



KINGSBURG HEALTHCARE DISTRICT

Kingsburg Healthcare District Grant Application

Please complete and return the documentation and information required under the District Grant Policy, Procedures, and Guidelines. **Submit a signed original plus a set of 7 copies using a binder clip.**

Provide the following information for the grant applicant, as well as for all partnering and/or subcontracting entities, if any.

Applicant Name Kingsburg Community Assistance Program, Inc.
(KCAPS)

Type of Organization Non-denominational faith based non-profit

Legal status of your business (LLP, nonprofit, etc.) 501 (c)(3) non-profit

Subject of Request Grant request for continued support to our food pantry of \$5,500 a month.

Total Amount Requested \$5,500 mo How many People Will Grant Serve? annually about
\$66,000 yr. 10,000.

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

Project timeframe Jan 26-Jan 27 Lump sum or periodic disbursement? periodic is fine

How will the grant be recognized by the recipient? _____

Total Years in business 47 # of Employees 15 Federal Tax ID # 94-2703633

Business Licenses, Certifications or Registration #: _____

Individual Accountable for Grant Funds:


Name Aida Rushing Title Executive Director

Address 1139 Draper

City Kingsburg State Ca Zip 93631

E-Mail Director Kcaps@gmail.com Phone Number (559) 859-3853

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 Healthcare District about this grant application; and (4) the governing body of the grant applicant has duly authorized me to sign this grant application.

Signature  Date Jan 15, 2026
Print Name and Title Aida Rushing, Executive Director

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. If a numbered item has no short response, you may combine them on one page if they are numbered and titled appropriately. We require one (1) signed copy of the grant application, with pages 1-8 completed and attached, and seven (7) additional copies.

- 1. Project Overview:** Include the purpose of the grant request. Describe in detail how the funds will provide health and wellness services, as well as further the grant goal of fostering quality health services and programs that benefit the residents of the District.
- 2. Project Cost:** Itemized budget with explanation of individual costs and need(s) of such and supporting documentation, such as official bids (which should be for 90 days), 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 the specific needs of the district that your project will meet.
- 6. Legal Status:** Please provide a copy of your W-9, business licenses, and certificates, as well as an 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.

January 15, 2026

Kingsburg Healthcare District

Kingsburg Community Assistance Program Services (KCAPS) is a nonprofit organization committed to addressing food insecurity and supporting individuals and families experiencing economic hardship in the communities of Kingsburg and Traver. Through our food pantry and emergency assistance programs, KCAPS provides consistent, dignified access to food for families who might otherwise go without. Our mission is rooted in compassion, community partnership, and a commitment to improving overall health and stability for those we serve.

We respectfully request that you would consider giving us \$5,500 a month for 2026 to support the ongoing operations of our food pantry. These funds will be used specifically to purchase healthy, staple food items on a weekly basis, including eggs, milk, potatoes, cheese, and other nutritious essentials. This funding allows KCAPS to supplement donated food with fresh and nutrient-dense options that are often unavailable to low-income households.

Food insecurity continues to be a significant challenge in our service area. Rising food costs, inflation, and ongoing economic uncertainty have increased the number of families seeking assistance. Many households are forced to choose between purchasing food and meeting other basic needs such as housing, utilities, and medical care. Access to healthy food is particularly limited, making this funding critical to maintaining balanced and nourishing food distributions.

In 2025 alone, the KCAPS food pantry provided 39,685 meals and served more than 10,000 individuals across Kingsburg and Traver. These numbers reflect not only the scope of need, but also the trust families place in KCAPS as a reliable community resource. Our food pantry serves individuals of all ages, including seniors, families with young children, and individuals facing temporary or long-term financial hardship.

The requested funds will directly support weekly food distributions by allowing KCAPS to consistently purchase healthy staples. These purchases improve the nutritional quality of food boxes, support better health outcomes, and reduce stress for families who rely on our services. Continued funding ensures program stability and allows KCAPS to respond quickly to fluctuations in demand throughout the year.

KCAPS values your partnership and your continued support. We are deeply grateful for your previous investment in KCAPS and respectfully ask for your continued support in 2026. Together, we can ensure that families in Kingsburg and Traver have access to healthy food and the stability needed to thrive. Thank you for considering this request and for your commitment to our community.

Respectfully;

A handwritten signature in black ink, appearing to read 'Aida Rushing', written over a faint horizontal line.

Aida Rushing, Executive Director KCAPS

Project Cost

KCAPS is requesting grant funds in the amount of \$5,500 a month.

Time period 2026 year

\$5,500- Will help up purchase non perishable food (eggs, butter, potatoes, milk) on a weekly basis to augment the perishable items we give out in our pantry.

KCAPS will keep and provide the appropriate back up of receipts of items purchased and if requested will submit those to the Kingsburg Healthcare District.

