, utilities, supplies, etc. We have been able to continue meeting our proposed annual funding goals, enabling us to maintain our warehouse and office facility, our two box trucks, and other equipment. We are currently evaluating opportunities to improve cost-effective operations such as upgrading our freezers, etc. We will be utilizing funding from the CDBG program to assist in accomplishing sustainability goals to help us continue operations and further expand to areas currently underserved. Funding from CDBG helps us meet the needs in the community.

- C. What are the goals and objectives of the project, service, or activity? How will you measure and evaluate the success of the project to meet these goals and objectives (measures should be qualitative)?

Our goals are laid out in two phases: Phase 1 - Efficiency and effectiveness optimization and Client coverage expansion. Phase 1 addresses improving the processes we employ to drive effective and efficient operations, eliminating unnecessary steps that consume time of our volunteers. Phase 2 makes better use of our resources without the need to seek and train new volunteers. In essence, accomplishing more with the same number of volunteers equips us to better handle the ever-expanding client volume. Our goal is help our clients become self-sufficient through the help and mentorship of those at the Pantry. Phase 1 goals will use Key Performance Indicators to capture hours by critical task vs. targeted hours. Phase 2 will be measured through community surveys.

- D. Please identify the project milestones using an Estimated Timeline for Project Implementation: Elements of these were begun in 2022-23 and shall continue into 2025 and beyond. Some efforts will be a refinement, some are new and as follows: Phase 1 Milestones - December - April. Benchmark highly-effective food banks, 2) conduct Lean workshop (Value Stream Map) to identify process improvement opportunities, 3) prioritize process improvement areas by determining and balancing biggest gain with smallest investment and 4) deploy process improvements and 5) measure results to ensure process is efficient and effective per establish improvement targets. Phase 2 Milestones (part A) - March through September 2025.

V. PROJECT BENEFIT

- A. Indicate the number of people or households that will directly benefit from your proposal using CDBG funds: *Note: This is based on the expected number of clients to be served if the County funds your project for the requested amount.*

We served roughly 5,000 unduplicated households during the previous Fiscal Year which amounts to ~15,000+ individuals overall

- B. Indicate the number of unduplicated clients that will be served (*An unduplicated client is counted only once, no matter how many direct services the client receives during a funding year*):  
(SAME AS ABOVE)

- C. Length of proposed CDBG-funded activities or service (weeks, months, year):  
12 months of service, three days per week

- D. Service will be provided to (check one or more):

☒ Men

☒ Women

☒ Children (Range of children's ages : 0-17)

☐ Homeless (Number of beds at facility : \_\_\_\_\_)

☒ Seniors

☒ Severely Disabled Adults

☐ Migrant Farm Workers

☒ Families

- E. 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 along with other local churches and non-profit organizations.

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

HOPE has been meeting the needs of those in the need of food for 34 years. CDBG funds have been instrumental in our ability to serve the needs of the community. We would not be able to operate without those funds. To continue works after CDBG funds are expended, we work with other agencies, pursue other grants and partner with local markets and other organizations such as, Feeding America, to receive an ongoing source of fresh supplies. We also hold fundraisers and food drives to help us meet those needs.

#### VI. National Objective

All CDBG-funded activities must meet at least one of the following National Objectives of the CDBG program. Indicate the category of National Objective to be met by your activity.

**CATEGORY A: Benefit to low-moderate income persons (must be documented).** Please choose either subcategory 1 or 2:

1. Limited Clientele:

The project serves clientele that will provide documentation of their family size, income, and ethnicity. Identify the procedure you currently have in place to document that at least 51% of the clientele you serve are low-moderate income persons.

Through client intake forms and income self-certification (per HUD guidelines) we confirm that all clients receiving services through HOPE are low income persons as defined by HUD. HOPE only serves those in desperate need of assistance within our community. It is our commitment to ensure that those most vulnerable receive assistance, particularly those who do not have adequate means to purchase food for themselves or their families. The majority of our clientele are extremely low-income clients as defined by HUD and are living below the poverty line. Food costs could easily equate to 30-40% of their income based on USDA food cost guidelines.

