FY 2022.2023 Fallbrook Regional Health District Community Health Contract Grant Application

Organization Information Legal Name DVINE PATH INC

Year Founded - use date of incorporation 2018

Program Name/Title Life I Can - Healthy Lifestyle

Brief Program Description

D'Vine Path offers 5 curriculums: Trellis, Culinary Journey, Canopy Arts Studios, Cordon and LEAFF. Cordon tailors to students that wish to grow their individual skillsets with moderate to minimal support and receive specialized training in Horticulture, Viticulture, Healthy Lifestyles, Hospitality, Customer Service, professionalism, culinary arts, independent living, and social skills.

Is this a new (pilot, recently developed) or established program?

Established Program

Program Information - Type

Ongoing

Requested Amount

47148

How much funding was received for this program in the previous 2021.2022 CHC Grant cycle? 21900

Organization's Mission Statement

D'Vine Path provides vocation and life skills training to people with disabilities in viticulture, hospitality and the arts.

Organization's Vision Statement

To provide a place where our students can succeed in all areas of life; where they can learn to create connections, find their purpose, secure employment, to give back, and thrive in their daily lives.

Agency Capability

2018: D'Vine Path became a 501(c)3 organization officially founding its socializing and training program for students with intellectual disabilities aging out of high school offering programs aimed at cultivating healthy lifestyles, medical literacy, community based relationship development, vocational infrastructure and solutions to rural issues in regards to transportation.

2019: Recognized by Senator Joel Anderson, recognized by Assemblywoman Marie Waldron - 75th District of State, Recognized by Department of Apprenticeship Standards as the first standard for people with disabilities in an Apprenticeship and On the Job Training,

-D'Vine Path curriculum approved by Local Education Agency(LEA) (LAUSD), making our program the first state standard for people with disabilities in Viticulture Training

-San Diego Regional Center approved D'Vine path as a vendor 2020 -Department of Rehabilitation approved D'Vine Path as a Vendor

2021

-Received Department of Rehabilitation (DOR) funding

-Rate and program hours increase approved by San Diego Regional Center(SDRC)

-D'Vine Path's new Canopy Art Studio was approved by SDRC under the service code 102, the same as the Cordon and LEAFF

-Total of six speaking engagements: Encore Club, North County Transition Taskforce, Department of Rehabilitation, Fallbrook Women's Club, Legacy Foundation

-Expanded D'Vine Path Staff hires to include: Wine Maker, Garden Coordinator and part-time virtual book keeper

-Board of Directors - 5

-Contracted a weekly Social Etiquette Training from SEEDS

-Contracted a 12-week Farm to Table workshop from Sonia Perez of "Eating off the Vines"

Agency Collaborations

-Michelle Verdugo of Organic Suites -Derek Wilson of Fallbrook, TRX and Wellness Personal Trainer -Rancho Medical, Dr. Miller -presented on physical health through her guitar -Dr. Moran (dentist) presented on the importance of dental health -Hansen CPR, trained students on hands-on CPR training -North Coast Church provides venue for dances and is a resource to D'Vine Path for volunteers -Fallbrook Art Association, Art workshops empowering our students through their art expression -Christy Anderson, Family Therapist, provides mental health workshops -Myrtle Creek Winery, viticulture and wine making presentations -Casa Tiene Vista Winery, Wine presentations on skills needed to become a wine ambassador, support -Splendorio Winery, wine presentations, support -Toasted Oak -Chef Faro Trupiano, culinary presentations -Z Cafe, John Toma, presentations, support -Smalltown Restaurant -Diana Branche, catering presentations, support -Jennie Parker, Fallbrook pastry chef -Small Wine Growers Group, Christina Smith -Small Wine Growers Association(SWA Group) -RS Growers Fallbrook -Jackie Hyneman and Daniel Martinez helped students prepare for Fallbrook Scarecrow Days through art expression -Wings of Change, Stefanie Holbrook - how to plant butterfly garden and how to stay positive during pandemic -Go to Crew, Stefanie Holbrook, how to stay positive as an employee -Imagine Finance Group, Marianne Nolte Martini presentation on finances and budgeting -Agriservices, soil presentations -Nutrien, Lance Anderson, agriculture presentations -Bonsall Womens Club, donations -Newcomers Club, donations -Encore Club, support -Roger Bodeart, presentations, Fallbrook TreeMan -Bob Abbot(artist), presentations, support -Fallbrook Active Nutrition, presentations, support -Vista Valley Country Club, collaborative employer -Rainbow Oaks Restaurant, collaborative employer -Mike Krause, Fallbrook resident botanist -Carol Eckland, Master Gardener -Candance and Robyn Dahlson, Floral Design -Rosslyn Mullins, Master Gardner