Funding Sources

KCAPS is a registered 501(c)(3) non-profit organization

Our funding comes through the proceeds through our Thrift Stores as well as donations for from businesses, churches and individuals.

We have received grant funds in the past five years from:

- Kingsburg Health Care District (tutoring center)
- Kingsburg Health Care District (food pantry supplemental items)
- Kingsburg Elementary School District (counseling only for KECSD students and parents)
- The Larry L. Hillblom Foundation (counseling)

Community Need

The need for food assistance in our community continues to grow as families face rising food costs, housing instability, and fixed or limited incomes that have not kept pace with inflation. Our food pantry serves individuals and families who are experiencing food insecurity due to unemployment, underemployment, medical expenses, disability, and the increasing cost of living. Many of the households we serve include children, seniors, individuals with chronic health conditions, and working families who must choose between paying for food, utilities, rent, or medical care.

Over the past year, our food pantry has experienced a sustained increase in demand. What was once a manageable number of daily visits has grown into a steady flow of families seeking consistent, reliable food support. Many clients return monthly—not because they are unwilling to work, but because wages and benefits no longer stretch far enough to cover basic necessities. Seniors on fixed incomes and families with children are particularly impacted by rising grocery prices and limited access to affordable, nutritious food options.

Food insecurity directly affects physical health, mental well-being, and family stability. When individuals lack access to adequate nutrition, they are more likely to experience stress, anxiety, chronic illness, and difficulty concentrating at work or school. Children who experience food insecurity face greater challenges in academic performance and long-term development, while seniors may be forced to skip meals or medication to survive financially.

Our food pantry plays a critical role in meeting this essential need by providing consistent access to nutritious food in a dignified, welcoming environment. Monthly funding of **\$5,500** allows us to purchase supplemental food items, including fresh produce, protein, and culturally appropriate staples, ensuring families receive balanced meals rather than emergency-only assistance. This support also helps stabilize pantry operations so we can respond quickly to fluctuations in demand without interruption of services. Our pantry serves Kingsburg, Traver and London communities.

Legal Status

Please see the attached W-9, business license, and IRS determination letter.

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Kingsburg Community Assistance Program Inc.	
	2 Business name/disregarded entity name, if different from above. KCAPS	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 1139 Draper Street	Requester's name and address (optional)
	6 City, state, and ZIP code Kingsburg Ca. 93631	
7 List account number(s) here (optional)		

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.

Social security number									
or									
Employer identification number									
9	4	-	2	7	0	3	6	3	3

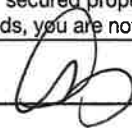
Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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	Signature of U.S. person		Date	2-6-26
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Contributions

KCAPS has been active in Kingsburg for over 45 years. We are dedicated to helping the citizens of Kingsburg, Traver and London. We offer emergency food support, professional mental health counseling, referrals to resident drug rehabilitation facilities and women's and homeless shelters. To those that qualify we also provide emergency rental and utility assistance. We also give away free backpacks filled with school supplies (approximately 500 annually) and operate Christmas with Dignity Toy Stores in Kingsburg, Traver and London.

From January 1, 2025 through December 31, 2025 we have conservatively:

- Distributed enough food for 38,600 meals
- Gifted \$7,000 worth of clothing to clients
- Provided \$2,000 in emergency lodging
- Provided \$17,000 in rental assistance
- Provided \$1,800 in transportation related needs
- Provided \$14,000 in utility assistance
- Provided \$59,500 in counseling services
- Purchased \$126,052 of food to augment donated food items
- Purchased \$25,000 in Christmas Toys to augment direct donations
- Provided \$11,000 in various scholarships

BUSINESS LICENSE CERTIFICATE

CITY OF KINGSBURG

Having paid license as prescribed by the City Ordinance, the certificate holder described is entitled to conduct business in the City of Kingsburg in conformity with the rules and regulations of said City.

KEEP FOR YOUR RECORDS

License #: 00943

Date Paid:

Total: \$0.00

Balance Due: \$0.00

TYPE OF BUSINESS: NON-PROFIT

Date of Expiration: 12/31/2026

BUSINESS ADDRESS: 1139 DRAPER ST KINGSBURG, CA
93631

BUSINESS NAME KINGSBURG COMMUNITY
ASSISTANCE PROGRAM

ATTN: AIDA RUSHING

MAILING ADDRESS: 1139 DRAPER ST.
KINGSBURG, CA 93631



NON TRANSFERABLE

PLEASE POST IN A CONSPICUOUS PLACE

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: May 9, 2000

Person to Contact:

Felicia Johnson #31-04013
Customer Service Representative

Toll Free Telephone Number:

8:00 a.m. to 9:30 p.m. EST

877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

94-2703633

Kingsburg Community Assistance Program Inc
1139 Draper St
Kingsburg, CA 93631

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter.

Our records indicate that a determination letter issued in July 1986, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi)..

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

(8c)