



**2018 S.L. Gimbel
Foundation Fund Holiday
Food Program Grant
Application**

Internal Use Only:
Grant : _____

Organization / Agency Information

Organization/Agency Name: Inland Valley Council of Churches, dba Inland Valley Hope Partners		
Physical Address: 904 East California Street, Ontario, CA 91764		City/State/Zip
Mailing Address: 1753 N. Park Ave., Pomona, CA 91768		City/State/Zip
CEO or Director: Wytyske G. Visser (until 12/31/2018) Then: Kameron Grosvenor		Title: President/CEO
Phone: 909-622-3806	Fax: 909-622-0484	Email: wytyskevo@inlandvalleyhopepartners.org
Contact Person: Kami Grosvenor		Title: Dir. Of Development
Phone: 909-622-3806	Fax: 909-622-0484	Email: kamig@inlandvalleyhopepartners.org
Web Site Address: www.inlandvalleyhopepartners.org		Tax ID: 95-2674837

Program / Grant Information

Program/Project Name: Food Security Program			Amount of Grant Requested: \$15,000
Total Organization Budget: \$1,450,859	Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 86.2%	Per 990, Percentage of Management & General Expenses Only (Column C/ Column A x 100): 6.4%	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 7.4%
Purpose of Grant Request (one sentence): The funds will be used to provide 5 days worth of basic staple foods to over 1,000 no, very low and low income residents of the west end of San Bernardino Count, as well as diapers and feminine hygiene items.			
Gimbel Holiday Grants Received: List Year(s) and Award Amount(s) 2015/16 - \$11,000 2014/15 - \$10,000 2013/14 - \$10,000			

Signatures

Board President / Chair: (Print name and Title) Robert T. Constantine, Board Chair	Signature: 	Date: 10-30-18
Executive Director/President: (Print name and Title) Wytyske G. Visser, President/CEO	Signature: 	Date: 10-30-18

**2018 S.L. Gimbel Foundation Fund
Holiday Grant Application**

Please provide the following information for items I. through III. by answering all questions in ONE PAGE-12 Font. Please be thorough, clear, specific, and concise.

I. Organization/Agency Background: State your mission, vision, purpose, and provide a brief history. What are your core programs and activities? How many people do you serve? How many paid staff, full time and part-time? How many volunteers? *In our 50th year of service to the community, we bring together faith communities, businesses, community groups and individuals, to ensure empowerment of people in need, by providing food, shelter and supportive services. Operations are dedicated to the needs of the poor in the east end of Los Angeles County and the west end of San Bernardino County. We provide short-term housing, rapid re-housing, emergency food, and supportive services to over 75,000 women, men and children annually. Programs are provided by 10 paid staff (6 ft, 4 pt), and over 200 volunteers. Core programs: Food Security Program –7 food distribution sites in Ontario, Pomona, South Pomona, San Dimas, Claremont, Upland, and Chino, serving no, low and very low-income families and individuals, as well as those experiencing homelessness. We offer emergency food, public assistance and provider information and referral, and help clients sign up for CalFresh. The program is on track to serve over 45,000 people during the 18-19 fiscal year. Housing Program –Our House Shelter, a 30-90-day family residential emergency housing program, which serves some 75-100 individuals annually. Annually, Rapid re-housing moves some 20 homeless families with children into housing with, case management, decreasing rental assistance, and other supportive services. Rental assistance, motel vouchers as funding is available. Healthy Living Programs: Year-round, weekly, Pomona Valley Community Farmers' Market –mixed organic and non-organic farmers; accepts food stamps and WIC coupons, and offers Market Match to families and individuals on public benefit programs such as CalFresh, SSI, SSDI, WIC. GleaningHope program offers fresh fruits/produce from donors' backyards. We partner with Amy's Farm, a local for profit farm; we provide volunteers; the farm donates produce to our food security program (over 11,000 lbs of fresh produce in 17/18).*

