

# APPLICATION FOR CITY OF Lake Elsinore

## ACCOUNTS PAYABLE

Federal identification number: [REDACTED]

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

Number of paid staff: 0

Number of volunteers: 12

Members/Board of Directors (*Attach*): 3 (see attachment)

### III. PROJECT ACTIVITY

A. Name of Project: Community Feeds Program 2025

B. Specific Location of Project

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

Street or APN: 0 Mountain View Ave

City: Lake Elsinore

Zip Code: 92530

C. CDBG Funds Requested: \$5000 *(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?

0 Mountain View Ave

APN: 373-153-023

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

City (ies): Lake Elsinore

Community (ies): Historic District

*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.)

N/A

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?

The funds from this grant would contribute to our ability to continue to feed the community, 45 meals per week for a year.

#### 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 board members, community partnerships, and volunteers, Honore's Home of Care (HHOCare) delivers 15 freshly prepared meals to community members in need 3 times a week. Every two weeks our Executive Director shops and delivers supplies to volunteers/board members. Each volunteer delivers a batch of 12-18 meals on their assigned day for that week for a total of 45 meals per week.

- 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 funding would be utilized for food items, utensils/condiments, food trays/bags, bottled water, and fuel expenses for volunteers.

- 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)?

The goal of the Community Feeds project is to provide nourishment to those in our community who may have challenges acquiring food. HHOCare insists that everyone deserves to have food, shelter, and clothing, regardless of demographic or lifestyle. Our goal is to provide 20 unduplicated people in need 2-3 meals per week.

- D. Please identify the project milestones using an Estimated Timeline for Project Implementation:  
Any funds received from CDBG would be implemented to continue the Community Feeds Program which is organized bi-weekly.

Volunteers and board members provide HHOCare their availability. Our Executive Director assigns days (Monday, Wednesdays, and Fridays) based on the information she receives from each volunteer or board member. Every other Sunday our Executive Director shops and delivers supplies to volunteers and board members. Each person prepares and delivers a batch of 12-18 meals on their assigned day for that week for a total of 45 meals per week.

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.*

Approximately 50 unduplicated individuals have received 2 meals from us yearly over the past 6 years. Approximately 20 unduplicated individuals receive 2 to 3 meals from us weekly over the past 3 years.

- 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*):

~50 unduplicated individuals have received 2 meals from us yearly for the past 6 years. ~20 unduplicated individuals receive 2 to 3 meals from us weekly for the past 3 years.

- C. Length of proposed CDBG-funded activities or service (weeks, months, year):

52 weeks/one year

- 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 : N/A )

☒ 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?

**Online Platforms:**

HHOCare has an instagram and 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 and accessibility.

- 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?

HHOCare has been actively feeding the community since 2018 when our founder, Zuri Honore, then 7yrs old, spear-headed our first Xmas dinner. Zuri rallied our friends and family who came together to shop, cook, prepare plates, and drive around Lake Elsinore passing out meals to individuals in need. Since then, we have expanded from an annual Xmas Community Feed, to adding an annual Thanksgiving Community Feed and, finally, over the past 3 years, expanded to include 3 times weekly. HHOCare has demonstrated both consistency and growth since its inception.

Over the next year, HHOCare will be starting a community garden. Produce from this garden will mitigate some food costs for the Community Feed Program. However, primarily, this community garden is meant to generate revenue for HHOCare in an effort toward minimizing the need for grants and becoming self-sufficient. Thus, when CDBG funds are expended the Community Feeds Program will persist.

**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.

In an effort to respect our clients' dignity, HHOCare reserves direct surveying to twice yearly when we do our holiday meals. In 2023, we reached 60 unduplicable people who identified as unhoused with minimal to 0 income. When possible, we survey for Sex/Gender, Race, and Age as well.

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

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

In 2023 HHOCare's served the following clientele:

Unhoused/Low Income: 60

Sex/Gender:  
Female 16  
Male 31  
Unknown 13

Race:  
White 29  
Black 3  
Latino 15  
Unknown 13

Age:  
Senior 5  
Adult 54  
Youth 1

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

This project gives community members access to free meals 3 times weekly.