Target Population - Age

	Percent of program participants
Children (infants to 12)	
Young Adults (13-17)	5
Adults (18-60)	95
Seniors (60+)	
We do not collect this data (indicate with 100%)*	

Gender

	Percent of program participants
Female	50
Male	50
Non-binary	
Unknown*	

Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	100
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%)*	

Projected number of residents that will directly benefit (participant/client) from this program. 300

Social Determinants of Health (SDOH)

Program/Services Description - Social Determinants of Health

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

Education Access & Quality (Early Childhood Education and Development, Enrollment in Higher Education, High School Graduation, Language and Literacy)

Social & Community Context (Civic Participation, Discrimination, Incarceration, Social Cohesion)

Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)

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 (Diabetes - prevention, management)

Health (Cholesterol, High Blood Pressure, Hypertension, Obesity)

Mental Health (Social Support - Youth or Families) Mental

Mental Health (Screenings, Prevention)

Health (Mobility) Health (Healthy Food/Nutrition)

Social (Economic Security, Health Literacy, Family/Child Support, Legal/Advocacy)

Statement of Need/Problem

The Life I Can - Healthy Lifestyle curriculum designed by the D'Vine Path specifically targets participants' mental health, nutrition, and social skills and is integrated throughout the program.

Mental Health - Anxiety and depression, are two primary mental health concerns for those living with autism spectrum disorder (ASD), Asperger's syndrome, and other intellectual disabilities, an underserved and at-risk population. This problem is especially significant for young adults, who after graduating from their respective school systems, are found to be unsupported, without employment, and unenrolled in higher education. This is a societal blind spot, an issue which is not addressed in Fallbrook or the surrounding areas.

Nutrition - Research conducted on adults with intellectual disabilities has proven that diet affects many of the frequently reported secondary conditions: i.e., fatigue, weight problems, and constipation or diarrhea (Humphries K, Traci MA, 2009). Proper nutrition can increase the participants' quality of life by improving these conditions and preventing additional health concerns from developing. The Life I Can - Healthy Lifestyle curriculum provides 12-month educational hands-on culinary workshops facilitated by chefs and a nutritionist, educating participants on nutritional benefits and how to prepare simple, healthy meals.

Socialization Skill Intervention - Research proves that adults living with intellectual disabilities struggle with impaired social skills therefore leading to increased risk of depression and social isolation. The Life I Can Healthy Lifestyle curriculum provides weekly workshops that teach social skills through behavioral modeling, role playing and twice-yearly dance socials that allow the participants to practice their newly acquired skills all within a safe environment. (Emily Moulton, 2020)

Emily Moulton, E. L. (2020). Social Skills Intervention. Retrieved from Science Direct: https://www.sciencedirect.com/topics/psychology/social-skill-intervention Humphries K, T. M. (2009, June). Nutrition and adults with intellectual or developmental disabilities: systematic literature review results. Retrieved from PubMed: https://pubmed.ncbi.nlm.nih.gov/19489663/

Statement of Need/Problem - Others

While other organizations serve people with more severe disabilities (REINS, Care Rite Vocational Services, and Stepping Stones).D'Vine Path is the only program that is a life-skills training program for high functioning individuals with mental health disabilities, i.e., Asperger's Syndrome, autism, intellectual disabilities, and other mild learning disabilities(22+) are aging out of their prospective school systems. D'Vine Path's program provides an atmosphere where participants are able to leave behind their strife-stricken past and receive the space and encouragement needed to learn social skills, proper behavior and etiquette, healthy nutrition, physical fitness, and self advocacy all within a safe environment. No other local organization provides the appropriate services that targets this population's cognitive level.

