

Kingsburg Tri- County Health Care District Grant Application

Please complete and return documentation and information required under the District Grant Policy, Procedures and Guidelines. **Submit a signed original plus a set of 8 copies using a binder clip.**

Provide the following information for the grant applicant, and well as for all partnering and/or subcontracting entities, if any. **Use a separate page for each item listed on page 2 to fully describe required information.**

Applicant Name Kingsburg Elementary Charter School District, Reagan Elemen

Type of Organization Education

Legal status of your business (LLP, nonprofit, etc.) nonprofit

Subject of Request Playground Equipment at Reagan Elementary School

Total Amount Requested \$ 75,000 How many People Will Grant Serve? 646 students

Is this intended as a one-time or ongoing project? one-time

Project timeframe 2024-25 school year Lump sum or periodic disbursement? Lump sum

How will grant be recognized by recipient? We will place a plaque on the playground structure to recognize the Health Care District

Total Years in business 17 # of Employees 63 Federal Tax ID # 770559683

Business Licenses, Certifications or Registration #

Individual Accountable for Grant Funds:


Name Bobby Rodriguez Title CBO

Address 1310 Stroud Ave

City Kingsburg State CA Zip 93631

E-Mail brodriguez@kesd.org Phone Number 559-897-2331

By signing below, the undersigned hereby certifies under penalty of perjury that: (1) information contained within this application is true and correct to the best of my personal knowledge, information and reasonable belief; (2) the grant applicant has read and is familiar with all of the District's grant policies, procedures and guidelines; (3) the grant applicant hereby waives each and all claims and right(s), if any exist to, in any form, appeal or otherwise legally challenge each and all decisions of the Kingsburg Tri-County Health Care District pertaining to this grant application; and (4) the governing body of the grant applicant has duly authorized me to sign this grant application.

Signature  Date 04/30/2024
Print Name and Title Bobby Rodriguez, CBO

The following information is required in relation to the requested grant. Please use separate pages for each numbered item, titling and numbering each page as listed below. We require the following: 1 signed copy of the grant application, with items 1-8 (below) completed and attached, plus 8 additional hardcopies.

- 1. Project Overview:** Include purpose of the grant request. Describe in detail how the funds will promote health and wellness and further the grant goal of fostering quality health services and programs which benefit the residents of the District.
- 2. Project Cost:** Itemized budget with explanation of each itemized cost and the need for such, and supporting documentation, such as actual bids or formal estimates, if any.
- 3. Partner(s):** List all partners (if any), and their financial contributions for this specific project.
- 4. Funding Sources:** List all funding sources for the past 5 years.
- 5. Community Need:** Describe specific needs of the District which your project will meet.
- 6. Legal Status:** Please provide a copy of your W-9, business licenses and certificates, as well as IRS determination letter if you are a nonprofit.
- 7. Contributions:** List previous and ongoing community contributions your organization has made within the past 5 years.
- 8. Plans:** Provide drawings or pictures of the proposed project with footnotes for explanations.

Grant: Playground Equipment at Ronald Reagan Elementary School

Requested by: Bobby Rodriguez, CBO

Request: \$75,000

1. Project Overview: Ronald Reagan Elementary is home to 646 students ranging from grades 4-6. Each recess period, students from all three grade levels converge to the playground equipment in order to have a fun, safe place to play. Recently; however, the playground equipment has begun to break down and fewer options from the original playground are available to students to play on. The teeter-totter, zip glider, and other attractions of the current playground equipment have been taken down as they are no longer safe for students to be on. The grant would help the school provide a new playground option for our largest school.

2. Project Cost: Approximately, \$100,000 for Playground Equipment per plan view (see attached) with installation

3. Partner: Reagan Elementary fundraising efforts will help with funding the playground equipment, as well as District personnel and financial support to cover the remaining 25% portion of the project.

4. **Funding Sources:** The District utilized a bond to cover the relocation of the Washington Preschool and its playground equipment. There have been no other playground equipment installations within the last five years.

5. Community Need: Reagan is the largest school in our District and for students who do not wish to participate in organized sports during recess times, this playground structure will provide students with a different avenue to exercise and lead a healthier lifestyle. Our expanded learning program offers students a 9 hour day, and so during their physical educational period, students are often looking for more options from the current playground. During the city soccer season, many families come to Reagan to watch their loved ones play. This playground equipment would be available to those during this time frame as well. I was there when Reagan Elementary opened and we would like for the current students and those who are coming through our schools to be able to play on a newer structure.

