

6) **Community Development Block Grant (CDBG) Allocation for Fiscal Year 2024-2025 and Community Support Allocation for Fiscal Year 2023-2024**

1. Adopt the Community Development Block Grant (CDBG) Program for Fiscal Year 2024-2025;
2. Approve the submittal of the City's program to the County of Riverside; and
3. Approve the allocation of Community Support Funds for Fiscal Year 2023-2024.



## REPORT TO CITY COUNCIL

**To:** Honorable Mayor and Members of the City Council

**From:** Jason Simpson, City Manager

**Prepared by:** Shannon Buckley, Assistant City Manager

**Date:** November 14, 2023

**Subject:** Community Development Block Grant (CDBG) Allocation for Fiscal Year 2024-2025 and Community Support Allocation for Fiscal Year 2023-2024

### **Recommendation**

1. Adopt the Community Development Block Grant (CDBG) Program for Fiscal Year 2024-2025;
2. Approve the submittal of the City's program to the County of Riverside; and
3. Approve the allocation of Community Support Funds for Fiscal Year 2023-2024.

### **Background**

Each year, the City of Lake Elsinore receives an allocation of Community Development Block Grant (CDBG) funds. These allocations are based on population and are designed to assist low- and moderate-income residents and areas.

On June 23, 2020, the City Council renewed its Joint-Recipient Cooperation Agreement (Metropolitan Cities Agreement) with the County of Riverside. Participation in the Joint Recipient Cooperation Agreement allows the City of Lake Elsinore to receive its portion of funds allocated by HUD minus a thirteen percent (13%) administration fee by the County of Riverside.

Eligible projects must primarily benefit low and moderate-income persons, prevent or eliminate slums and blight, or meet a need having a particular urgency. The County of Riverside Housing, Homelessness Prevention, and Workforce Solutions (HHPWS) has stated that "To ensure the effective, efficient, and appropriate allocation and use of the County's CDBG funding, the County may reject any proposed cooperating city CDBG activity in an amount less than \$10,000." The only exceptions to this policy include traditionally county-wide activities (city/county, multiple city, etc.) or a project or activity serving a very remote location.

On August 23, 2023, a Notice of Funding Availability was published. Additionally, all applicants from the previous year were notified via email. Additionally, this notice was published on the City's website along with the information regarding the City's Community Support Funding Program. The organizations were instructed to submit their Community Support Funds applications and CDBG applications.

On October 13, 2023, the City received seven (7) applications for CDBG Funds and six (5) applications for Community Support Funds. A list of current and past CDBG and Community Support Funding allocations is attached.

### **Discussion**

For the Fiscal Year 2024-2025 funding program, the City hopes to receive approximately \$595,254. This matches the total amount awarded to the City for Fiscal Year 2023-2024. It should be noted that this amount is an estimate, and the actual amount of CDBG funds received by the City could fluctuate depending on how the United States Congress approves the national budget.

Based on an allocation of \$595,254 and CDBG requirements, thirteen percent (13%) or \$77,383 would be required by the County of Riverside for administrative costs. Additionally, the City can earmark a maximum of seven percent (7%) or \$41,668 towards CDBG program administration costs and fifteen percent (15%) or approximately \$89,288 towards public service programs.

However, to maximize the amount of CDBG funds available for the City projects, the Staff proposes using none of the CDBG funds for the City's administrative costs. This will allow a balance of \$428,582 for the following City project:

1. Main Street Sidewalk Improvements (\$428,871). The proposed project involves using CDBG funds to make much-needed improvements to the sidewalks on Main Street.

As of the filing deadline of October 13, 2023, the City received seven (7) outside public service agency applications for a total requested allotment of \$174,470.

The agencies requesting funds are as follows:

1. Assistance League of Temecula Valley (\$50,000). The agency is located in Temecula, and the organization's Operation School Bell provides clothing and shoes to disadvantaged children in the Murrieta, Lake Elsinore, Menifee, and Temecula School Districts. The requested CDBG funds would be used to service children in Lake Elsinore.
2. Boys and Girls Club of Southwest Riverside County (\$10,000). Located in Lake Elsinore, the organization requests funds for Boys and Girls Club Program Scholarships for before and after school programming and transportation to serve underserved youth in the City of Lake Elsinore. The activities are provided at the Boys and Girls Club's Clubhouse at 16275 Grand Avenue in Lake Elsinore.

## CDBG Allocation Fiscal Year 2024-2025 and CSF Fiscal Year 2023-2024

3. Helping Our People in Elsinore, Inc. (HOPE) (\$65,000). Located in Lake Elsinore, the organization requests funds for its Pantry Program. It distributes a balanced menu of groceries to low-income families, seniors, and individuals in Lake Elsinore and the surrounding communities.
4. Michelle's Place (\$10,000). Located in Temecula, the organization is requesting funds to offset the cost of patient navigators who provide one-on-one support to clients newly diagnosed or currently going through cancer.
5. Vista Community Clinic (\$24,471). This organization's request for CDBG funds to meet the costs of a Certified Enrollment Counselor who links uninsured low-income residents of Lake Elsinore to health insurance and medical/dental home, thereby providing access to comprehensive healthcare services. Services would be provided at Vista Community Clinic's health center at 30195 Fraser Drive.
6. Western Eagle Foundation (\$10,000). Located in Temecula, this organization requests CDBG funds to purchase food through food brokers and distribution centers to fill boxes for daily pickup by partnering with non-profit agencies.
7. Honore's Home of Care (\$4,999). A pilot program, "Ma's Garden," focused on community building via "farm to fork." Members of the community prepare the land, plant seeds, and share the harvest with the community.

**FY 2024 – 2025 CDBG Program Year – Proposed Allocation**

Agency	2024-2025 Requested Amount	2024-2025 Proposed Allocation	2023-2024 Allocation
<b>PUBLIC SERVICE PROGRAMS</b>			
Assistance League of Temecula Valley	\$50,000	\$26,000	\$26,288
Boys & Girls Club of Southwest County	\$10,000	\$8,000	\$8,000
Helping Our People in Elsinore, Inc. (HOPE.)	\$65,000	\$29,000	\$29,000
Michelle's Place	\$10,000	\$5,000	\$5,000
Vista Community Clinic	\$24,471	\$21,000	\$21,000
Western Eagle Foundation	\$10,000	\$0	\$0
Honore's Home of Care	\$4,999	\$0	\$0
<b>Subtotal</b>	<b>\$174,470</b>	<b>\$89,000</b>	<b>\$89,288</b>
<b>PUBLIC FACILITY PROJECT</b>			
Public Facility Improvements	\$428,871	\$428,871	\$428,583
<b>Subtotal</b>	<b>\$428,871</b>	<b>\$428,871</b>	<b>\$428,583</b>
<b>ADMINISTRATIVE COSTS</b>			
Riverside County EDA	\$77,383	\$77,383	\$77,383
<b>Subtotal</b>	<b>\$77,383</b>	<b>\$77,383</b>	<b>\$77,383</b>
<b>GRAND TOTAL</b>	<b>\$680,724</b>	<b>\$595,254</b>	<b>\$595,254</b>

As of the filing deadline of October 13, 2023, the City received five (5) Community Support Funding applications for the total requested allotment of \$30,000.

The agencies requesting funds are as follows:

1. Trauma Intervention Program (\$10,000). Located in Murrieta, this agency provides emotional first aid to survivors of the tragedy to ease their immediate suffering and facilitate their healing and long-term recovery.
2. Salvation Army (\$5,000). Located in Temecula, this organization provides school-age children with a back-to-school shopping spree with the clothing and supplies they need to start school.
3. Helping our People in Elsinore, Inc. (\$5,000). Located in Lake Elsinore, the Pantry Program distributes a balanced menu of groceries to low-income families, seniors, and individuals in Lake Elsinore and the surrounding communities.
4. Boys and Girls Club of Southwest County (\$5,000). Located in Murrieta, the Ultimate STEM/Computer Science program provides technology and access to computers for youth. Through various activities, youth participate in web exploration, media production, robotics, coding, and more.

CDBG Allocation Fiscal Year 2024-2025 and CSF Fiscal Year 2023-2024

5. Assistance League of Temecula Valley (\$5,000). The agency is located in Temecula, and the organization's Operation School Bell provides clothing and shoes to disadvantaged children in the Murrieta, Lake Elsinore, Menifee, and Temecula School Districts. The requested CDBG funds would be used to serve children in Lake Elsinore.

A breakdown of Community Support funding requests and proposed allocations for Fiscal Year 2023-2024 are reflected in the following table:

Agency	2023-2024 Requested Amount	2023-2024 Proposed Allocation	2022-2023 Allocation
Trauma Intervention Program	\$10,000	\$10,000	\$10,000
Salvation Army	\$5,000	\$5,000	\$5,000
Helping Out People in Elsinore, Inc.	\$5,000	\$5,000	\$5,000
Assistance League of Temecula Valley	\$5,000	\$5,000	\$5,000
Boys and Girls Club	\$5,000	\$5,000	\$5,000
<b>GRAND TOTAL</b>	<b>\$30,000</b>	<b>\$30,000</b>	<b>\$30,000</b>

**Fiscal Impact**

As indicated above, the City of Lake Elsinore's CDBG allocation is anticipated to be \$595,254 for the 2024-2025 Fiscal Year. These funds will be available on or about July 1, 2024.

There is \$30,000 available in the General Fund for Community Support Funding in the Community Support Budget.

**Attachments**

- Attachment 1 - Summary Matrix of Public Service Requests with Past Awards (CDBG)
- Attachment 2 - Summary Matrix of Community Support Funding Requests with Past Awards
- Attachment 3 - FY 2024-25 CDBG Funding Application - Assistance League of Temecula Valley
- Attachment 4 - FY 2024-25 CDBG Funding Application - Boys and Girls Club of Southwest County
- Attachment 5 - FY 2024-25 CDBG Funding Application - Helping Our People in Elsinore, Inc. (HOPE)
- Attachment 6 - FY 2024-25 CDBG Funding Application - Michelle's Place
- Attachment 7 - FY 2024-25 CDBG Funding Application - Vista Community Clinic
- Attachment 8 - FY 2024-25 CDBG Funding Application - Western Eagle Foundation
- Attachment 9 - FY 2024-25 CDBG Funding Application - Honore's Home Care
- Attachment 10 - FY 2024-25 Community Support Funding Application - Trauma Intervention Program
- Attachment 11 - FY 2024-25 Community Support Funding Application - Salvation Army

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Attachment 12 - FY 2024-25 Community Support Funding Application - Helping Our People in Elsinore, Inc. (HOPE)

Attachment 13 - FY 2024-25 Community Support Funding Application - Assistance League of Temecula Valley

Attachment 14 - FY 2024-25 Community Support Funding Application - Boys and Girls Club of Southwest County

**Community Development Block Grant (CDBG)**

**2024-2025 Program Year**

**Past Grants**

Applicant	Requested Amount	Recommended Amount Total = \$89,000	Use of CDBG Funds	2023-2024 Allocation	2022-2023 Allocation	2021-2022 Allocation	2020-2021 Allocation	2019-2020 Allocation
Assistance League (Operation School Bell)	\$50,000	\$26,000	Purchase of new clothing for disadvantaged (low-income) school children (K-12, ages 5-17) within Lake Elsinore Unified School District (USD), Menifee Union School District, Murrieta Valley USD and Temecula USD.	\$26,288	\$27,400	\$27,400	\$20,000	\$17,500
Boys & Girls Club of Southwest Riverside County	\$10,000	\$8,000	Client scholarships for the After School program that empowers youth towards a great future by surrounding them with the opportunities and resources needed to succeed. The After School Program is provided at the Boys and Girls Club's Clubhouse located at 16275 Grand Avenue in the City of Lake Elsinore.	\$8,000	\$10,000	\$10,000	\$0	\$10,000
Helping Our People in Elsinore, Inc. (HOPE)	\$65,000	\$29,000	Pantry Program that distributes a balanced menu of groceries to low income families, seniors and individuals in Lake Elsinore and the surrounding communities.	\$29,000	\$30,000	\$30,000	\$29,000	\$20,000
Vista Community Clinic	\$24,471	\$21,000	CDBG funds to be used for Linking Low-Income Lake Elsinore Residents to a Medical & Dental Home through Insurance program whose goals are to link uninsured low-income residents of Lake Elsinore to health insurance and a medical/dental home, thereby providing access to comprehensive healthcare services.	\$21,000	\$22,000	\$22,000	\$20,812	\$18,110
Michelle's Place	\$10,000	\$5,000	Patient navigators provide one on one support to clients newly diagnosed or currently going through cancer. They connect them with resources, empower them with education and listen to their needs. Clients are provided with a toolkit for tracking appointments, support service schedules, referrals to assistance programs, access to free and low cost mammograms and diagnostic breast health services for uninsured or underinsured, assistance in facilitating ultrasounds and mamograms and resource list of organizations that can assist in paying non-medical bills.	\$5,000	N/A	N/A	N/A	N/A
Western Eagle	\$10,000	\$0	The Western Eagle Foundation (WEF) offers extremely low cost food to relieve food insecure families. WEF makes food boxes available at the WEF Food and Home store, giving the opportunity for families to select healthy fruits, vegetables, proteins, eggs, dairy, bread and non-perishable staples.	\$0	N/A	N/A	N/A	N/A
Honore's Home of Care	\$4,999	\$0	A pilot program "Ma's Garden" focused on community building via "farm to fork". The community prepare the land, plant seeds, and share the harvest with the community.	N/A	N/A	N/A	N/A	N/A
<b>TOTALS</b>	<b>\$174,470</b>	<b>\$89,000</b>		<b>\$89,288</b>	<b>\$89,400</b>	<b>\$89,400</b>	<b>\$69,812</b>	<b>\$65,610</b>

