

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 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 counseling program

Total Amount Requested \$ 15,000.00 How many People Will Grant Serve? Pg 4

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

Project timeframe June 2024-May 2025 Lump sum or periodic disbursement? Periodic

How will grant be recognized by recipient? Newsletter

Total Years in business 45 # of Employees 12 Federal Tax ID # 94-2703633

Business Licenses, Certifications or Registration # City of Kingsburg business license

#05347

Individual Accountable for Grant Funds:

Name Aida Rushing/Patti Blayney Title Exec. Dir./Grant Admin

Address 1139 Draper Street

City Kingsburg State CA Zip 93631

E-Mail directorKCAPS@gmail.com/blayney.patti@gmail.com Phone Number 559 897-7961/559 285-6642

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 _____

4-4-24

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. 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.

Kingsburg Tri-County Health Care District Grant Application 2024

RE: KCAPS

SUBJECT: Project Overview

The purpose of this grant application is to continue the funding of our Professional Counseling Services.

The communities of Kingsburg, London, and Traver, CA have seen the great benefit of the counseling services offered through KCAPS. Since we began offering specific counseling services in 2014, we have referred 283 individuals to our counselors. Some clients only completed a few sessions; others have benefited from longer term counseling.

Participants have come to us with a whole range of problems that were negatively affecting their lives. Our counselors have helped those who have been victims of domestic violence, incest, rape, childhood trauma. Some are dealing with the aftermath of living with partners or parents who are/were addicted to alcohol, drugs, gambling, and pornography.

The counselors have helped save marriages, aided in child rearing skills, helped people who were almost catatonic with grief, or so severely depressed that they eventually required hospitalization. Counseling has helped a young man with severe anger problems become a kind and well-functioning member of society. These examples are just a sampling of the situations that have been helped through the counseling services.

For many, many years society stigmatized those who sought help for mental health related issues. As treatment for these conditions has become more acceptable there are more avenues to statistically estimate the need for treatment.

According to Mental Health America, in 2022 there were an estimated 5,864,000 adults in CA who had conditions that could benefit from professional counseling. This statistic does not include those with addiction problems.

As people repair trauma in their lives they are better equipped to move forward to more healthful and functional lives for not only themselves but for their families as well. We desire to continue to be an avenue of wellness for those we serve.

Kingsburg Tri-County Health Care District Grant Application 2024

RE: KCAPS

SUBJECT: Project Cost

KCAPS is requesting grant funds in the amount of \$15,000.00

Time period June 2024 – May 2025

\$15,000.00 Payment to licensed/certified counselors
(non-employee compensation)

\$15,000.00 total grant request

Our counselors charge \$75 per session. The number of people served will depend on the number of sessions attended by various individuals.

KCAPS understands the Kingsburg Tri-County Hospital Board prefers to work on a reimbursement basis. Reimbursement requests with appropriate backup would be submitted on an approximate monthly basis.

Kingsburg Tri-County Health Care District Grant Application 2024

RE: KCAPS

SUBJECT: Partners

KCAPS:

While it is customary for grant proposals to include an additional fee for administrative expenses, KCAPS will be covering the costs for the in-house accounting and administrative work necessary for this grant.

Kingsburg Tri-County Health Care District Grant Application 2024

RE: KCAPS

SUBJECT: Funding Sources

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

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

We have also received grant funds from:

- Kingsburg Tri-County Health Care District (counseling services)
- Hillblom Foundation (Traver Community Library –housed in our Traver facility and staffed by KCAPS' personnel)
- Kingsburg High School Community Resources Grant (tutoring and mental health support)

Kingsburg Tri-County Health Care District Grant Application 2024

RE: KCAPS

SUBJECT: Community Need

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 through offering pathways out of poverty such as educational, physical, and mental health support. It is our belief that Kingsburg Tri-County Health Care District desires the same.

According to the American Psychology Association, "Ninety percent of the public think there is a mental health crisis in the United States today, with half of young adults and one-third of all adults reporting that they have felt anxious either always or often in the past year, according to a 2022 survey conducted by the Kaiser Family Foundation and CNN. One-third of respondents could not get the mental health services they needed. When asked about the specific barriers to accessing care, 80% cited cost and more than 60% cited shame and stigma as the main obstacles. The shortage of mental health providers is also prohibitive, with 60% of psychologists reporting no openings for new patients, according to APA's 2022 COVID-19 Practitioner Impact Survey."

In general, the goals of psychotherapy are to gain relief from symptoms, maintain or enhance daily functioning, and improve quality of life. KCAPS' Counseling Services are helping people do those very things. Through this program our clients are accessing assistance for their mental health needs that they otherwise would not be able to do.

Without benefit of counseling some of our clients would continue to struggle with family dynamics, with the inability to be hold down a job, would continue to request ambulance or police services for emergency situations, and their family members would also be struggling.

Counseling is improving the lives of our clients, their families, and our community as a whole. We thank you for helping fund these services over the past few years and look forward to continuing our joint efforts to bring wellness to our community and the people we serve.

Kingsburg Tri-County Health Care District Grant Application 2024

RE: KCAPS

SUBJECT: 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.

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.

Individual/sole proprietor C corporation S corporation Partnership Trust/estate
 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.
 Other (see instructions) **501(C)(3) non-profit**

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) _____
(Applies to accounts maintained outside the United States.)

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

5 Address (number, street, and apt. or suite no.). See instructions.
1139 Draper Street

6 City, state, and ZIP code
Kingsburg, CA 93631

7 List account number(s) here (optional)

Requester's name and address (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

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or

Employer identification number

9	4	-	2	7	0	3	6	3	3
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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

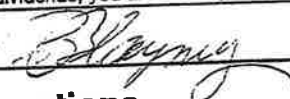
Under penalties of perjury, I certify that:

- 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 **04-04-2024**

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

(8A)

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

TYPE OF BUSINESS:NON-PROFIT

Date of Expiration: 12/31/2024

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

**KEEP FOR YOUR
RECORDS**

License #: 05347

Date Paid:

Total: \$0.00

Balance Due: \$0.00

(8B)

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.

(sc)

Kingsburg Tri-County Health Care District Grant Application 2024

RE: KCAPS

SUBJECT: Contributions

KCAPS has been active in Kingsburg for over 45 years. We are dedicated to helping the citizens of Kingsburg, London, and Traver. We offer emergency food support, professional mental health counseling, referrals to resident drug rehabilitation facilities, and women's and homeless shelters. To those who 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, London, and Traver.

For the past 3 years we have also operated tutoring centers in Kingsburg and Traver. Additionally, we help fund and operate other community outreach ministries and programs.

From January 1, 2019 through current we have conservatively:

- Distributed enough food to feed 138,740 hungry tummies
- Gifted \$10,538 worth of clothing to clients
- Provided \$13,793 in emergency lodging
- Provided \$96,638 in professional counseling
- Provided \$49,465 in rental assistance
- Provided \$9,442 for transportation related needs
- Provided \$43,134 in utility assistance
- Provided \$1,769 in vehicle repairs
- Provided \$16,125 for miscellaneous emergency needs
- Purchased \$101,675 in Christmas Toys to augment those that were directly donated
- Provided \$46,994 in scholarships of various forms
- Spent \$51,183 on various ministry outreaches
- Purchased \$261,877 of food to augment donated food items

Kingsburg Tri-County Health Care District Grant Application 2024
RE: KCAPS
SUBJECT: Plans

Following are photos of our Counseling Center. Before we made this space available, counseling was conducted in quiet corners of our main facility. This center offers a better environment for both our counselors and clients.