II. Project Information: Describe your food distribution program. **ANSWER ALL QUESTIONS.** Explain the community need including demographics, geographic characteristics of the area or community to be served, community conditions and income level. What are the specific activities of the food program? *Clients (no, very low and low income; both homeless and residents) receive approx. 5 days worth of basic staple foods (every 30 days), and any bread, meat and fresh produce available. We have been able to increase the distribution of fresh produce considerably over the past year.. Currently 1 in 6 American children suffers from food insecurity: they don't know where their next meal comes from several times a week. The Sova Program Center (where we also host Catholic Charities), is located in the south-east area of Ontario (Mission/Grove), in the middle of a high-need area. At two nearby elementary schools children qualify for the free or reduced meals program (94.6% and 87.6% respectively). We operate Sova with <1ft paid staff and between 6-10 daily volunteers. Clients are asked to bring proof of income, proof of residence (i.e. utility bill), and some type of identification for each member (such as drivers license, school id, consular card). If clients don't have any of the documentation, they will still receive food. We've been in the area since the late 1980's. People are referred by service providers, government programs, 2-1-1 information and referral line, faith communities, or word of mouth. We are in the process of hiring a case manager to work with the families and individuals, with the goal to move them out of poverty, and into self-sufficiency.*

How do you identify/qualify those in need? How often is the food distribution offered? *Our center is located in a low income area. We ask for proof of income; if proof of income is not available, they self-certify that they are low income. Our SOVA program center is open Mo-Thu, from 9am-3pm. People may come and receive food every 30 days. If the client is experiencing homelessness, they may come for food every two weeks.* How many people will be served by the food distribution program (children, youth, adults, seniors)? Please explain how you keep track of number of people served. *We serve an average of almost 4,000 people a month, half of whom are children; 11% are seniors, and 11% are experiencing homelessness. We track clients through our web-based Apricot software; we track demographics, visits, but also other needs, so we can refer clients to other services and providers.*

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III. Project Budget

Please provide a detailed line-item budget for your project by completing the budget form below. **The maximum requested amount is \$15,000** or 25% of your operating budget, whichever is less. You can request for less than \$15,000. You may delineate your line items requests per examples below:

- 85% of total request for the purchase of food items only. (Ex. Total request of \$15,000; 85% is \$12,750 for food)
- 15% of total request for female hygiene products and/or diapers. (Ex. Total request of \$15,000; 15% is \$2,250 for diapers and female hygiene products)
- 100% of total request for the purchase of food items
- Canned tuna will not be funded.

Food items must be delineated (i.e. canned vegetables, soup, pasta, dried beans, rice, etc.). For each food item, indicate the cost per unit (pound, carton, case, etc.) and the quantity. See attached example.

Line Item	Line Item Description	Requested Amount
<i>Food</i>	Peanutbutter (150 cases @12 18 oz @\$25/case)	3750.00
<i>Food</i>	Oatmeal (200 cases @12 16 oz packets @ \$18/case)	3600.00
<i>Food</i>	Canned beef stew (60 cases @ 24 cans @ \$50/case)	3000.00
<i>Food</i>	Mac&Cheese (100 cases @24 boxes @ \$16/box)	1600.00
<i>Food</i>	Pasta Sauce w/meat (56 cases @ 12 24 oz @, \$17/case)	950.00
<i>diapers, various sizes</i>	diapers, sizes NB, 1,2,3,4,5- 100 packs @ average of \$12/pack	1200.00
<i>feminine products</i>	tampons, pads – 100 boxes @ average of \$9/box	900.00
TOTAL:		15000.00

IV. Administrative Expenses Percentage

This section calculates how much the organization spent for general management, overhead, indirect items as a percentage of the organization's total expenses. The figures are based on your most current **990 form that you submitted, Part IX Statement of Functional Expenses.**

Management & general expenses (Column C only)	/Total expenses (Column A)	= Administrative Percentage
\$89,206	\$1,389,231	6.4%

V. Supplemental Documents Checklist: Submit the following as attachments

- Your current 501(c) (3) final determination letter from the IRS
 - List of your Board members and their affiliations
 - Your most recent, filed 990 report.
 - Part IX only of the 990 form, Statement of Functional Expenses (one page)
 - Your 2018 operating budget (Current calendar or fiscal year)
 - 2017 Holiday Food Program Grantees: Include your evaluation report
 - Other past Holiday Food Program Grantees: Include your most recent evaluation report
-

Name of your organization.

