

FY22.23-Q4 FRHD Community Health Contract Grant Impact Report

Organization Information

Legal Name

Fallbrook Food Pantry

Program Name/Title

Seniors & Disabled Adults Nutr

Target Population - Age

	Percent of program participants	Total Number of Participants
Children (infants to 12)	0	0
Young Adults (13-17)	0	0
Adults (18-60)	0	0
Seniors (60+)	100	710
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age

n/a

Target Population - Gender

	Percent of program participants	Total Number of Participants
Female	80	568
Male	20	142
Non-binary		
Unknown*		

*Target Population - Gender

n/a

Target Population - Income Level

	Percent of program participants	Total Number of Participants
Extremely Low-Income Limits, ceiling of \$32,100	100	710
Very Low (50%) Income Limits, ceiling of \$53,500		
Low (80%) Income Limits, ceiling of \$85,600		

	Percent of program participants	Total Number of Participants
Higher Than Listed Limits		
We do not collect this data (indicate with 100%)*		

***Target Population - Income Level**

n/a

Total number of residents that benefited (participant/client) from this program this quarter.

710

Program/Services Description - Social Determinants of Health

Neighborhood & Built Environment (Access to Foods that Support Healthy Eating Patterns, Crime and Violence, Environmental Conditions, Quality of Housing)

Program/Services Description - FRHD Community Needs Assessment

Health (Healthy Food/Nutrition)

Program Objectives

FFP will provide 15-20 pounds of food, weekly, to each eligible low-income senior and/or disabled adult who seeks food assistance, and for those who are homebound, FFP will coordinate home deliveries for them.

FSC will conduct a nutritional needs evaluation for an average of 15 clients per month and will share the relevant findings with FFP—including those who qualify for home delivery services.

Program Outcomes/Measurables

1. DAILY DISTRIBUTION: FFP distributed to 355 households or 710 individuals this quarter—providing each person with approximately 20 pounds of food, for a total of 170,400 pounds of food was distributed.
2. HOME DELIVERIES: FFP delivered to 88 households or 125 individuals this quarter—providing each person with approximately 20 pounds of food, for a total of 30,000 pounds of food was delivered.
3. FSC provided no new clients this quarter.

FRHD Grant Support Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

FRHD Grant Support Acknowledgment

<https://www.fallbrookfoodpantry.org/sponsors.html>

FFP acknowledged FRHD through several media outlets:

1. Box truck

2. Instagram

3. Facebook

4. Newsletter

5. Website

6. Annual Report

PLATINUM
\$250,000 +

Fallbrook Regional Health District

Contact Information

Contact Name

Shae Gawlak

Title

CEO

Primary Contact Phone

760-728-7608

Email Address

director@fallbrookfoodpantry.org

Organization Mailing Address

140 N. Brandon Road
Fallbrook, CA, 92028

Organization Physical Address

140 N. Brandon Road
Fallbrook, CA, 92028

Please provide an example of how the District's grant funding was acknowledged.



SPONSORSHIP ACKNOWLED....pdf

Program Budget



22-23 FFP-FSC SENIORS & D...xlsx

Impact Story



Meet Juanita.pdf

Opportunities & Challenges

n/a



Meet Juanita

Juanita is a 76-year-old cancer survivor who has been in remission for 3 years and is on a fixed-income. We learned of Juanita's situation when she was going through chemo in 2020 and needed additional support with getting a ride to her appointments each week. The Foundation for Senior Care provided Juanita with a ride-share opportunity through their Care Van program, along with a few other services. In 2020, when COVID19 changed the way we perform normal daily functions, like grocery shopping, the Fallbrook Food Pantry was contacted by a Care Advocate at the Foundation, to help Juanita receive weekly groceries delivered to her home. It was imperative that Juanita remain sheltered from anyone who may have been exposed to or is a carrier of CV19. Once we were notified, Juanita began receiving weekly groceries from FFP and we will continue to support her needs, and other seniors like her, if and/or when our services are no longer needed.

We are happy to report today, June 30, 2023, that Juanita has felt well enough the past few months to come directly to the pantry to get her weekly food and is now strong enough to carry her own grocery bags. She told us that she's quite proud of this improvement. She is also happy to be out and about again seeing her friends and making new ones.



