



**2021 S.L. Gimbel  
Foundation COVID19  
Large Food Grant  
Application  
Maximum Request: \$100,000**

|                    |
|--------------------|
| Internal Use Only: |
| Grant<br>:         |

**Organization / Agency Information**

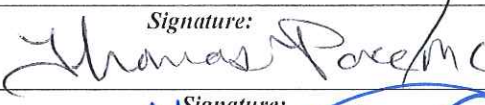

|  |                                 |  |
|--|---------------------------------|--|
| 1) <i>Organization/Agency Name:</i><br>Americas Second Harvest of Coastal Georgia                |                                 |  |
| 2) <i>Physical Address:</i><br>2501 E. President Street  |                                 | City/State/Zip<br>Savannah, GA 31404           |
| 3) <i>Mailing Address:</i><br>2501 E. President Street   |                                 | City/State/Zip<br>Savanna, GA 31404            |
| 4) <i>CEO or Director:</i><br>Mary Jane Crouch   |                                 | Title:<br>Executive Director                   |
| 5) <i>Phone:</i><br>912-721-170  | 6) <i>Fax:</i><br>912-231-9776  | 7) <i>Email:</i><br>mcrouch@helpendhunger.org  |
| 8) <i>Contact Person:</i><br>Mary Jane Crouch  |                                 | Title:<br>Executive Director                   |
| 9) <i>Phone:</i><br>912-721-1790   | 10) <i>Fax:</i><br>912-231-9776 | 11) <i>Email:</i><br>mcrouch@helpendhunger.org |
| 12) <i>Web Site Address:</i><br><a href="http://www.helpendhunger.org">www.helpendhunger.org</a> |                                 | 13) <i>Tax ID:</i><br>58-1442013               |

**Program / Grant Information**

**Interest Area:**

|  |   |  |  |
|--|---|--|--|
| 14) <i>Program/Project Name:</i><br>Childhood Hunger Initiative  |   |  | 15) <i>Amount of Grant Requested:</i><br>\$20,000  |
| 16) <i>Total Organization Budget:</i><br>\$7,567,970   | 17) <i>Per 990, Percentage of Program Service Expenses (Column B / Column A x 100):</i> 90% | 18) <i>Per 990, Percentage of Management &amp; General Expenses Only (Column C / Column A x 100):</i> 6% | 19) <i>Per 990, Percentage of Management &amp; General Expenses and Fundraising (Column C+D / Column A x 100):</i> 10% |
| 20) <i>Purpose of Grant Request (one sentence):</i><br><br>We will purchase breakfast bars for our backpack program.                     |   |  |  |
| 21) <i>Program Start Date (Month and Year):</i> 8/2021   |   | 22) <i>Program End Date (Month and Year):</i> 7/2022   |  |
| 23) <i>Gimbel Grants Received: List Year(s) and Award Amount(s)</i><br>2015 - \$10,000; 2016 - \$8,000; 2019 - \$10,000; 2020 - \$10,000 |   |  |  |
|  |   |  |  |

**Signatures**

|  |   |                 |
|--|---|-----------------|
| Board President / Chair: (Print name and Title)<br>Thomas Pace, President, Board of Directors          | Signature:  | Date: 10/3/2021 |
| 25) Executive Director/President: (Print name and Title)<br>Date: Mary Jane Crouch, Executive Director | Signature:  | Date: 10-3-2021 |

## 2021 S.L. Gimbel Foundation Fund APPLICATION

### Narrative

Please provide the following information by answering **ALL** questions (I to IV), **12 Font, One Inch Margins**. Use the format below (I to IV). Type your complete answers to the question directly below the question. Please do not delete the questions/instructions/examples and provide clear, specific, and concise answers.

#### **I. Organization Background**

- A) What are the history, mission and/or purpose of your organization?  
America's Second Harvest of Coastal Georgia's mission is to lead the effort to end hunger and improve lives in coastal Georgia. Second Harvest was started in 1981 in response to community concern regarding at-risk citizens. Second Harvest serves 21 coastal Georgia counties where more than 141,000 people that live at or below the poverty level. The goal of the food bank is to feed the hungry by distributing nutritious food to nonprofit agencies and at-risk elderly and youth, to assist in disaster relief, and work towards long term solutions to hunger and poverty.
- B) How long has the organization been providing programs and services to the community?  
America's Second Harvest was started in 1981 with our Partner Agency and Brown Bag for the Elderly programs, in 1989 we added our Kids Cafe program, and in 2017, we added our Mobile Food Pantry program. This school year, we are adding a school pantry program.
- C) What are some of your past organizational accomplishments (last three years)?
1. In 2020, we provided 27,895 pounds of food to 21-coastal Georgia counties.
  2. In 2020, our Kids Café program provided 944,513 meals to children at risk for hunger.
  3. In 2020, we provided 244 drive-through Mobile Food Pantries.

