

## Veteran's 2024 Grant Application

PROGRAM DEADLINE : May 16, 2024 at 11:59 PM PDT (Midnight) - CLOSED

### Applicant Information

**Name:** Bonnie McLane  
**Email:** bmclane1482@gmail.com  
**App ID:** 04729855  
**Status:** Submitted  
**Cycle:** None  
**Last Modified:** May 14 2024 22:43 PDT by bmclane1482@gmail.com  
**Last IP Address:** 34.120.172.148  
**Common App:** EDCF Grant COMMON APP

### Organization Information

### Organization Information

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<b>Legal Name of Organization</b>	Calvary chapel food ministry
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**Mailing Address**

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2024 woodlawn

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**Mailing Address, line  
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P.O. BOX 247

<b>City</b>	Greenwoodc
<b>State</b>	CA
<b>Zip Code</b>	95635
<b>Phone Number</b>	530-823-1622
<b>Fiscal Agent's confirmation letter- this is only needed if the community based organization that is applying is using a fiscal agent. Fiscal agent must write a letter stating that they are taking fiscal responsibility of the grant funds on the community- based organization's behalf if they are granted funds. Fiscal agents will keep specific program related funds restricted/accounting separate for this particular project request.</b>	005.jpg
<b>Year Incorporated</b>	2000
<b>Executive Director/ CEO/ President</b>	Gail Archer
<b>Executive Director email address</b>	mandgarcher@gmail.com
<b>Grant contact name (if different than above)</b>	
<b>Grant contact email address (if different than above)</b>	
<b>Number of paid staff</b>	0.00
<b>Number of volunteers</b>	50.00
<b>Please provide names and titles of your primary officers or directors (i.e. board president, vice president, chairperson, secretary, treasurer, etc.)</b>	

Pastor Jay McCarl, Board President

Jane Barnhart, Secretary/Treasurer

Gail Archer, Food Ministry Director

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## Mission Statement

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For 23 years we have provided food, emotional, and spiritual support for our community serving our highest risk families children, veterans, seniors, disabled and working poor.

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<b>Organization Website Address, if applicable</b>	coolCalvary.com
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<b>Attach or provide URL for Annual Report, if applicable</b>	005.jpg
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**Attach your organization's logo.**

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### Is Your Non-Profit in Good Standing?

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<b>EIN or TIN</b>	68-02446644
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<b>Attach the IRS Determination letter that contains your organization's Employer Identification Number.</b>	007.jpg
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**Click on this link for the IRS database to find your organization. Please take a screenshot of the page that shows your organization name and the IRS filings for the past year(s).**

a grant for comm fdn.docx

**THIS SECTION IS REQUIRED unless organization is a faith based organization, a government entity or a Native American Tribe recognized by the federal government.**

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**Visit the CA Secretary of State website and search for your organization. Take a screenshot of that page that shows your organization is active and up-to-date with your statement of information.**

**If your entity is registered in a state other than California, please provide a screenshot of your state's registration entity proving your active and up-to-date status.**

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**THIS SECTION IS REQUIRED unless organization is a faith based organization, a government entity or a Native American Tribe recognized by the federal government.**

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**Lastly, visit the CA Department of Justice website to verify your organization's registration. Search for your organization , and take a screenshot of the page that shows your organization name, and that its registration with the Department of Justice is CURRENT. Upload this screenshot here.**

**Once again, if your entity is not based out of California, please submit comparable paperwork/screenshot.**

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**THIS SECTION IS REQUIRED unless organization is a faith based organization, a government entity or a Native American Tribe recognized by the federal government.**

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### **Grant Information**

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<b>Grant Title/ Description</b>	Calvary chapel food ministry
<b>Geographic Area Served by this Grant</b>	Georgetown Divide/ Cool/ Piolithill
<b>Grant Amount Requested</b>	7000

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**What is the need this grant supports?**

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We presently have two household size refrigerators but we are in desperate need of a commercial refrigerator to keep larger amounts of perishables.

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**Please provide information demonstrating the need exists for Veterans in El Dorado County.**

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We service approximately 70 veterans monthly, some with families. Our area is rural and rugged demonstrated by the many unpaved unmaintained roads and some live off the grid, veterans tend to be private and insulated from public services. They tend to be leery of government programs, but the church offers a safe, non judgmental, comfortable, safe place to congregate and interact weekly with their peers and church volunteers. We see many of our veterans weekly and sometimes they join our Sunday Service or will come back to help distribute food or they will congregate and connect with other veterans and like minded folks. We cultivate an atmosphere of trust, safety, and optimism with emotional and spiritual support.

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**How will this grant address this need?**

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With larger refrigeration we would be able to store perishables for a longer period of time.

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**How are you suited to meet this need?**

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At this time we are making four trips a week to the valley and have little storage for non perishable items.

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**What is the grant timeline and what are the major milestones?**

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For 23 years we have provided food and support for our community serving our highest risk families with children, veterans, seniors, and disabled. If available, we supply special diet needs, high protein supplements, and personal hygiene products.

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**What is the anticipated impact of the project?**

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With larger refrigeration we would be able to store perishables for a longer period of time.

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**How will you measure the results of the project?**

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Our numbers have grown exponentially over the last few years due to the high cost of living.

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**What is the number of un-duplicated veterans to be served if this grant is funded?** 70

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**How will you confirm/show proof of a veteran's status? Please be very specific...this data may be asked for in the final report**

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The Veteran's status is acquired during initial registration.

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**If this is a clinical program, what is your standard recidivism rate?**

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**Grant Budget**

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**Grant Program Revenue**

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<b>Veteran's Grant Amount Requesting</b>	7000
<b>Other Contributions</b>	
<b>Fundraising revenue</b>	
<b>Total Revenue</b>	7000

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**Grant Program Expenditures**

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<b>Staff salaries, wages and benefits</b>	22000
<b>Occupancy and utilities</b>	
<b>Equipment</b>	
<b>Supplies, materials and printing</b>	
<b>Travel and meetings</b>	
<b>Marketing and advertising</b>	
<b>Staff and volunteer training</b>	
<b>Contract services</b>	
<b>Other</b>	
<b>Total Expenditures</b>	22000

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**Budget Narrative**

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**Budget Narrative**

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All Expenditures are covered within the church, with the exception of the food from the food bank, wich is \$22,000.00

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**Submit Grant Application**

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**Signature and Affirmation**

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**By entering your full name below,  
you certify that all information is  
true and correct to the best of your  
knowledge.**

BONNIE MCLANE

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