



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 E California St,		City/State/Zip Ontario, CA 91761
Mailing Address: 1753 N Park Ave		City/State/Zip Pomona, CA 91768
CEO or Director: Kameron Grosvenor		Title: President/CEO
Phone: 909-622-3806	Fax: 909-622-0484	Email: kamig@inlandvalleyhopepartners.org
Contact Person: Kay Brand:		Title Grant Writer
Phone: 909-622-3806	Fax: 909-622-0484	Email: kayb@inlandvalleyhopepartners.org
Web Site Address: www.inlandvalleyhopepartners		Tax ID: 95-2674837

Program / Grant Information

Program/Project Name: Food Security Program, Sova Program Center			Amount of Grant Requested: \$15,000
Total Organization Budget: \$1,757,334	Per 990, Percentage of Program Service Expenses (Column B/Column A x 100): 85.7%	Per 990, Percentage of Management & General Expenses Only (Column C/Column A x 100): 6.7%	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D/Column A x 100): 14.3%
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 County, as well as diapers and feminine hygiene items.			
Gimbel Holiday Grants Received: List Year(s) and Award Amount(s) 2018/19 - \$15,000, 2015/16 - \$11,000 2014/15 - \$10,000 2013/14 - \$10,000			

Signatures

Board President / Chair: (Print name and Title) Mark Ramsey, Board Chair	Signature: 	Date: 10/18/19
Executive Director/President: (Print name and Title) Kameron Grosvenor, President/CEO	Signature: 	Date: 11/4/19

**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 service to the community for over 50 years, 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 70,000 women, men and children annually. Programs are provided by 11 paid staff (7 ft, 4 pt), and over 400 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 40,000 people during the 19-20 fiscal year. Housing Program—Our House Shelter, a 30-90-day family residential emergency housing program, which serves some 75-100 individuals annually. Rapid re-housing moves some 20 homeless families with children per year 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 10,000 lbs of fresh produce in 18/19).*

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 few years. Currently 18.7% of San Bernardino County children suffer 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. In the Ontario-Montclair School District 24 out of 33 schools have over 85% of their students eligible for free/ reduced price meals. We operate Sova with 1ft and 1pt 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 driver's 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. Our case manager works 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 3,500 people a month, about one third of whom are children; 24% are seniors, and 22% 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.

corrected

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

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>Peanut Butter</i>	12 18-oz jars/case, \$23/case, 150 cases	\$3,450
<i>Oatmeal</i>	12 16-oz pkts/case, \$18/case, 200 cases	\$3,600
<i>Canned beef stew</i>	24 cans/case, \$30/case, 100 cases	\$3,000
<i>Tomato Soup</i>	24 cans/case, \$18/case, 100 cases	\$1,800
<i>Pasta Sauce w/meat</i>	12 24-oz cans/case, \$15/case, 70 cases	\$1,050
<i>Diapers, various sizes</i>	sizes NB, 1,2,3,4,5, average of \$25/pack, 48 packs	\$1,200
<i>Feminine products, tampons, pads</i>	average of \$9/box, 100 boxes	\$900
TOTAL:		\$15,000

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
\$88,028	\$1,318,300	6.7%

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

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

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

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

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

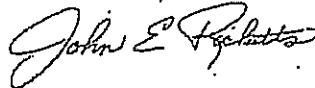
If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person 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 black ink, appearing to read "John E. Ricketts". The signature is fluid and cursive, with the first name "John" being the most prominent.

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

2016 300407



FILED EXPIRES
Dec 12 2016 Dec 12 2021

Dean C. Logan, Registrar - Recorder/County Clerk

Electronically signed by HELEN 1 5018

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

2.

** 1753 N PARK AVE

Print Fictitious Business Name(s)

Street address of principal place of business
POMONA CA 91768- LA Mailing address if different
City State /Country Zip COUNTY City State /Country Zip

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

***REGISTERED OWNER(S):

1. INLAND VALLEY COUNCIL OF CHURCHES

2.

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

Full Name/Corp/LLC (P.O. Box not accepted)
Residence Address
City State/Country Zip
If Corporation or LLC - Print State of Incorporation/Organization

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

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

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/LLC NAME (PRINT) INLAND VALLEY COUNCIL OF CHURCHES TITLE President

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

If corporation, also print corporate title of 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:  , 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
Dbas: Inland Valley Hope Partners
1753 N. Park Avenue, Pomona, CA 91768
909-622-3806
www.inlandvalleyhopepartners.org

