



**Organization Information**

**Legal Name**

Fallbrook Food Pantry

**Program Name/Title**

Seniors & Disabled Adults Nutr

**Contact Information**

**Contact Name**

Shae Gawlak

**Title**

Executive Director

**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

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

2756

**Target Population - Age**

	Percent of program participants	Total Number of Participants
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)	3	83
Seniors (60+)	97	2673
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	2205
Male	20	551
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	2756
Very Low (50%) Income Limits, ceiling of \$53,500		
Low (80%) Income Limits, ceiling of \$85,600		
Higher Than Listed Limits		
We do not collect this data (indicate with 100%)*		

### \*Target Population - Income Level

n/a

### Program/Services Description - Social Determinants of Health

Economic Stability (Employment, Food Insecurity, Housing Instability, Poverty)

### Program/Services Description - FRHD Community Needs Assessment

Health (Healthy Food/Nutrition)

### Program Objectives

FFP will provide 15-20 pounds of healthy food, weekly, to each eligible low-income senior and/or disabled adult who seeks food assistance and for those who are homebound. While working closely with Foundation for Senior Care, they will assist us with conducting a nutritional needs assessment to the clients they serve as well.

### Program Outcomes/Measurables

1. HOME DELIVERIES: FFP delivered to 86 qualified seniors and/or disabled adult households, providing them with approximately 15 pounds of food each week, for a total of 15,480 pounds of food delivered this quarter.
2. DAILY DISTRIBUTION: FFP distributed food to 2,065 to individual seniors during Q3, providing approximately 15 pounds to each person with a total of 371,700 pounds of food distributed to seniors.
3. After an audit performed this Quarter, we released 3 households who no longer qualified for home

delivery services. They will now receive food directly through our daily distribution program.

### FRHD Grant Support Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

### FRHD Grant Support Acknowledgment

FFP acknowledged FRHD through these medial outlets:

Social media

Newsletter

Our website

Facility signage

FFP box truck

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



### Program Budget



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

### Impact Story



MEET WILLIAM.pdf

### Opportunities & Challenges

N/A

## 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**

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		<b>44,500.00</b>	<b>30,000.00</b>	<b>14,500.00</b>	<b>-</b>
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	<b>5,000.00</b>
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	<b>5,000.00</b>
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	-	-	<b>5,000.00</b>
B7	Payroll Expenses (WC, taxes)				
B8	Benefits				
B9	Other: specify				
TOTAL PERSONNEL EXPENSE		<b>45,000.00</b>	<b>15,000.00</b>	<b>15,000.00</b>	<b>15,000.00</b>
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	<b>15,000.00</b>
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	<b>2,500.00</b>
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		<b>52,500.00</b>	<b>21,750.00</b>	<b>13,250.00</b>	<b>17,500.00</b>

W X Y Z

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

**2) FUNDING SOURCES**

E	FUNDS FOR PROGRAM	
E1	APPLYING ORGANIZATION	<b>X</b> 66,750.00
E2	OTHER RESOURCES	<b>Y</b> 42,750.00
E3	REQUESTED FROM FRHD	<b>Z</b> 32,500.00
TOTAL ALL FUNDING SOURCES		<b>W</b> \$ 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):							
<b>Total</b>	<b>\$733,500.00</b>	<b>100%</b>		<b>\$510,000.00</b>	<b>100%</b>		

\* 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**

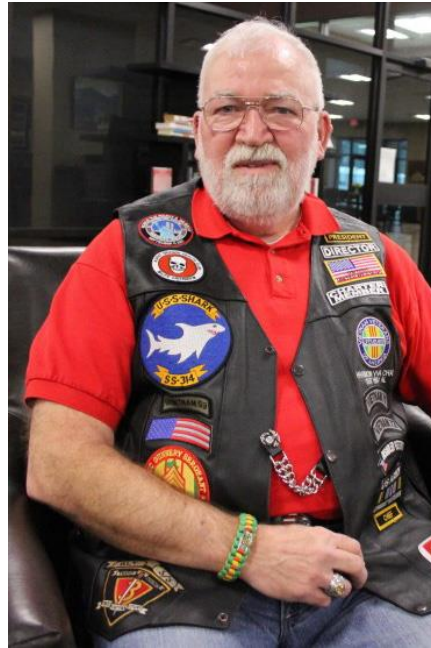
PROGRAM NAME: **SENIORS & DISABLED ADULTS NUTRITION PROGRAM**

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.