6. Legal Status: See attached

7. Contributions: Our District Motto is, "We will find a way for all students to learn." We contribute to over 90% of the educational needs of Kingsburg Preschool- 8th grade students. We have had a wonderful partnership with our community partners from the city sports leagues to allow all the youth in Kingsburg to have a place to play and exercise.

8. Plans: See attached

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Kingsburg Elementary Charter School District</p> <p>2 Business name/disregarded entity name, if different from above Kingsburg Elementary Charter School District</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ Educational Organization/School District</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 1310 Stroud Avenue</p> <p>6 City, state, and ZIP code Kingsburg, CA 93631</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
7	7		-	0	5	5	9	6	8	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	<p>Signature of U.S. person ▶ </p>	<p>Date ▶ 03/28/2023</p>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

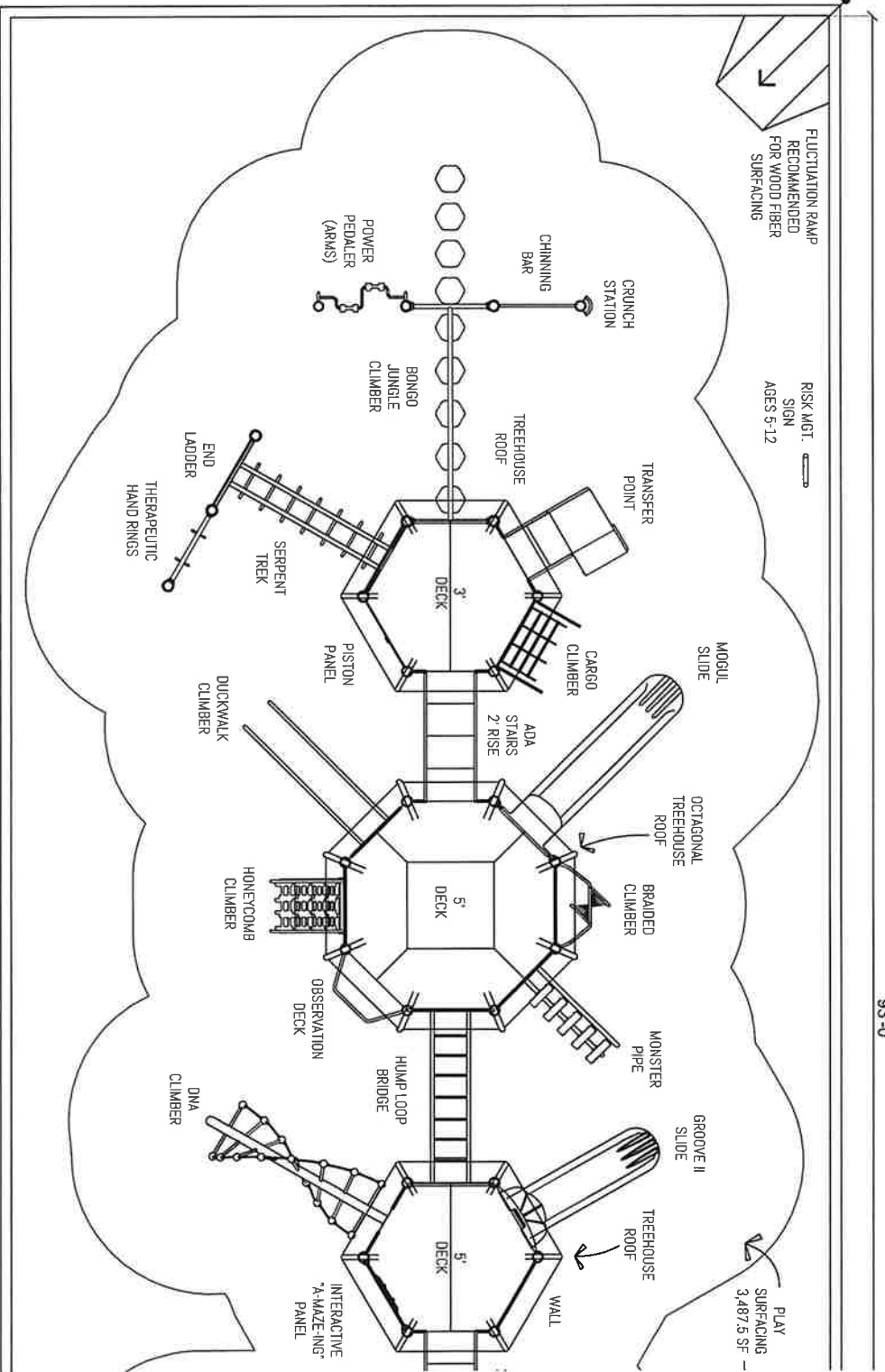
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