SPONSORS

It is with great pleasure that the Fallbrook Food Pantry acknowledges its dedicated and loyal sponsors. Without their continued support we would not be able to evolve or enhance our programming. The beauty of our selected sponsors is that they, too, care deeply about our mission and believe that, together, we can - and will - continue our work of feeding people in-need within the community.

[DONATE](#)

PLATINUM
\$250,000 +

Fallbrook Regional Health District

GOLD
\$150,000 - \$249,999

SILVER

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formatted pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

There are five tabs to this file:

- 1 Instructions
- 2 Program Budget Form
- 3 Revenue Sources
- 4 Budget Narrative
- 5 Budget Reporting Form

1 Instructions:

- > All Yellow sections are to be filled out by the applicant. Grey sections will auto calculate and should not be edited by the applicant. All pages are formatted to print portrait, on 1

2 Program Budget Form:

- > PROGRAM COST: This section should reflect the true and total costs of the program.

APPLYING ORGANIZATION: This is the applicant agency's investment in their program.

- > This is the value of the resources the agency will contribute to the program's cost. These may include funds from fundrasing events, private donors, in-kind goods and services, and volunteer efforts.

- > OTHER RESOURCES: These are funds or resources provided from contracts, grants and partnerships that are used to support the program's operations.

- > REQUESTED FROM FRHD: This is the funding request you are putting forward to the District.

- > The line item names may not fully align with your budget. Please edit those items to align with your budget. Explain those items on your Budget Narrative Form as necessary.

A INDIRECT EXPENSES:

This section is for expenses that are part of indirect operats of the program, necessary which may not be part of the direct service provision expenses (Adminsitration, facility expenses, general liability ins., etc.). Please refer back to the training materials for clarification of these expenses. The District will not consider funding more than 25% of these expenses

B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

As stated, this section is for staffing expenses that are directly related to the provision of the services/program. Please list each position title separately, unless there are multiple of the same title then use (x3) as an indicator. For example, if funding salaries for four separate Drivers, you would indicate as, Driver (x4) and the expense amount would be the cost of all four Drivers. Please include a single line items for general staffing expenses such as personell expenses (Payroll taxes, WC, etc). Benefits (health, retirement, etc) should be listed on a separate line.

C DIRECT PROGRAM EXPENSES:

This section is for supplies, items and or specific expenses related to the provision of the services/program. This may include phone, rent, prining, program related insurance (e.g., vehicle), trainings and cetifications.

3 Revenue Sources

- > Please list all sources of revenue the agency recieves by category. This Form has two sections, one for Agency Funding and one for Project Funding. Please fill out both sides of the table. Amounts do not need to be exact; however, we ask for best estimates.

4 Budget Narrative

- There are headers that align with the Budget Form. These items should be explained (narrative) if they are unusual or have a specific project impact. Explanations regarding
- > utliity expenses are generally understood, but expenses relating to trianing or for a specilayty insurance could be expressed here.

5 Budget Reporting Form

- This form will be used for those grantees who are awarded contracts. This form would be
- > submitted with the quarterly Impact Report and should demonstrate that funds were allocated according to the submitted proposal budget.

CHC GRANT BUDGET FORM

**FALLBROOK FOOD PANTRY:
collaborative with FSC**

PROGRAM NAME: **SENIORS & DISABLED ADULTS NUTRITION PROGRAM**

Agency Name:

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1) A	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER RESOURCES	REQUESTED FROM FRHD
A1	Security/Fire Protection	1,000.00	500.00	500.00	
A2	General Insurance (not program specific)	15,000.00	7,500.00	7,500.00	
A3	Accounting & audit expenses	-	-	-	
A4	Professional/Consultant/Contractor Fees	5,000.00	2,500.00	2,500.00	
A5	Physical Assets (Rent, Facility Costs)	5,000.00	5,000.00	-	
A6	Utilities	6,000.00	3,000.00	3,000.00	
A7	IT & Internet	2,000.00	1,000.00	1,000.00	
A8	Marketing & Communications	5,000.00	5,000.00	-	
A9	Office Supplies	4,000.00	4,000.00	-	
A10	Licenses/permits/fees	1,500.00	1,500.00	-	
A11	Equipment/Building Reserves			-	
TOTAL INDIRECT EXPENSE		44,500.00	30,000.00	14,500.00	-
B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER RESOURCES	REQUESTED FROM FRHD
B1	Salary - Executive Director (1.0)	5,000.00	2,500.00	2,500.00	
B2	Salary - Program Manager (1.0)	10,000.00	2,500.00	2,500.00	5,000.00
B3	Salary - Case Manager (0.5)	10,000.00	5,000.00	5,000.00	
B4	Salary - Driver (0.5)	10,000.00	2,500.00	2,500.00	5,000.00
B5	Salary - Receptionist/Admin Asst.	5,000.00	2,500.00	2,500.00	
B6	Salary - FSC Care Advocates (0.5) x 3	5,000.00	-	-	5,000.00
B7	Payroll Expenses (WC, taxes)				
B8	Benefits				
B9	Other: specify				
TOTAL PERSONNEL EXPENSE		45,000.00	15,000.00	15,000.00	15,000.00
C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER RESOURCES	REQUESTED FROM FRHD
C1	Equipment	2,500.00	2,500.00	-	
C2	Food & Distribution Supplies	40,000.00	15,000.00	10,000.00	15,000.00
C3	Printing/Duplicating	2,500.00	1,500.00	1,000.00	
C4	Market (store) operations				
C5	Vehicles	5,000.00	1,250.00	1,250.00	2,500.00
C6	Development	2,500.00	1,500.00	1,000.00	
C7	Computer Software (client database)				
C8	DMS (Kindful)				
C9					
C10					
C11					
C12					
TOTAL OTHER EXPENSES		52,500.00	21,750.00	13,250.00	17,500.00

W X Y Z

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 142,000.00	17%

2) FUNDING SOURCES

E	FUNDS FOR PROGRAM	
E1	APPLYING ORGANIZATION	X 66,750.00
E2	OTHER RESOURCES	Y 42,750.00
E3	REQUESTED FROM FRHD	Z 32,500.00
TOTAL ALL FUNDING SOURCES		W \$ 142,000.00

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 844,500.00	\$ 142,000.00	17%
		AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

** Agency budget is your agency's entire budget for the year. Fill in the amount.

Agency Name: FALLBROOK FOOD PANTRY: collaborative with FSC
Program Name: SENIORS & DISABLED ADULTS NUTRITION PROGRAM
Total Organization Budget (Current Fiscal Year) \$ 733,500.00
Total Project Budget (Current Fiscal Year) \$ 142,000.00

Organization Sources of Revenue
(Total Organization Budget)

Sources of Funding
(This Project Request)

Source of funds	\$ Amount	Percent of Total	One-time funding? (Yes/No)	\$ Amount	Percent of Total	One-time funding? (Yes/No)	STATUS
Federal							
State							
City/County*	100000	0.15	NO	100000	0.196	NO	PEND
Other Govt.		0			0		
Proposed FRHD	90000	0.1	NO	90000	0.176	NO	PEND
Legacy Endowment	10000	0.001	NO	9500	0.018	NO	AWARD
Guenther Foundation	100000	0.15	NO	50000	0.1	NO	AWARD
Bank of America	1000	0.001	NO	1000	0.001	NO	AWARD
Pacific Western Bank	5000	0.05	YES	5000	0.05	YES	AWARD
Kendall Farms	10000	0.01	NO	10000	0.01	NO	AWARD
Better World Trust	10000	0.01	NO	10000	0.01	NO	AWARD
Las Patronas	10000	0.01	YES	5600	0.004	YES	AWARD
Sousa Family Trust	10000	0.01	NO	10000	0.01	NO	AWARD
General Donations	250000	0.33	NO	100000	0.196	NO	PEND
Other Internal Organizational Fundraising	137500	0.18	NO	118900	0.233	NO	PEND
Other (list):							
Total	\$733,500.00	100%		\$510,000.00	100%		

* City/County
 If the organization currently receives funding from any Cities or Counties, please list the jurisdiction and contract amount below.

Agency Name:

FALLBROOK FOOD PANTRY: collaborative with FSC

Program Name:

SENIORS & DISABLED ADULTS NUTRITION PROGRAM

INSTRUCTIONS:

- 1 List items from your PROJECT BUDGET FORM (Sections A and B) where an expense is indicated, that you are seeking FRHD support.
- 2 Provide a brief narrative description of each budget line item to be funded by the proposed grant.
- 3 Your narrative should explain why this expense is necessary to the project and why or how FRHD funding would make an impact.

