



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 Exceptional Sports for Youth with Needs (ESYN)

Type of Organization We offer sports/activities for individuals with disability

Legal status of your business (LLP, nonprofit, etc.) Non Profit with Central Valley Resource Center Services

Subject of Request pay for registration fees, equipment, health-focused food

Total Amount Requested \$ 6,182.82 How many People Will Grant Serve? approx 200

Is this intended as a one-time or ongoing project? on going events throughout the year

Project timeframe _____ Lump sum or periodic disbursement? lump sum

How will the grant be recognized by the recipient? flyers, social media

Total Years in business 9 # of Employees 0 Federal Tax ID # 84-2954462

Business Licenses, Certifications or Registration #: _____

Individual Accountable for Grant Funds:

Name Roxanne Parker Title Founder

Address 8718 E Mtn View Ave

City Selma State CA Zip 93662

E-Mail roxannemarshall0818@gmail.com Phone Number 559 246 9992

(Grant application page 1)

RECEIVED

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 Roxanne Marshall Date 2/25/26

Print Name and Title Roxanne Marshall

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.



84-2954462

In affiliation with Central Valley Resource Center Services

13700 E Parlier Ave

Parlier, CA 93648

559-646-3837

2/25/26

Exceptional Sports for Youth with Needs (ESYN), founded in 2016, is a nonprofit organization in partnership with Central Valley Regional Center Services, dedicated to providing inclusive sports and recreational opportunities for youth and adults with physical and developmental disabilities.

Our mission is to ensure that any individual, regardless of ability, has the opportunity to participate in sports, build friendships, and experience the joy of being part of a team in a program tailored specifically to their needs.

There are no adaptive sports of any kind, except the Selma Little League Challenger Program, or the surrounding areas that provide physical activity for these individuals. ESYN fills this critical gap by offering adaptive sports and inclusive community events such as adaptive Easter Egg Hunt, Halloween Carnival, and Breakfast with Santa. Our programs promote physical fitness, improve coordination and mobility, encourage healthy lifestyles, and strengthen emotional well-being. Just as importantly, we provide a supportive environment where families can connect with others who understand the unique challenges and joys of raising an individual with special needs.

As most of our events last at least two hours and cause exertion in our participants, we aim to provide nutritious snacks and drinks, such as sandwiches, veggie/fruit trays, and water, to continue supporting healthy habits.

In order to best assist an individual in leading a healthier lifestyle, we are respectfully requesting \$6,182.82 from the Kingsburg Healthcare District to help us continue keeping our disabled community active. We are asking for assistance with:

Soccer Registration	\$40 x 13	\$520
Bowling Registration	\$60 x 15	\$900
Paddleboard/Surf Camp	\$75 x 10	\$750
Dance/Aerobic Classes	\$65 x 10	\$650
United Skates Of America	\$25 x 24	\$600
Spirit Horse Therapy/Farm Days	\$15 x 15	\$225
Basketball	\$40 x 15	\$600
Food (About 33% are Kingsburg families)		\$1,337.82
• Easter lunch - (\$1,037.82 for sandwiches, water, veggie tray, fruit tray)		
• Breakfast with Santa - (\$300 for sausage, egg, juice, water)		
YoungLife Building (located in Kingsburg)	\$300 x 2	\$600
• Rented for Halloween Carnival and Breakfast with Santa		
	TOTAL:	\$6,182.82

We sincerely appreciate the Kingsburg Healthcare District for their continual support with ESYN and for taking the time to consider our request. If you need any additional information, please feel free to contact either of the ESYN founders listed below. If awarded, please make a check payable to Central Valley Resource Center Services (CVRCS).


Sincerely,

Charlotte Lewis 559-393-3874
Roxanne Marshall 559-246-9992

CINCINNATI OH 45999-0038

In reply refer to: 0248144558
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CENTRAL VALLEY RESOURCE CENTER
SERVICES CORP
% CONNIE RAQUENIO
13700 E PARLIER AVE STE A
PARLIER CA 93648

027599

Employer ID number: 84-2954462
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Oct. 30, 2019, about your tax-exempt status.

We issued you a determination letter in October 2019, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,