**Community Support Funding  
2023-2024 Program Year**

**Past Allocation**

<b>Applicant</b>	<b>Requested Amount</b>	<b>Recommended Amount</b>	<b>Use of Community Support Funds</b>	<b>2022-2023 Allocation</b>	<b>2021-2022 Allocation</b>	<b>2020-2021 Allocation</b>	<b>2019-2020 Allocation</b>	<b>2018-2019 Allocation</b>
Trauma Intervention Program	\$10,000	<b>\$10,000</b>	Provides emotional first aid to survivors of tragedy in order to ease their immediate suffering and facilitate their healing and long term recovery.	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Salvation Army	\$5,000	<b>\$5,000</b>	Back to School Child Spree provides at risk and needy school age children with the clothing and supplies they need to start school.	\$5,000	\$0	\$10,000	\$10,000	\$0
Helping Our People in Elsinore, Inc. (HOPE) <sup>(1)</sup>	\$5,000	<b>\$5,000</b>	Pantry Program that distributes a balanced menu of groceries to low income families, seniors and individuals in Lake Elsinore and the surrounding communities.	\$5,000	\$0	\$0	\$0	\$0
Boys and Girls Club of Southwest County	\$5,000	<b>\$5,000</b>	The Ultimate STEM/Computer Science program provides technology and access to computers for youth. Through a variety of activities, youth participate in web exploration, media production, robotics, coding and more.	\$5,000	\$0	\$0	\$0	\$0
Assistance League Temecula Valley	\$5,000	<b>\$5,000</b>	Purchase of new clothing for disadvantaged (low-income) school children (K-12, ages 5-17) within Lake Elsinore Unified School District (USD), Menifee Union School District, Murrieta Valley USD and Temecula USD.	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
<b>TOTALS</b>	<b><u>\$30,000</u></b>	<b><u>\$30,000</u></b>		<b><u>\$30,000</u></b>	<b><u>\$25,000</u></b>	<b><u>\$30,000</u></b>	<b><u>\$30,000</u></b>	<b><u>\$20,000</u></b>
<b>AMOUNT BUDGETED</b>	<b><u>\$30,000</u></b>	<b><u>\$30,000</u></b>		<b><u>\$30,000</u></b>	<b><u>\$30,000</u></b>	<b><u>\$30,000</u></b>	<b><u>\$32,000</u></b>	<b><u>\$32,000</u></b>



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

Number of paid staff: None

Number of volunteers: 148

Members/Board of Directors (*Attach*): Please see attached

III. PROJECT ACTIVITY

A. Name of Project: Operation School Bell ("OSB")

B. Specific Location of Project

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

Street or APN: 28720 Via Montezuma

City: Temecula

Zip Code: 92590

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?

Southwest Riverside County Economic Development Region: Lake Elsinore Unified School District, Murrieta Valley Unified School District, Menifee Union School District, Romoland Union, Temecula Valley Unified School District.

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

City (ies): Lake Elsinore, Murrieta, Canyon Lake, Wildomar, Temecula, Menifee, Romoland-northern section of Menifee, Perris-southern area.

Community (ies): Murrieta Hot Springs, French Valley, Sage, Quail Valley, Winchester, Temescal Canyon and incorporate areas.

*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.)

Not at this time, however, when grant applications open for 2024-2025 in the other communities that we serve, we may submit applications to Riverside County Districts 1, 2, and/or 3, as well as the cities of Murrieta, Temecula, Menifee. We will also submit a grant application to County of Riverside HHPWS. We are in the very initial stages of planning 2024-2025 fundraising for our OSB program.

G. Check ONLY the applicable category your application represents.

- Public Service
- Homeless Activities
- Real Property Acquisition (Must consult with EDA 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) Children and Youth Service Program

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?

Yes - 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:

Assisted with CDBG funds: ALTV's "OSB" program improves the lives of students in the Southwest Riverside Economic Development Region. ALTV projects serving 600 low income students in the Lake Elsinore Unified School District by providing new school clothing to those who are eligible based on family income. Program outline:

- (1) ALTV orders gift cards from local stores at a discount and works with the School District to coordinate the online registration.
- (2) ALTV schedules shopping dates at local retail stores.
- (3) Parents register online for a shopping event.
- (4) Parents check in at a designated store location, complete self-certification form and provide income eligibility.
- (5) ALTV volunteers work with parents/students (K-12) to shop for new school clothes with a tax free spending allowance of \$125.00 per student.
- (6) Families check-out at identified registers and volunteers verify that all clothes purchased are school appropriate.
- (7) Families complete an Exit Evaluation form which asks how the savings received will help their family.
- (8) ALTV volunteers complete a thorough reconciliation of receipts/gift cards.
- (9) The OSB team copies receipts and CDBG forms so that our administrator can gather data needed for reimbursement.

- 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.):  
100% of CDBG funds awarded will be used exclusively to purchase new school clothing for students from families whose income is extremely low, low or moderately low based on HUD income classifications.

- 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)?

ALTV's goal for 2024-2025 school year is to provide new school clothing to 1800 students in the Southwest Riverside Economic Development Region. Projected total program cost is \$225,000 (1800 students X \$125). Of the 1800 total, we project that 600 of those students will be from the Lake Elsinore Unified School District. Total projected cost for Lake Elsinore is \$75,000 (600 students X \$125).

- D. Please identify the project milestones using an Estimated Timeline for Project Implementation:

Feb 2024 - Aug 2024 Planning and coordination of OSB program

Aug 2024 - Sept 2024 ALTV volunteer training

Aug 2024 - Oct 2024 Fall shopping events

Nov 2024 - Dec 2024 Reporting and compliance

Jan 2025 - Feb 2025 Reporting and compliance

Mar 2025 - Final follow up and close out final reporting

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.*

ALTV projects that the OSB program will serve 600 students in the Lake Elsinore Unified School District which includes at-risk youth as well as foster/homeless youth.

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*):

All 600 students will be unduplicated clients.

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

One year - June 1, 2024 through May 31, 2025

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

Men

Women

Children (Range of children's ages : 5-18 )

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?

ALTV works closely with Lake Elsinore School District's office of the Social Services Resource Specialist, health techs, counselors, foster agencies and community liasons to ensure that the neediest students are served through our OSB program.

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?

ALTV's OSB program is currently in 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 CDBG funds, as well as funding from private foundations, corporate sponsors, government grants and private donations provides diversified income to support the OSB program.

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.

Clientele served are determined to be "A" limited clientele. The OSB program requires that 100% of client families provide CDBG standardized documentation certifying household income and household size. All of the target population includes students from families whose income is extremely low, low or moderately low based on income levels provided by HUD. A majority are in the 30-50% AMI category.

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:

N/A

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

ALTV's OSB program changes lives by meeting some basic needs for children/youth. The program also provides affordability for housing and other basic living expenses. Based on results from our Exit Evaluations, more than 90% of parents/guardians respond that the family will spend the savings on basic needs such as housing, food and utilities. We believe our program provides much needed benefits especially with the significant increase in cost for all of these basic needs.

**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)**

2010 Census Tract and Block Group numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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, 2024. If your proposed CDBG-funded activity will start on a date other than July 1, 2024, 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</b> <small>(Include non-CDBG Funds and CDBG Funds)</small>	<b>CDBG FUNDS REQUESTED-Only</b>
i. Personnel		
A. Salaries & Wages	\$0 _____	\$ _____
B. Fringe Benefits	\$0 _____	\$ _____
C. Consultants & Contract Services	\$0 _____	\$ _____
<b>PERSONNEL SUB-TOTAL</b>	<b>\$0 _____</b>	<b>\$ _____</b>

II. Non-Personnel		
A. Space Costs	\$ <u>886</u>	\$ <u>          </u>
B. Rental, Lease or Purchase of Equipment	\$ <u>          </u>	\$ <u>          </u>
C. Consumable Supplies	\$ <u>143</u>	\$ <u>          </u>
D. Travel	\$ <u>          </u>	\$ <u>          </u>
E. Telephone	\$ <u>42</u>	\$ <u>          </u>
F. Utilities	\$ <u>238</u>	\$ <u>          </u>
G. Other Costs	\$ <u>225,000</u>	\$ <u>50,000</u>
<b>NON-PERSONNEL SUB-TOTAL:</b>	<b>\$ <u>226,309</u></b>	<b>\$ <u>50,000</u></b>
III. Other		
A. Architectural/Engineering Design	\$ <u>          </u>	\$ <u>          </u>
B. Acquisition of Real Property	\$ <u>          </u>	\$ <u>          </u>
C. Construction/Rehabilitation	\$ <u>          </u>	\$ <u>          </u>
D. Indirect Costs	\$ <u>          </u>	\$ <u>          </u>
E. Other	\$ <u>          </u>	\$ <u>          </u>
<b>OTHER SUB-TOTAL:</b>	<b>\$ <u>0</u></b>	<b>\$ <u>          </u></b>
<b>GRAND TOTAL:</b>	<b>\$ <u>226,309</u></b>	<b>\$ <u>50,000</u></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)

Leveraging estimates reflect ALTV's OSB budget for FY 6/1/2023 - 5/31/2024. Planning for the 2024-2025 OSB Federal program has begun. Fundraising efforts will commence with the upcoming submission of CDBG applications to County of Riverside HHPWS and the cities of Murrieta, Temecula and Menifee. 2023-24 CDBG awards for OSB total \$95,893. We estimate 2024-25 CDBG awards to be similar amounts or 42% of our total OSB budget.

State/Local:None

Private:None

Fees: None

Donations: Various private and corporate donations estimated to be \$30,000 or 13% of our total OSB budget.

Other:ALTV Thrift Shop revenues estimated to be \$100,416 or 44% of our total OSB budget.

- 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?

The OSB program is supported by ALTV Thrift Shop revenue, grants, corporate sponsors and private donations. ALTV has a long history of receiving federal, county, city and private foundation grants along with corporate and private donations.

- 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, CSF and/or CID funds may be requested from the city of Lake Elsinore, Temecula, Murrieta, Menifee, County of Riverside HHWPS and Riverside County Supervisors as applications open up for 2024-2025.

If no, please explain.

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

If yes, when?

Fiscal Year 2023-2024

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.

ALTV has operated the OSB program with funding from both cities and Riverside County Supervisors for the last 20 years. We have successfully tracked all activity, completed all required documentation and submitted for reimbursement.

**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.?

ALTV maintains extensive policies and procedures including national organization and local chapter regulations, policies, bylaws, committee rules and detailed job descriptions. Financial policies related to procurement, internal controls, disbursements, deposits and investments are in place. The Board of Directors oversees organizational budgets/expenditures, and the VP of Finance manages daily/monthly/annual financials. An outside CPA firm conducts an Annual Audit and completes tax forms.

**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.

Annette Sheehy - VP of Philanthropic Programs, retired educator

Debbie Viers - OSB Chairman, retired medical office administrator

**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: 10/12/23

Signature: Mary Murphy, President

Print Name/Title                      Mary Murphy, President  
Authorized Representative: \_\_\_\_\_

CHECK-LIST:

The following required documents listed below have been attached. Any missing documentation to the application will be cause for the application to be reviewed as INELIGIBLE.

