



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 Senior Citizens Inc.

Type of Organization Senior Citizen Services/Senior Center

Legal status of your business (LLP, nonprofit, etc.) Non-Profit 501(c3)

Subject of Request Kingsburg Senior Center Breakfast Program

Total Amount Requested \$ 30,000.00 How many People Will Grant Serve? 400+

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

Project timeframe July 2026-June 2027 Lump sum or periodic disbursement? \$2500 per month

How will the grant be recognized by the recipient? Program Sponsor/Sole Provider

Total Years in business 50+ # of Employees 0 Federal Tax ID # 94-729956

Business Licenses, Certifications or Registration #: none

Individual Accountable for Grant Funds:

Name Gary Myhre Title President

Address 1450 Ellis Street

City Kingsburg State California Zip 93631

E-Mail Kingsburgseniorcenter@gmail.com Phone Number 559.897.3013

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

Gary A. Myhre

Date

Jan 26 - 2025

Print Name and Title

GARY A. MYHRE PRESIDENT KINGSBURG SENIOR CENTER INCORPORATED

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.

1. Project Overview:

In 2024, the Kingsburg Health Care District approved a monthly stipend of \$2,500 to Kingsburg Senior Inc. to implement a continental breakfast program for senior citizens. We are happy to report that the program has been very well-received over the last two years, serving over 15,000 senior meals since its inception in March 2024. The monthly stipend is paid out directly to Kingsburg Senior Inc and been effectively utilized to cover all program expenses, with the average operational cost being approximately \$2,300 per month.

Staff has expanded the program to five days a week and is offering additional hot options, such as breakfast burritos, French toast, and biscuits and gravy, when possible.

Kingsburg Senior Inc and its members appreciate the Kingsburg Health Care District for providing this program and supporting the hot meal lunch program.

2. Project Cost:

A Kingsburg Health Care District Committee was formed in 2024 to help calculate the funds needed to initiate this program. The \$2500.00 per month was a result of that committee's findings and has worked out.

2025 Month	Monthly Expenses
January	\$ 2,273.43
February	\$ 2,332.26
March	\$ 2,246.03
April	\$ 2,513.19
May	\$ 2,488.68
June	\$ 2,552.77
July	\$ 2,173.16
August	\$ 2,483.43
September	\$ 2,552.60
October	\$ 2,367.56
November	\$ 1,930.25
December	\$ 1,995.44
	<u>\$ 27,908.80</u>

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

Kingsburg Health Care District – Financial sponsor of the program

Kingsburg Senior Citizens Inc – Fiscally responsible for the program and purchasing

City of Kingsburg – Program supporter by supplying staff and program facilitation

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

Kingsburg Health Care District: 2024-Present

5. Community Need:

This program addresses food insecurity and hunger among seniors in the Kingsburg area. The program was born as a collaborative effort between the Health Care District and the Kingsburg Senior Center. The district supported the hot lunch program at the senior center but wanted to provide additional meal opportunities for seniors during the week.

This is a free program for seniors and has served over 15,000 breakfasts since 2024.

6. Legal Status:

Attached



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

KINGSBURG SENIOR CITIZENS INC
1450 ELLIS STREET
KINGSBURG, CA 93631

Date:
08/19/2021
Employer ID number:
94-2729956
Person to contact:
Name: Janice S. Chan
ID number: 32230
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
509(a)(2)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
January 15, 2021
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053540001331

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

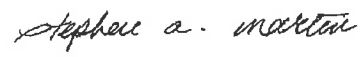
Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

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

Kingsburg Senior Center Hot Meal Program

Kingsburg Senior Citizen Resource Fair

Kingsburg Senior Center Recreation Programs

Yoga and Strength

Paint/Art Classes

Aerobic Exercise Classes

Line Dancing Instruction

Local Bus Trips (underground gardens, Fresno Zoo, Blossom Trail, Etc.)

8. Plans:

