



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

Internal Use Only:
Grant :

**Organization / Agency Information**

1) Organization/Agency Name: Chesapeake Cares Food Pantry		
2) Physical Address: 6045 Solomons Island Rd.		City/State/Zip Huntingtown, MD 20639
3) Mailing Address: P.O. Box 936 c/o grants		City/State/Zip Huntingtown, MD 20639
4) CEO or Director: Debbie Weber		Title: Pantry Manager
5) Phone: 410-257-3444	6) Fax: 410-257-0296	7) Email: dweber@chesapeakechurch.org
8) Contact Person: Julya Doyle		Title: Corporate Relations Director
9) Phone: 410-257-0700	10) Fax: 410-257-0296	11) Email: grants@chesapeakechurch.org
12) Web Site Address: Chesapeakechurch.org/foodpantry		13) Tax ID: 52-1378847

**Program / Grant Information**

**Interest Area:**

14) Program/Project Name: Chesapeake Cares Food Pantry		15) Amount of Grant Requested: \$100,000	
16) Total Organization Budget: \$3,552,399	17) Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 93%	18) Per 990, Percentage of Management & General Expenses Only (Column C/ Column A x 100): 7%	19) Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 7%
20) Purpose of Grant Request (one sentence):  To Secure food to support low-income individuals.			
21) Program Start Date (Month and Year): 12/2021		22) Program End Date (Month and Year): 12/2022	
23) Gimbel Grants Received: List Year(s) and Award Amount(s) 2014 - \$10,000; 2015 - \$10,000; 2016 - \$11,000; 2020 - \$15,000			

**Signatures**

24) Board President / Chair: (Print name and Title) STEVEN G BERIOLACCINI, SESSON MODERATOR.	Signature: 	Date: 7/30/21
25) Executive Director/President: (Print name and Title) LARRY J Patin, Executive Pres	Signature: 	Date: 7/25/21

# **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?

Chesapeake Cares Food Pantry (CCFP) was founded in 2001 with a mission to provide food to low-income individuals and help them work towards self-sufficiency. CCFP is the largest food pantry in Southern Maryland. In 2020 alone, the pantry distributed over 900,000 lbs. of food and served over 4,200 individuals.

B) How long has the organization been providing programs and services to the community?

CCFP has been providing services to the community for 20 years.

C) What are some of your past organizational accomplishments (last three years)?

In the past three years CCFP has seen a steady increase in food distribution (2018 – 675,000 lbs., 2020 – over 900,000 lbs.). In addition to hitting our 20-year anniversary in serving the community, CCFP recruited additional volunteers to stay open and continue feeding the hungry amid the Covid mandatory shutdown. CCFP pivoted the food delivery model to ensure safe distribution of food throughout the pandemic. CCFP responded to the needs of the most vulnerable through the Kids Kits and Senior Safe at Home initiatives. Volunteers helped sort and pack meals for school-age kids who relied on free and reduced-price meals at school prior to shutdowns and virtual openings and delivered groceries to seniors.

### **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.

Pantry clients are from across all five rural counties in Southern Maryland. Most pantry clients are not addicted, homeless, or individuals with intellectual or developmental disabilities; they are the working poor. 97% of pantry families report earnings of less than 25% of the median income for the region. These families earn too much for public benefits, yet not enough for self-sufficiency ([www.selfsufficiencystandard.org](http://www.selfsufficiencystandard.org)). The majority of those served are children (40%) and senior citizens (20%).

B) Project Description

Describe your food distribution program.

1. What are the specific activities of the food program?

Individuals are eligible to receive food weekly during one of five pantry openings. The pantry employs a “client choice” model which allows families to choose food that best serves their needs. This reduces waste and provides dignity of choice. The pantry offers special openings for seniors designed to meet their specific dietary needs. To further meet the need of senior pantry clients, CCFP offers deliveries to home-bound seniors. In addition, the pantry has hours dedicated specifically for the growing Hispanic community which includes bilingual volunteers, translated resources, and culturally relevant food items.

2. How do you identify/qualify those in need?

There is no test or limitation to receive food, anyone who expresses a need is served. Pantry clients provide demographic information for data purposes only.

3. How often is the food distribution offered (before COVID and now)?

Before and during COVID, CCFP offers clients the option to come to one of five pantry openings offered weekly.

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?

Food provided by Gimbel Foundation will feed 4,000 individuals during the grant period.

5. Please explain how you keep track of number of people served.

Demographic data (age, income, education, family size) is collected by the volunteer admin team utilizing client intake forms at the first pantry visit, then annually thereafter. In addition, the admin team records each pantry visit, confirms number of people living in the home, what resources were provided, classes attended, and pounds of food distributed. All pantry client information is maintained in a secure database.

### 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.**

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.*

Goal: Feed low-income individuals and help them work towards self-sufficiency.

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.*

Objective: Distribute food to 4,000 low-income individuals who seek services from our food pantry by December 2022.

**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**.

Activities:

1. Distribute food to 4,000 low-income individuals
2. Create entry or update individual’s information during each pantry visit

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.

Outcome: We expect all 4,000 individuals to report improvement in food security.

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.

Evaluation: Using the pantry's client Access database system, the pantry admin will generate reports to evaluate how many individuals are served at each opening. In addition, they will track how many times an individual returns to the pantry for services, pounds of food distributed, client demographics. In addition, pantry staff and volunteers will survey pantry clients to find out how many have increased food security during the grant period.

**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:** Provide food to low-income individuals in Southern Maryland.

**OBJECTIVE:** Distribute food to 4,000 low-income individuals who seek services from our food pantry.

**ACTIVITIES:** 1. Distribute food to 4,000 low-income individuals

2. Create entry or update individual's information during each pantry visit

**OUTCOME:** We expect all 4,000 individuals to report improvement in food security.

**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: 12/15/2021

The project end date is: 12/15/2022

Include timeframes for specific activities, as appropriate.

**E) Target Population**

1. Who will this grant serve?

Low-income individuals seeking services from the pantry

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

4,000 individuals will be impacted. 1,500 children and youth, 1,700 adults, and 800 senior citizens.

**F) Community Partners**

1. How does this program relate to other existing projects in the community?

Chesapeake Cares Food Pantry is the largest of 42 feeding organizations in Calvert County with an average of 500 families served weekly, the next largest pantry serves an average of 300 individuals every other week. Chesapeake Cares is uniquely positioned to serve individuals from multiple counties in Southern Maryland as it is located on the busiest throughway, making it easily accessible for individuals who have a long commute for work.

2. Who are your key community partners? Provide a brief description of each key partner and their role(s) in this program.

Chesapeake Cares partners with other organizations in the community to help serve individuals at pantry openings. Calvert Health Mobile unit routinely sets up at pantry openings to offer free health screening, flu shot and vaccine clinics. Additionally, pre-covid the Maryland Extension Office would offer cooking demos and field trips to local grocery stores to educate individuals on how to shop on a budget. The most recent community partner, CareNet, provides the pantry with diapers and formula for pantry families and single mothers with babies.

3. How are you utilizing volunteers?

Chesapeake Cares has over 400 active volunteers with varying positions. Most pantry volunteers help at specific pantry openings greeting clients, maintaining data, packing groceries, and loading groceries into client vehicles. Some volunteers help with home deliveries bi-weekly. Home deliveries are for home-bound senior clients who lack transportation to come to one of our regular pantry openings. Volunteers for the deliveries bring senior specific household items in addition to food, such as compression socks and adult diapers in addition to food.

**G) Use of Grant Funds**

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

Funds provided by the S.L. Gimbel Covid-19 Large Food Grant will be used to buy food (\$90,000) and provide coordination support (\$10,000) to feed 4,000 individuals.

**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.

CCFP has been open continuously since October 23, 2001. Food pantry operations will continue to operate past the grant cycle. Additional grantors have been identified.

**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.

The board of directors is made up of elected individuals who provide direction for the pantry. The board takes on the governing model of a proactive board.

2. What committees exist within your board of directors?

No committees exist within the pantry board of directors.

3. How does the board of directors make decisions?

The board meets monthly and reviews financials, evaluates current directives, and discusses any recent issues when applicable.

B) Management

1. Describe the qualifications of key personnel/staff responsible for the project.

Debbie Weber – Pantry Director – Debbie provides executive oversight for the pantry and has been on staff since 2009. She coordinates with pantry staff and volunteers to ensure each pantry opening runs smoothly. Under Debbie’s direction, Chesapeake Cares Food Pantry was recognized by Maryland Food Bank as Pantry of the Year. Under her leadership, the pantry doubled the annual number of volunteers to over 400+.

**2. What is the CEO/President/Executive Director Salary?**

\$92, 124.00 - CEO

## 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
Protein Drinks	24 ct case, \$31.78/case, 1000 cases	\$0	\$0	\$31,788	\$31,788
Flour	10 ct case, \$43.90/case, 300 cases	\$0	\$0	\$13,170	\$13,170
Dried Beans	24 ct case, \$58.34/case, 200 cases	\$0	\$0	\$11,669	\$11,669
Canned Vegetables	12 ct case, \$20.57/case, 300 cases	\$0	\$0	\$6,172	\$6,172
Canned Meat	6 ct case, \$18.67/case, 200 cases	\$0	\$0	\$3,734	\$3,734
Snacks/Dry Goods	12 ct case, \$32.88/case, 100 cases	\$0	\$0	\$3,288	\$3,288
Soup	12 ct case, \$21.84/case, 250 cases	\$0	\$0	\$5,346	\$5,346
Cereal	60 ct/case, \$55.27/case, 200 cases	\$0	\$0	\$11,054	\$11,054
Cereal (Gluten free)	4 ct/case \$19.99/case, 200 cases	\$219	\$0	\$1,677	\$1,896
Coordination	10% of \$100,000 total request	\$0	\$0	\$10,000	\$10,000
<b>TOTALS:</b>		\$219	\$0	\$100,000	\$100,219

**Provide a narrative for the line item Transportation OR Coordination.**

The coordination line item is used to cover a portion of salary for part-time staff. The position will assist with food acquisition, data collection and grant management.

## 2021 S.L. Gimbel Foundation APPLICATION

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

### *Secured/Awarded*

Name of Funder: Foundation, Corporation, Government	Amount
Shaman Foundation	\$18,000
Walmart Foundation	\$1000
Wawa Foundation	\$2,500
Community Crisis Response Fund	\$8,000
Robinson Foundation	\$10,000
Maryland Food Bank	\$5,838

### *Pending*

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
ACDS Foundation	\$50,000	10/1/2021
State Farm	\$25,000	8/15/2021
SNAEP (Government)	\$3,391	11/1/2021

**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.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	\$3,620,162.30	97%	Private Donors		
Fundraising/Special Events	0	0	Not applicable		
Corp/Foundation Grants	\$65,500	2	United Way, Shaman Foundation, Bank Of America Foundation		
Government Grants	\$13,997.75	1	SNAEP Grant		

**Notes:**

## S.L. Gimbel Foundation APPLICATION

### VII. Financial Analysis

**Agency Name:** Chesapeake Church DBA Chesapeake Cares Food Pantry

**Most Current Fiscal Year (Dates):** From 1/1/2019 To: 12/31/2019

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) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$4,090,929	\$3,808,981	\$281,948	\$0

**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) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	93%	7%	0%

**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 <u>Current</u> Total Budget used for Administration = 7%	Column C, Management & general expenses per 990 above 7%	<b>Differential</b>  0%
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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.