Yes	No	ATTACHMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Members/Board of Directors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Articles of Incorporation and Bylaws
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Project Activity Map
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Project Benefit, Category B, Low Mod Area Maps ( <b>Attach if applicable</b> )
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Leveraging (Current evidence of commitment)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Income and Expense Statement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Management Capacity (Detailed organizational chart)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Board Written Authorization approving submission of application

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

**APPLICATION FOR CITY OF Lake Elsinore**

**2024-2025 CDBG ALLOCATION**

**I. GENERAL INFORMATION**

Applying Organization Name: Boys & Girls Club of Southwest County

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

Organization Address: 16275 Grand Avenue

City: Lake Elsinore

Zip Code: 92530

Mailing Address: PO Box 892349

City: Temecula

Zip Code: 92589

Telephone Number: [REDACTED]

Fax Number: N/A

Executive Director: Carly Bennett-Valle

Telephone Number: [REDACTED]

E-mail: [REDACTED]

Program Manager: Joe Sorenson

Telephone Number: [REDACTED]

E-mail: [REDACTED]

Grant Writer: Carly Bennett-Valle

Address (If different from above): \_\_\_\_\_

Telephone Number: [REDACTED]

E-mail: [REDACTED]

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

Date Organization founded: 8/27/1990

Date Organization incorporated as a non-profit organization (Attach Articles of Incorporation and Bylaws): 8/27/1990

Federal identification number: [REDACTED]

UEI (SAMS) Number: [REDACTED]

Organization Web Address: www.bgcswc.org

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

Number of paid staff: 45

Number of volunteers: 65

Members/Board of Directors (*Attach*): 24

III. PROJECT ACTIVITY

A. Name of Project: After School/Day Camp Scholarship 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: 16275 Grand Avenue

City: Lake Elsinore

Zip Code: 92530

C. CDBG Funds Requested: \$10,000 *(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?

**The proposed activity will occur at our Lake Elsinore Clubhouse located in Lakeland Village.**

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

City (ies): **Lake Elsinore**

Community (ies): **Lakeland Village**

*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 EDA 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 service will be increased because there is a need for more scholarships and financial assistance. Program quality is always being evaluated and 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:

**The Boys & Girls Club of Southwest County (BGC) has over 30 years of experience working with young people, ages 6-18, from all socio-economic backgrounds and family circumstances. CDBG funds will provide scholarships to at least 10 youth from low-moderate income households, enabling them to participate in the BGC After School/Day Camp Program (the Program). The Program has a formula for success that is installed in every member. Academic Success + Healthy Lifestyles + Character and Leadership = Great Futures . To meet these priority outcomes, trained, professional staff members, supervise, encourage, and implement activities in the following areas: (1) Healthy & Life Skills, (2) Sports, Fitness & Recreation, (3) Culture & Art, (4) Academic & Career, (5) Service Learning. The Program runs every school day from 2:30pm-6:30pm and 7am-6:30pm during day camps. Additionally, BGC offers a healthy meal and snack every afternoon. The Program empowers youth towards a great future by surrounding them with the opportunities and resources needed to succeed.**

- 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 for 10 scholarships for children from low-moderate income households to help offset the cost of the Program. The full fee for the Program is \$190/month per child; however, BGC offers scholarships for up to 100% off the normal fee to families who qualify. For a family receiving a scholarship, the fee paid may be as little as \$50/month or less.**

- 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 BGC services were developed to assist youth by providing a safe and supervised environment for children who might otherwise be left home alone. The goals of the Program are to ensure all youth who walk through our doors are academically successful, exhibit good character and citizenship and are living a healthy lifestyle. Our objective is to provide an average of 150 visits to 10 youth from low-moderate income households with CDBG fun assistance. Each spring a survey administered to BGC members to measure the impact of Clubs across the country in a consistent manner using a common set of research, informed indicators, and outcomes. BGC uses a data management system recommended by Boys & Girls Club of America to track program usage, scholarships, income, age, ethnicity, schools, etc. Firsthand accounts from Club kids and parents can also be provided to show how individuals and families benefited from the Program. The above will be used to evaluate the success of the project.**

- D. Please identify the project milestones using an Estimated Timeline for Project Implementation:

**July 2024-August 2024: Begin recruitment of members and identify 10 youth to receive scholarships for the program.**

**August 2024-May 2025: Provide BGC After School Programming to 10 youth receiving scholarships.**

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.*

**10 youth members and their families.**

B. Indicate the number of unduplicated clients that will be served **regardless of city residency; and the number of unduplicated Murrieta clients that the program will serve:**

*(An unduplicated client is counted only once, no matter how many direct services the client receives during a funding year)*

**10 youth members.**

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

**45 weeks.**

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

Men

Women

Children (Range of children's ages : 6-17 )

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?

**BGC works closely with the Lake Elsinore Unified School District and other non-profits and community organizations to publicize and recruit members through flyers, print media, group presentations, online newsletters, social media, the organization's website, etc.**

- 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?

**BGC has been providing direct service to youth in Southwest Riverside County for more than 30 years. We have operated and provided Club services in the Lakeland Village community since 2017 and we remain committed to area youth and families. We will continue to provide needed service once CDBG funds are expended through ongoing fundraising efforts, grants, and special events.**

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.

**BGC requires income verification at the time of application for a scholarship. Required documentation includes copies of the last two current pay stubs and bank statements, as well as a copy of the previous year's federal tax return, verification of social service benefits and a letter of need. BGC will use the County of Riverside's financial guidelines for the CDBG program ( as prescribed through EDA) and require current CDBG paperwork to be completed at the time of application. The information will be updated at least annually for all participants.**

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)**

2010 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, 2024. If your proposed CDBG-funded activity will start on a date other than July 1, 2024, 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</b> <small><u>(Include non-CDBG Funds and CDBG Funds)</u></small>	<b>CDBG FUNDS REQUESTED-Only</b>
I. Personnel		
A. Salaries & Wages	\$ <u>160,000</u>	\$ _____
B. Fringe Benefits	\$ _____	\$ _____
C. Consultants & Contract Services	\$ _____	\$ _____
<b>PERSONNEL SUB-TOTAL</b>	<b>\$ <u>160,000</u></b>	<b>\$ _____</b>

II. Non-Personnel		
A. Space Costs	\$ <u>26,000</u>	\$ _____
B. Rental, Lease or Purchase of Equipment	\$ _____	\$ _____
C. Consumable Supplies	\$ <u>4,500</u>	\$ _____
D. Travel	\$ _____	\$ _____
E. Telephone	\$ <u>1,500</u>	\$ _____
F. Utilities	\$ _____	\$ _____
G. Other Costs	\$ <u>46,000</u>	\$ <u>10,000</u>
<b>NON-PERSONNEL SUB-TOTAL:</b>	\$ <u><b>78,000</b></u>	\$ <u><b>10,000</b></u>
III. Other		
A. Architectural/Engineering Design	\$ _____	\$ _____
B. Acquisition of Real Property	\$ _____	\$ _____
C. Construction/Rehabilitation	\$ _____	\$ _____
D. Indirect Costs	\$ _____	\$ _____
E. Other	\$ _____	\$ _____
<b>OTHER SUB-TOTAL:</b>	\$ _____	\$ _____
<b>GRAND TOTAL:</b>	\$ <u><b>238,000</b></u>	\$ <u><b>10,000</b></u>

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:

State/Local:

Private: (Grants) Mission Youth Outreach - \$4,000  
Private Grants - \$20,000

Fees: (Program Fee) Program Service Fees - \$126,000

Donations:

Other: (Events) Special Events - \$78,000

- 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?

**BGC has been providing direct service to youth in Southwest Riverside County for over 30 years. The Murrieta location opened in 2017 and was serving on average approximately 100 youth per day (pre-COVID). We continue to rebuild to pre-COVID enrollment numbers, we are currently serving 50 members at this location, of which approximately 50% qualify for scholarship/financial assistance. BGC Board and staff are committed to raising funds through ongoing fundraising efforts, grants, and events to assist families in need.**

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

**See attachment**

- 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.

**Only serves Lake Elsinore residents.**

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

If yes, when?

**FY2023-2024; FY2022-2023; FY2021-2022;FY2020-2021;FY2019-2020**

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

If yes, explain:

**There is a continuous need to support low-moderate households. The need for support to these families is growing.**

### **VIII. MANAGEMENT CAPACITY**

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

**BGC has managed CDBG funds in at least one of its service areas (Temecula, Murrieta, Lake Elsinore) since FY 2006-2007 and currently manages CDBG funds in all three cities. In addition, BGC has currently and for many years managed Federal Office of Justice Program grants.**

**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.?

**BGC has written policies and procedures that are approved by the Board of Directors. The organization also has an independent audit conducted annually, which includes assessment of internal controls and policies.**

**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.

**Carly Bennett-Valle, CEO/CFO - Carly has over 7 years experience with Boys & Girls Club and more than 15 years of experience with non-profit management. Carly has experience in managing federal and state funded grants.**

**Joe Sorenson, Chief Operations Officer - Joe has been with BGC since January 2019. Has has managed CDBG and Federal Office of Justice Programs during his tenure.**

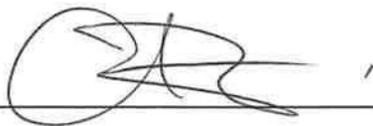
**Ren Miguel, Lake Elsinore Clubhouse Director - Ren has over 2 years of experience implementing and supervising program activities at our Lake Elsinore Clubhouse.**

**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: 10/11/2023

Signature:  \_\_\_\_\_

Print Name/Title **Carly Bennett-Valle, CEO/CFO**  
Authorized Representative: \_\_\_\_\_

**CHECK-LIST:**

The following required documents listed below have been attached. Any missing documentation to the application will be cause for the application to be reviewed as INELIGIBLE.

Yes	No	ATTACHMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Members/Board of Directors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Articles of Incorporation and Bylaws
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Project Activity Map
<input type="checkbox"/>	<input type="checkbox"/>	4. Project Benefit, Category B, Low Mod Area Maps <b>(Attach if applicable)</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Leveraging (Current evidence of commitment)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Income and Expense Statement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Management Capacity (Detailed organizational chart)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Board Written Authorization approving submission of application

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

**APPLICATION FOR CITY OF LAKE ELSINORE**

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**2024-2025 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: N/A

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: 4

Number of volunteers: >150

Members/Board of Directors (Attach): 7

**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: \$65,000 *(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?

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 2024-25 to the city of Canyon Lake and the County of Riverside. We have submitted 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 EDA 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 2022-23 FY, HOPE served an average of over 4,000 households per month for an annual total of over 57,000 Individuals. Unsurprisingly, we have continued to see significant growth in clients served year-to-date 2023 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 2024. 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 2024.

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 15,000 unduplicated individuals based on monthly data captured over the past 2+ 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*):  
(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.

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 over 32 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)**

2010 Census Tract and Block Group numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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, 2024. If your proposed CDBG-funded activity will start on a date other than July 1, 2024, 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</b> <small><u>(Include non-CDBG Funds and CDBG Funds)</u></small>	<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	\$ 15,000
B. Rental, Lease or Purchase of Equipment	\$ 40,000	\$ 10,000
C. Consumable Supplies	\$ 30,000	\$ 7,000
D. Travel	\$ 20,000	\$ 6,000
E. Telephone	\$ 3,000	\$ 1,000
F. Utilities	\$ 25,000	\$ 10,000
G. Other Costs	\$ 26,000	\$ 6,000
<b>NON-PERSONNEL SUB-TOTAL:</b>	<b>\$ 199,000</b>	<b>\$ 55,000</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>\$ 65,000</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: \$25,000

State/Local: Other CDBG: \$35,000  
Other Non-CDBG: \$50,000

Private: Misc. Grantwriting: \$25,000

Fees: N/A

Donations: Estimated contributions from Donors: \$100,000

Other: N/A

- 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 over 30 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 27 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: 10/18/23

Signature: Brett D. Masters

Print Name/Title                      Brett D. Masters, Executive Director  
Authorized Representative: \_\_\_\_\_

**CHECK-LIST:**

The following required documents listed below have been attached. Any missing documentation to the application will be cause for the application to be reviewed as INELIGIBLE.

Yes	No	ATTACHMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Members/Board of Directors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Articles of Incorporation and Bylaws
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Project Activity Map
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Project Benefit, Category B, Low Mod Area Maps ( <b>Attach if applicable</b> )
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Leveraging (Current evidence of commitment)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Income and Expense Statement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Management Capacity (Detailed organizational chart)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Board Written Authorization approving submission of application



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

Number of paid staff: 10

Number of volunteers: 150

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

### III. PROJECT ACTIVITY

A. Name of Project: Cancer Support Services

B. Specific Location of Project

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

Street or APN: \_\_\_\_\_

City: Temecula

Zip Code: 92590

C. CDBG Funds Requested: 10,000 *(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?

**The facility is located in Temecula and services benefit clients in City of Lake Elsinore and Riverside County.**

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

City (ies): **Lake Elsinore**

Community (ies): **outlying communities of Lake Elsinore**

*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.)

**Yes**

G. Check ONLY the applicable category your application represents.

- Public Service
- Homeless Activities
- Real Property Acquisition (Must consult with EDA 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?

Yes

#### 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:

**Assisted with CDBG FUNDS:** Patient Navigators provide one on one support to clients newly diagnosed or currently going through cancer. They connect them with resources, empower them with education and listen to their needs. They supply clients with a toolkit for tracking appointments, support service schedules, referrals to assistance programs, access to free and low cost mammograms and diagnostic breast health services for uninsured or underinsured, assistance in facilitating ultrasounds, mammograms and resource list of organizations that can assist in paying non-medical bills. Michelle's Place has three English speaking and two bilingual patient navigators. Financial assistance is provided with grocery gift cards to purchase food for client families and transportation assistance available to help patients make it to their appointments.

**Need:** According to the Center for Disease Control and Prevention Home/National Cancer Institute, in Riverside County, CA, 389 per 100,000 persons will be diagnosed with cancer, with an annual average of 10,550. The good news is the trend is falling. Yet breast and uterine corpus cancers continue to increase. The most vulnerable are those who have limited access to care such as low to moderate income and uneducated.

- 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 facilitate temporary financial assistance to cancer patients in active cancer treatment and transportation to medical appointments. Additionally, funds will be used to defray the salaries of Michelle's Place patient navigators, who monitor and provide support services to each client diagnosed with cancer and their family members. Each Patient Navigator is 100% responsible for assisting each client and making sure they are educated about all the resources, both in Riverside County including those at Michelle's Place. (educational classes, therapeutic and social activities, peer to peer support, stress/wellness activities, whole-person caregiving tools, coping strategies, financial assistance for food and transportation to appointments, beauty shop with wigs and scarves, special support to clients children with school supplies and holiday treats. Most patients diagnosed with metastatic cancer have to quit working and need support for their families. Please see website for more information. Funds from the CDBG will help fund on patient navigator, part-time.