Program/Services Description - Program Entry

The following steps are required for enrollment into D'Vine Path's Program

• Enrollment

1-Contact their counselor at Department of Rehabilitation

3-Contact D'Vine Path's Executive Director to independently enroll (Private Pay)

- Site and Program tour is scheduled
- If student expresses interest, an application is then filled out and an individual interview is held with applicant and family
- Student participates in a one-week trial period for administrator, student and family to assess if the student is a fit to participate in the curriculums provided by D'Vine Path
- Once determination is made, the appropriate funding will be applied through the following channels: Private Pay, or by means of the Department of Rehabilitation, or San Diego Regional Center
- The student is then enrolled in D'Vine Path's program after trial period and funding is complete.

Program/Services Description - Program Activities

Intertwined within all classes provided by D'Vine Path Path is the Life I Can - Healthy Lifestyle curriculum. These classes provide participants within the Fallbrook community and surrounding areas the support needed to help with mental health and social skills. During D'Vine Path's 2022 goals are to provide the following:

1) D'Vine Path provides weekly workshops that teach social skills through behavioral role modeling, role playing and twice-yearly, 2-3 hour dance socials to 50 adults with disabilities. This curriculum benefits the participants by helping to prevent social isolation, their anxieties and depression.

2) D'Vine Path will provide participants with disabilities in the Fallbrook, Bonsall and surrounding areas a 12-month educational hands-on culinary workshop facilitated by chefs and a nutritionist. This curriculum benefits the participants to help prevent fatigue, weight problems, constipation or diarrhea.

Program Goal #1

1) D'Vine Path provides weekly workshops that teach social skills through behavioral role modeling, role playing and twice-yearly, 2-3 hour dance socials to 50 adults with disabilities. This curriculum benefits the participants by helping to prevent social isolation, their anxieties and

depression.

1) The goal of this program is to teach the importance of socialization and how social isolation can lead to an increase of anxiety and depression.

2) D'Vine Path will provide participants with disabilities in the Fallbrook, Bonsall and surrounding areas a 12-month educational hands-on culinary workshop facilitated by chefs and a nutritionist. This curriculum benefits the participants to help prevent fatigue, weight problems, constipation or diarrhea.

2) The goal is for participants to understand and learn the nutritional benefits of cooking and eating healthy foods, how-to prepare simple, healthy meals and ultimately promotes a healthy lifestyle which can decrease symptoms of fatigue, weight problems, constipation, and diarrhea.

Program Objectives - Goal #1

Objective for Goal # 1) D'Vine Path provide will provide weekly workshops that teach social skills through behavioral role modeling, role playing and twice-yearly, 2–3-hour dance socials to 50 adults with disabilities. This curriculum serves its goal by helping participants reduce social isolation, their anxieties and depression.

Objective for Goal # 2: D'Vine Path will provide 12-month educational hands-on culinary workshops facilitated by chefs and a nutritionist to educate participants on nutritional benefits of cooking and eating healthy foods and how to prepare simple, healthy meals.

Program Outcomes/Measurables - Goal & Objectives #1

By the end of 2022, 50% of the participants will exhibit an increase in socialization skills by actively participating in events, socials, and community activities D'Vine Path sponsors throughout the year.

D'Vine Path facilitators will gather participant information through a registration process that will include collecting each participants' names, contact information, and completion of both an entry and exit survey to assess each participants' perception of changes in their social skills & knowledge, personal attributes, and/or impact on their future behaviors and goals.

By the end of 2022, 50% of the participants will be able to understand, recite the nutritional benefits of cooking and eating healthy foods. 50% of participants will also be able to demonstrate the ability to cook 5 simple healthy meals and explain its nutritional benefits to their facilitators and peers.

D'Vine Path facilitators will gather participant's knowledge and understanding of what nutrition is, the benefits of eating healthy and if they know how to prepare healthy meals. Throughout the 12-

month curriculum, D'Vine Path facilitators will track each participant's progress.

