4/12

KINGSBURG HEALTHCARE DISTRICT

COMMUNITY NEEDS FUNDING REQUEST

Recipient/Organization Name Kingsburg Athletic Foundation

Legal status of your business (LLP, nonprofit, etc.) Nonprofit, 501(c)(3)

Total Years in business 10 # of Employees - Federal Tax ID # 61-1781805

Purpose for Request Proposal for a partnership with Kingsburg Healthcare District for the purchase of a Commercial Cold Plunge (Ice Bath) for treatment of Heat Stroke per CIF requirements.

Total Amount Requested $ 10,000 How many people will funds serve? ~750 students

Organization E-Mail shodges@kingsburghigh.com Website Kingsburghigh.com

Awarded Funds to be Distributed: ☒ **Lump Sum or** ☐ **On Reimbursement Basis**

Individual Responsible for Awarded Funds:

Name Scott Hodges Title Athletic Director

Address 1900 18th Avenue

City Kingsburg State CA Zip 93631

E-Mail shodges@kingsburghigh.com Phone Number (559) 743-4212

The following information is required in relation to the requested funding. We require the following: 1 signed copy of the application, with items 1-4 (below).

1. **Project Overview:** Describe in detail how the funds will promote health and wellness and further the District's goal of fostering quality health services and programs that benefit the residents of the District.

2. **Project Cost:** Itemized budget with an explanation of each itemized cost and the need for such, and supporting documentation, such as actual bids or formal estimates, if any.

3. **Previous & Current Funding Source:** Is this a reoccurring need? ☐ Yes or ☒ No
   If yes, list previous funding sources _____

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

ACKNOWLEDGMENT

By signing below, the undersigned hereby certifies under penalty of perjury that: (1) information contained within this Acknowledgment is true and correct to the best of my personal knowledge, information, and reasonable belief; (2) the recipient has read and is familiar with all of the District's relevant funding policies, procedures and guidelines; (3) the recipient hereby waives each and all claims and right(s), if any exist, to in any way appeal or otherwise legally challenge any, each and all decisions of the Kingsburg Healthcare District pertaining to this funding award; (4) the governing body of the recipient has duly authorized me to sign this Acknowledgment; and (5) I personally accept and acknowledge legal responsibility to ensure that the funds awarded and paid by the District are expended solely for the purposes specified above.

Signature Scott Hodges Date 7/3/26

Print Name and Title Scott Hodges, Athletic Director

KHD OFFICE USE ONLY

Date Presented	**Amount Requested**
Dated Approved	**Amount Approved**

Kingsburg High School ♦ Athletics Department
Scott Hodges - Athletic Director
(559) 743-4212 ♦ shodges@kingsburghigh.com
1900 18th Avenue ♦ Kingsburg ♦ CA ♦ 93631

Title: Proposal for Partnership with the Kingsburg HealthCare District for the purchase of a Commercial Cold Plunge (Ice Bath) for Heat Stroke treatments per CIF requirements

Contact: Scott Hodges - Athletic Director - (559) 743-4212
Name of Organization: Kingsburg Athletic Foundation
IRS Tax-Exempt Classification:.501 (c) (3)
Federal Tax ID#: 61-1781805

1. Project Overview
The Kingsburg Athletic Foundation, in coordination with the High School District, is seeking the support and partnership of the Kingsburg HealthCare District to purchase a Commercial Cold Plunge (Ice Bath) to be used to treat heat stroke per CIF requirements. The Commercial Cold Plunge would be readily available for immediate use in case of a heat stroke incident. The Cold Plunge will also be utilized on a consistent basis for standard student-athlete treatment post-practices and post-games.

2. Project Cost = $12,897.57
Quote details are attached from the company *Plunge*

3. Previous & Current Funding Source
High School Maintenance Group will assist with the installation of the Cold Plunge

4. Partners
High School District / High School Athletics Department = $2,897.57

NOTE: The Cold Plunge will serve all of our student-athletes at Kingsburg High School which total approximately 750 student-athletes throughout the 3 Seasons and Summer Season.

Thank you for your consideration regarding the support of our Athletics Program,

Scott Hodges
Kingsburg High School ♦ Athletic Director
(559) 743-4212
shodges@kingsburghigh.com

plunge

INVOICE

#2865, May 8, 2026

PLUNGE
8875 Washington Blvd
Roseville 95678,
United States

INVOICE TO

Kingsburg High School
Adam Antuna
1900 18th Ave,
Kingsburg,
93631, United States

SHIP TO

Adam Antuna
1900 18th Ave,
Kingsburg,
93631, United States

PRODUCT		MSRP	QTY	DISCOUNT	TOTA
	Plunge All-In Commercial Max Climate Protection: Cold Only	$15,990.0	1	-$4,797.00	$11,193.00
	INITIAL AUTO-DOSER MAINTENANCE KIT, ALL-IN MAX, 3 MONTH BOM	$260.00	1	-$260.00	$0.00

DELIVERY

Custom

Subtotal	$11,193.00
Shipping	$700.00
Tax	$1,004.57
Total	$12,897.57

TERMS & CONDITIONS

For full terms and conditions, please visit: https://business.plunge.com/policies/terms-of-service

Plunge All-In Commercial Max Features

39°F

Controlled temp down to 39F

11°F

Cools at approx 11 °F per hour

Protective insulated spa cover

Powerful closed loop filtration system

VGB drains

Power requirements: 15 amp / 120 volt dedicated circuit

Maximum flow rating for the pump is 35GPM

250lbs when empty

1 kW Heater (Optional add-on)

Skimmer and Pre-filter Strainer installed to catch hair and debris

Wi-Fi and bluetooth enabled to allow remote monitoring and faster diagnostics

Auto Doser equipped for chemical monitoring

Water turnover rate 10 minutes

Weight when full approx. 1150lbs

UL certified compressor, fan, power cord and light

Interior non-slip mat (optional)

100 Gallons water capacity

Lockable user interface