- 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)?

Goal: provide cancer patients living within City of Lake Elsinore with the support and resources they need to go through their cancer journey.

Objective: Michelle's Place provides support and resource to 120 newly diagnosed cancer patients in City of Lake Elsinore.

Objective: Michelle's Place provides temporary financial assistance to cancer patients needing food to feed their families and transportation to appointments.

Objective: Michelle's Place hosts at least five educational seminars on early detection, health and wellness that are open to the public.

Objectives are measured through both the CCRM (client retention management) and the Entrepreneurial Operating System. Both databases generate reports that are reviewed by Patient Navigators, the Executive Director and the Board.

- D. Please identify the project milestones using an Estimated Timeline for Project Implementation:

1. Clients are referred by friends or doctors once they are diagnosed with cancer
2. Client calls the Center, receives necessary resources, a tour and is assigned a Patient Navigator.
3. Patient Navigator supplies survivor toolkit, support service schedules, referrals to assistance programs, and an up-to-date list of organizations that can assist in paying bills.
4. Patient Navigators answer questions, provide financial assistance for food and transportation, and wigs, scarves and prostheses, access to MP support group schedule and other which is listed on website.
5. Volunteers are usually former clients who have survived cancer and began calling and giving support from the beginning of the journey until no longer needed.

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.*

Michelle's Place is open Monday thru Friday, from 9am to 3:30pm. Free services are offered to all clients diagnosed with cancer, including supportive activities and counseling for families. Serving on average 2000 clients residing in Riverside County, 55 new cancer patients each month and 120 clients/households that will directly benefit from funds in City of Lake Elsinore.

Client Testimonies:

- 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*):

Michelle's Place Cancer Resource Center has grown to providing an average of 11,000 free services annually, employing 10 staff, with 150 volunteers.

More than 250 clients visit the Center each month to take advantage of the programs, activities, events and mental health care sessions.

Total number of unduplicated clients that will be served in City of Lake Elsinore: 110

Total number of direct services: 1240.

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

12 months

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

Men

Women

Children (Range of children's ages : \_\_\_\_\_)

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?

Michelle's Place staff and volunteers participate in local health fairs and community events. We receive support from our local media to highlight the program and our volunteers share our resource information with local medical providers/resources. We regularly facilitate speaking engagements to local groups about our resources and early detection. Additionally we have a significant social media presence where the community can learn more about what we do. The Executive Director sends an email blast to more than 4500 subscribers twice a month about programs, a calendar of activities, and services offered at the Center. Michelle's Place utilizes collaborations with peer organizations to share the resources available.

- 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?

Michelle's Place has a full-time Development Manager on staff who actively increases cash donations each month from Major Donors, Community Donors and organizes fund-raising events. Michelle's Place actively pursues grant funding from both EFSP, CDBG, CSF and Riverside County CID, including private foundations. Program expenses are covered by several income streams, cash donations, grants, fundraising events and monies held in reserve by the Board. Michelle's Place can provide the 55% match from the general funds which include income streams of 2022 Cash Donations \$294,200; Grants \$308,509; Events \$369,813. Michelle's Place holds \$341,938 in current assets and Equity Fund Balance-Unrestricted of \$895,099.

#### 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.

Each of Michelle's Place clients complete a client intake form. The form requires that they provide documentation of their family size, income level and ethnicity.

At least 51% of the clientele served with CDBG funds are low-moderate income clientele.

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:

N/A

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

Michelle's Place Cancer Resource Center is open to clients diagnosed with cancer and services are offered for free. At least 51% of the clients are low-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)**

2010 Census Tract and Block Group numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: 0

Total Jobs Expected to Retain: 0

**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: 0

Existing Businesses expected to assist: 0

Enter Total Businesses expected to assist: 0

**VII. FINANCIAL INFORMATION**

**A. Proposed Project Budget**

Complete the following annual program budget to begin July 1, 2024. If your proposed CDBG-funded activity will start on a date other than July 1, 2024, 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</b> <i>(Include non-CDBG Funds and CDBG Funds)</i>	<b>CDBG FUNDS REQUESTED-Only</b>
I. Personnel		
A. Salaries & Wages	\$ <u>151,679</u>	\$ <u>10,000</u>
B. Fringe Benefits	\$ _____	\$ _____
C. Consultants & Contract Services	\$ _____	\$ _____
<b>PERSONNEL SUB-TOTAL</b>	<b>\$ <u>151,679</u></b>	<b>\$ <u>10,000</u></b>

II. Non-Personnel		
A. Space Costs	\$ _____	\$ _____
B. Rental, Lease or Purchase of Equipment	\$ _____	\$ _____
C. Consumable Supplies	\$ _____	\$ _____
D. Travel	\$ _____	\$ _____
E. Telephone	\$ _____	\$ _____
F. Utilities	\$ _____	\$ _____
G. Other Costs	\$ <u>64,516</u>	\$ _____
<b>NON-PERSONNEL SUB-TOTAL:</b>	<b>\$ <u>64,516</u></b>	<b>\$ <u>0</u></b>
III. Other		
A. Architectural/Engineering Design	\$ _____	\$ _____
B. Acquisition of Real Property	\$ _____	\$ _____
C. Construction/Rehabilitation	\$ _____	\$ _____
D. Indirect Costs	\$ <u>10,000</u>	\$ _____
E. Other	\$ <u>18,500</u>	\$ _____
<b>OTHER SUB-TOTAL:</b>	<b>\$ <u>28500</u></b>	<b>\$ <u>0</u></b>
<b>GRAND TOTAL:</b>	<b>\$ <u>244695</u></b>	<b>\$ <u>10,000</u></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: CDBG Murrieta \$10,000; CDBG Lake Elsinore \$5,000; CDBG Riv.Cty \$19,000

State/Local: Riv.Cty Transport \$8600; IEHP \$97,250; City of Temecula \$7,000; Dist.3 CID Funds \$10,000

Private: Foundation Grants \$115,908; Fallbrook Healthcare District \$44,657

Fees: -0-

Donations: \$294,199

Other: Events \$165,045; Unrestricted Reserve \$895,099

- 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?

The Board of Michelle's Place has been committed to providing services of those diagnosed with cancer and their families since 2001. The fund development activities support Michelle's Place as referenced in the leveraging chart above. Additionally, local providers of diagnostic services continue to donate their services to ensure the long term sustainability of the program. Michelle's Place continues to partner with local providers that continue to provide screening mammograms, financial assistance, support and resources to ensure our clients continue to get the resources they need.

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

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 Murrieta 24-25 and Riverside County Supervisors CDBG 24-25-pending

If no, please explain.

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

If yes, when?

CDBG 23-24 Lake Elsinore, Murrieta CDBG 23-24 and Riverside County Supervisors CDBG 23-24

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.

Michelle's Place has been fortunate to be the recipient of funds from CDBG for several years. The staff and leadership are well-equipped and have experience in managing and operating programs funded through CDBG.

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.?

Michelle's Place and Board has a rolling 3-year strategic plan with goals and objectives as part of the plan, emergency measures and procedures are written and communicated to employees and postings required as part of the building code for fire and emergency exits. Client records are kept on the CRM system, updated and backed up daily. Michelle's Place Cancer Resource Center was granted funding through the LISTOS California Campaign to empower and engage local communities on emergency preparedness to support California's diverse and vulnerable populations. This information can be found on their website [www.michellesplace.org](http://www.michellesplace.org).

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.

Mercedes Ruiz is the project manager of this program. She is a staff member and a bilingual patient navigator. Mercedes has worked for Michelle's Place for seven years and has been managing the program for more than four years. She is organized and meticulous with CDBG reports and ensures that all the patient navigators collect the CDBG income verification forms. Mercedes ensures they are complete and securely stores all records and information needed for reimbursement reporting. Mercedes is highly respected, by the Board, staff, volunteers and clients.

**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: 10-1-2023

Signature: Kim Gerrish

Print Name/Title                      Kim Gerrish, Executive Director  
Authorized Representative: \_\_\_\_\_

**CHECK-LIST:**

The following required documents listed below have been attached. Any missing documentation to the application will be cause for the application to be reviewed as INELIGIBLE.

Yes	No	ATTACHMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Members/Board of Directors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Articles of Incorporation and Bylaws
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Project Activity Map
<input type="checkbox"/>	<input type="checkbox"/>	4. Project Benefit, Category B, Low Mod Area Maps ( <b>Attach if applicable</b> )
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Leveraging (Current evidence of commitment)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Income and Expense Statement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Management Capacity (Detailed organizational chart)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Board Written Authorization approving submission of application



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

Number of paid staff: 854

Number of volunteers: 178

Members/Board of Directors (Attach): 14 (See attachment)

III. PROJECT ACTIVITY

A. Name of Project: Health insurance application assistance for low-income residents

B. Specific Location of Project

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

Street or APN: 30195 Fraser Drive

City: Lake Elsinore

Zip Code: 92530-7006

C. CDBG Funds Requested: \$24,471 *(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?

Project activity will take place within the boundaries of the City of Lake Elsinore, with particular reference to the census tracts noted below.

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

City (ies): Lake Elsinore

Community (ies): Census tracts 430.01/.05/.06, 464.02-.04

*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.)

The project focuses on Lake Elsinore. This question is not applicable to this project.

G. Check ONLY the applicable category your application represents.

- Public Service
- Homeless Activities
- Real Property Acquisition (Must consult with EDA 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 outreach, education, and enrollment activities described herein are necessary, in an ongoing sense, to ensure that low-income residents acquire and maintain their health insurance coverage.

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:

There are 21,000+ low-income residents in the ZCTA where VCC: Lake Elsinore is located (92530). VCC patient enrollment in LE has increased from 700 in 2016 to over 6,000 in 2022. Yet there were nearly 17,000 low-income residents in the area not receiving health center services as of 2020 (federal UDS Mapper data, 2021). This project connects low-income residents to a medical and dental home. Prior LE CDBG support has allowed VCC to hire a Certified Enrollment Counselor (CEC) to screen and enroll new patients in Medi-Cal or Covered CA, and to assist with renewals. VCC's CEC may still be the only person providing these services here, and County Health Department staff refers clients to VCC for his assistance. Requested funds will support continuation of this service, which is particularly important now, with the end of COVID Medi-Cal supports, and the need for many insured by Medi-Cal to re-enroll. The CEC is supported by an Outreach Worker who promotes the CEC's services at community events and by visiting local non-profits.

- 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.):

VCC will use the \$24,471 in City of Lake Elsinore CDBG funding requested to cover 65% of the Certified Enrollment Counselor's salary and fringe benefits. VCC will use federal funding to cover the balance of the position's salary and fringe benefits. The CEC has all of those tools (e.g. laptop computer, office supplies, access to electronic communication devices) needed to perform enrollment duties. Indirect costs, such as space rent, utilities, and communications will be covered by the same federal funding that supported VCC's development of the Lake Elsinore clinic, and which continues to provide core sustaining funding for that site.

- 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)?

From July 1, 2022 to January 31, 2023, a total of 220 individuals from Lake Elsinore were provided application assistance and enrolled into either Med-Cal or Covered California with CDBG funds. For the entire 2022-23 Fiscal Year, a total of 966 individuals received health insurance application assistance, of which 95% were for Medi-Cal, and 5% were for Covered California in Lake Elsinore. During the full year, 309 residents also received assistance with other applications, most of which were for CalFresh. In FY24-25, VCC: Lake Elsinore anticipates enrolling 300-400 LE residents in health insurance. Many will not meet CDBG documentation requirements. Therefore, VCC will set an objective of enrolling a minimum of 100 LE residents in a public health insurance program. This will exclude those residents who come to a VCC clinic for medical, mental health, or dental care without required application verification documents and those ineligible for Medi-Cal per income requirements.

- D. Please identify the project milestones using an Estimated Timeline for Project Implementation:

Because this is an ongoing effort, project implementation will begin immediately on July 1, 2024, and continue through June 30, 2025. The Program Manager, Rajni Lopez, will monitor enrollment outcomes on a monthly basis, with the understanding that enrollments fluctuate month to month. (VCC typically experiences above-average enrollment activity when Covered California promotes its open enrollment season, even though Medi-Cal applications are accepted year-round.) . Because enrollment inputs and outcomes are tracked online via PointCare software, VCC can run reports for the funder at any time.

**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.*

The proposed project will assist a minimum of 100 individuals to gain access to medical and dental insurance during the funding year. Those that also choose VCC as their healthcare home will gain access to quality, comprehensive healthcare services including prenatal care and obstetrics, pediatrics, family and internal medicine, women's health and reproductive health care, dental care, behavioral health services, optometry, podiatry, rheumatology, chiropractic care, and preventive services such as hypertension screening, flu and pneumonia inoculations, childhood immunizations, and COVID-19 testing. Currently, 24% of VCC: Lake Elsinore patients are Latinx; 65% are female; and 25% are children under the age of 19.