Reagan Elementary - Primary Play

Kingsburg, California

Prepared for: Kingsburg Elementary Charter School District





93'-0"

PLAY AREA - AGE APPROPRIATE 5-12 YEARS:		CAPACITY: 126 - 146 CHILDREN	
ELEVATED PLAY ACTIVITIES (TOTAL):	16	REQUIRED:	8
ELEVATED PLAY ACTIVITIES ACCESSIBLE BY TRANSFER:	16	REQUIRED:	0
ELEVATED PLAY ACTIVITIES ACCESSIBLE BY RAMP:	0	REQUIRED:	3
GROUND LEVEL ACTIVITY TYPE:	4	REQUIRED:	3
GROUND LEVEL ACTIVITY QUANTITY:	6	REQUIRED:	5

NOTES:

1. ANY TRANSFER STEPS
2. USE ZONES FINISH SUR
3. GROUND SURFACING SH
4. PLAYGROUND EQUIPME
5. THIS PLAY AREA MEETS









Job Number: 22-0894
Job: Reagan ES - Primary
Quote Name: Quote - 22-0894-ReaganESPrimary_001
Quote Number: Q-03568



Prepared by:
 MattDurkin
 matt@miracleplaygroup.com

Terms: Net 30
Remit to: Miracle Playsystems, Inc.
 1276 S Main St., Salinas, CA 93901

Sub Total: \$78,819.51
Freight: \$8,323.00
Estimated Tax: \$7,074.06
Total: \$94,216.57

Miracle

Product Code	Description	Qty	Rate	Total	Estimated Tax (if applicable)
MREC EQUIP	Provide Miracle Recreation Playground Equipment per Plan View 22_0894_ReaganESPrimary_001; CMAS Discount is Applied	1	\$102,363.00	\$78,819.51	\$7,074.06

Sub Total: \$78,819.51
Total Freight: \$8,323.00
Total Estimated Tax: \$7,074.06
Grand Total: \$94,216.57

Company: _____

Signature: _____

Name: _____

Date: _____

Please confirm or edit order information below.

End User Company:

Kingsburg Elementary Charter School District

End User Contact:

End User Email:

Delivery Contact:

Delivery Email:

Delivery Phone:

Delivery Address:

Site Address:

1180 Diane Ave

Kingsburg

Bill To Email:

Bill To:

Kingsburg Elementary Charter School District,

1310 Stroud Ave.,

Kingsburg, CA,

93631

Customer Reference #:

INDEMNITY

Client/Owner shall defend, indemnify and hold harmless Miracle Playsystems, Inc., its officers, directors, board of trustees, agents, or employees and each of them, from any and all claims, demands, causes of action in law or in equity, damages, penalties, costs, expenses, reasonable attorneys' fees, reasonable experts' fees, reasonable consultants' fees, judgments, losses or liabilities, of every kind and nature whatsoever arising out of or in any way connected with or incidental to, the performance of the services under this Agreement or any of the obligations contained in this Agreement ("Claims"). Without limitation, "damages" include personal injury, including, but not limited to bodily injury, emotional injury, sickness or disease, or death to persons, including, but not limited to, any employees or agents of Miracle Playsystems, Inc., or any other person; or other damages of any kind to anyone including, without limitation, economic loss, property damage and loss of use thereof. It is expressly acknowledged and agreed that each of the foregoing indemnities is independent, that each shall be given effect, and that each shall apply despite any acts or omissions, misconduct or negligent conduct, whether active or passive, on the part of, or other contractor(s); provided, however, Miracle Playsystems, Inc. duty to indemnify shall be limited to the percentage or the degree Miracle Playsystems, Inc. comparative negligence caused any damages.