Board of Directors
2019-2020

Blanca Arellano Adams, *Secretary*
Realtor
Realty Masters

*Randy Bekendam
Owner/Operator
Amy's Farm

Donna Bernard
Retired School Superintendent

Sharonda Bishop
HR Consultant

Ron Bolding
Interim CEO
Pilgrim Place

Stacy Canton
Division Sales Manager, VP
Bank of the West

Tim Constantine, *Immediate Past Chair*
Retired Educator

Rev. Mike Fronk, *Treasurer*
Pastor
First Christian Church, Pomona

Katherine Hage, *Vice Chair*
VP/Branch Manager
Banner Bank

Rev. Frank Hamilton
Retired Pastor

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

Alejandrina (Alex) Ruiz
Director of Human Resources
Shark Ninja

Alfreda Smith
Director of Human Resources
Home Boy Industries

Maru Trevizio
Human Resources Director
SEMA

*Rosalio Ulloa
VP/Portfolio Manager
Pacific Premier Bank

*formerly homeless

NOT FILED WITH IRS

Form 990 (2017)

INLAND VALLEY COUNCIL OF CHURCHES

95-2674837 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	107,590.	80,693.	13,986.	12,911.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	294,138.	220,603.	38,238.	35,297.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	50,188.	37,641.	6,525.	6,022.
10 Payroll taxes	31,890.	23,917.	4,146.	3,827.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	41,944.	37,750.	2,097.	2,097.
12 Advertising and promotion				
13 Office expenses	48,466.	22,992.	10,379.	15,095.
14 Information technology				
15 Royalties				
16 Occupancy	105,000.	84,000.	8,400.	12,600.
17 Travel	14,190.	14,190.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,525.	2,115.	705.	705.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,397.	35,517.	3,552.	5,328.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT CLIENT SERVICES	538,533.	538,533.		
b SPECIAL EVENTS/MARKETING	38,439.	32,289.		6,150.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,318,300.	1,130,240.	88,028.	100,032.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ If following SOP 98-2 (ASC 958-720)

Inland Valley Hope Partners

2019-2020 Approved Budget

	2019/20 approved budget
Total Annual Support	304,300
Rent income Sova	12,000
RRH Contributions	500
Capital Campaign Contributions	221,000
Total Special Events	125,500
Farmers Market Revenue	50,000
Total Grants Private	201,500
Total Government Grants	576,548
Total Cash Revenue	1,491,348
<i>from temporarily unrestricted</i>	<i>50,000</i>
Total Revenue	1,541,348
Total In Kind donations	269,400
Total Revenue, incl. in-kind	1,810,748
EXPENSES	
total salaries, taxes & benefits	557,814
Total Fund Raising/Development	34,875
Total Program Expenses/ Direct Client Services	573,020
Capital Expenses	
Water Sprinkler Install	101,000
Sewer System Install	120,000
Total Capital Expenses	221,000
Total Operating Expenses	67,325
Total Contract Services	33,900
TOTAL CASH EXPENSES	1,487,934
In-Kind Expenses	269,400
TOTAL EXPENSES, incl other & in-kind)	1,757,334
Total Other Revenues	9,707
Other expenses	
Depreciation Expense	54,000

S. L. Gimbel Foundation Fund Holiday Food Grant

18/19 Final Report Grant #20181034

Organizational Information

* 1. Name of your organization.

Inland Valley Council of Churches, dba Inland Valley Hope Partners

* 2. Grant #

20181034

* 3. Grant Period

February 1, 2018 – October 31, 2019

* 4. Location of your organization

Pomona

California

* 5. Name and Title of person completing evaluation.

Kameron (Kami) Grosvenor, President/CEO

* 6. Phone Number:

909-622-3806, x101

* 7. Email address.

kamig@inlandvalleyhopepartners.org

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

1,500

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

9,800 lbs. of food plus feminine hygiene items

Key Outcomes and Results

* 10. Describe the project's key outcomes and results based on your goals and objectives:

The generous grant funding from the S. L. Gimbel Foundation helped us serve a total of 1,000 no and low-income clients in the west end of San Bernardino County with non-perishable food items and/or feminine hygiene supplies. Funding allowed us to purchase much needed staple food items such as soup, oatmeal, pasta and pasta sauces, etc. from local wholesale supplier Sales Max. When partnered

with in-kind food donations, including donations of fresh produce from partner Amy's Farm, and meat products from Tyson and others, these food items went a long way in helping our agency meet the food needs of our clients in the west end of San Bernardino County. We also utilized this funding to provide our clients with feminine hygiene items. These items are especially needed by those women we serve who are experiencing homelessness. A supply is included in each female hygiene pack we distribute. Our Food Security Program helps ensure low-income families and individuals have food to eat so they don't go to bed hungry. For many, our assistance 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.

* 11. Please describe any challenges/obstacles the organization encountered (if any) in attaining stated goals & Objectives.

Fortunately, this year was pretty uneventful for the San Bernardino County Food Security Program at Inland Valley Hope Partners.

* 12. How did you overcome and/or address the challenges and obstacles?

N/A

* 13. Describe any unintended positive outcomes as a result of the efforts supported by this grant.

We appreciate the fact that the S.L. Gimbel Foundation is cognizant and responsive of our clients' need for help with feminine hygiene items and diapers for their children. Due to a new program with the LA Regional Food Bank, we had plenty of diapers for the families we serve, but the feminine hygiene products have been harder to obtain. Positive outcomes of this grant are that we are able to provide women with feminine products, which they need, but can't necessarily afford.