<b>Cash</b>	<b>+ Accounts Receivables</b>	<b>/Current Liabilities</b>	<b>= Quick Ratio</b>
\$361,160	\$103,864	\$395,899	1.17

**Excess or Deficit for the Year:**

<b>Excess or (Deficit) Most recent fiscal year end \$736,089</b>	<b>Excess or (Deficit) Prior fiscal year end \$136,242</b>
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**Notes: The \$736,089 for most recent fiscal year includes cash on hand for restrictive grants and for current liabilities.**

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

- A. One PDF file of the following, #1 to #5      B. Second PDF file of the following, #6 & #7**

#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>only</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		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	1,624,755	1,462,280	162,475	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	36,259	32,633	3,626	
<b>9</b> Other employee benefits . . . . .	103,440	93,096	10,344	
<b>10</b> Payroll taxes . . . . .	71,058	63,952	7,106	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	294,566	265,109	29,457	
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	119,493	107,544	11,949	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	322,130	289,917	32,213	
<b>23</b> Insurance . . . . .				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>Worship, Pantry and Care</b>	1,271,450	1,271,450		
<b>b</b> <b>Management and Finance</b>	247,778	223,000	24,778	
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	4,090,929	3,808,981	281,948	0
<b>26</b> <b>Joint costs.</b> 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) . . . . .				



Department of the Treasury  
Internal Revenue Service

Cincinnati Service Center  
CINCINNATI OH 45999-0038

In reply refer to: 0255467241  
Apr. 04, 2019 LTR 4168C 0  
52-1378847 000000 00  
00018181  
BODC: TE

CHESAPEAKE CHURCH  
DBA CHESAPEAKE CARES FOOD PANTRY  
% DANIEL J KELSH  
PO BOX 936  
HUNTINGTOWN MD 20639



009768

Employer ID number: 52-1378847  
Form 990 required: N

Dear Taxpayer:

We're responding to your request dated Mar. 28, 2019, about your tax-exempt status.

We issued you a determination letter in February 2002, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

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

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

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

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

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

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

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

0255467241  
Apr. 04, 2019 LTR 4168C 0  
52-1378847 000000 00  
00018182

CHESAPEAKE CHURCH  
DBA CHESAPEAKE CARES FOOD PANTRY  
% DANIEL J KELSH  
PO BOX 936  
HUNTINGTOWN MD 20639

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Kim A. Billups, Operations Manager  
Accounts Management Operations I

## **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: Chesapeake Cares Food Pantry
2. Grant # 201912443,800
3. Grant Amount: \$15,000
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 – July 31, 2020
6. Location of your Organization (City, State): Huntingtown, MD
7. Name and Title of person completing evaluation: Bireet Almony
8. Phone Number: 410-257-0700
9. Email Address: grants@chesapeakechurch.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: 3,800
  - B) Actual number served: 3,800
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: With Gimbel funds CCFP supported 3,800 unduplicated individuals with food, diapers and feminine products between Feb, 1 2020 – July 31,2020. In the same time frame, CCFP accepted and helped 355 new individuals.

For 2020 the food pantry served a total of 4,211 individuals and welcomed 568 new clients.

Activities: Distribute food, diapers and feminine products between Feb, 1 2020 – July 31, 2020

Objective: In terms of specific quantifiable criteria:

A) Per original grant application: To secure food and hygiene products to support 3,800 low-income individuals.

B) Actual grant outcome, results, accomplishments: Supported 3,800 low-income individuals with food and hygiene products and welcomed 355 new clients during the grant period.

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

One difficulty Chesapeake Cares encountered was a direct result of the mandatory shut down. Local businesses that normally allow the pantry to purchase bulk orders had to halt bulk orders. As a result, it took the pantry a little longer to acquire and distribute diapers and feminine hygiene products.

