

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

I. GENERAL INFORMATION:

Applying Organization Name: Helping our People in 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: DreamCenterLE.org/dc-pantry

Telephone Number:

Fax Number:

Executive Director: Brett Masters

Telephone Number:

E-mail:

Program Manager: Matthew Dobler

Telephone Number: 9517752176

E-mail:

Matthew@Dreamcenterle.or

Is your Organization: Non-Profit Organization Yes No

 Faith Based Organization Yes No

II. ORGANIZATIONAL HISTORY:

Date Organization founded: 1990

Date Organization incorporated as a non-profit organization: 1992

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

Federal identification number: [REDACTED]

State Identification Number: [REDACTED]

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

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

Our mission is to rebuild and restore the people and property of Lake Elsinore. By meeting immediate physical needs, the DC Pantry provides people with a connection to a community of support and an on-ramp to a transformational process toward self-sufficiency

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 Program

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?

This program allows us to serve the Lake Elsinore Community with food and hygiene items.

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.

Food distribution is provided to every client one time per week. We serve people with canned food, meat, milk, pastries, and other food. We also serve clients with hygiene items such as toliet paper, soap, toothpaste, tooth brushes, baby supplies and other household items. The Pantry serves 100 - 125 clients a day, three days a week. Our goal is to meet immediate needs and provide connection with clients to help identify additional needs. Funding will help with the day to day operation of the pantry as well as helps us keep our vechicles maintained to pick up food from our pantry partners and deliver it to partners around the City of Lake Elsinore. It also allows us to conduct food drives to help raise food and hygiene from members and organizations in the community.

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

These funds would be used to help maintain our trucks for food pickup and delivery. We were able to raise funds last year to purchase two box trucks for pick up and deliveries of food and hygiene. We would use funds to maintain these trucks to ensure they are in good working order. These trucks have been a great help to us and the clients we serve. We would also use these funds to help purchase ground or chest freezers to keep our meat frozen as we distribute it to clients. Those are two big needs we have outside of our regular budget.

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.

This grant funding would allow us to better serve the Lake Elsinore residents because we would be better equipped to serve them with well maintained box trucks that are serviced and in good working order. We also need to upgrade our chest freezers and purchase more of them for storage of frozen foods. This will allow us to provide more food to our clients. We have about 20 volunteers that help us drive our vehicles for pickups and deliveries. We have another 50 volunteers that help distribute

food to clients and help maintain our warehouse which includes organizing and storing frozen foods. Roughly everyone we serve will benefit from these programs. Serving roughly 4,000 people a month - all of these people will benefit from more food that we are able to pickup and store.

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 Dream Center Pantry is always looking for volunteers, community partners in the way of organizations, individuals, and businesses. We have great relationships with businesses who help donate food to the pantry. We also have great relationships with organizations and churches who know we are a resource for people with a need and often send people our way who are in need. Another great partnership with the Lake Elsinore Unified School District. They send families with kids our way who are in need of food and hygiene. Our Pantry team is always looking for ways to spread the word on the services we provide. We use the partners mentioned above, social media, churches, and more to ensure anyone who needs food knows we are the place they can turn.

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 Dream Center Pantry, commonly known as HOPE was founded in 1990 by 12 churches. The Pantry has continued to serve the community for more than 30 years. Our long history is one example of long-term commitment to the project. The investment the Pantry team makes in building relationships with organizations, churches, the City of Lake Elsinore, the School District and businesses is another example of long term commitment to the program.

VI. FINANCIAL INFORMATION:

PLEASE ATTACH COPIES OF THE CURRENT BUDGET AND FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT) OF THE ORGANIZATION. It does not require a CPA's audit, but please submit if available.

SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Is Subject to all Community Support Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Support Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Lake Elsinore.
- Funding is not immediately available to the recipient. Please allow time for checks to be processed.
- The awarding of Community Support Funding does not constitute an automatic annual allocation.
- The recognition for Community Support Funding should accrue to the City of Lake Elsinore.
- Community Support Funding must be spent as specified on the application and records may be requested by the City of Lake Elsinore to ensure the funds were used appropriately.
- 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: Matthew Dobler, Pantry Coordinator

NAME and TITLE (Please Print or Type)

SIGNATURE: 

PRESIDENT or AUTHORIZED OFFICER: Matthew DObler

NAME and TITLE (Please Print or Type)

SIGNATURE: 

ORGANIZATION NAME: HOPE

TELEPHONE: 951.775.2176

EMAIL ADDRESS: Matthew@DreamCenterLE.org

DATE: 10/28/2022

(Month, Day, Year)