2. Clientele presumed to be principally low- and moderate-income persons:

The following groups are presumed by HUD to meet this criterion. You will be required to submit a certification from the client (s) that they fall into one of the following presumed categories.

The activity will benefit (check one or more)

- |   |   |
|---|---|
| <input type="checkbox"/> Abused children          | <input type="checkbox"/> Homeless persons         |
| <input type="checkbox"/> Battered spouses         | <input type="checkbox"/> Illiterate adults        |
| <input type="checkbox"/> Elderly persons          | <input type="checkbox"/> Persons living with AIDS |
| <input type="checkbox"/> Severely disabled adults | <input type="checkbox"/> Migrant Farm workers     |

a. Describe the clientele above to be served by this activity:

b. Discuss how this project directly benefits low- and moderate- income residents:

**CATEGORY B: Area Benefit** - The project or facility serves, or is available to, ALL persons located within an area where at least 51% of the residents are low/moderate-income. *(Applicant is welcome to contact a County of Riverside, HWS CDBG Program Manager for Census Information)*

2020 Census Tract and Block Group numbers:

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Total population in Census Tract(s) / block group(s): \_\_\_\_\_

Total percentage of low-moderate population in Census Tract(s) / block group(s): \_\_\_\_\_



**CATEGORY C:** Activities undertaken to create or retain permanent jobs, at least 51% of which will be made available to or held by low/moderate-income persons.

**Proposed Job Creation/Retention**

Total Jobs Expected to Create: \_\_\_\_\_

Total Jobs Expected to Retain: \_\_\_\_\_

**CATEGORY D:** Activities that provide assistance to micro-enterprise owners/developers who are low/moderate-income.

**Proposed Assistance to Businesses**

New Businesses expected to assist: \_\_\_\_\_

Existing Businesses expected to assist: \_\_\_\_\_

Enter Total Businesses expected to assist: \_\_\_\_\_

**VII. FINANCIAL INFORMATION**

**A. Proposed Project Budget**

Complete the following annual program budget to begin July 1, 2025. If your proposed CDBG-funded activity will start on a date other than July 1, 2025, please indicate starting date. Provide total Budget information and distribution of CDBG funds in the proposed budget.

The budgeted items are for the specific activity for which you are requesting CDBG funding - **NOT** for the budget of the "entire" organization or agency. (Note: CDBG funds requested must match amount requested in Project Activity, C above.)

(EXAMPLE: The Valley Senior Center is requesting funding for a new Senior Nutritional Program. The total cost of the program is \$15,000 and \$10,000 in CDBG funds is being requested for operating expenses associated with the proposed activity. The total Activity/Project Budget will include \$5,000 of other non-CDBG funding and \$10,000 in CDBG funds for a Grand Total of \$15,000).

	<b>TOTAL ACTIVITY/ PROJECT BUDGET <u>(Include non-CDBG Funds and CDBG Funds)</u></b>	<b>CDBG FUNDS REQUESTED-Only</b>
I. Personnel		
A. Salaries & Wages	\$ 66,000	\$ 10,000
B. Fringe Benefits	\$ 0	\$ 0
C. Consultants & Contract Services	\$ 0	\$ 0
<b>PERSONNEL SUB-TOTAL</b>	<b>\$ 66,000</b>	<b>\$ 10,000</b>



II. Non-Personnel

A. Space Costs	\$ 55,000	\$ 10,000
B. Rental, Lease or Purchase of Equipment	\$ 40,000	\$ 7,500
C. Consumable Supplies	\$ 30,000	\$ 5,000
D. Travel	\$ 20,000	\$ 4,000
E. Telephone	\$ 3,000	\$ 1,000
F. Utilities	\$ 25,000	\$ 7,500
G. Other Costs	\$ 26,000	\$ 5,000
<b>NON-PERSONNEL SUB-TOTAL:</b>	<b>\$ 199,000</b>	<b>\$ 40,000</b>

III. Other

A. Architectural/Engineering Design	\$ 0	\$ 0
B. Acquisition of Real Property	\$ 0	\$ 0
C. Construction/Rehabilitation	\$ 35,000	\$ 0
D. Indirect Costs	\$ 0	\$ 0
E. Other	\$ 0	\$ 0
<b>OTHER SUB-TOTAL:</b>	<b>\$ 35,000</b>	<b>\$ 0</b>
<b>GRAND TOTAL:</b>	<b>\$ 300,000</b>	<b>\$ 50,000</b>