Inland Valley Council of Churches, dba Inland Valley

***2. Grant #**

20160727

***3. Grant Period**

January 1 through June 30, 2017

***4. Location of your organization**

City Pomona

State CA

***5. Name and Title of person completing evaluation.**

Wytske G. Visser, President/CEO

***6. Phone Number:**

909-622-3806

***7. Email address.**

wytskev@inlandvalleyhopepartners.org

***8. Total number of clients served through this grant funding:**

1000

***9. Approximate volume of food purchased with grant funds? (i.e 10 lbs of fresh produce; 1000 boxes; 10 cases, etc)**

1000 lbs of fresh produce; approx. 7,000 lbs non pe

1000

7000

1000 lbs of fresh produce; approx. 7,000 lbs non perishable

items; diapers and feminine products.

Q10 Thanks to this generous funding, Inland Valley Hope Partners was able to assist 1,000 clients with non-perishable food items and much needed fresh produce. Additionally, funding allowed Hope Partners to purchase diapers and feminine hygiene items which were distributed to 375 children and 695 females respectively. Funding specifically was used to purchase basic, staple food items from the regional food bank and wholesale supplier Sales Max including cereal, oatmeal, soup, pasta, peanut butter and meat products including chicken and hot dogs. Fresh fruits and vegetables including zucchinis, oranges, lettuce and onions were purchased from Huerta del Valle as well. Funding from the S.L. Gimbel Foundation allowed us to carry on our vital food assistance to no, very low, and low income families in the west end of San Bernardino. Our clients are often “working poor” that is they work but lack enough income to pay all the bills and feed their families. Our food assistance helps ensure these children and their families have food to eat so they don’t go to bed hungry and provides the only means for them to survive. Funding helped ensure we did not have to turn anyone away who was in need of assistance. Thank you!

Q11. Our Food Security Program did encounter one obstacle in reaching our goals and objectives during this funding period. The forklift at our Sova Program Center, which was gifted to our agency over a decade ago, had approached the end of its usefulness. It started needing constant repairs to keep it operational and began to impede productivity. Of course a working forklift is a necessity in a nearly 2,500 square foot warehouse which moves tens of thousands of pounds of food each month. Fortunately, our staff and volunteers worked extra hard during this time, often hand-packing and unloading product, to ensure we were still able to meet our goals and objectives. Later in 2017, we were blessed to receive funding from another foundation to assist us in purchasing a new forklift which is still working beautifully for us today.

Q13. Positive outcomes included the ability to provide women with feminine products, which they need, but can't necessarily afford, especially since these products as well as diapers are taxed, which makes them even more expensive.

OGDEN UT 84201-0046

In reply refer to: 0424148731
July 27, 2006 LTR 252C E0
95-2674837 000000 00 000
03393
BODC: TE

INLAND VALLEY COUNCIL OF CHURCHES
1753 N PARK AVE ROOM 22
POMONA CA 91768-1827533

11-0000-06

41

Taxpayer Identification Number: 95-2674837

Dear Taxpayer:

Thank you for the inquiry dated June 12, 2006.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Sincerely yours,

Marilyn Jordan

Marilyn Jordan
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):
Copy of this letter

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: September 25, 2001

The Pomona -Inland Valley Council of Churches
1753 N Park Ave
Pomona, CA 91768-1827

Person to Contact:
Mrs. Swana Smith 31-07418
Customer Service Specialist
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:
95-2674837

Dear Sir or Madam:

This is in response to your written request dated August 9, 2001, for a copy of your organization's determination letter. This will take the place of the copy you requested.

In April 1971 we issued a determination letter that recognized your organization as exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

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)(i). This classification was based on the assumption that your organization's operations would continue as stated in your application. If your sources of support, character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on your organization's exempt and foundation status.

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 each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

If your organization is a church or a qualified church-controlled organization as defined in section 3121(w)(3) of the Code, it may elect to exclude wages paid to its employees (other than for services performed in an unrelated trade or business) for social security taxes. This election must be made by filing Form 8274 by the day before the date the organization's first quarterly employment tax return would be due under the revised law. If your organization makes this election, its employees who earn \$100 or more during a calendar year become liable for the payment of the self-employment tax on the wages the organization pays them.

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.

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

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.

The Pomona-Inland Valley Council of Churches
95-2674837

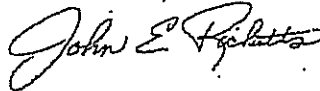
If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection.

Because this letter could help resolve questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

A handwritten signature in cursive script that reads "John E. Ricketts".