**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 (Include non-CDBG Funds and CDBG Funds)</b>	<b>CDBG FUNDS REQUESTED-Only</b>
I. Personnel		
A. Salaries & Wages	\$0.00	\$0.00
B. Fringe Benefits	\$0.00	\$0.00
C. Consultants & Contract Services	\$0.00	\$0.00
<b>PERSONNEL SUB-TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>



II. Non-Personnel

A. Space Costs	\$ 0.00	\$ 0.00
B. Rental, Lease or Purchase of Equipment	\$ 0.00	\$ 0.00
C. Consumable Supplies	\$ 5,000	\$ 5,000
D. Travel	\$ 0.00	\$ 0.00
E. Telephone	\$ 0.00	\$ 0.00
F. Utilities	\$ 0.00	\$ 0.00
G. Other Costs	\$ 0.00	\$ 0.00
<b>NON-PERSONNEL SUB-TOTAL:</b>	<b>\$ 5000.00</b>	<b>\$ 5000.00</b>

III. Other

A. Architectural/Engineering Design	\$ 0.00	\$ 0.00
B. Acquisition of Real Property	\$ 0.00	\$ 0.00
C. Construction/Rehabilitation	\$ 0.00	\$ 0.00
D. Indirect Costs	\$ 0.00	\$ 0.00
E. Other	\$ 0.00	\$ 0.00
<b>OTHER SUB-TOTAL:</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>GRAND TOTAL:</b>	<b>\$ 5,000</b>	<b>\$ 5,000</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: \$0.00

State/Local: RCNAF via IECF - \$5,000 for 2024 (see attached budget proposal, final line titled "Ongoing Meal Services for homeless in Lake Elsinore")

Private: Panera Bread End of Day Doughnations (in-kind)

Fees: \$0.00

Donations: \$500 (projected)

Other: \$0.00

- 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?

Over the next year, HHOCare will be starting a community garden. Produce from this garden will mitigate some food costs for the Community Feed Program. However, primarily, this community garden is meant to generate revenue for HHOCare in an effort toward minimizing the need for grants and becoming self-sufficient. HHOCare is constantly working to diversify funding sources including donations, sponsorships, and fundraising. In the case we are unable to generate/secure funding, board members will fill in the difference as we have in the past. Thus, when CDBG funds are expended the Community Feeds program will persist.

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

For annual reporting period 1/01/2023 - 12/31/2023

1. Revenue - \$1286.93
2. Expenses - \$ 4364.79
3. Net Revenue - \$ -3077.86

- 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.

If no, please explain.

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

If yes, when?

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

If yes, explain:

## VIII. MANAGEMENT CAPACITY

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

Whilst HHOCare does not have prior experience managing or operating projects or activities funded with CDBG or other Federal Funds, we do have experience with local funds, as we received two RCNAF grants this year (2024), one through Inland Empire Community Foundation, and one through Inland SoCal United Way. We understand the importance of compliance with regulations and are committed to building the necessary capacity to ensure successful execution of our project. We recognize the responsibility that comes with managing Federal funds and are committed to establishing strong financial and programmatic systems to meet the expectations outlined in the grant application.

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.?

We use a combination of Quickbooks and FlipCause to track our income and expenses and generate reports. Our Secretary and Executive Director work together to make sure we stay annually compliant. HHOCare also works with a consultant, Alex Aryaan, when necessary.

At this time, HHOCare does not have property management systems in place as apart from direct service to community members, HHOCare operations are entirely remote. HHOCare is in the process of acquiring property to establish a brick and mortar location.

As HHOCare is entirely volunteer based, we do not have personnel strategies and policies in place.

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.

The names and qualifications of the individuals primarily responsible for the implementation and completion of the proposed project are as follows:

April Honore

-Role: Executive Director/Program Manager

-Qualifications: April has been the ED for HHOCare since 2018. She also brings a wealth of skills and connections from her roles as an educator/teacher.

Jina Tanahill

-Role: Secretary/Treasurer, Board Member, Assistant Program Manager

-Qualifications: Jina has been an HHOCare board member since 2018. She brings skills and connections from her years volunteering and in working in schools throughout the community.

**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: 10-12-2024

Signature: April Honoré

Print Name/Title  
Authorized Representative: April Honoré, Executive Director