- 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*):

As noted above, VCC expects to enroll a minimum of 100 persons in health insurance per CDBG verification requirements. As noted earlier, the actual number of Lake Elsinore residents that VCC expects to enroll in health insurance through the work of the CEC during the funding period will be 300 to 400, but many of these individuals will not be counted for the purposes of this award, as they will not have the requisite documentation to be verified per CDBG requirements.

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

The proposed effort will take place over the course of the funding period, with an anticipated funding year period of July 1, 2024 through January 31, 2025. The service that VCC proposes to provide through this application (health application/re-application assistance) will be provided continuously during the funding period.

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

Men

Women

Children (Range of children's ages : \_\_\_\_\_)

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?

All CECs at VCC are supported by Outreach Workers (as noted earlier for LE) who spend their time conducting community outreach in low-income neighborhoods. They participate in health fairs, visit low-income housing developments, and conduct presentations at non-profit agencies that also serve low-income individuals. In 2022 the Outreach Worker in Lake Elsinore recorded hundreds of community contacts there. It is through these contacts that VCC leadership and clinicians learn more about residents' barriers to care, emerging healthcare needs, and suggestions on how best to address them. In the context of the pandemic, VCC's outreach efforts using social media have increased to reach those in need, in conjunction with face-to-face contacts as possible.

- 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?

VCC's commitment to the long-term provision of healthcare in LE is evidenced in the following: (1) VCC wrote for and was awarded base funding to operate VCC: Lake Elsinore from the federal agency HRSA, so guaranteeing the long-term sustenance of this clinic facility; (2) VCC invested significant funds to improve the Fraser Drive property to meet state OSHPD requirements and fulfill its comprehensive care mandate; (3) VCC continues to seek grant funding from government and foundation sources to support multiple primary care, mental health, and dental programs for the benefit of Lake Elsinore residents; and (4) VCC just inaugurated its second facility in Lake Elsinore, near its current clinic, which will support the expansion of patients served annually, and expansion of additional services. VCC's commitment to Lake Elsinore and its residents remains absolutely clear, and is amplified by the expansion of VCC's presence there.

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.

Across all VCC sites 94% of patients are low income (household incomes at or below 200% of the federal poverty level. During enrollment, VCC collects applicants' demographic information and reviews income verification documents such as paycheck stubs. It is important to note that many patients come to the clinic for care without all of their paperwork in hand. For example, newly unemployed persons often have not received paperwork from the State EDD office. Only those patients with proper paperwork, and who sign attestations regarding family size, income, and ethnicity, will be counted on the CDBG report. Patients without proper documentation will be seen, but will not be counted.

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:

Many clinic patients live in CTs 430.01 and 430.06. Of these residents, 21% are living in poverty compared to 14.2% in 92530, of which these CTs are a part; 45.4% of these residents are impoverished or low-income compared to 38% in 92530 as a whole. And where the median household income in 92530 is \$64,270, it is \$55,781 and \$41,571 respectively in these CTs. Where homeownership in Riverside County is 65.8%, it averages just 59.0% in these CTs. And while 23.2% of adults ages 25+ in the County have a bachelor's degree at minimum, those figures for the two CTs are 22.6% and 8.2% respectively. VCC serves families of modest means who require healthcare assistance.

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

This CEC-driven project provides high-need residents access to health insurance and other resources, making it possible for those involved to develop a long-term relationship with a healthcare provider and to establish a medical home. Residents of 92530 fare worse than Riverside residents generally in the context of dozens of significant health-related indicators per the SHAPE Riverside dashboard, including variables related to diabetes, adult obesity, heart failure and hypertension, low birth weight, adult serious psychological distress, and alcohol consumption. This is not a complete listing. The services provided with this funding help LE residents access care, recover from illness, and improve health.

**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)**

2010 Census Tract and Block Group numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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, 2024. If your proposed CDBG-funded activity will start on a date other than July 1, 2024, 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</b> <small>(Include non-CDBG Funds and CDBG Funds)</small>	<b>CDBG FUNDS REQUESTED-Only</b>
<b>I. Personnel</b>		
A. Salaries & Wages	\$ <u>\$53,518</u>	\$ <u>20,738</u>
B. Fringe Benefits	\$ <u>9,633</u>	\$ <u>3,733</u>
C. Consultants & Contract Services	\$ <u>0</u>	\$ <u>0</u>
<b>PERSONNEL SUB-TOTAL</b>	<b>\$ <u>63,151</u></b>	<b>\$ <u>24,471</u></b>

<b>II. Non-Personnel</b>		
A. Space Costs	\$ 2,230	\$ 0
B. Rental, Lease or Purchase of Equipment	\$ 0	\$ 0
C. Consumable Supplies	\$ 1,000	\$ 0
D. Travel	\$ 0	\$ 0
E. Telephone	\$ 584	\$ 0
F. Utilities	\$ 0	\$ 0
G. Other Costs	\$ 0	\$ 0
	<b>NON-PERSONNEL SUB-TOTAL:</b>	<b>\$ 3,814</b>
<b>III. Other</b>		
A. Architectural/Engineering Design	\$ 0	\$ 0
B. Acquisition of Real Property	\$ 0	\$ 0
C. Construction/Rehabilitation	\$ 0	\$ 0
D. Indirect Costs	\$ 10,435	\$ 0
E. Other	\$ 0	\$ 0
	<b>OTHER SUB-TOTAL:</b>	<b>\$ 11,115</b>
	<b>GRAND TOTAL:</b>	<b>\$ 78,080</b>
		<b>\$ 24,471</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: \$53,609 through the federal Community Health Center program.

State/Local:

Private:

Fees:

Donations:

Other:

- 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?

VCC has made a clear commitment to LE through the development of its current clinic, the fielding of its mobile unit in this community, and the investment in the 2nd clinic that VCC just opened in the same community as its current clinic in LE. A high rate of uninsurance persists among VCC's target population in LE. VCC has found that many of those served by the mobile dental unit are uninsured. VCC has made a major commitment to LE, and as VCC's capacity grows, the importance of ensuring residents access to CEC services only increases. VCC will maintain these services without fail.

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

Please see attached statement.

- 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.

Not applicable.

If no, please explain.

This project focuses solely on Lake Elsinore and immediate adjacent areas. No other requests have been submitted.

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

If yes, when?

The last seven years (2017-18 through 2023-24)

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

If yes, explain:

VCC has appreciated the partnership of the City of Lake Elsinore, through its CDBG program, for a number of years in ensuring the uninterrupted provision of these eligibility determination and enrollment services, which are essential to maintaining the safety net in Lake Elsinore.

### VIII. MANAGEMENT CAPACITY

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

VCC is a long-time government grantee. In the last five years alone VCC has received over \$200,000 in CDBG funding. VCC receives federal funding from a variety of other agencies, including the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and the Environmental Protection Agency. VCC has expertise in managing and operating projects and programs under the aegis of federal agencies.

**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.?

VCC's Financial Policies & Procedures Manual provides guidelines on a comprehensive range of financial topics. The Finance Department ensures that funds from all revenue sources, including grants and cooperative agreements, are invoiced, documented, allocated, and reported. All newly hired staff participates in 12+ hours' training re: HIPAA compliance; workplace safety; customer service; policies & procedures; harassment and ethics, and emergency codes and responses. Staff also receives regular cultural competency training. Policies are organized into 19 categories. Key policies are routed to all staff via email annually.

**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.

Rajni Lopez, Program Manager, oversees VCC's existing CDBG grant in Lake Elsinore. She formerly co-managed VCC's HIV Program, along with managing a number of clinical programs, and continues to serve as VCC's Clinical Grants Manager. Her experience provides for continuity and a depth of knowledge about VCC and the target population of low-income residents in Lake Elsinore. She will ensure all contract requirements are met; will meet with the funder; manage contract files; oversee the CEC; and complete all reporting. Lisa Barrera, Enrollment Manager, trains, supports, and directly supervises the CEC, collects and reviews applications completed by the CEC, and completes the funder's Direct Benefit Report. Teresa Garcia is the experienced LE Certified Enrollment Counselor.

**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: 9/30/2023

Signature: 

Print Name/Title Fernando Sanudo  
Authorized Representative: \_\_\_\_\_

**CHECK-LIST:**

The following required documents listed below have been attached. Any missing documentation to the application will be cause for the application to be reviewed as INELIGIBLE.

Yes	No	ATTACHMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Members/Board of Directors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Articles of Incorporation and Bylaws
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Project Activity Map
<input type="checkbox"/>	<input type="checkbox"/>	4. Project Benefit, Category B, Low Mod Area Maps ( <b>Attach if applicable</b> )
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Leveraging (Current evidence of commitment)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Income and Expense Statement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Management Capacity (Detailed organizational chart)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Board Written Authorization approving submission of application



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

Number of paid staff: 8

Number of volunteers: 40 full-time

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

**III. PROJECT ACTIVITY**

A. Name of Project: emergency food bags

B. Specific Location of Project

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

Street or APN: 40940 County Center Drive

City: Temecula

Zip Code: 92591

C. CDBG Funds Requested: 10,000 *(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?

**Located in the city of Temecula and is open 7 days a week to the general public of Riverside County.**

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

City (ies): **City of Lake Elsinore**

Community (ies): **outlying rural areas of the City of Lake Elsinore**

*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.)

G. Check ONLY the applicable category your application represents.

- Public Service
- Homeless Activities
- Real Property Acquisition (Must consult with EDA 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?

Yes.

#### 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:

Program assisted with CDBG Funds: "Emergency Food Bag program"- Western Eagle provides through grant funding an "emergency food bag" 2 to 3 times a month to low to moderate income individuals/families. The "emergency food bag" usually contains canned goods, packaged foods, cereal, fresh vegetables in stock such as broccoli, cauliflower and celery. Distribution days are Fridays, from 10:00am to 1pm. Program is posted on website, weekly bulletins, monthly newsletter and social media posts. Family member must bring and fill out self-certification form for eligibility. Sign-in sheets are also required and record name, city, zip code, family size and email address for communications.

Western Eagle must purchase staples from food distributors, as donations decreased more than 95% from suppliers during COVID and are inconsistent, and sometimes lack nutritional value. Food is either picked up or delivered and stored in the Western Eagle Store freezers and refrigerators and shelves. The store/warehouse is a 44,000 square foot warehouse with food and goods purchased by Western Eagle from farms, grocery distribution centers and outlets. Western Eagle Store monthly net proceeds are used to purchase food and home goods, pay rent, utilities and staff.

- 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 purchase food "basic" supplies from local food suppliers/distributors to include canned fruits and vegetables and dry packaged foods like spaghetti and rice. Average invoice is more than \$5,000 monthly.

- 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)?

Goal: relieve food insecurity for low to moderate income recipients

Objectives: (1) increase grant funding to purchase food through food brokers, suppliers and distribution centers; (2) continue to provide nutritious non-perishable canned and boxed food to meet emergency needs of low to moderate income recipients; (3) continue to outreach to the communities of Lake Elsinore making them aware of Western Eagle food programs and the Western Eagle Store with heavily discounted food and goods to help families and their budgets.

Measurement/Success: is measured by the number of clients participating in the "emergency food" distribution days each month, with an average of 102 residents a month commuting from city of Lake Elsinore for each "emergency food bag" distribution day. Total direct services equals 2,448.

- D. Please identify the project milestones using an Estimated Timeline for Project Implementation:

1. Obtain funding through grants, donors and store sales (net revenue) to support purchase of food from food brokers, suppliers and distribution centers;
2. Schedule and pay for transportation/freight from food distribution centers, suppliers, farms and outlets;
3. Unload at Western Eagle store/warehouse and move pallets to shelves, freezers and refrigerators;
4. Food is sorted, checked for quality, and organized into daily food boxes, emergency food bags, or left on pallets for distribution to partners transporting food to rural areas of Riverside County and stocked on shelves;
5. Staff manages the "emergency food bag" distribution days, assuring that every recipient completes the sign-in sheet and submits self-certification forms.;

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.*

City of Lake Elsinore-number of people that directly benefit from "emergency food bag" program is 102 a month per the sign-in sheet which records family size and equals direct services of 2,652 served a year.

- 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*):

City of Lake Elsinore- 102 unduplicated, 2,652 direct services in FY 22-23

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

Emergency Food Bags are distributed twice a month, sometimes three, 26 times a year. Western Eagle Store is open 7 days a week for easy access to food, with other programs available to help feed individuals and families.

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

Men

Women

Children (Range of children's ages : 0-18 )

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?

Western Eagle store of food and home goods, along with programs such as (1) emergency food bags; (2) available daily customized food boxes open to all income brackets; and (3) community food bank that loads pallets of food to be distributed to rural and outlying communities; news has spread by word of mouth by members of community nonprofits, faith-based organizations, school districts, foster family agencies, adult special needs agencies and work-study programs. Additionally, Western Eagle continues to raise awareness through marketing strategies (weekly bulletins, monthly newsletter), daily postings to social media channels (FB, IG) and presenting at public events.

- 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?

Western Eagle has been in operation for 30 years and has 2M in reserve cash to cover unexpected catastrophic events. However, financial sustainability is supported each year from the net proceeds from the Western Eagle Food & Home Goods Store that covers cost of food and goods purchased from food brokers, suppliers, farms, grocery superstores, retail stores and operating expenses. Additionally, Western Eagle through its fund-development program actively pursues contributions, grants and sponsors.