* 14. Briefly describe the impact this grant has had on your organization.

The S.L. Gimbel Foundation grant helped Hope Partners empower individuals and families in need through the provision of basic staple foods, fresh, healthy produce and other supportive services. When a household lacks income to pay for necessities, families often make the tough choice to reduce their food budget. This decision results in difficult consequences including periods of skipping meals, physical symptoms (i.e., stomach pain, headaches, weakness), cognitive changes (i.e., reduced comprehension) and emotional symptoms (i.e. irritability and depression). Long-term food insecurity often leads to obesity and other health related problems as families go through a starve-binge eating cycle and then, when they do eat, opt for cheap, less nutrient-dense foods in order to stretch their budget and stave off hunger. By increasing low-income families' access to quality foods, our Food Security Program helps alleviate many of these negative impacts. Children are able to concentrate in school without the gnawing pain of an empty stomach. Parents are less stressed and able to concentrate on an action plan to better their situation and become less dependent on emergency food sources.

Budget

Provide detailed information on how funds were expended.

~~*15. Please provide a narrative on how the funds were used to fulfill grant objectives. Explain what was purchased and how funds were utilized based upon the budget that was submitted. Utilize your grant request and explain expenditures that were made. This can be accomplished by inserting a side by side explanation.~~

FOOD PURCHASES - \$12,900

The food we provide at our pantries comes from a variety of sources including community food drives, USDA and other food through the Los Angeles Regional Food Bank and wholesale food vendors. Several local churches and businesses had dedicated food drives for "children's food items" which included large donations of mac and cheese and peanut butter. As such, these were two items that were significantly reduced from our purchase list due to the large quantity we had in stock. Other purchases also deviated a bit from our original budget due to changes in price, quantities/items available for purchase at our wholesale supplier and what we had in stock at our food pantries.

Request		Actual	
150 cases of Peanut Butter	\$3,750	15 cases	\$345
100 cases of Oatmeal	\$3,600	35 cases	\$1,260
60 cases of Beef Stew	\$3,000	102 cases	\$2,960
100 cases of Mac & Cheese	\$1,600	15 cases	\$210
56 cases of Pasta Sauce	\$950.00	100 cases	\$1,500
		100 cases of Spaghetti	\$1,700
		249 cases of Vienna Sausage	\$4,625
		50 cases of Top Ramen	\$300

FEMININE HYGIENE AND DIAPERS PURCHASES - \$2,100

As mentioned, a new program with the regional food bank became available and provided sufficient diapers for the clients we serve. Funding was used to instead supplement the feminine hygiene items.

Request		Actual	
100 packs of Diapers	\$1,200	N/A	
100 boxes of Pads/Tampons	\$900	170 boxes of Pads/Tampons	\$2,100

Success Stories

Please use the space below to provide any client stories, antidotes, or quotes to showcase the success and impact you were able to achieve due to this funding.

* 16. Please relate a success story:

Thomas (name changed), a single father with three daughters (all under the age of 5), is a client at Hope Partners. He shares: Things have been really hard since the girls' mom left. I've been working three jobs this year, but my income is just going to pay bills and rent. Inland Valley Hope Partners helps my family with food and diapers. The case manager is also helping me to find a stable, full-time job so that I will be able to spend more time with my daughters and provide for them financially.

Demographic Information

19. Which category best describes your organization. Please choose only one.

Basic Needs Support

20. What is your organizations primary Program Area of Interest?

Food Bank

21. Percentage of clients served through grant in each Ethnic Group Category. Total must equal 100%

African American	13%
Asian/Pacific Islander	1%
Caucasian	26%
Native American	1%
Hispanic Latino	55%
All Ethnicities	
Other	4%
Unknown	

22. Approximate percentage of clients served from grant funds in each age category.

Children Birth-05 years of age	8%
Children ages 06-12 years of age	10%
Youth ages 13-18	10%
Young Adults (18-24)	7%
Adults	53%
Senior Citizens	12%

23. Approximate percentage of clients served with disabilities from grant funds.

No clients served with disabilities	
Physically Disabled	27%
Blind & Vision Impaired	
Deaf & Hearing Impaired	
Mentally/Emotionally Disabled	
Learning Disabled	
Speech Impaired	
Other Disability	

Question Title

24. Approximate percentage of clients served in Economic Group

At/Below Poverty Level	100%
Homeless/Indigent	38%
Migrant Worker	
Working Poor	
Other	

25. Approximate percentage of clients served from grant funds in each population category.

Single Adults	30%
Families	70%
Single Parent Families	33%
Disabled	27%

Ethnic Minority
LGBTG
Abused Women/Children
Homeless/Indigent 38%
Immigrants
Military 6%
Parolees
Students
Elderly
Children/Youth (those not included in Family)