B. Leveraging

List other funding sources and amounts (commitments or applications) which will assist in the implementation of this activity. Current and pending evidence of leveraging commitments/applications must be submitted with application. (Attach)

Federal: Potential EFSP: \$20,000

State/Local: Other CDBG: \$30,000  
Other Non-CDBG: \$100,000

Private: Misc. Grantwriting: \$25,000

Fees: N/A

Donations: Estimated contributions from Donors: \$65,000

Other: Misc. Income (ie.- Corporate Sponsors, etc.): \$10,000

- C. What type of long-term financial commitment is there to the proposal? Describe how you plan to continue the work (project) after the CDBG funds are expended?

HOPE has been meeting the needs of those in desperate need of food for 34 years. CDBG Funds have been instrumental in our ability to serve the needs of the community. To continue works after CDBG funds are expended, we also work with other agencies, pursue other grants and partner with local markets and other organizations, such as Feeding America, to receive an ongoing source of fresh supplies. We also model the Mission Increase principles to multiply fundraising efforts.

- D. Provide a summary by line item of your organization's previous year's income and expense statement. (Attach)

(PLEASE SEE ATTACHED)

- E. Does this project benefit residents of more than one community or jurisdiction, have requests been submitted to those other jurisdictions? Yes ☒ No ☐

If yes, identify sources and indicate outcome.

CDBG applications for Canyon Lake, Wildomar, and Riverside County

If no, please explain.

N/A

- F. Was this project or activity previously funded with CDBG? Yes ☒ No ☐

If yes, when?

Since 1995

Is this activity a continuation of a previously funded (CDBG) project? Yes ☒ No ☐

If yes, explain:

Yes, we continue to serve community residents every year.

#### **VIII. MANAGEMENT CAPACITY**

- A. Describe your organization's experience in managing and operating project or activities funded with CDBG or other Federal funds.

HOPE has received CDBG funds for the past 28 years and all funds have been spent in accordance with agreements and with no compliance issues. All required reports and statistics have been submitted on time.

**B. Management Systems**

Does your organization have written and adopted management systems (i.e., policies and procedures) including personnel, procurement, property management, record keeping, financial management, etc.?

HOPE's board has adopted policies and procedures regarding personnel, volunteer management, procurement, property management, financial management, records, client intake and other systems, required to operate and manage HOPE.

**C. Capacity**

Please provide the names and qualifications of the person(s) that will be primarily responsible for the implementation and completion of the proposed project.

Brett Masters is the executive responsible for implementation of this project. Brett serves as the contact for the Dream Center-LE, which includes running the Fresh Food program through HOPE. Additionally, HOPE has an on-site management team to ensure the Pantry functions on a day-to-day basis.

**IX. APPLICATION CERTIFICATION**

Undersigned hereby certifies that (check box after reading each statement and digitally sign the document):

1. The information contained in the project application is complete and accurate. ✓
2. The applicant agrees to comply with all Federal and County policies and requirements imposed upon the project or activity funded by the CDBG program. ✓
3. The applicant acknowledges that the Federal assistance made available through the CDBG program funding will not be used to substantially reduce prior levels of local, (NON-CDBG) financial support for community development activities. ✓
4. The applicant fully understands that any facility built or equipment purchased with CDBG funds shall be maintained and/or operated for the approved use throughout its economic life, pursuant to CDBG regulation. ✓
5. If CDBG funds are approved, the applicant acknowledges that sufficient non-CDBG funds are available or will be available to complete the project as described within a reasonable timeframe. ✓
6. On behalf of the applying organization, I have obtained authorization to submit this application for CDBG funding. (DOCUMENTATION ATTACHED Minute Action and/or written Board Approval signed by the Board President) ✓

DATE: 10/17/24

Signature: Brett D. Masters

Print Name/Title

Brett D. Masters, Executive Director

Authorized Representative: \_\_\_\_\_