<b>A</b>	<b>INDIRECT EXPENSES:</b>	<b>PROGRAM COST</b>	<b>REQUESTED FROM FRHD</b>	<b>AMOUNT USED Q1</b>	<b>AMOUNT USED Q2</b>	<b>AMOUNT USED Q3</b>	<b>AMOUNT USED Q4</b>
A1	Security/Fire Protection	\$ 1,000.00	\$ -				
A2	General Insurance (not program specific )	\$ 15,000.00	\$ -				
A3	Accounting & audit expenses	\$ -	\$ -				
A4	Professiona/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	\$ -	\$ -				
<b>TOTAL INDIRECT EXPENSE</b>		<b>\$44,500.00</b>	<b>\$8,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>B</b>	<b>PERSONNEL EXPENSES - PROGRAM SPECIFIC</b>	<b>PROGRAM COST</b>	<b>REQUESTED FROM FRHD</b>	<b>AMOUNT USED Q1</b>	<b>AMOUNT USED Q2</b>	<b>AMOUNT USED Q3</b>	<b>AMOUNT USED Q4</b>
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	\$ -	\$ -				
<b>TOTAL PERSONNEL EXPENSE</b>		<b>\$35,000.00</b>	<b>\$27,500.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>C</b>	<b>DIRECT PROGRAM EXPENSES</b>	<b>PROGRAM COST</b>	<b>REQUESTED FROM FRHD</b>	<b>AMOUNT USED Q1</b>	<b>AMOUNT USED Q2</b>	<b>AMOUNT USED Q3</b>	<b>AMOUNT USED Q4</b>
C1	Equipment	\$ 2,500.00	\$ -				
C2	Food & Distribution Supplies	\$ 40,000.00	\$ 10,400.00	\$ 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	\$ -	\$ -				
<b>TOTAL OTHER EXPENSES</b>		<b>\$52,500.00</b>	<b>\$10,400.00</b>	<b>\$2,600.00</b>	<b>\$2,600.00</b>	<b>\$2,600.00</b>	<b>\$0.00</b>
		<b>W</b>	<b>Z</b>				
<b>D</b>	<b>TOTALS</b>	<b>PROGRAM COST</b>	<b>TOTAL FUNDS AWARDED</b>	<b>TOTAL FUNDS EXPENDED YTD</b>			
		<b>\$142,000.00</b>	<b>\$10,400.00</b>	<b>\$7,800.00</b>			



## MEET WILLIAM



William is a Vietnam Veteran, served in the US Army from 1967 until 1977. He was just 17 years old when he enlisted, never finishing high school. After a medical discharge from the Army in 1977, due to shrapnel in his back and upper left arm, William spent the better part of ten years struggling with the VA to get appropriate medical coverage and treatment for his non-stop pain. To no avail, William was not successful in getting quality care and eventually suffered from debilitating back and arm pain that prevented him from working beyond 1990. For the past thirty years, William has had to rely on the system to keep him afloat. It wasn't until he was forced to move out of his home in Central California, did he find better support within the San Diego County Human Services Department, he finally start receiving food stamps and better medical care.

Now living in Fallbrook with his brother and sister-in-law, William has been able to source his services locally and has been an active client at the Food Pantry since January of this year. William says that if it wasn't for the food he receives from us, he wouldn't be able to feed himself healthy meals each week. His EBT dollars were just cut from \$281/month to \$23/month! In frustration, he said this, "No one can live on either amount every monthly! How is it that our system completely disregards those of us who now depend on our country—like they depended on me...and nothing is getting better of us?" With the food that we are able to provide William and other seniors in need with, he feels better knowing that we are on his side and that we will always make sure he has enough food to keep on fighting the good fight!