#### **II. Project Information:**

##### **A) Statement of Need**

Specify the community need(s) you want to address and are seeking funds for. Include demographics, geographic characteristics of the area or community to be served, community conditions and income level. Include relevant statistics.

There are more than 51,800 (21.5%) children in our service area that live with food insecurity and qualify for free or reduced meals at school. We target these children with four of our programs – Kids Cafe, Backpack Buddies, School Pantry, and Summer Feeding. Kids Cafe provides a hot evening meal along with tutoring, mentoring and a safe haven. We expand the program for Summer Feeding by providing two meals each day and increasing meals to approximately 7,000 each day. Our Backpack program provides food assistance on the weekends and holidays to more than 6,200 children. We are starting a School Pantry program this year and stocking schools with emergency



boxes/bags of food that can be given to students when teachers or other staff recognize a problem. We serve both rural and urban areas with Kids Cafes being in designated poverty tracks and schools with more than 75% free/reduced meal service.

**B) Project Description**

Describe your food distribution program.

1. What are the specific activities of the food program? Our Partner Agency program distributes food to non-profit and faith-based organizations that have direct service programs such as pantry, soup kitchens, backpacks, and food distributions. Our Kids Cafe is a direct service program that serves meals to children at community centers, schools and other non-profits. Our Mobile Food Pantry is a direct service program that gives food directly to clients that attend our drive-through distributions. Our Backpack and School Pantry programs send food home with children that have requested or been identified as food insecure.
2. How do you identify/qualify those in need? The schools qualify the children based on free/reduced meal information for Kids Cafe and Backpack programs. However; no one is ever refused food if they request assistance. Mobile Food pantry is a self-declaration form completed at each distribution, and School Pantry program is identified and qualified by the school.
3. How often is the food distribution offered (before COVID and now)? Prior to COVID, we distributed five days a week, we are now offering Mobile Food Pantries also on Saturdays.
4. How many people will be served by the food distribution program (children, youth, adults, seniors) that is being considered for the Gimbel Foundation request and the total program? We will be able to provide breakfast for 7,500 unduplicated children for four days (two breakfast bars per weekend for two weekends). Our total programs provides food to an average of 8,000 children each weekend for the school year and 4,000 during the summer months.
5. Please explain how you keep track of number of people served. Our partner provide monthly service reports that track the number of children served, and our inventory system tracks the types and amount of food provided.

**C) Project Goal, Objectives, Activities and Expected Outcomes**

1. **Note: Objective, Outcomes and Evaluation must all be based on the SAME QUANTIFIABLE CRITERIA (for example, "number served). This quantifiable criteria should refer to the grant amount you are requesting from the Gimbel Foundation only and not the total program.**

**State ONE GOAL, ONE OBJECTIVE, ONE OUTCOME. USE NUMBERS AND PLEASE DO NOT USE PERCENTAGES.** We will provide breakfast bars for 18,000 backpacks of food for children at risk for hunger.

2. **State ONE project goal. The Goal should be an aspirational statement, a broad statement of purpose for the project.**

**Example: GOAL: House all homeless youth ages 18-24 in Mariposa County who are physically, mentally and legally able to work within 24 hours and help them become sufficient in 90 days.**

3. State **One Objective**. The Objective should be specific, measurable, verifiable, action-oriented, realistic, and time-specific statement intended to guide your organization's activities toward achieving the goal.

**Example: OBJECTIVE:** *House up to 145 homeless youth referred or who contact us within 24 hours.*

**Specify the activities** you will undertake to meet the objective and number of participants for each activity.

**Example: ACTIVITIES:**

*1. For each of 145 youth identified, develop a case management file.*

*2. Create a 90 day sufficiency action plan for each of the 145 youth.*

*3. Input weekly progress reports for each of the 145 youth.*

4. **State One Outcome**. An outcome is the individual, organizational or community-level change that can reasonably occur during the grant period as a result of the proposed activities or services. What is the key anticipated outcome of the project and impact on participants? State in quantifiable and verifiable terms.

