

**City of Lake Elsinore
Community Support Program
Fiscal Year 2022-23 Funding Application**

I. GENERAL INFORMATION:

Applying Organization Name: Trauma Intervention Programs

Organization Address: P.O. Box 585

City: Murrieta

Zip Code: 92564

Mailing Address: P.O. Box 585

City: Murrieta

Zip Code: 92564

Website: www.tipswrc.org

Telephone Number: 951-609-5068

Fax Number:

Executive Director: Magda Stewart, CEO

Telephone Number: 951-609-5068

E-mail: MagdaCEO@TIPRivCo.org

Program Manager: Magda Stewart, CEO

Telephone Number: 951-609-5068

E-mail: MagdaCEO@TIPRivCo.org

Is your Organization: Non-Profit Organization Yes No

 Faith Based Organization Yes No

II. ORGANIZATIONAL HISTORY:

Date Organization founded: 1993

Date Organization incorporated as a non-profit organization: 7/12/2007

Provide a copy of your statement of non-profit status from the State of California and Most Recent IRS Form 990. IRS Form 990 is a public record. Form 990s for all charities registered in California are posted on the Attorney General's web site www.ag.ca.gov. The web site also offers a searchable database of California charities. Form 990s for 501(c)(3) charities may be found at GuideStar www.guidestar.org.

Federal identification number: [REDACTED]

State Identification Number:

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

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

Goal: to work with First Responders and provide on-site trauma intervention services to family members of victims of accidents, tragedies, and suicide. Objectives: (1) increase # of trained volunteers to support First Responders, 365 days a week, 24x7; (2) provide intervention services and referral resources to family members; 3) provide postvention services to those impacted by suicide w/Riv.Cty.Suicide Prevention Coalition.

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-Councilmember

This application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

III. PROJECT ACTIVITY:

Name of Project: Trauma Intervention

Amount Requested: \$10,000

Where will the proposed activity occur (be specific as to the geographic boundaries)? If the project involves a new or existing facility, what is the proposed service/benefit area for the facility?

City of Lake Elsinore and unincorporated communities

Check ONLY the applicable category your application represents.

- Public Service
- Homeless Activities
- Housing
- Rehabilitation/Preservation (please provide picture of structure)
- Public Facilities (construction)
- Other: (provide description) _____

Respond to A & B only if this application is for a public service project.

(a) Is this a NEW service provided by your agency? Yes No

(b) If service is not new, will the existing public service activity level be substantially increased or improved? Yes No

V. PROJECT NARRATIVE:

Provide a detailed Project Description of the project/program (and its objectives) that the City of Lake Elsinore grant funding will be used to support.

The core service of TIP Riverside County is the Crisis Response Team. The team are comprised of well trained volunteers who are called by emergency personnel to provide support to emotionally traumatized citizens on a 24-hour 365 day a year basis. Volunteers respond to the emergency location usually within 20 minutes of the time called. TIP Volunteers provide emotional support, help arrange for shelter, food, clothing, and transportation, notify family and friends, serve as liaison between the victims and emergency and hospital authorities, help arrange follow-up services, provide information and referral to appropriate agencies for on-going services. Additionally, TIP of Riverside County partners with the Riverside County Suicide Prevention Coalition to focus on local outreach to suicide survivors, either responding with first responders when a suicide has occurred and/or responding within days after a suicide has occurred to survivors. Response includes a LOSS kit, which contains material about what to expect after a loss to suicide.

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

Recruit and train volunteers in Trauma and Suicide Postvention.

Purchase volunteer safety vests

Maintain liability insurance (required to work with First Responders)

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, by increasing number of volunteers trained and able to respond with First Responders to accidents, tragedies and suicides.

Expected number of people to benefit: in FY 21-22, TIPrivCo. responded to 601 calls, served 1,823 clients and assisted 1,054 First Responding Agencies

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 to bring awareness of the program to communities, city councils, riverside sheriff and city police departments and hospitals. Outreach avenues are website, social media updates, fundraising events, speaking engagements and community mixers.

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 Trauma Intervention Program of Riverside County chapter was founded in 1993 and continues to gain financial support from service agreements with neighboring cities and the Riverside County Suicide Prevention Coalition, grants, fundraising events, private donors and corporate sponsors.

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: _____
NAME and TITLE (Please Print or Type)

SIGNATURE: _____

PRESIDENT or AUTHORIZED OFFICER: Magda Stewart, CEO
NAME and TITLE (Please Print or Type)

SIGNATURE: _____

ORGANIZATION NAME: Trauma Intervention Program of Riverside County

TELEPHONE: 951-609-5068 **EMAIL ADDRESS:** MagdaCEO@TIPrivCo.org

DATE: 10/4/2022

(Month, Day, Year)