John E. Ricketts, Director, TE/GE
Customer Account Services

YOUR RETURN MAILING ADDRESS

NAME: INLAND VALLEY COUNCIL OF CHURCHES

ADDRESS: 1753 N PARK AVE

CITY: POMONA

STATE: CA ZIP CODE: 91768



FILED EXPIRES
Dec 12 2016 Dec 12 2021

Dean C. Logan, Registrar - Recorder/County Clerk

Electronically signed by HELEN I SOTO

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

- Original- \$26.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)
 - Amended (New) Filing- \$26.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)
 - Refile- \$26.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)
- \$5.00 - FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION \$5.00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

The following person(s) is (are) doing business as:

*1. INLAND VALLEY HOPE PARTNERS
 ** 1753 N PARK AVE
 POMONA CA 91768- LA
 City State /Country Zip COUNTY City State /Country Zip

Articles of Incorporation or Organization Number (if applicable): AI #ON

***REGISTERED OWNER(S):

- | | |
|---|---|
| <p>1. INLAND VALLEY COUNCIL OF CHURCHES
 Full Name/Corp/LLC (P.O. Box not accepted)
 1753 N PARK AVE
 Residence Address
 POMONA CA 91768
 City State/Country Zip
 CA
 If Corporation or LLC - Print State of Incorporation/Organization</p> | <p>2. _____
 Full Name/Corp/LLC (P.O. Box not accepted)
 Residence Address
 City State/Country Zip
 If Corporation or LLC - Print State of Incorporation/Organization</p> |
| <p>3. _____
 Full Name/Corp/LLC (P.O. Box not accepted)
 Residence Address
 City State/Country Zip
 If Corporation or LLC - Print State of Incorporation/Organization</p> | <p>4. _____
 Full Name/Corp/LLC (P.O. Box not accepted)
 Residence Address
 City State/Country Zip
 If Corporation or LLC - Print State of Incorporation/Organization</p> |

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

****THIS BUSINESS IS CONDUCTED BY: (Check one)

- an Individual
 a General Partnership
 a Limited Partnership
 a Limited Liability Company
 an Unincorporated Association other than a Partnership
 a Corporation
 a Trust
 Copartners
 a Married Couple
 Joint Venture
 State or Local Registered Domestic Partners
 a Limited Liability Partnership

****The date registrant started to transact business under the fictitious business name or names listed above: 02/2007
(Insert N/A above if you haven't started to transact business)

I declare that all information in this statement is true and correct.
(A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)

REGISTRANT(S)/CORP/LLCNAME (PRINT) INLAND VALLEY COUNCIL OF CHURCHES TITLE President

REGISTRANT SIGNATURE [Signature] IF CORP OR LLC, PRINT NAME WYTSKE G.VISSER

If corporation, also print corporate title or officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.

NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. EFFECTIVE JANUARY 1, 2014, THE FICTITIOUS BUSINESS NAME STATEMENT MUST BE ACCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK BY: [Signature], Deputy

Rev. 01/2014

P.O. BOX 1208, NORWALK, CA 90651-1208

PH: (562) 462-2177

WEB ADDRESS: LAVOTE.NET

INLAND VALLEY COUNCIL OF CHURCHES
dba: Inland Valley Hope Partners
1753 N. Park Avenue, Pomona, CA 91768
909-622-3806
www.inlandvalleyhopepartners.org

Board of Directors
2018-2019

Blanca Arellano Adams
Realtor
Realty Masters

Rev. Betty Hanna-Witherspoon
Pastor
Primm Tabernacle AME Church

*Randy Bekendam
Owner/Operator
Amy's Farm

Rev. Jody D. Moore
Senior Pastor-Teacher
Praise Tabernacle Bible Church

Sharonda Bishop, *Immediate Past Chair*
HR Consultant

Richard Owen
Retired SCE

Stacy Canton
Division Sales Manager, VP
Bank of the West

Mark Ramsey, *Board Vice Chair*
Sr. Vice President
Bank of America

Tim Constantine, *Board Chair*
Retired Educator

Alfreda Smith, *Secretary*
Director of Human Resources
Home Boys

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Pastor
First Christian Church, Pomona

Rosalio Ulloa
VP/Portfolio Manager
Pacific Premier Bank

Katherine Hage
VP/Branch Manager
Banner Bank

Rev. Frank Hamilton
Pastor
First Christian Church, Ontario