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

Chesapeake Cares stayed in communication with local businesses and as soon as restrictions were lifted coordinated the bulk orders.

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

Funds from S.L. Gimbel Foundation made it possible for Chesapeake Cares to continue serving low-income individuals during the mandatory shut down. The food, diapers and feminine products helped the pantry reach more families and single mothers during the grant cycle.

15. Briefly describe the impact this grant has had on the organization and community served.

The S.L Gimbel Foundation grant has truly helped Chesapeake Cares serve low-income individuals. With funds from the foundation, Chesapeake Cares provided 3,800 individuals with much needed food during the pandemic.

## **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
Breakfast Items	Cereals, pancake mixes etc.	\$1,600	\$1,657.38
Canned Prep	Canned vegetables	\$1,800	\$1,983.27
Canned Low-Sugar Fruit	Low-Sugar Canned Fruits	\$1,600	\$1,611.70
Canned Low-Sodium Tomato	Various canned tomato products	\$1,400	\$1,444.11
Dry Items	Pasta, Dry Beans, Rice etc.	\$1,000	\$1,027.13
Poultry, Beef, Pork	Various Proteins	\$5,350	\$5,677.28
Diapers and Feminine Products	Diapers and Feminine Products	\$2,250	\$2,250
Total		\$15,000.00	\$15,650.87

Chesapeake Cares Food Pantry purchased Breakfast Items, Canned Prep Items, Canned Low-Sugar Fruit, Canned Low-Sodium Tomato Products, Dry Items, Various Proteins and Diapers and Feminine Products with S.L Gimbel funds. The pantry covered the price difference of the products.

## **SUCCESS STORIES**

17. Please tell us ONE success story.

A new client shared that she was nearing retirement but was placed on administrative leave due to COVID 19. Her position was one that could not telework, so she was put on leave. She was struggling to get by on limited income. She told the greeter that her normal income was \$70,000/year and even apologized for being at the pantry and asking for assistance. She had learned about the Food Pantry from a friend. Hers is just one of many stories of individuals who started coming to the pantry because of financial struggles brought on by Covid-19. Many new clients had their hours cut, were put on administrative leave or lost their jobs all together as a result of Covid-19.

**CHESAPEAKE CHURCH  
2020/2021  
Budget Comparison**

	A	C	E	F
2	<b>CATEGORY</b>	<b>2020 ACTUAL</b>	<b>2021 BUDGET</b>	<b>Variance</b>
3	<b>INCOME</b>			
4	Offerings	\$ 2,973,702	\$ 2,997,000	\$ 23,298
5	Ministry Income	\$ 361,849	\$ 222,925	\$ (138,924)
6	MTA Lease	\$ 27,000	\$ 45,000	\$ 18,000
7	HR	\$ 43,900	\$ 55,230	\$ 11,330
8	Other Income	\$ 366,495	\$ 5,000	\$ (361,495)
9	<b>Total Income</b>	\$ 3,772,946	\$ 3,325,155	\$ (447,791)
10	<b>CARRY-OVER FUNDS COMMITTED TO CURRENT YEAR</b>	\$ 78,655	\$ 258,364	Restricted grants rolled forward balance as off 12/31/19
11	<b>TOTAL FUNDS (Line 8 + Line 9)</b>	\$ 3,851,601	\$ 3,583,519	\$ (268,082)
12				
13	<b>EXPENSES</b>			
14	Human Resources	\$ 1,935,894	\$ 2,075,980	\$ 140,086
15	Gen Ops & Maint	\$ 857,406	\$ 869,077	\$ 11,671
16	Ministry	\$ 698,792	\$ 638,461	\$ (60,331)
17	Campus Development	\$ 53,963	\$ -	\$ (53,963)
19	<b>Total Expenses</b>	\$ 3,546,055	\$ 3,583,518	\$ 37,463
20	<b>NET INCOME</b>	\$ 305,546	\$ 1	\$ (305,545)
21				
22				