STANDARD NOTES

- Price quotation is good for 30 days. Accurate color selections must be made in writing prior to equipment going into production. Colors to be confirmed with your local sales representative.
- PLEASE MAKE PURCHASE ORDER TO MIRACLE PLAYSYSTEMS, INC at PO Box 263 Alamo, CA 94507
- PLEASE REMIT CHECKS TO: MIRACLE PLAYSYSTEMS INC., 1276 S MAIN ST, SALINAS, CA 93901
- Please email/fax quotation with your signature to accept this quote and place order. Fax 510-893-2163 or email Info@MiraclePlayGroup.com
- Unless otherwise specified, Miracle Playsystems, Inc **DOES NOT** include the following in this proposal:
 - Engineered drawings
 - Installation of equipment or other site amenities
 - Specialty trades, equipment, power supply required to install equipment
- Any insurance requiring in excess of \$1M/\$2M per occurrence, special insurance coverage or wording, Prevailing/Certified wage rates, local permitting, bid/performance bonds, temp fencing, geo tech surveys, playground safety inspection, equipment offload, and testing services.

Reagan ES - Primary

MIRACLE PLAYSYSTEMS, INC. – PO BOX 263, ALAMO, CA 94507 – (800) 879-7730 – (510) 893-2163 (FAX)

CSL: 981433 (Exp Date 03/23) – DIR: 1000015853

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- Inspect equipment upon delivery. Color discrepancy must be reported at time of delivery. Installation constitutes acceptance of colors.
- Warranty does not cover labor for reinstallation.

TERMS & CONDITIONS

- Purchase contract terms & conditions of sale: The client/customer’s acceptance and understanding of these terms & conditions and all other supporting documentation provided as part of this package is evidenced by signing of this estimate/quote.
- Payment terms: Standard terms (on approved credit), unless otherwise noted are 50% with order and balance to ship equipment (no retention). Should any changes be required to the products after order is placed, modifications or changes will be at client/customers expense. Miracle Playsystems, Inc maintains a no return policy and asks all clients to determine feature, layout and color selection prior to ordering. Should any order be cancelled after production has started a 30% restocking fee will be charged to client. Credit card convenience fee is 3.5% which will be added to all credit card charges
- Lead times: Estimated lead times for the time the order is released into production until it is delivered will vary.
- **Lead times may currently be extended due to reasons such as supply chain issues, shipping delays, raw material shortages, and other COVID-19 related impacts.**
- Custom play feature lead times are determined on a case by case basis.

CONSTRUCTION SERVICES (if applicable)

Unless otherwise noted, we exclude responsibility for material delivery & offloading equipment, removal & disposal of packaging accumulated by equipment packaging, project security, landscape & hardscape repair based on access route to site, delays or returns due to layout conflicts or delay of other trades, removal of spoils from job site, locating underground: utilities, pipes, obstructions in work area, conditions unforeseen and/or not disclosed at time of estimate, permits, engineering, material testing, soil samples, CPSI. Conditions: Grades; stable, compacted & workable with 95% compaction and less than 1% grade, adequate access to site for labor, materials, tools and equipment. Estimate good for 90 days from quote or Dec. 31 of current calendar year, whichever comes first. Terms: Upon completion.

GENERAL TERMS

- THIS QUOTE IS LIMITED TO AND GOVERNED BY THE TERMS CONTAINED HEREIN: Miracle Playsystems, Inc. objects to any other terms proposed by client, in writing or otherwise, as material alterations, and all such proposed terms shall be void. Client authorizes Miracle Playsystems, Inc. to ship equipment and agrees to pay the total specified. Shipping terms are FOB the place of shipment via common carrier.
- Client and owner/operator agree to indemnify and hold Miracle Playsystems, Inc. harmless from and against all liabilities, losses, penalties, damages and expenses, including costs and attorney fees, resulting from any and all claims, liens, damages, actions, suits, judgments or settlements, injuries arising or alleged to arise out of their failure, or failure of architect, contractors, subcontractors, installers, employees, agents and assigns to assemble, install, inspect and/or maintain the play equipment and impact absorbing surfacing in full compliance with each manufacturers installation instructions and safety requirements and their misuse and/or alteration of the play equipment.

Company: _____

Signature: _____

Name: _____

Date: _____

