



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 City of Kingsburg

Type of Organization Local Government

Legal status of your business (LLP, nonprofit, etc.) Municipality

Subject of Request Kingsburg Senior Center Hot Meal Program

Total Amount Requested \$ 55,000.00 How many People Will Grant Serve? 500+

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

Project timeframe July 2026- June 2027 Lump sum or periodic disbursement? Reimbursements

How will the grant be recognized by the recipient? Program Sponsorship

Total Years in business 100+ # of Employees 50+ Federal Tax ID # 94-6000353

Business Licenses, Certifications or Registration #: NA

Individual Accountable for Grant Funds:

Name Alexander Henderson Title City Manager

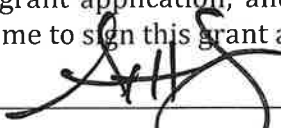
Address 1401 Draper Street

City Kingsburg State California Zip 93631

E-Mail ahenderson@cityofkingsburg-ca.gov Phone Number 559-897-5821

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

2/17/26

Print Name and Title Alexander Henderson

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.

(Grant application page 2)

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.

The City of Kingsburg is respectfully requesting \$55,000 from the Kingsburg Health Care District to support the operation of the Kingsburg Senior Center Hot Lunch Program. This funding will be utilized in conjunction with contributions from the City of Kingsburg and Kingsburg Senior Citizens Inc. to provide year-round hot, nutritious meals for local senior residents. Specifically, the funds will be used to purchase food, kitchen supplies, and other necessary materials required to prepare meals on-site at the Senior Center.

This program directly supports the health and wellness of Kingsburg's aging population by offering balanced, freshly prepared meals that meet seniors' dietary needs. Access to hot meals improves overall nutrition, supports chronic disease management, and reduces food insecurity. In addition to nutritional benefits, the lunch program promotes social interaction and combats loneliness and isolation—key social determinants of health for older adults.

The proposed use of funds strongly supports the Kingsburg Health Care District's goal of fostering quality health services and programs that benefit local residents. By contributing to the operational costs of this community-driven initiative, the district would be helping to sustain a reliable, high-quality food service program for seniors that promotes both physical health and emotional well-being.

Without this financial support, the City may be forced to revert to the prior structure, which relied on Fresno County to provide pre-packaged meals. These meals lacked the same level of freshness, local engagement, and responsiveness to community preferences. Maintaining a locally operated meal service not only elevates the nutritional value of the food provided but also fosters a greater sense of dignity and community among senior participants.

This grant will ensure the continued success and sustainability of a locally controlled, health-focused meal program that serves hundreds of seniors in the Kingsburg area.

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.

(Attached)

CITY OF KINGSBURG
KINGSBURG HEALTH CARE DISTRICT
SENIOR NUTRITION MEAL PROGRAM GRANT
FISCAL BUDGET
JULY 2026-JUNE 2027

	Nutrition Coordinator 1	Nutrition Coordinator 2	Nutrition Coordinator 3	TOTAL
GROSS WAGES FOR YEAR	38,753.16	21,719.69	21,719.69	82,192.54
BENEFITS	6,353.29	1,956.42	1,956.42	10,266.13
TOTAL COMPENSATION	45,106.45	23,676.11	23,676.11	92,458.67
SENIOR CENTER ALLOCATION RATE	100%	100%	100%	
PROGRAM COMPENSATION COST	45,106.45	23,676.11	23,676.11	92,458.67
TOTAL PROGRAM COMPENSATION DIRECTOR	42,891.50			
TOTAL PROGRAM COMPENSATION STAFF	92,459.00			
"DEPARTMENT SUPPLIES" : SHEET A	55,680.00			
"KHCD CONTRIBUTION" :	(55,000.00)		Portion to be paid by Kingsburg Health Care	
"SENIOR INC CONTRIBUTION" :	(25,000.00)		Portion to be paid by Kingsburg Senior Inc.	
"SENIOR DONATIONS C-2" :	(18,000.00)			
"CITY OF KINGSBURG FUNDS" :	93,030.50			
TOTAL PROGRAM COST"	191,030.50			