**Example: OUTCOME:** *We expect to provide rapid rehousing to over 145 homeless youth in 2020*

5. **Evaluation:** How will progress towards the objective (per above) be tracked and outcome measured? State the number of people that will be evaluated per the objective.

Provide specific information on how you will collect relevant data and statistics that meet your objective and validate your expected outcome, in a quantifiable manner, as you describe your evaluation process.

**Example: EVALUATION:** *Using Build Futures' Salesforce data base client management and tracking system, generate reports on the number of clients served and housed. Track our role in housing 145 homeless youth. Account for additional successes or lower numbers of youth in the program.*

**BELOW IS AN EXAMPLE OF GOAL, OBJECTIVE, OUTCOME AND EVALUATION:**  
**Objective, Outcome and Evaluation should align and should be written in a linear format, using actual numbers, and data that are quantifiable, and verifiable. Do not use percentages)**

**STATE THE GOAL, OBJECTIVES, AND OUTCOMES**

**GOAL:** *House all homeless youth ages 18-24 in Mariposa County who are physically, mentally and legally able to work within 24 hours and help them become sufficient in 90 days.*

**OBJECTIVE:** *House up to 145 homeless youth referred or who contact us within 24 hours.*

**ACTIVITIES:**

*1. For each of 145 youth identified, develop a case management file.*

*2. Create a 90 day sufficiency action plan for each of the 145 youth.*

*3. Input weekly progress reports for each of the 145 youth.*

**OUTCOME:** *We expect to provide rapid rehousing to over 145 homeless youth in 2020.*

**EVALUATION:** *Using Build Futures' Salesforce data base client management and tracking system, generate reports on the number of clients served and housed. Track our role in*



*housing 145 youth. Account for additional successes or lower numbers of youth in the program.*

**Use the following format for your objectives, respective activities and expected outcomes:**

**PLACE YOUR RESPONSE HERE**

**GOAL:** Children at risk for hunger in coastal Georgia will have access to food on weekends and holidays when school is out, and school breakfasts and lunches are not available.

**OBJECTIVE:** **Provide 72,000 breakfasts to 7,500 children for eight days.**

**ACTIVITIES:** 1. Work with partners to ensure all 7,500 children receive backpacks of food during weekends and holidays.

2. Input monthly reports for all 25 backpack partners to track pound of food and number of children that receive food.

**OUTCOME:** We will provide **72,000** breakfast bars to 7,500 children through our Backpack program.

**EVALUATION:** Utilizing our Navision inventory system, we will track the number of breakfast bars distributed to backpack programs to ensure all 7,500 children receive breakfast items. Utilizing our parent monthly service reports, we will determine the number of backpacks provided to children during the 12-month grant period.

**D) Timeline**

Provide a timeline for implementing the project. The start date and end date should be the same dates on the cover page.

The project start date is: August 1, 2021

The project end date is: July 31, 2022

Include timeframes for specific activities, as appropriate. We will purchase the items and they will most likely be used within several months as this is an item that we do not receive often.

**E) Target Population**

1. Who will this grant serve? Children at-risk for hunger identified by schools as not having food on weekends/holidays.

2. How many people will be impacted? Provide a breakdown: Number of Children, Youth, Adults, Seniors. 7,500 children

**F) Community Partners**

1. How does this program relate to other existing projects in the community? There are many backpack programs in coastal Georgia, and they receive the food for their programs from Americas Second Harvest of Coastal Georgia.

2. Who are your key community partners? Provide a brief description of each key partner and their role(s) in this program. We partner with local schools to identify the children at risk for hunger, and non-profits and faith-based organizations to pack and deliver the food to the schools.

3. How are you utilizing volunteers? Our partners that pack and deliver the backpacks to food are primarily volunteers.

How will you use the grant funds? This answer should align with the specific activities previously outlined in C) Project Goal, Objectives, Activities and Expected Outcomes  
We will use these grant funds to purchase breakfast bars that will be distributed to our partners for use in backpacks of food for low-income children.

### **III. Project Future**

#### **A) Sustainability**

Explain how you will support this project after the grant performance period. Include plans for fundraising or increasing financial support designated for the project. This is an on-going program that we submit grants and conduct fund-raising activities to sustain the program.

