



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 existing tubing program

Total Amount Requested \$ 35,000.00 How many People Will Grant Serve? 45-55

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

Project timeframe Aug. 26 - May 27 Lump sum or periodic disbursement? Periodic is fine

How will the grant be recognized by the recipient? Through Newsletter

Total Years in business 47 # of Employees 16 Federal Tax ID # 94-2703633

Business Licenses, Certifications or Registration #: City of Kingsburg
license # 00943

Individual Accountable for Grant Funds:

Name Aida Rushing Title Executive Director

Address 1139 Draper Street

City Kingsburg State Ca Zip 93631

E-Mail Director@kcap@gmail.com Phone Number (559) 897-7961

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 1-20-26

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.

February 5, 2026

Kingsburg Healthcare District

1425 Marion Street, Kingsburg CA. 93631

To the members of the Kingsburg Healthcare District,

The purpose of this grant proposal is to request funds to operate our Tutoring Center in the 2026-27 school year. The KCAPS Tutoring Center provides free academic support to students in Kindergarten-12th grade throughout the school year. The program serves approximately 50-55 students annually who face academic, financial or emotional barriers to success. Students receive individualized and small group tutoring focused on homework support, core academic skills, study habits and confidence building.

The tutoring Center operated with a team based model including tutors, a site supervisor and mental health professional. This structure ensures students are supported academically and emotionally, addressing barriers that impact learning.

KCAPS is requesting \$35,000 for one year to support tutor wages, program supervisor, mental health professional and educational supplies. This funding will ensure high quality funding throughout the school year.

We have been running the tutoring center for 4 years and have seen the impact it has had on our students and how they have improved academically, socially and emotionally.

This funding provides vital educational support to students and goes directly to impact student outcomes and strengthen families and the broader community.

Thank you for considering our grant request. Please do not hesitate to reach out to me with questions.

Aida Rushing

Executive Director

Directorkcaps@gmail.com

Project Cost

KCAPS is requesting grant funds in the amount of \$35,000.00

Time Period August 2026-May 2027

\$26,500	Tutors and Site Supervisor
\$5,700	Mental Health Professional (includes gross pay for employees, work comp, employer taxes, Admin fee of \$2.16 per payroll check issued)
\$2,800.00	Supplies (such as paper, pens, printer ink, manipulatives, snack data base fee)
\$35,000.00	Total grant request

KCAPS understands the Kingsburg Healthcare District prefers to work on a reimbursement basis. Reimbursement requests with appropriate backup will be submitted on an approximate monthly basis.

Additional Fees

While it is customary for grant proposals to include additional fees for administrative expenses, KCAPS will cover the cost of the staff that hires and supervises the Tutoring Personnel. Additionally, the insurance, utilities, and maintenance on the facility that houses the tutoring program will be covered by KCAPS.

KCAPS will also cover the costs for the in-house accounting and administration work necessary for the grant.

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

Families in our community are facing increasing academic, emotional and economic pressure that directly impact student success. Many households served by KCAPS experience hardship, housing instability, food insecurity, language barriers and limited access to educational support outside of school. These challenges affect students' ability to keep up academically, remain engaged in school and build confidence in their learning.

By providing continued tutoring services and mental health support to the students of Kingsburg we are supporting and encouraging greater academic success. Academic success will equip those students with a greater chance to live a healthy and successful adult life, which will then positively impact their children and our community.

KCAPS desires to give a hand -up to those we serve, thus improving our clients' lives and our community as a whole. One of the best ways to do this is offering pathways out of poverty such as educational, physical, and mental health support. It is our belief that Kingsburg Health Care District desires the same.

“When we invest in our students, we invest in the future of our entire community”

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) _____		
	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"/>		
	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>		
	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.

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.

Social security number									
OR									
Employer identification number									
9	4	-	2	7	0	3	6	3	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	Signature of U.S. person	Date 2-5-2026
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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

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

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

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)

Plans