#### 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.

Recipients sign-in on the "emergency food bag" sheet, noting family size, city, zipcode, ethnicity and submit a self-certification form, if not already on file.

The notebook of self-certification forms is verified by staff member working the program; at least 51% of the clientele are low-moderate income persons;

Data and records are kept in a locked filing cabinet;

Monthly data is summarized in an Excel spreadsheet for reimbursement reports and used to forecast amount of food needed in the future months.

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:

N/A

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

Western Eagle's mission is to relieve food insecurity and the "emergency food bag" program directly benefits at least 51% low to moderate income residents by offering a bag of staples with canned vegetables and fruits, dry packaged food such as spaghetti and rice. If extra stock of food has been donated, that food is added to the emergency food bags such as fresh vegetables or fruits and cereal. The distribution dates are posted on the website, in the weekly bulletin and on social media. Seniors living on fixed incomes appreciate picking up the extra basics and moms with children appreciate the extra food to feed hungry kids.

**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)**

2010 Census Tract and Block Group numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: 0

Total Jobs Expected to Retain: 0

**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: 0

Existing Businesses expected to assist: 0

Enter Total Businesses expected to assist: 0

**VII. FINANCIAL INFORMATION**

**A. Proposed Project Budget**

Complete the following annual program budget to begin July 1, 2024. If your proposed CDBG-funded activity will start on a date other than July 1, 2024, 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</b> <small><u>(Include non-CDBG Funds and CDBG Funds)</u></small>	<b>CDBG FUNDS REQUESTED-Only</b>
<b>I. Personnel</b>		
A. Salaries & Wages	\$ <u>350000</u>	\$ <u>0</u>
B. Fringe Benefits	\$ <u>55000</u>	\$ <u>0</u>
C. Consultants & Contract Services	\$ <u>24000</u>	\$ <u>0</u>
<b>PERSONNEL SUB-TOTAL</b>	<b>\$ <u>429000</u></b>	<b>\$ <u>0</u></b>

II. Non-Personnel		
A. Space Costs	\$ 546000	\$ _____
B. Rental, Lease or Purchase of Equipment	\$ 68492	\$ _____
C. Consumable Supplies	\$ 1200000	\$ 10000
D. Travel	\$ 1000	\$ _____
E. Telephone	\$ 11210	\$ _____
F. Utilities	\$ 32880	\$ _____
G. Other Costs	\$ 53519	\$ _____
<b>NON-PERSONNEL SUB-TOTAL:</b>	<b>\$ 1,913,643</b>	<b>\$ 10000</b>
III. Other		
A. Architectural/Engineering Design	\$ _____	\$ _____
B. Acquisition of Real Property	\$ _____	\$ _____
C. Construction/Rehabilitation	\$ _____	\$ _____
D. Indirect Costs	\$ _____	\$ _____
E. Other	\$ _____	\$ _____
<b>OTHER SUB-TOTAL:</b>	<b>\$ _____</b>	<b>\$ 10000</b>
<b>GRAND TOTAL:</b>	<b>\$ 2,342,643</b>	<b>\$ 10000</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: EFSP Phase 40-\$46,000; CDBG/HWS \$12,500

State/Local: City of Temecula \$50,000; Riverside County Supervisors CID \$10,000;

Private: MORONGO, TJX, Military Wives of Camp Pendleton,

Fees:

Donations: \$5,000

Other: Store Net Proceeds \$1,200,000; Unrestricted Cash Reserve \$2,300,000.

- 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?

Western Eagle has been a sharing community partner for more than 30 years, sustainable year after year through the net proceeds from the Western Eagle Food and Home Goods Store, which is used to purchase food from food brokers, local suppliers, farms, grocery superstores and retail stores, and pay operating expenses. Western Eagle through its fund development program is actively pursuing contributions, grants and sponsors to support the "emergency food bag" program as the need for food has doubled since post COVID, food prices have increased at grocery stores, inflation and recession.

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

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.

City of Murrieta, Riverside County HWS/Riv.Cty.Supervisors, pending 24-25

If no, please explain.

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

If yes, when?

Yes, CDBG/ESG/HOME Programs Riverside County Supervisors fiscal year 23-24 awarded \$12,500.

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.

Western Eagle has been in the community for more than 30 years, financially sustainable, and uses accounting software for daily use and a CPA for taxes and financial audit statements. The "emergency food bag" program has a sign-in sheet, recording family size, city, zip code, email address and ethnicity. Additionally, self-certification forms are required per family and kept in a white notebook. Reports are run monthly for forecasting inventory and reimbursement reporting.

**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.?

Yes policies and procedures include emergency plans, management succession, records retention, disaster preparedness and alternative sites to make food available in case of catastrophe.

**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.

Todd Sieja, CEO, in charge of accounting, reviewing financial reports and statements, executive decision making regarding food purchases, store management, payment of bills, community partnerships and works with CPA for taxes and financial statements. Serena Cooper, Operations/Program Mgr, in charge of ordering food through food broker and suppliers, in charge of cashiers and volunteers that work at the front of the store.

Steve Johnson, Operations Mgr., in charge of back of Western Eagle store, receiving, local farmers, managing volunteers who pack food boxes, load pallets of food into partnering agency vans and trucks and help with stocking, shelving, cleaning and maintenance.

Savy Sieja, Staff, in charge of managing the "emergency food program", documentation, marketing, front desk cashier, and seeking out new food distributors and suppliers.

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: 9-21-2023

Signature: Todd Sieja

Print Name/Title                      Todd Sieja, CEO  
Authorized Representative: \_\_\_\_\_

**CHECK-LIST:**

The following required documents listed below have been attached. Any missing documentation to the application will be cause for the application to be reviewed as INELIGIBLE.

Yes	No	ATTACHMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Members/Board of Directors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Articles of Incorporation and Bylaws
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Project Activity Map
<input type="checkbox"/>	<input type="checkbox"/>	4. Project Benefit, Category B, Low Mod Area Maps ( <b>Attach if applicable</b> )
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Leveraging (Current evidence of commitment)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Income and Expense Statement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Management Capacity (Detailed organizational chart)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Board Written Authorization approving submission of application



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: Sustainable City Sprout: Ma's Community Garden Pilot

B. Specific Location of Project

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

Street or APN: Ma's Community Garden Pilot will be situated in a commercial district.

City: Lake Elsinore

Zip Code: 92530

C. CDBG Funds Requested: \$4,998.69 *(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?

Ma's Community Garden Pilot's location will be determined in collaboration with the community and local businesses, with the aim of benefiting both housed and unhoused Lake Elsinore residents. This initiative aims to enhance the city's vibrancy, sustainability, and self-sufficiency. Geographic boundaries will be established based on community needs, planning approvals, and accessibility considerations, prioritizing areas with limited green space access, ample sunlight, and easy accessibility for those without vehicles.

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

City (ies): Lake Elsinore

Community (ies): Targeting the Lake Elsinore community, this pilot project has a specific emphasis on benefiting impoverished families and addressing the needs of the 110 neighbors experiencing homelessness and hunger. The project aligns with our goals of imparting essential skills for self-preservation and cultivating socio-emotional well-being through gardening.

*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 EDA 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) Beautification & Storm Water Retention

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:

Ma's Garden is a pilot project focused on community building via a "farm to fork" model. Members of the community prepare the land, plant the seeds/seedlings and share/donate the harvested produce. From start to finish, programs are embedded in the process to include the under-served communities of impoverished and troubled youth and their families, as well as the homeless and unemployed. Members will learn how to grow food to provide for themselves, as well as valuable social skills, coping skills, and cooperative work skills.

Community, Connection, and Responsibility:

Our garden thrives on community engagement and personal responsibility. Raised bed plot owners maintain their own spaces. We empower them to keep their plots neat and organized with helpful workshops throughout the year, fostering a sense of ownership, pride, and community.

We believe in accountability, too. Fines will be imposed for neglect or repeated offenses, ensuring the area remains pristine and orderly. To further safeguard our garden, we will install cameras to monitor access, preventing vandalism and theft and fostering a secure environment for all.

Led by Passion:

Our dedicated Garden Coordinators, including myself and Jina Tanahill, will personally assist new plot renters, offer guidance to budding gardeners, and nurture a sense of community. Even during the week, after our workday ends, I will manage the HHOCare portion of the garden. We are driven by passion, guided by compassion, and committed to making Ma's Community Garden an enduring source of inspiration and transformation.

Join us in sowing the seeds of change, growing a sense of belonging, and harvesting a brighter future for all. Ma's Community Garden is more than a project; it's a movement, a testament to the power of unity, and a beacon of hope. Together, we can make a difference!

- 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.):

We will use the \$4,998.69 in CDBG funds in the following ways:

- Raised Beds: 4x6, 4x8, and 4x12 (2 of each type) = \$3,634.14
- Hand Trowel, Transplant Trowel and Cultivator Hand Rake x 3 = \$54.30
- Soil Amendment (40 lb.) x 2: \$80 each x 2 = \$174.00
- Seeds x 2: \$30 each x 2 = \$66.00
- Hoses x 3: 100 ft. Yard Hose x 3 = \$105.75
- Gardening gloves x 10: \$23 after tax (10-pack) = \$23.00
- Pruning Shears x 3: \$18.50 after tax (3-pack) = \$18.50
- 1 Wireless Security Camera: \$250.00
- Executive Director / Garden Program Manager compensation = \$500.00
- Ma's Garden Signage/Banner (in English and Spanish) = \$150.00
- Water for volunteers (4 packs of 40 bottles) = \$23.00

- 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)?

**Goals:**

**Community Empowerment:**

Goal: Empower marginalized communities in Lake Elsinore through the establishment of Ma's Community Garden Pilot, fostering self-sufficiency, skills-building, and health.  
Evaluation: Gather personal narratives showcasing increased confidence, skill acquisition, and positive contributions to society.

**Equity and Inclusivity:**

Goal: Promote social equity by providing equal access to resources and opportunities within the community garden, breaking down barriers related to gender, race, socioeconomic status, and disability.  
Evaluation: Document participant testimonials highlighting the impact of inclusivity on their sense of belonging and empowerment.

**Food Security:**

Goal: Enhance food security by creating a sustainable source of fresh and nutritious produce for participants through active cultivation in the community garden as well as produce donations.  
Evaluation: Assess the impact on participants' nutritional well-being, gathering qualitative feedback on improvements in diet and overall health.

**Community Building:**

Goal: Establish a sense of community and belonging among participants, creating a supportive environment that transcends the garden plots and positively impacts overall well-being.  
Evaluation: Evaluate participant feedback on feelings of community, social connectedness, and the perceived impact of the project on their overall well-being. Measure workshop & Steering Committee participation.

**Objectives:**

**Increase Community Health:**

Cultivate and provide a sustainable source of produce.  
Offer physical activity (gardening), stress relief, and a connection to nature.  
Measure success through improved food security and reported levels of well-being for individuals and families.

**Beautification & Storm-Water Retention:**

Enhance the neighborhood's aesthetics and safety.  
Provide stormwater retention and purification via raised bed gardens, to save costs for Lake Elsinore.  
Measure success through community feedback on the neighborhood's visual appeal and improved stormwater management.

**Enhance Self-Sufficiency:**

Empower participants to gain skills, confidence, and achieve food independence.  
Measure success by the number of individuals cultivating and maintaining their own plots or gardens.

- D. Please identify the project milestones using an Estimated Timeline for Project Implementation:

**Month 1-2: Project Initiation**

**Activities:**

Conduct initial community engagement and outreach (local homeless population, CBO's, small businesses, block associations, gardening societies, and homeowners' and tenants' associations).  
Create a Ma's Garden Steering Committee with local enthusiastic leaders (meeting to be held every other month).

Create a short-list of potential community sites that would be suitable for a community garden based on size, sunlight exposure, being on a local nonprofit/service agency or small business property, accessible location for homeless population and/or near public transportation, and water access (hose hookup).

**Milestones:**

Community interest and support established.  
Establish a list of 30-40 good lots for building the community garden.

**Month 3-4: Cultivating Partnerships**

**Activities:**

Contact nonprofit and/or business owners with suitable land (e.g. parking lots or yards) and ask them for partnership. Once an official agreement is established, craft an Official Agreement document.  
Communicate with the City of Lake Elsinore about our Plans and obtain additional permissions as needed.

Marketing and Outreach to local community members about community garden plots.

Ma's Garden Steering Committee meeting.

**Milestones:**

Official Agreement / Lease from Property Owner to rent a small piece of land for the initial pilot garden (templates derived from the ACGA).  
Input gathered from Ma's Garden Steering Committee meeting.

Compile a list of contacts, emails, and phone numbers, of Lake Elsinore residents interested in participating in the community garden.

**Month 5-6: Garden Infrastructure Setup**

**Activities:**

Procure and set up essential gardening raised beds, security camera, and supplies as outlined in the budget.

After installation and soil filling, have some of the raised bed soil from the lot tested for possible pollutants like heavy metals.

Ma's Garden Steering Committee meeting.

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.*

Featuring six raised beds generously sponsored by local community groups, families, businesses, and houseless individuals, we anticipate engaging at least 50 active community garden cultivators and workshop participants. Additionally, we estimate the involvement of approximately eight individuals in our Community Steering Committee.

The project encompasses a total of 208 square feet of community garden space, comprising two 4x6 red raised beds (48 sq ft each), two 4x8 raised beds (64 sq ft each), and two 4x12 raised beds (96 sq ft each). Each bed is sponsored by a local entity, secured through annual contracts, and managed with oversight, training, and workshops facilitated by HHOC.

In the first year, sponsorships will be at \$2 per square foot, with 25% of garden plots set aside for houseless individuals at no cost. All sponsorship and donation funds are tax-deductible. Further, 50% of produce generated by sponsors will be donated to the homeless through Honores Home of Care, 501c3, with meticulous documentation tracking the distribution to low-to-moderate income individuals and families.

- 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*):

We anticipate approximately 75 unduplicated participants annually. This includes our estimated 50 regular community garden cultivators and workshop attendees, along with approximately 25 friends and family of plot owners who may attend workshops or sporadically join to tend the garden.

This is not to mention the overall community beautification and storm water retention benefits.

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

Ma's Community Garden pilot will be active at least 360 days a year. This Community Garden will ideally run for 3-5 years, until a more robust iteration of the community garden can be actualized (e.g., land acquired, funds raised, etc.).

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Men   | <input checked="" type="checkbox"/> Seniors                  |
| <input checked="" type="checkbox"/> Women   | <input checked="" type="checkbox"/> Severely Disabled Adults |
| <input checked="" type="checkbox"/> Children (Range of children's ages : 9-17 _____)  | <input type="checkbox"/> Migrant Farm Workers                |
| <input checked="" type="checkbox"/> Homeless (Number of beds at facility : N/A _____) | <input checked="" type="checkbox"/> 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?

Community Meetings and Workshops:

Host regular Steering Committee meetings and community workshops to share project updates, gather feedback, and address concerns. Provide opportunities for open discussions.

Door-to-Door Outreach:

Conduct door-to-door outreach to directly engage with residents and businesses. This personal approach allows for one-on-one conversations and ensures that information reaches a broad audience.

Online Platforms:

Utilize our website and social media platforms to share information, updates, and announcements.

Collaboration with Local Organizations:

Partner with local community organizations, schools, and businesses to extend outreach efforts. These organizations can help spread the word and facilitate communication.

Multilingual Communications:

Provide materials in both English and Spanish to ensure inclusivity and accessibility (The Executive Director is bilingual as well, ensuring our efforts reach both english and spanish speaking populations).

Storytelling and Testimonials:

Share success stories, testimonials, and case studies that highlight the positive impact of the project. Personal narratives can resonate well with the community.

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?

Established Track Record (Since 2018):

HHOC has been committed to underserved and houseless individuals in Lake Elsinore since 2018. Our established track record suggests a history of sustained effort and commitment to community service.

Proactive Fundraising Efforts:

We are committed to proactively soliciting donations and sponsorships throughout the year reflecting a strategic fundraising approach. This approach indicates a commitment to securing diverse funding sources to support the project's ongoing needs.

Community Engagement and Steering Committee:

The formation of a Steering Committee composed of passionate individuals is a key element in ensuring long-term commitment. Steering Committee members are likely to be invested in the project's success and may contribute their time and efforts for several years, providing continuity and expertise. Additionally, community engagement and feedback is incorporated throughout the year, to ensure that we can course correct and improve, better serving the community through Ma's Garden.

Incorporation of Sponsorship Model:

The adoption of a tax-exempt sponsorship model, where individuals or entities can sponsor plots or the garden in general, not only provides financial support but also fosters community ownership. This model will lead to continued community involvement and support, and financial sustainability beyond the grant funding period.

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 order to ensure that at least 51% of the clientele we serve are low-to-moderate income persons, we will employ the following strategies:

Intake = As part of the Community Garden application, individuals and sponsors will be required to answer demographic questions such as: income bracket[s] of the top 3 users (if a group) with supporting documentation like recent pay stubs, tax returns, or other official documents that verify income, race/ethnicity, age, etc. Additionally, they will sign Agreements promising to tend to the garden, otherwise fees will result.

25% of the garden's plots will be reserved for house-less or Very Low Income individuals free of charge.

50% of all produce generated by sponsors, will be directly donated to the homeless, as distributed by Honores Home of Care, 501c3. Documentation will be collected to show that the produce is reaching individuals and/or families with low or no incomes.

We will conduct targeted outreach and educational efforts to inform potential low-income participants about Garden and documentation requirements. This involves community workshops, informational sessions, and partnerships with local organizations.

Considering Lake Elsinore's sizable Latinx population, we will provide bilingual messaging and communications, to ensure that language barriers do not hinder participants from understanding and completing the documentation process.

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:

Ma's Garden aims to serve a diverse clientele, welcoming all Lake Elsinore residents while placing a special focus on those in need. The targeted outreach is designed to reach individuals and demographics facing economic challenges.

In Lake Elsinore, 13.7% of the population, approximately 8.78k out of 63.9k people, fall below the poverty line, exceeding the national average of 12.8%. The primary demographic affected by poverty includes Females aged 25-34, followed by Females aged 18-24, and Males aged 6-11. The most prevalent racial or ethnic group experiencing poverty in Lake Elsinore is Hispanic, followed by White and Other. Honores Home of Care is committed and competitively positioned to address the needs of this diverse, local group, fostering community engagement, and promoting self-sufficiency.

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

Intake Process:

As part of the Community Garden application process, individuals and sponsors will be required to answer demographic questions, including income bracket information for the top 3 users if it's a group. Supporting documentation such as recent pay stubs, tax returns, or other official documents will be collected to verify income.

This ensures that individuals actively participating in the garden, either as gardeners or sponsors, are from low-to-moderate income backgrounds.

Reserving Plots for House-less or Very Low Income Individuals:

Allocating 25% of the garden's plots for house-less or very low-income individuals, who can use and tend the plots free of charge, directly benefits this demographic. This approach promotes inclusivity and provides an opportunity for those facing housing challenges to engage in the project.

Donation of Produce to the Homeless:

Fifty percent of all produce generated by sponsors will be directly donated to the homeless through the 501c3 organization, Honores Home of Care. This ensures that the project contributes to meeting the needs of individuals and families with low or no incomes and those experiencing homelessness.

**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)**

2010 Census Tract and Block Group numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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, 2024. If your proposed CDBG-funded activity will start on a date other than July 1, 2024, 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</b> <small>(Include non-CDBG Funds and CDBG Funds)</small>	<b>CDBG FUNDS REQUESTED-Only</b>
<b>I. Personnel</b>		
A. Salaries & Wages	\$ 0.00 _____	\$ 0.00 _____
B. Fringe Benefits	\$ 0.00 _____	\$ 0.00 _____
C. Consultants & Contract Services	\$ 500.00 _____	\$ 500.00 _____
<b>PERSONNEL SUB-TOTAL</b>	<b>\$ 500.00</b> _____	<b>\$ 500.00</b> _____

II. Non-Personnel		
A. Space Costs	\$ 0.00	\$ 0.00
B. Rental, Lease or Purchase of Equipment	\$ 4,475.69	\$ 4,475.69
C. Consumable Supplies	\$ 23.00	\$ 23.00
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>\$ 4,498.69</b>	<b>\$ 4,498.69</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>\$ 4,998.69</b>	<b>\$ 4,998.69</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: \$0.00

Private: \$300.00 (Smart & Final)

Fees: \$312 annually for 75% of Community Garden Beds at \$2/square foot, sponsored

Donations: \$1,500.00 (projected - through Give Butter and for Garden Sponsorship)

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?

Diversification of Funding Sources: The project's financial sustainability relies on diversifying funding sources. The combination of private sponsorship, fees, grants, and donations ensures that the project is not solely dependent on a single funding stream over the long-run.

Community Engagement for Support: The project's success will depend on continued community engagement and support. Efforts to involve the community through workshops, events, and outreach will help maintain interest and support for ongoing fundraising.

Monitoring and Adjusting Financial Strategies: Regular monitoring of the financial strategies, assessing the effectiveness of different funding sources, and adjusting the approach as needed will be critical for long-term success. We will continue to explore additional funding opportunities, grants, or partnerships that align with the goals of the community garden.

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

For annual accounting period (beginning 01/01/22 - ending 12/31/22),

1. Assets = \$267.00 (Cash)
2. Revenue = \$3,556.00 (Cash contributions)
3. Expenses = \$3,349.00 (Other Expenses)
4. Net Revenue = \$207.00

- 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.

N/A

If no, please explain.

The nature of this project - community gardening - is closely tied to the local context and demographics of Lake Elsinore. Addressing specific local challenges and needs is our primary goal. Additionally, the project's success is contingent on strong community engagement, and concentrating our efforts solely in Lake Elsinore allows for deeper connections and more effective outreach.

- 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.

Honoree Home of Care does not have prior experience in managing or operating projects or activities funded with CDBG or other Federal funds. While we are new to this specific funding context, we come equipped with a wealth of administrative, organizational, and detail-oriented expertise, drawn from April Honore's background in Education. Furthermore, we are strategically partnered with Alex Aryaan of the Nonprofit Plug LLC, a seasoned professional in grants management with post-award proficiency. This positions us well to effectively implement and manage the proposed project.

We understand the importance of compliance with Federal regulations and are committed to building the necessary capacity to ensure the successful execution of the project. Our team is eager to learn and adapt to the requirements associated with CDBG funding, and we are confident that our dedication and passion for serving those in need will contribute to the overall success of the 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. Our dedication to community engagement aligns with the objectives of the CDBG program, and we are excited about the opportunity to make a positive impact in the Lake Elsinore community.

While we may be new to CDBG funding, we are enthusiastic about the potential for collaboration, learning, and growth through this project! We look forward to bringing our unique strengths and fresh perspectives to make a meaningful impact on our community through this initiative.

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.?

While we are in the early stages of establishing personnel strategies (since we have been entirely volunteer-based up until this point), we are creating policies to guide correct hiring procedures, specifically in the case of appointing an Executive Director as a 1099 contractor for this grant award.

Our financial management benefits from the support and expertise of The Nonprofit Plug, ensuring that we remain annually compliant. Record-keeping is a meticulous practice within our organization, managed internally through comprehensive spreadsheets. This attention to detail extends to tracking costs, including those associated with providing food and meals for the homeless individuals we serve.

Given our entirely remote operations and direct service to community members, property management strategies are not currently in place. As we evolve, we will adapt our management systems to align with the dynamic needs of our growing organization. We are committed to continuous improvement, ensuring that our policies and procedures reflect best practices and contribute to the overall success of our initiatives.

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

Zuri Honore

- Role: President (oversees strategy and assists with marketing)
- Qualifications: Zuri founded HHOC in April 2018, when he was 9 years old. He is passionate and intelligent, and is a whiz at marketing!

Alex Aryaan

- Role: Assists with grants management, compliance, and reporting
- Qualifications: Alex has been working with HHOC for several months, and has been assisting nonprofits for years. In addition to her passion for helping nonprofit entrepreneurs, she also holds a Masters of Urban Planning and Policy from the University of Illinois; evidence that she is well equipped to navigate the complexities of a grant award like CDBG.

Jina Tanahill

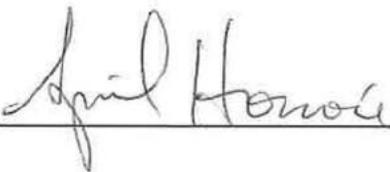
- Role: Garden Coordinator / Volunteer / Secretary & Treasurer, Board Member

**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: 10/03/23

Signature: 

Print Name/Title                      April Honore  
Authorized Representative: \_\_\_\_\_

**CHECK-LIST:**

The following required documents listed below have been attached. Any missing documentation to the application will be cause for the application to be reviewed as INELIGIBLE.

Yes	No	ATTACHMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Members/Board of Directors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Articles of Incorporation and Bylaws
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Project Activity Map
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Project Benefit, Category B, Low Mod Area Maps <b>(Attach if applicable)</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Leveraging (Current evidence of commitment)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Income and Expense Statement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Management Capacity (Detailed organizational chart)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Board Written Authorization approving submission of application

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

**I. GENERAL INFORMATION:**

Applying Organization Name: Trauma Intervention Programs of 

Organization Address: 26838 Cherry Hills Blvd.

City: Menifee

Zip Code: 92586

Mailing Address: 26838 Cherry Hills Blvd.

City: Menifee

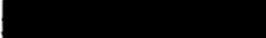
Zip Code: 92586

Website: [www.tiprivco.org](http://www.tiprivco.org)

Telephone Number: 

Fax Number: 

Executive Director: Magda Stewart

Telephone Number 

E- 

Program Manager: Magda Stewart, CEO

Telephone Number 

E-mail: 

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](http://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](http://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.

Goal: (1) To assist First Responders on trauma scenes by providing emotional and practical support to survivor so that our first responder partners can focus on the task at hand knowing survivors are being cared for.

(2) Increase # of trained volunteers to be able to respond to trauma scenes 24/7/365.

(3) Provide postvention services and resources to those impacted by trauma and loss of a loved one.

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-Mayor

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.



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

Purchase volunteer supplies

Volunteer recruitment and training

Maintain Liability Insurance which is required for the work we do.