### **IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications**

#### **A) Governance**

1. Describe your board of directors and the role it plays in the organization. Our board of directors is a volunteer group of 19 people that govern our organization. They meet 10 times each year, review the financials monthly, and vote on changes/resolutions. They also volunteer at many of our events.
2. What committees exist within your board of directors? Finance, Fund Raising, Board Development, Operations, and Executive Committee
3. How does the board of directors make decisions? After discussion, we require a 60% quorum on any policy, grant approval, or major decisions.

#### **B) Management**

1. Describe the qualifications of key personnel/staff responsible for the project. Mary Jane Crouch, Executive Director, 18 years with Second Harvest, prior experience with other non-profit.  
Justin Gareau, CFO, 4 years with Second Harvest, Certified Public Accountant,  
Annisa Rainey, Program Manager, 6 months with Second Harvest, prior experience with project manager with city of Cleveland.
2. **What is the CEO/President/Executive Director Salary?** \$165,000

## 2021 S.L. Gimbel Foundation APPLICATION

### **V. Project Budget and Narrative (Do not delete these instructions on your completed form).**

Please provide a detailed line-item budget for your project by completing the budget form below.

**The maximum requested amount is \$100,000 or 25% of your operating budget, whichever is less, OR the amount on your invitation to apply email.** Delineate your line items requests

per example below:

- 90% of total request for the purchase of food items only. (Ex. Total request of \$100,000; 90% is \$90,000 for food)
- 10% of total request for **transportation OR for coordination** (Ex. Total request of \$100,000; 10% is \$10,000 for transportation)
- 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 Request | Line Item Explanation   | Support From Your Agency | Support From Other Funders | Requested Amount From Gimbel | Line Item Total of Project |
|-------------------|---|--------------------------|----------------------------|------------------------------|----------------------------|
| Breakfast bars    | 36 – single bars /case, \$19.99/case, 2,000 cases/72,000 individuals bars | 19,980                   |                            | 20,000                       | 39,980                     |
|                   |   |                          |                            |                              |                            |
|                   |   |                          |                            |                              |                            |
|                   |   |                          |                            |                              |                            |
|                   |   |                          |                            |                              |                            |
|                   |   |                          |                            |                              |                            |
| <b>TOTALS:</b>    |   | 19,980                   |                            | 20,000                       | 39,980                     |

**Provide a narrative for the line item Transportation OR Coordination. We will order 2,000 total cases with FOB Savannah.**



## 2021 S.L. Gimbel Foundation APPLICATION

**VI. Sources of Funding:** Please list your current sources of funding and amounts.

### *Secured/Awarded*

| <b>Name of Funder: Foundation, Corporation, Government</b> | <b>Amount</b> |
|--|---------------|
| Georgia State Nutrition Program                            | \$1,575,523   |
| United Way of the Coastal Empire                           | \$86,000      |
| Hancock Family Foundation                                  | \$65,000      |
| Sea Island Foundation                                      | \$65,000      |
| Bank of America  | \$20,000      |
|  |               |
|  |               |
|  |               |

### *Pending*

| <b>Name of Funder: Foundation, Corporation, Government</b> | <b>Amount</b> | <b>Decision Date</b> |
|--|---------------|----------------------|
| City of Savannah   | \$30,000      | 12/1/2021            |
| Chatham County   | \$15,000      | 9/2021               |
|  |               |                      |
|  |               |                      |
|  |               |                      |
|  |               |                      |

**Diversity of Funding Sources:** A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

| <b>Funding Source</b>      | <b>Amount</b> | <b>% of Total Revenue</b> | <b>Funding Source</b> | <b>Amount</b> | <b>% of Total Revenue</b> |
|----------------------------|---------------|---------------------------|-----------------------|---------------|---------------------------|
| Contributions              | \$2,522,976   | 19%                       | Program Services      | \$2,801,367   | 21%                       |
| Fundraising/Special Events | \$537,693     | 4%                        |                       |               |                           |
| Corp/Foundation Grants     | \$2,552,349   | 19%                       |                       |               |                           |
| Government Grants          | \$4,968,302   | 37%                       |                       |               |                           |

**Notes:**



## S.L. Gimbel Foundation APPLICATION

### VII. Financial Analysis

**Agency Name:** Americas Second Harvest of Coastal Georgia

**Most Current Fiscal Year (Dates):** From 10/1/2019 To: 9/30/2020

This section presents an overview of an applicant organization's financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization**. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures!**

