

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 City of Kingsburg Community Services Department

Type of Organization Municipality

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

Subject of Request 40% of Senior Citizen Hot Meal Program

Total Amount Requested \$ 70,000 How many People Will Grant Serve? 1200

Is this intended as a one-time or ongoing project? Ongoing (3 years)

Project timeframe FY 24/25 Lump sum or periodic disbursement? Periodic(yearly)

How will grant be recognized by recipient? Advertising/signage

Total Years in business 116 # of Employees 99 Federal Tax ID # 94-6000353

Business Licenses, Certifications or Registration # None

Individual Accountable for Grant Funds:

Name Alexander Henderson Title City Manager

Address 1401 Draper St

City Kingsburg State CA Zip 93631

E-Mail ahenderson@cityofkingsburg-ca.gov Phone Number 559-897-5821

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 _____

4/23/2024

Print Name and Title Alexander Henderson, City Manager

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.

Project Name: Enhancing Senior Nutrition at Kingsburg Senior Center

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.

The City of Kingsburg is requesting funding for a Senior Citizen Hot Meal Program. The Kingsburg Senior Center has been a vital hub for senior citizens in the community since its establishment. One of the cornerstone programs offered at the center is the daily lunch service, providing nutritious meals to seniors aged 62 and over. Since 2002, the city has partnered with the Fresno Madera Agency on Aging (FMAAA) to offer these meals, serving Monday through Friday from 11am to 12pm. While the partnership with FMAAA has been valuable, there have been challenges regarding the quality, health and suitability of the meals provided. Due to the need to mass-produce meals for multiple senior centers across Fresno County, the meals often lack the freshness and flavor desired by the seniors. The dissatisfaction with the meals has been growing, and many seniors have expressed a desire for locally prepared, home-cooked meals.

To address these concerns and improve the overall quality of meals provided to our seniors, the City of Kingsburg aims to transition away from FMAAA and partner with the Kingsburg Health Care District to provide better quality meals. The transition would allow the City of Kingsburg to utilize the newly renovated kitchen facilities at the senior center which the Health Care district generously supported in 2022, and empower the staff to prepare fresh and nutritious meals on site. The transition would enhance the overall well-being of the senior citizens by offering them nutritious, flavorful meals that cater to their preference and dietary needs. Additionally, it fosters a sense of community and connection as seniors gather to enjoy meals prepared with care and attention.

The partnership between the City of Kingsburg and the Kingsburg Health Care District represents a significant opportunity to improve the lives of our senior citizens. By investing in the senior nutrition program and transitioning to locally prepared meals, the city can ensure that the seniors receive the support and care they deserve. The city is confident that this initiative will enhance the overall quality of life for the senior community and strengthen bonds with the city.

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.

The City of Kingsburg is requesting \$70,000 to share the costs associated with the nutrition program at the senior center 60/40 for a 3-year commitment to ensure adequate staffing and supplies to transition from the current offered senior meal program by Fresno Madera Agency on Aging. The city funds for the application are meant to identify the costs for the meal program, but are not all-inclusive of other senior center activities that are funded. The grant requests a not-to-exceed number. It assumes wages and benefits at the highest amount possible. The city anticipates fewer expenditures for both parties but wanted to provide a conservative estimate.

(Excel Spreadsheets Attached)

CITY OF KINGSBURG
KINGSBURG HEALTH CARE DISTRICT
SENIOR NUTRITION MEAL PROGRAM GRANT
FISCAL BUDGET
JULY 2024-JUNE 2025

	<u>Nutrition Manager</u>	<u>Nutrition Coordinator</u>	<u>Nutrition Coordinator</u>	<u>TOTAL</u>
GROSS WAGES FOR YEAR	37,440.00	20,800.00	20,800.00	79,040.00
BENEFITS	5,616.00	1,456.00	1,456.00	8,528.00
TOTAL COMPENSATION	43,056.00	22,256.00	22,256.00	87,568.00
SENIOR CENTER ALLOCATION RATE	100%	100%	100%	
PROGRAM COMPENSATION COST	<u>43,056.00</u>	<u>22,256.00</u>	<u>22,256.00</u>	<u>87,568.00</u>
TOTAL PROGRAM COMPENSATION DIRECTOR	40,927.00			
TOTAL PROGRAM COMPENSATION STAFF	87,568.00			
"DEPARTMENT SUPPLIES" : SHEET A	53,280.00			
"KHCD CONTRIBUTION" :	(70,000.00)			
"SENIOR DONATIONS C-2" :	(12,000.00)			
"CITY OF KINGSBURG FUNDS" :	<u>99,775.00</u>			
TOTAL PROGRAM COST"	169,775.00			