Anticipated Acknowledgment

Anticipated Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

Anticipated Acknowledgment

The District's name and logo will be promoted through the following:

D'Vine Path's monthly newsletter

D'Vine Path's sponsorship page on it's website

Name or Logo will be displayed at D'Vine Path Program's physical location

Social Media Platforms

D'Vine Path Facebook Page

D'Vine Path Instagram Account

D'Vine Path LinkedIn Account

D'Vine Path YouTube channel

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formated 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:

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

<u>APPLYING ORGANIZATION</u>: 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 fundraising events, private donors, in-kind goods and services, and volunteer efforts.
- > <u>OTHER FUNDERS</u>: 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) shoud 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 unsusual 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.

y	FRHD CHC GRAN		-		
	D'Vine Path	NAME:	Life I Can Healthy	-	
lot a	II line items will correspond with your program budget. If the item possible. However, be sure your			blank or group it in	the best category
Α	INDIRECT EXPENSES:	PROGRAM	APPLYING	OTHER FUNDERS	REQUESTED FRO
A1	Administrative Support	COST 120,000.00	ORGANIZATION 115,000.00		FRHD 5,000.0
A2	General Insurance (not program specific)	3,600.00	3,600.00		-,
A3	Accounting & audit expenses Consultant/Contractor Fees	3,000.00	3,000.00 30,000.00	6.000.00	
A4 A5	Physical Assets (Rent, Facility Costs)	120,000.00	110,000.00	10,000.00	
A6	Utilities	6,480.00	4,480.00	2,000.00	
A7	IT & Internet	3,600.00	600.00	1,000.00	2,000.0
A8	Marketing & Communications	2,000.00		1,000.00	1,000.0
A9	Office Supplies	2,400.00		1,000.00	1,400.0
A10	Training & Education	2,000.00			2,000.0
	TOTAL INDIRECT EXPENSE	299,080.00	266,680.00	21,000.00	11,400.0
В	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FRC FRHD
В3	Salary (Lead Facilitator - Lead Facilitator)	43,992.00	38,000.00	1,000.00	4,992.0
В4	Salary (Lead Facilitator -Chef)	39,996.00	34,000.00	2,200.00	3,796.0
B6	Salary (Facilitator)	14,400.00	11,000.00	400.00	3,000.0
B7	Salary (Facilitator)	14,400.00	11,000.00	400.00	3,000.0
B8	Salary (Facilitator)	14,400.00	11,000.00	400.00	3,000.0
	Nutritionist	1,500.00	500.00		1,000.0
	Benefits	25,000.00	25,000.00		
B13		153,688.00	120 500 00	4 400 00	18,788.0
	TOTAL PERSONNEL EXPENSE	PROGRAM	130,500.00 APPLYING	4,400.00	REQUESTED FRO
С	DIRECT PROGRAM EXPENSES	COST	ORGANIZATION	OTHER FUNDERS	FRHD
C1	Equipment (Clasroom Furniture)	4,000.00		1,000.00	3,000.0
C2	Program/Project Supplies	5,000.00		1,000.00	4,000.0
C3	Printing/Duplicating	1,000.00	4 400 00	500.00	500.0
C4 C5	Travel/Mileage Kitchen Supplies	8,400.00	1,400.00	1,000.00	6,000.0 2,500.0
C5	Grocery Supplies for workshops	2,500.00		_	2,500.0
C7		900.00			900.0
C8					
C9					
C10					
C11					
C12					
C13					
C14					
C15					
	TOTAL OTHER EXPENSES	21,860.00	1,400.00	3,500.00	
		W PROGRAM	X % REQUESTED	Y	z
D	TOTAL ALL EXPENSES	COST	FROM FRHD		
		\$ 474,628.00	10%		
	DING SOURCES	_		•	
E			1		
E1 E2	APPLYING ORGANIZATION X OTHER FUNDERS Y	398,580.00 28,900.00			
E2 E3	REQUESTED FROM FRHD Z	47,148.00			
_0	TOTAL FUNDING SOURCES	\$ 474,628.00			
% O	F AGENCY BUDGET	φ 4/4,020.00	NOTE. THIS AMOUNT	SHOULD BE EQUAL TO	TOUR PROJECT CL
F	CALCULATE % of Total Agency budget that this Program	\$ 710,461.00	\$ 474,628.00	67%]
					1
	represents.	AGENCY	PROGRAM COST	% of AGENCY	