SHEET A

FOOD (JDS DISTRIBUTION)

AVERAGE MEAL COST	\$ 5.20
AVERAGE MEALS PER WEEK	200
AVERAGE MEALS PER MONTH	800
TOTAL COST PER MONTH	\$ 4,160.00

SUPPLIES

AVERAGE UTENSILS/TRAYS/CUPS	\$ 0.60
AVERAGE MEALS PER WEEK	200
AVERAGE MEALS PER MONTH	800
TOTAL COST PER MONTH	\$ 480.00

TOTAL COST PER MONTH	\$ 4,640.00
TOTAL COST PER YEAR	\$ 55,680.00

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

The Kingsburg Senior Center Hot Lunch Program is a collaborative effort supported by multiple partners committed to the health and well-being of local seniors. Financial contributions for this specific project are as follows:

City of Kingsburg – \$94,000

The City is providing most of the funding, demonstrating its strong commitment to sustaining this essential community health service.

Kingsburg Senior Citizens Inc. – \$10,000

This nonprofit organization is contributing funds raised through community donations, fundraising events, and ongoing support from local residents.

Larry Hillblom Foundation – \$15,000

This foundation is supporting the program through a designated grant to Kingsburg Senior Citizens Inc., further bolstering the program's ability to serve nutritious, locally prepared meals to seniors.

These partners, together with the \$55,000 requested from the Kingsburg Health Care District, will cover the total program cost of \$191,000 for the 2026-2027 fiscal year.

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

Kingsburg Health Care District

City of Kingsburg

Kingsburg Senior Citizens Incorporated

5. Community Need: Describe the specific needs of the district that your project will meet.

This program directly supports the health and wellness of Kingsburg’s aging population by offering balanced, freshly prepared meals that meet seniors' dietary needs. Access to hot meals improves overall nutrition, supports chronic disease management, and reduces food insecurity. In addition to nutritional benefits, the lunch program promotes social interaction and combats loneliness and isolation—key social determinants of health for older adults.

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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.

(Attached)

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. City of Kingsburg	
2 Business name/disregarded entity name, if different from above Same	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <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 FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 1401 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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="9" style="text-align: center;">or</td> </tr> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 25px; height: 25px; text-align: center;">9</td> <td style="width: 25px; height: 25px; text-align: center;">4</td> <td style="width: 25px; height: 25px; text-align: center;">-</td> <td style="width: 25px; height: 25px; text-align: center;">6</td> <td style="width: 25px; height: 25px; text-align: center;">0</td> <td style="width: 25px; height: 25px; text-align: center;">0</td> <td style="width: 25px; height: 25px; text-align: center;">0</td> <td style="width: 25px; height: 25px; text-align: center;">3</td> <td style="width: 25px; height: 25px; text-align: center;">5</td> </tr> </table>	Social security number																		or									Employer identification number									9	4	-	6	0	0	0	3	5
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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 ▶ 2-12-2026
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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

Over the past five years, the City of Kingsburg has demonstrated a consistent and meaningful commitment to the community's health and wellness through a variety of programs, projects, and services. These include:

Kingsburg Senior Meal Programs

Ongoing efforts to provide nutritious meals to local seniors, including the hot lunch program and a recently launched breakfast program at the Senior Center.

COVID-19 Testing Sites

In partnership with local health agencies, the city hosted testing sites at the Kingsburg Fire Department during the pandemic to increase access to healthcare resources and protect public health.

Cooling Centers and Free Swim Days

During peak summer heat, the city opens designated cooling centers and offers free swim days at the Crandell Swim Complex to help residents—especially vulnerable populations—stay safe and cool.

Kingsburg Dog Park Grand Opening

The city celebrated the opening of its first dog park, promoting outdoor recreation, physical activity, and community engagement for pet owners.

Athwal Park Fitness Court and Skatepark

Completed the development of a new outdoor fitness court and skatepark to promote year-round physical activity for all age groups, enhancing the community's overall wellness infrastructure.

These contributions reflect the City's proactive approach to fostering a healthy, active, and connected community.

8. Plans: Provide drawings or pictures of the proposed project with footnotes for explanations.