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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 benefits residents of City of Lake Elsinore's residents who suffer a trauma by having trained volunteers on scene to provide immediate support.

It also assists First Responders by allowing them to focus on their job and get back into service quicker. FY 22-23 TIP of Riverside County responded to 495 calls, assisted 1218 clients, and 496 on scene First Responders.

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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 County uses all methods possible to bring awareness of the program and services to communities, City Council, emergency responders, and hospitals.

This is done through social media, fairs, briefings, community speaking engagements, mixers, etc.

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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 is celebrating 30 years of service. We continue to gain financial support from service agreements with neighboring cities, the county's Suicide Prevention Coalition, donations and fundraising.

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**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  
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

TELEPHONE: 951-609-5068 EMAIL ADDRESS: Magda.C.E.O. @ T.I.P. Inc. ORG

DATE: 10/16/23  
(Month, Day, Year)

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

**I. GENERAL INFORMATION:**

Applying Organization Name: The Salvation Army

Organization Address: 40270 Los Alamos RD

City: Murrieta

Zip Code: 92562

Mailing Address: 40270 Los Alamos RD

City: Murrieta,

Zip Code: 92562

Website: murrieta.salvationarmy.org

Telephone Number: [REDACTED]

Fax Number:

Executive Director: Mike Dickinson

Telephone Number: [REDACTED]

E-mail: [REDACTED]

Program Manager: Jessyca Carr

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: 1865

Date Organization incorporated as a non-profit organization: October 1914

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](http://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](http://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 Salvation Army's Mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination. The Salvation Army of Southwest Riverside County food pantry purpose is to provide support, resources, and healthy Nutritious food for people experiencing food insecurity.

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: Food Pantry Support

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?

The Salvation Army food pantry is located in Murrieta, However funds will be spent at Grocery Outlet, 29231 Central Ave, Lake Elsinore, specifically for residents of 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) \_\_\_\_\_

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.

Five days a week, The Salvation Army of Southwest Riverside County provides food boxes to those experiencing food insecurity. The boxes are well balanced, but they lack fresh produce, bread, and dairy products, due to our physical capacity and lack of refrigeration. (Donated meat is stored in a freezer and distributed as it's received.) To off set the food boxes, the food pantry would like to distribute gift certificates from Grocery Outlet, because they can print them with the words "Food Only." These are printed specifically for The Salvation Army and help to ensure that no alcohol or non food items are purchased with donated or grant supported funds. All gift certificates are numbered and will be signed for at the time of distribution. They will be kept in a locked safe until distributed. In addition since they are certificates and not cards they can only be spent at the Lake Elsinore Grocery Outlet Location. There are several months a year when the food pantry doesn't have any gift certificates to supplement the food box. Clients comment on how helpful the certificates are to their food budget. As everyone knows the cost of food has risen significantly over the year. Offering a \$25 certificate will allow families to purchase fresh produce and dairy that they may skip if they didn't have the funds.

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

The Salvation Army will purchase 200 \$25 gift certificates from Grocery Outlet In Lake Elsinore to be used specifically at the Grocery Outlet store in Lake Elsinore. The certificates will be given to clients of the food pantry to be used to purchase fresh produce, dairy products, and or meat as there is no refrigeration available on site.

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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.

The Salvation Army will distribute the Lake Elsinore Grocery Outlet gift certificates specifically to residents of Lake Elsinore who face food insecurity. Because these gift certificates can only be used at the store they are purchased at, they will given to Lake Elsinore residents only. 200 households will be served.

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There is one full time volunteer who works in the food pantry, but through out the year several volunteer groups come in to sort food and build food boxes. Last year there were 87 volunteers.

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

The food pantry is listed on 211 and Connect IE. In addition flyers are given out and emailed to other social service providers including the School districts SAFER program. Whenever someone is seeking other services such as homeless prevention and recovery, Christmas, or back to school assistance, they are informed about the food pantry. When asked how did they hear about the food pantry a common answer is someone told them about our services.

This year The Salvation Army hopes to participate in some community fairs in Lake Elsinore.

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?

The Salvation Army has always had and will continue to have a food pantry available to the residents of Lake Elsinore. In the last three years. Local funds were used to purchase gift certificates, however there has always been more need than capacity. This is the first year applying for community support funding.

The Salvation Army is committed to providing healthy food for those experiencing food insecurity and as such recognizes the need for innovative solutions like gift certificates to purchase fresh produce and dairy products.

In addition, The Salvation Army has specific and detailed policies and procedures for accounting and distribution of gift certificates and cards. These will be followed.

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**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.

*Attached is the current financial statement and the budget for the Murrieta Corps FY2024. A division wide audit can be provided upon request. (However, it does not single out Murrieta Corps who services the residents of Lake Elsinore.)*

**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: Major Jessyca Carr, Corps Officer

NAME and TITLE (Please Print or Type)

SIGNATURE: 

PRESIDENT or AUTHORIZED OFFICER: J. Koebel; Captain Divisional Secretary for Business

NAME and TITLE (Please Print or Type)

SIGNATURE: 

ORGANIZATION NAME: The Salvation Army, a California Corporation

TELEPHONE: 562-264-3600 EMAIL ADDRESS: j.koebel@usw.salvationarmy.org

DATE: Oct. 2, 2023  
(Month, Day, Year)

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

**I. GENERAL INFORMATION:**

Applying Organization Name: Dream Center Lake Elsinore

Organization Address: 114 East Peck Street

City: Lake Elsinore

Zip Code: 92530

Mailing Address: 114 East Peck Street

City: Lake Elsinore

Zip Code: 92530

Website: [www.DreamCenterLE.org](http://www.DreamCenterLE.org)

Telephone Number: [REDACTED]

Fax Number: n/a

Executive Director: Brett Masters

Telephone Number: [REDACTED]

E-mail: [REDACTED]

Program Manager: Dave Snow

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: 2014

Date Organization incorporated as a non-profit organization: 11/8/2017

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](http://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](http://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 Dream Center is a volunteer driven organization that finds and fills needs of  
and families in our community. We do this by connecting isolated people to God  
community of support through regular service projects, events. We work to meet  
where they are, bring them hope and a way off the streets, out of poverty and in

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: DREAM Projects

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?

Dream Projects' service and benefit area is the City of 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) \_\_\_\_\_

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.

Dream Projects was started in 2016 by Pastor Dave Snow via counselors at LEUSD to start a mentorship extension program at Ortega High School.

Dave and his team of volunteers picks up kids after school and mentors them as they compete a variety of service projects in our community.

Dave and his team also provide mentorship for students as they explore who they want to be when they grow up and how they want to give back to their community. This program ensure kids have a safe place to be after school with adults who can speak into their potential and encourage them to form and pursue their goals. Dream Projects helps kids who have otherwise struggled in traditional school settings and have been transferrec to Ortega High for continuing personal attention. Dream Projects is an extension of that program to help students receive positive mentorship.

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

The funding would be utilized for supplies, equipment, safety gear, food for students as well as team building activities during the program. A portion of funding would be utilized for transportation.

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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.

All projects are developed by the group to benefit Lake Elsinore residents. Service projects benefit community members throughout Lake Elsinore. All of these projects are targeted in lower income areas of Lake Elsinore for residents who are not able to pay for improvements or upgrades to their homes or residence themselves. The program benefits students in our community who potentially may not have another place to go after school. It also benefits kids by helping them develop who they want to be with a focus

on becoming projective members of society.

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

This program is open to all high school kids who would like to participate. Dream Projects has a unique partnership with Ortega High school because administration has asked our youth director to help students who need extra help, attention, or mentorship. We are always looking for projects to complete around the City and oftentimes get referrals from community members as well as the City of Lake Elsinore via code enforcement and community development. This program is run by committed high level volunteers through the Dream Center.

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?

Dream Projects aims to complete projects which will in tern help improve or transform a part of our community for long term benefit. Many of these projects are long term improvements for community residents. Additionally, our goal is to bring these community members into long term relationship aimed at life transformation. We plan to build relationships with these residents and students and connect them to a helpful and healthy community. This will have lasting impacts in our community as more and more people look to help their neighbor and improve their surrounding

community.

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**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: Brett D. Masters, Exec. Director  
NAME and TITLE (Please Print or Type)

SIGNATURE: Brett D. Masters

PRESIDENT or AUTHORIZED OFFICER: Brett D. Masters, Exec. Director  
NAME and TITLE (Please Print or Type)

SIGNATURE: Brett D. Masters

ORGANIZATION NAME: Dream Center LE

TELEPHONE: 858/952-4024 EMAIL ADDRESS: brett@dreamcenterLE.org

DATE: 10/18/23  
(Month, Day, Year)

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

**I. GENERAL INFORMATION:**

Applying Organization Name: Assistance League of Temecula

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](http://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](http://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](http://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



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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.

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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.

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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.

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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.

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**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:

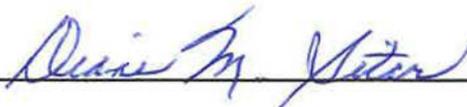
- Is Subject to all Community Support Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Support Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Lake Elsinore.
- Funding is not immediately available to the recipient. Please allow time for checks to be processed.
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- 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)

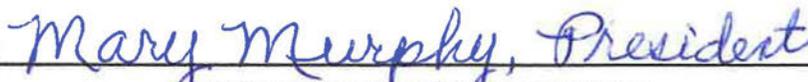
**SIGNATURE:**



**PRESIDENT or AUTHORIZED OFFICER:** Mary Murphy, President

NAME and TITLE (Please Print or Type)

**SIGNATURE:**



**ORGANIZATION NAME:**

Assistance League of Temecula Valley

**TELEPHONE:** (951) 694-8018

**EMAIL ADDRESS:** altemecula@yahoo.com

**DATE:**

10/12/2023

(Month, Day, Year)



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.

To inspire, enable, and support all youth to realize their full potential as successful, responsible, and impactful members of the community. The Club empowers youth ages 6-17 to succeed. The Club offers youth what they need and want most: adults who respect them and a safe environment where they can have fun.

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: Ultimate STEM

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?

At our Lakeland Village Clubhouse location. Ultimate STEM programming is offered to all youth ages 6-17 in the City of 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) \_\_\_\_\_

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 Ultimate STEM/Computer Science program will provide significant opportunities to advance STEM education and increase interest in STEM career fields for youth. Technology and access to computers for youth is the foundation for this program. Through a variety of activities, youth will participate in web exploration, media production, robotics, coding, and more. The program will teach youth the importance of the digital world and ignite their passion for technology. The labor force in the U.S. has changed dramatically over the past few decades, driven by a shift from industry to services and ever-increasing technological advances. Many young people are leaving school without the preparation needed for good jobs and many are not graduating from high school at all. Our local communities, our nation and our world face big challenges from ensuring clean air and water, to bolstering the global food supply, to building infrastructure for growing populations. The next generation of STEM professionals will be the innovators who find cures, solve problems, invent products and generate ideas that can transform life as we know it. Boys & Girls Club recognizes STEM education is critical to the future success of America and young people.

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

Boys & Girls Club of Southwest County will utilize grant funds to support programming efforts for the Ultimate STEM program during out-of-school time and Day Camp programs for youth 6-17. Funds awarded will be used for internet access expenses, STEM program supplies, and technology equipment.

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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 from this program will benefit youth members ages 6-17 in Lake Elsinore, approximately 65 youth will participate. The program will provide access to computers to complete homework and increase youth member knowledge and experience with technology. It will also help supply needed program supplies to run specific STEM projects, such as building catapults and LEGO.

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

Since 1990, Boys & Girls Club of Southwest County has been in the forefront of youth development, working with young people who need us most. The organization is dedicated to ensuring our community's youth have greater access to quality programs and services that will enhance their lives and shape their futures. The organization will continue to work with the Lake Elsinore Unified School District, local schools, and other youth serving organizations.

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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?

Boys & Girls Club of Southwest County is committed to ensuring youth members stay in school and that they are prepared for adulthood by developing the skills and competencies necessary to be successful in their lives and in their future workplaces. The organization believes the Ultimate STEM program will make a difference in the lives of Club members and will help to reinforce the importance of staying in school and preparing for their career and their future. The Ultimate STEM program is a priority program offered daily and the organization continues to raise funds year-round via events, contributions, and grants to sustain the program.

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**VI. FINANCIAL INFORMATION:**

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The applicant acknowledges and agrees to the following:

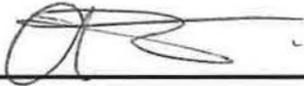
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- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.

We hereby certify the information contained in this application is true to the best of our knowledge and belief.

**PREPARED BY:** Carly Bennett-Valle, CEO/CFO

NAME and TITLE (Please Print or Type)

**SIGNATURE:** \_\_\_\_\_



**PRESIDENT or AUTHORIZED OFFICER:** Tony Berardino, Board Chair

NAME and TITLE (Please Print or Type)

**SIGNATURE:** \_\_\_\_\_



**ORGANIZATION NAME:** Boys & Girls Club of Southwest County

**TELEPHONE:** 951-699-1526

**EMAIL ADDRESS:** carlyv@bgcswc.org

**DATE:** 10/11/2023

(Month, Day, Year)