FOOD (JDS DISTRIBUTION)

AVERAGE MEAL COST	\$	5.00
AVERAGE MEALS PER WEEK		200
AVERAGE MEALS PER MONTH		800
TOTAL COST PER MONTH	\$	4,000.00

SUPPLIES

AVERAGE UTENSILS/TRAYS/CUPS	\$	0.55
AVERAGE MEALS PER WEEK		200
AVERAGE MEALS PER MONTH		800
TOTAL COST PER MONTH	\$	440.00

TOTAL COST PER MONTH	\$	4,440.00
TOTAL COST PER YEAR	\$	53,280.00

3. Partner(s): List all partners (if any), and their financial contributions for this specific project.

1. The City of Kingsburg
2. Kingsburg Tri-County Health Care District
3. Kingsburg Senior Citizens Incorporated

4. Funding Sources: List all funding sources for the past 5 years.

- General Fund budget from the City of Kingsburg
- Grant funds from the Kingsburg Tri-County Health Care District
- Donations and General Fund dollars from Kingsburg Senior Inc.

5. Community Need: Describe specific needs of the District which your project will meet.

Kingsburg has a long tradition of being a community with various activities and opportunities the citizens can take advantage of. Providing free meals for disadvantaged communities, like senior citizens, is an integral part of Kingsburg's mission to support its residents' mental and physical health. Government and private agencies continue working to address hunger, hypertension, and obesity rates in the community and the City recognizes that communities thrive with support systems for all. Creating healthy and accessible food options will encourage seniors to utilize other social services and provide the opportunity to engage and create community with each other.

Senior citizens spend large parts of the day indoors, typically in front of a screen, thanks in large part to the lack of community and lingering effects of the COVID pandemic which stripped an already isolated population from its support systems. A sedentary lifestyle increases obesity rates and exacerbates present health issues. In the 2018 survey for the Kingsburg Tri-County Health Care District, obesity/being overweight was selected as the top health challenge that residents face (selected by 46.60% of those polled). Furthermore, studies by the National Council on Aging have shown that senior citizens who utilize senior centers experience lower levels of depression and stress levels. Both studies demonstrate the need for the meals program in the senior center which also serves as preventative healthcare measure for those that need it.

In addition, many seniors rely exclusively on fixed incomes, such as social security benefits or retirement plans which typically do not cover all their expenses. Furthermore, cities in the central valley also experience food deserts where food epicenters are too far from the populations that need it the most. Free meals in a centralized location alleviate the financial and transportation strains for those who struggle to find healthy and affordable food options. The City of Kingsburg meal programs will bolster the health and community of its seniors and strengthen relationships with the city.

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.

N/A—Public Entity.

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. <u>City of Kingsburg</u></p> <p>2 Business name/disregarded entity name, if different from above <u>Same</u></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) ▶ <u>Municipality</u></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 style="font-size: x-small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. <u>1401 Draper</u></p> <p>6 City, state, and ZIP code <u>Kingsburg CA 93631</u></p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

<p>Part I Taxpayer Identification Number (TIN)</p> <p>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 <i>How to get a TIN</i>, later.</p> <p>Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>	<p style="text-align: center; font-size: small;">Social security number</p> <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> </tr> </table> <p style="text-align: center; font-size: x-small;">or</p> <p style="text-align: center; font-size: small;">Employer identification number</p> <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;">9</td> <td style="width: 25%; height: 20px;">4</td> <td style="width: 25%; height: 20px;">-</td> <td style="width: 25%; height: 20px;">6000353</td> </tr> </table>					9	4	-	6000353
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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 ▶ <u>Alma Colorado</u></p>	<p>Date ▶ <u>11-15-2023</u></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-INT (interest earned or paid)
- 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.

7. Contributions: List previous and ongoing community contributions your organization has made within the past 5 years.

The City of Kingsburg (the City) has a long tradition of being a strong community with various activities and opportunities, and the City wants all residents to lead a healthy lifestyle. This includes seeking grant funding when it is necessary to do so in the interest of the community.

Examples of past projects that were completed with the generous assistance of the Kingsburg Tri-County Health Care District include:

- 2022 Senior Center Kitchen Renovation - \$220,728.00
- 2019 Crandell Swim Complex Project - \$434,937.00
- 2019 Athwal Park Improvements Phase I - \$600,000.00

8. Plans: Provide drawings or pictures of the proposed project with footnotes for explanations.
N/A