#### Form 990, Part IX: Statement of Functional Expenses

(This should be your recently filed Form 990 and should not be more than 2 years old)

**1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)**

| (A)<br>Total Expenses | (B)<br>Program service expenses | (C)<br>Management & general expenses | (D)<br>Fundraising expenses |
|-----------------------|---------------------------------|--------------------------------------|-----------------------------|
| \$9,828,472           | \$8,816,113                     | \$579,619                            | \$432,740                   |

**2) Calculate the percentages of Columns B, C, and D, over A (per totals above)**

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

| (A)<br>Total Expenses | (B)<br>Program service expenses | (C)<br>Management & general expenses | (D)<br>Fundraising expenses |
|-----------------------|---------------------------------|--------------------------------------|-----------------------------|
|                       | Columns B / A x 100             | Columns C / A x 100                  | Columns D / A x 100         |
| Must equal 100%       | 90%                             | 6%                                   | 4%                          |

**3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)**

|   |  |                                    |
|---|--|------------------------------------|
| Percentage of Organization's<br><u>Current</u> Total Budget used for<br>Administration 7.8% | Column C, Management & general<br>expenses per 990 above<br>6% | <b>Differential</b><br><b>1.8%</b> |
|---|--|------------------------------------|

If the differential is above (+) or below (-) 10%, provide an explanation:

## S.L. Gimbel Foundation APPLICATION

**Quick Ratio:** Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

| Cash        | + Accounts Receivables | /Current Liabilities | = Quick Ratio |
|-------------|------------------------|----------------------|---------------|
| \$3,182,034 | \$1,169,821            | \$248,363            | 10.16         |

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**Excess or Deficit for the Year:**

| Excess or (Deficit)<br>Most recent fiscal year end | Excess or (Deficit)<br>Prior fiscal year end |
|--|--|
|--|--|

**Notes:**

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### **VIII. EMAIL TWO PDF files to [Gimbel@iegives.org](mailto:Gimbel@iegives.org)**

**A. One PDF file of the following, #1 to #5  
& #7**

**B. Second PDF file of the following, #6**

|    |  |    |   |
|----|--|----|---|
| #1 | Completed Grant Application Form (cover sheet, narrative), budget page and budget narrative (see sample) and sources of funding, financial analysis page                         | #6 | A copy of your most recent year-end financial statements (audited if available)   |
| #2 | Your current operating budget and the previous year's actual expenses (see sample Budget Comparison)   | #7 | A copy of your most recent 990. <b>Please make sure that the Form 990 you submit is no more than two (2) years old.</b> |
| #3 | Part IX <b><u>only</u></b> of the 990 form, Statement of Functional Expenses (one page). <b>Please make sure that the Form 990 you submit is no more than two (2) years old.</b> |    |   |
| #4 | For past grantees, a copy of your most recent final report.  |    |   |
| #5 | A copy of your current 501(c)(3) letter from the IRS   |    |   |





## SAMPLE Budget Comparison

|   | Actuals<br>Most Recently<br>Completed Year | Budget<br>Projections<br>Current Year | Variance |
|---|--|---------------------------------------|----------|
|   | 20____                                     | 20____                                |          |
| <b>Income</b>                               |  |                                       |          |
| Individual Contributions                    | -  | -                                     | -        |
| Corporate Contributions                     | -  | -                                     | -        |
| Foundation Grants                           | -  | -                                     | -        |
| Government Contributions                    | -  | -                                     | -        |
| Other Earned Income                         | -  | -                                     | -        |
| Other Unearned Income                       | -  | -                                     | -        |
| Interest & Dividend Income                  | -  | -                                     | -        |
| <b>Total Income</b>                         | -  | -                                     | -        |
| <b>Expenditures</b>                         |  |                                       |          |
| <b>Personnel</b>                            |  |                                       |          |
| Salary CEO – Required                       | -  | -                                     | -        |
| Staff Salary (total)                        | -  | -                                     | -        |
| Payroll Taxes                               | -  | -                                     | -        |
| Insurance - Workers' Comp                   | -  | -                                     | -        |
| Insurance - Health                          | -  | -                                     | -        |
| Payroll Services                            | -  | -                                     | -        |
| Retirement                                  | -  | -                                     | -        |
| <b>Total Personnel</b>                      | -  | -                                     | -        |
| <b>General Program/Administrative</b>       |  |                                       |          |
| Bank/Investment Fee                         | -  | -                                     | -        |
| Publications                                | -  | -                                     | -        |
| Conferences & Meetings                      | -  | -                                     | -        |
| Mileage                                     | -  | -                                     | -        |
| Audit & Accounting                          | -  | -                                     | -        |
| Program Consultants                         | -  | -                                     | -        |
| Insurance Expense                           | -  | -                                     | -        |
| Telephone Expense - Land Lines              | -  | -                                     | -        |
| DSL & Internet                              | -  | -                                     | -        |
| Website                                     | -  | -                                     | -        |
| Office Supplies                             | -  | -                                     | -        |
| Postage & Delivery                          | -  | -                                     | -        |
| Printing & Copying                          | -  | -                                     | -        |
| Miscellaneous                               | -  | -                                     | -        |
| <b>Total General Program/Administrative</b> | -  | -                                     | -        |
| <b>Total Expenditures</b>                   | -  | -                                     | -        |
| <b>Revenue Less Expense</b>                 | -  | -                                     | -        |