A. INDIRECT EXPENSES: Please indicate by the Line Number and Item Name

#	Name	Narrative:
A6	Utilities	\$10k of the \$32k needed to help cover the utilities--will ensure that our refrigeration is constantly running and operating correctly, to keep our produce and dairy fresh and frozen items stay frozen, as needed.

B. PERSONNEL EXPENSES -PROGRAM SPECIFIC

#	Name	Narrative:
B2	Programs Manager	\$30k needed to employ and manage programs--ensures that we can continue running our programs as they are fully intended to.
B3	Case Manager	\$10k of the \$25k needed to employ and manage clients--ensures that we can continue interviewing potential clients and guarantee they are qualified to receive food assistance based on Federal guidelines.

C. DIRECT PROGRAM EXPENSES

#	Name	Narrative:
C2	Food / Distribution Supplies	\$30k of the \$60k needed annually to ensure we have enough food to distribute weekly to clients. Dairy, fresh produce and occasionally meats and cheeses need to be purchased, as these are not considered donatable items--only commodities are.
C4	Market Operations	\$8750 of the \$30k needed helps to provide shopping carts, shelving, replacements of these items; cleaning supplies, member/client ID cards and replacements; as well as market signage and posted announcements.
C5	Vehicles	\$4k of the \$12K needed helps to ensure that our pick up and delivery vehicles have gas, are registered and insured and receive regular maintenance.

Agency Name: **FALLBROOK FOOD PANTRY: collaborative with**

PROGRAM NAME: **SENIORS & DISABLED ADULTS NUTRITION PROGRAM**

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

A	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
A1	Security/Fire Protection	\$ 1,000.00	\$ -				
A2	General Insurance (not program specific)	\$ 15,000.00	\$ -				
A3	Accounting & audit expenses	\$ -	\$ -				
A4	Professional/Consultant/Contractor Fees	\$ 5,000.00	\$ -				
A5	Physical Assets (Rent, Facility Costs)	\$ 5,000.00	\$ -				
A6	Utilities	\$ 6,000.00	\$ 8,000.00				
A7	IT & Internet	\$ 2,000.00	\$ -				
A8	Marketing & Communications	\$ 5,000.00	\$ -				
A9	Office Supplies	\$ 4,000.00	\$ -				
A10	Licenses/permits/fees	\$ 1,500.00	\$ -				
A11	Equipment/Building Reserves	\$ -	\$ -				
TOTAL INDIRECT EXPENSE		\$44,500.00	\$8,000.00	\$0.00	\$0.00	\$0.00	\$0.00
B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
B1	Salary - Executive Director (1.0)	\$ 5,000.00	\$ -				
B2	Salary - Program Manager (1.0)	\$ 10,000.00	\$ 22,500.00				
B3	Salary - Case Manager (0.5)	\$ 10,000.00	\$ -				
B4	Salary - Driver (0.5)	\$ 10,000.00	\$ 5,000.00				
B5	Payroll Expenses (WC, taxes)	\$ -	\$ -				
B6	Benefits	\$ -	\$ -				
B7	Other: specify	\$ -	\$ -				
TOTAL PERSONNEL EXPENSE		\$35,000.00	\$27,500.00	\$0.00	\$0.00	\$0.00	\$0.00
C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
C1	Equipment	\$ 2,500.00	\$ -				
C2	Food & Distribution Supplies	\$ 40,000.00	\$ 10,400.00	\$ 2,600.00	\$ 2,600.00	\$ 2,600.00	\$ 2,600.00
C3	Printing/Duplicating	\$ 2,500.00	\$ -				
C4	Market (store) operations	\$ -	\$ -				
C5	Vehicles	\$ 5,000.00	\$ -				
C6	Development	\$ 2,500.00	\$ -				
C7	Computer Software (client database)	\$ -	\$ -				
C8	DMS (Kindful)	\$ -	\$ -				
C9	0	\$ -	\$ -				
C10	0	\$ -	\$ -				
C11	0	\$ -	\$ -				
C12	0	\$ -	\$ -				
TOTAL OTHER EXPENSES		\$52,500.00	\$10,400.00	\$2,600.00	\$2,600.00	\$2,600.00	\$2,600.00
D	TOTALS	PROGRAM COST	TOTAL FUNDS AWARDED	TOTAL FUNDS EXPENDED YTD			
		\$142,000.00	\$10,400.00	\$10,400.00			