

**City of Lake Elsinore
Community Support Program
Fiscal Year 2023-24 Funding Application**

I. GENERAL INFORMATION:

Applying Organization Name: Assistance League of Temecula ☒ V

Organization Address: 28720 Via Montezuma

City: Temecula

Zip Code: 92590

Mailing Address: 28720 Via Montezuma

City: Temecula

Zip Code: 92590

Website: assistanceleague.org/temecula-valley

Telephone Number: [REDACTED]

Fax Number:

Executive Director: Mary Murphy, President

Telephone Number: [REDACTED]

E-mail: [REDACTED]

Program Manager: Annette Sheehy

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: June 15, 1989

Date Organization incorporated as a non-profit organization: June 15, 1989

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.

Assistance League of Temecula Valley ("ALTV") is an all volunteer non-profit organization dedicated to transforming the lives of children and adults. We identify and serve the needs of Lake Elsinore, Temecula, Murrieta, Menifee, Wildomar and Romoland through philanthropic programs developed and administered by our members.

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:

No

This application has been authorized by the organization's:

☐ Executive Committee ☒ Board of Directors ☐ Members-at-Large

III. PROJECT ACTIVITY:

Name of Project: 5 Points

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?

Lake Elsinore

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) youth services

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.

ALTV's 5 Points program serves the Lake Elsinore community in the areas
of clothing, food, health, literacy and supplies. We expect to expand our services
to the SAFER (Student and Family Essential Resources) program through the Lake
Elsinore Unified School District. The SAFER program works with foster, homeless
and at-risk children and families under the direction of the Social Services
Resource Specialist and her staff to ensure that the children are able to attend
and stay in school.

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

Working with the SAFER team, grant funds will be used to purchase supplies and/or services that are unduplicated by other organizations or funds. The SAFER team makes visits to families to assess their needs. ALTV will purchase gasoline cards so that families can get to school, work, the grocery store or appointments. We will also purchase ALDI "food only" gift cards for families in need to have healthy food at a lower cost than traditional grocery stores, reducing food insecurity. Cards will be distributed on an as needed basis and tracked by the SAFER team.

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.

Services provided and supplies purchased directly benefit Lake Elsinore residents. Services and supplies have been, and will continue to be, distributed to residents through the Lake Elsinore Unified School District personnel to address basic needs. We estimate being able to assist approximately 200 Lake Elsinore residents/families. Approximately 6 ALTV volunteers will be involved in this program.

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

ALTV volunteers continue to reach out to school districts, government agencies, food pantries, and foster family agencies to obtain access to extremely low to moderate income parents/guardians and children/youth in need.

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?

ALTV is currently celebrating its 35th year of operation. ALTV's Thrift Shop provides a stable and reliable source of revenue from thrift shop sales. This revenue, combined with grant funds, as well as funding from private foundations, corporate sponsors and private donations, provides diversified income to support the 5 Points program.

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:** _____

Diane Sitar, Grants Chairman for ALTV

NAME and TITLE (Please Print or Type)

SIGNATURE: _____

Diane M. Sitar

**PRESIDENT or
AUTHORIZED OFFICER:** _____

Mary Murphy, President

NAME and TITLE (Please Print or Type)

SIGNATURE: _____

Mary Murphy, President

ORGANIZATION NAME: _____

Assistance League of Temecula Valley

TELEPHONE: _____

(951) 694-8018

EMAIL ADDRESS: _____

altemecula@yahoo.com

DATE: _____

10/12/2023

(Month, Day, Year)