S.L. Gimbel Foundation Fund  
Food Grant Application

III. Project Budget **SAMPLE**

**Project Budget and Narrative** (Do not delete these instructions on your completed form).

Please provide a detailed line-item budget for your project by completing the budget form below.

The maximum requested amount is \$100,000 or 25% of your operating budget, whichever is less. Delineate your line items requests per examples below:

- 90% of total request for the purchase of food items only. (Ex. Total request of \$100,000; 90% is \$90,000 for food)
- 10% of total request for transportation OR for coordination (Ex. Total request of \$100,000; 10% is \$10,000 for transportation)
- 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>Eggs</i>                  | 15 dz/case, \$12/case, 400 cases                    | \$ 4,800         |
| <i>Fresh Milk</i>            | ½ gallon 1%, \$2/unit, 19,600 units delivered       | \$39,200         |
| <i>Oil</i>                   | 12 32 oz case, \$23/case, 400 cases                 | \$ 9,200         |
| <i>Frozen Chicken Breast</i> | 75 ind. wrapped breasts/case, \$115/case, 320 cases | \$36,800         |
|                              |   |                  |
| <i>Coordination</i>          | 10% of \$100,000 total request                      | \$10,000         |
| <b>TOTAL:</b>                |   | \$100,000        |





**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 . . . . .  |                       |                                 |  |                             |
| 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 . . . . .  |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  |                       |                                 |  |                             |
| 9 Other employee benefits . . . . .   |                       |                                 |  |                             |
| 10 Payroll taxes . . . . .  |                       |                                 |  |                             |
| 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 Schedule O.) . . . . .  |                       |                                 |  |                             |
| 12 Advertising and promotion . . . . .  |                       |                                 |  |                             |
| 13 Office expenses . . . . .  |                       |                                 |  |                             |
| 14 Information technology . . . . .   |                       |                                 |  |                             |
| 15 Royalties . . . . .  |                       |                                 |  |                             |
| 16 Occupancy . . . . .  |                       |                                 |  |                             |
| 17 Travel . . . . .   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .   |                       |                                 |  |                             |
| 20 Interest . . . . .   |                       |                                 |  |                             |
| 21 Payments to affiliates . . . . .   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .  |                       |                                 |  |                             |
| 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 . . . . .   |                       |                                 |  |                             |
| b . . . . .   |                       |                                 |  |                             |
| c . . . . .   |                       |                                 |  |                             |
| d . . . . .   |                       |                                 |  |                             |
| e All other expenses . . . . .  |                       |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24e . . . . .   |                       |                                 |  |                             |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |





# Budget Comparison

|                             | Actual            | Projections       | Variance         |
|-----------------------------|-------------------|-------------------|------------------|
|                             | 2020              | 2021              |                  |
| <b>Income</b>               |                   |                   |                  |
| Donations                   | 2,523,601         | 2,175,981         | 347,620          |
| Events                      | 537,693           | 389,334           | 148,359          |
| Foundations                 | 992,894           | 576,526           | 416,368          |
| Corporations                | 1,559,455         | 1,268,720         | 290,735          |
| Government grants           | 4,968,302         | 4,754,952         | 213,350          |
| Program service             | 2,778,147         | 2,666,575         | 111,572          |
| Investment income           | 23,220            | 333,943           | (310,723)        |
| <b>Total income</b>         | <b>13,383,312</b> | <b>12,166,031</b> | <b>1,217,281</b> |
| <b>Personnel</b>            |                   |                   |                  |
| Salary CEO                  | 187,604           | 192,986           | (5,382)          |
| Staff Salary                | 1,843,450         | 1,796,281         | 47,169           |
| Payroll tax                 | 139,607           | 137,949           | 1,658            |
| Health insurance            | 220,733           | 201,952           | 18,781           |
| Workers comp ins            | 39,680            | 48,223            | (8,543)          |
| Payroll services            | 10,511            | 6,094             | 4,417            |
| Retirement                  | 39,251            | 34,228            | 5,023            |
| <b>Total Personnel</b>      | <b>2,480,836</b>  | <b>2,417,713</b>  | <b>63,123</b>    |
| <b>Program/Admin</b>        |                   |                   |                  |
| Tele & network              | 39,176            | 42,370            | (3,194)          |
| Audit & legal               | 27,000            | 28,970            | (1,970)          |
| Office expenses             | 120,917           | 136,658           | (15,741)         |
| Commercial insurance        | 102,448           | 115,576           | (13,128)         |
| Warehouse & kitchen exp     | 1,021,655         | 1,048,447         | (26,792)         |
| Transportation exp          | 257,605           | 227,773           | 29,832           |
| Food purchases              | 4,927,229         | 4,939,027         | (11,798)         |
| Special events              | 60,586            | 31,487            | 29,099           |
| Marketing & mailing         | 148,857           | 113,099           | 35,758           |
| Memberships & licenes       | 52,912            | 50,815            | 2,097            |
| Bank & merchant fees        | 37,673            | 45,576            | (7,903)          |
| <b>Total Program/Admin</b>  | <b>6,796,058</b>  | <b>6,779,798</b>  | <b>16,260</b>    |
| <b>Total Expenditures</b>   | <b>9,276,894</b>  | <b>9,197,511</b>  | <b>79,383</b>    |
| <b>Revenue Less Expense</b> | <b>4,106,418</b>  | <b>2,968,520</b>  | <b>1,137,897</b> |



**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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  | 380,242               | 134,481                         | 152,635                                | 93,126                      |
| 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  | 1,649,477             | 1,456,010                       | 50,107                                 | 143,360                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 39,254                | 30,759                          | 3,922                                  | 4,573                       |
| 9 Other employee benefits   | 263,466               | 206,453                         | 26,316                                 | 30,697                      |
| 10 Payroll taxes  | 150,120               | 117,634                         | 14,995                                 | 17,491                      |
| 11 Fees for services (nonemployees):  |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 27,000                |                                 | 27,000                                 |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   | 110,908               |                                 |  | 110,908                     |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  |                       |                                 |  |                             |
| 12 Advertising and promotion  | 13,630                |                                 |  | 13,630                      |
| 13 Office expenses  | 177,702               |                                 | 160,095                                | 17,607                      |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  |                       |                                 |  |                             |
| 17 Travel   | 4,045                 | 1,349                           | 1,348                                  | 1,348                       |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 5,437                 | 5,437                           |  |                             |
| 20 Interest   | 21                    | 21                              |  |                             |
| 21 Payments to affiliates   | 121,310               | 121,310                         |  |                             |
| 22 Depreciation, depletion, and amortization  | 601,294               | 481,035                         | 120,259                                |                             |
| 23 Insurance  | 102,453               | 81,962                          | 20,491                                 |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24c amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |  |                             |
| a FOOD PURCH & SHARE MAINT  | 4,924,780             | 4,924,780                       |  |                             |
| b WAREHOUSE EXPENSE   | 473,432               | 473,432                         |  |                             |
| c PRODUCT TRANSPORTATION  | 435,934               | 435,934                         |  |                             |
| d KITCHEN SUPPLIES  | 243,188               | 243,188                         |  |                             |
| e All other expenses  | 104,779               | 102,328                         | 2,451                                  |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 9,828,472             | 8,816,113                       | 579,619                                | 432,740                     |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |



## INLAND EMPIRE COMMUNITY FOUNDATION

### S. L. GIMBEL FOUNDATION FUND

Please complete the form and type your answers directly underneath the questions. Leave one space between numbered questions.

#### ORGANIZATION INFORMATION

1. Name of your Organization  
America's Second Harvest of Coastal Georgia
2. Grant #  
20191242
3. Grant Amount:  
\$10,000
4. Date Awarded (date on award letter)  
January 27, 2020
5. Grant Period (Indicate start date and end date per Grant Agreement)  
February 1, 2020 to July 31, 2020
6. Location of your Organization (City, State)  
Savannah, GA
7. Name and Title of person completing evaluation  
Mary Jane Crouch, Executive Director
8. Phone Number  
912-721-1790
9. Email Address  
mcrouch@helpendhunger.org

#### KEY OUTCOMES AND RESULTS

10. Total number of clients served through this grant funding:
  - A) Per original grant application, what is the estimate number served:  
53,568 meals, 6,000 unduplicated

- B) Actual number served:  
59,616 meals, 4,300 unduplicated

11. Describe the project's key outcomes and results based on the goals and objectives. (Include the program accomplishments as a result of the Gimbel grant AND for the entire program. Please make the distinction between the Gimbel funded program accomplishments and the total organizational program, as a whole).

Goal:

To ensure children have access to healthy food when school is out for weekends and during summer months.

Activities:

Our school systems closed March 23, 2020 due to the COVID-19 pandemic, and we went into a delivery method of Grab & Go meals. Since that date, we have provided more than 352,335 meals to children at risk for hunger. Many of our backpack programs stopped operating as they were unable to get the food to the children, and our meals were instrumental in making sure children had food. Because of this funding, we had already ordered the product, and it didn't get "caught up" in the supply chain problems! It truly made the biggest difference in how quickly we were able to help.

Objective: In terms of specific quantifiable criteria:

- A) Per original grant application (for the Food grants, state the purpose of the grant):  
Purchase cereal for our backpack programs.

- B) Actual grant outcome, results, accomplishments:  
When COVID-19 pandemic caused our schools to close, we started providing Grab and Go meals to children. While some of the cereal was used by continuing backpack programs, we also utilized the cereal products to provide breakfasts to children out of school and without access to backpacks and school meals.

12. Describe any challenges/obstacles the organization encountered (if any) in attaining goals and objectives.

With the closure of schools, many of our backpack programs did not have the ability to distribute the backpacks of food. We did provide the food to the children through our programs.

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

We set up distribution locations throughout our service area where children could go and pick up meals. We partnered with other organizations and businesses to provide volunteers and the Georgia National Guard packed our breakfasts for distribution.

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

When we started the COVID-19 relief efforts, this pre-ordered cereal was instrumental in us being able to respond quickly with food for children unable to access school meals.

15. Briefly describe the impact this grant has had on the organization and community served. We have been able to respond quickly to children needing food due to school closures.

### **BUDGET**

16. Please provide a budget expenditure report. Also, provide a budget narrative that explains how the funds were utilized, what was purchased, what were the expenses items based upon the original budget submitted and approved. Use the form below and expand as needed:

| Line Item                 | Line item description  | Approved amount from TCF (per the submitted budget) | Actual Expenditure |
|---------------------------|--|---|--------------------|
| Cereal (Individual bowls) | 96- 1 Oz./case, \$16.28/case, 621 cases/ 59,616 individual bowls | \$10,000  | \$10,109.88        |
|                           |  |   |                    |
|                           |  |   |                    |
|                           |  |   |                    |

### **SUCCESS STORIES**

17. Please tell us ONE success story. I was at one of the Grab and Go sites and car with a parent and two children came by to get food. I asked if the food had helped, and she said her husband had been lost his job, and her hours had been decreased. She said the meals we were providing were the only meals her children had to eat except potatoes, rice and beans except when we gave them the boxes of food for the weekend. We connected her with an organization that would help with rent and utilities. She wrote us a note and said that with our assistance, her children now had food and they didn't have to worry about having to move into their car to live.



Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201

Department of the Treasury

Date: APR 2 2008

AMERICAS SECOND HARVEST OF COASTAL  
GEORGIA INC  
2501 E PRESIDENT ST  
SAVANNAH GA 31404-1101

Person to Contact:

Valda Singleton  
ID# 31-03018

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

58-1442013

Dear Sir or Madam:

This is in response to your request of March 11, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in December 1981 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code, because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

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

Sincerely,



Cindy Westcott  
Manager, Exempt Organizations  
Determinations