Agency Name:	D'Vine Path			
Program Name:	Life I Can Healthy Lifestyle 20	22		
Total Organization Budget (Curre	ent Fiscal Year)	\$	708,731.81	
Total Project Budget (Current Fig	scal Year)	\$	474,628.00	
Orga	nization Sources of Revenue		Sources of Funding	
(Total Organization Budget)			(This Project Request)	
		One-time	One-tin	ne
	Percent	funding?	Percent of funding	12

		Percent	funding?		Percent of	funding?
Source of funds	\$ Amount	of Total	(Yes/No)	\$ Amount	Total	(Yes/No)
Federal						
State	329740	47%	NO	3297	0 70%	
City/County*						
Other Govt.	19710	3%	NO	197	0 4%	
Proposed FRHD	47148	6%	YES	471	10%	
Fees for Service	6859.2	1%	NO	6859	.2 1%	
Grants (non-gov't)	13324	2%	YES	133	24 2%	
General Donations	49530.73	7%	YES	274	0 6%	
Organizational Fundraising	41157.27	6%	YES	28946	.8 6%	
Other (list):						
Student Art Clearing	30	0%	YES			
Social Group Program Tuiton	1500	0%	NO	15	0 1%	
Farmer's Market Donations	1462.61	0%	YES			
Capital Fund Donations	200000	28%	YES			
-						
Total	\$710,461.81	100%		\$474,628.0	00 100%	
* City/Carrety				· · · · · · · · · · · · · · · · · · ·	-	

* City/County

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

CAPITAL FUND: \$200,000 (28%) of overall fiscal year budget went to Capital Fund - D'Vine Path moved from 353 Morro Hills Rd, Fallbrook, CA to new property located at 4735 Olive Hill Road, Fallbrook, CA. Moved was needed to further expand D'Vine Path curriculum and allow for more services.

Agency Name:

D'Vine Path

Program Name:

Life I Can Healthy Lifestyle 2022

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:
A1	Administrative Support	Program Executive Director & Operations Manager to run program
A7	IT & Internet	Expense if for Internet services which help participants access recipes & subject matter needed for program
A9	Office Supplies	Office Supplies to help run progrm
A10	Training & Education	Training & Education for staff
A8	Marketing & Communications	Needed to provide marketing and communications to families and participants
A9	Office Supplies	Necessary to run program

B. PERSONNEL EXPENSES - PROGRAM SPECIFIC

#	Name	Narrative:

C. DIRECT PROGRAM EXPENSES

#	Name	Narrative:
	Equipment (Clasroom Furniture)	New equipment needs to be purchased due to the expansion of D'Vine Path. Program has moved to newly secured site at 4735 Olive Hill Rd., Fallbrook CA
	Program/Project Supplies	Program will require different project supplies - storage boxes for each students, books, etc.
	Kitchen Supplies	Purchase the necessary kitchen supplies for teaching 12-monthprogram
	Grocery Supplies for workshops	Groceries needed culinary workshops

D'Vine Path

FRHD CHC GRANT BUDGET REPORTING FORM

PROGRAM NAME:

Life I Can Healthy Lifestyle 2022

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	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
A1	Administrative Support	120,000.00	5,000.00				·
A2	General Insurance (not program specific)	3,600.00					
A3	Accounting & audit expenses	3,000.00					
A4	Consultant/Contractor Fees	36,000.00					
A5	Physical Assets (Rent, Facility Costs)	120,000.00					
A6	Utilities	6,480.00					
A7	IT & Internet	3,600.00	2,000.00				
A8	Marketing & Communications	2,000.00	1,000.00				
A9	Office Supplies	2,400.00	1,400.00				
A10	Training & Education	2,000.00	2,000.00				
A11	TOTAL INDIRECT EXPENSE	299,080.00		+	\$0.00	\$0.00	\$0.00
	PERSONNEL EXPENSES - PROGRAM	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
В	Salary (Lead Facilitator - Lead Facilitator)	43,992.00	4,992.00	<u> </u>		0320 03	
B1	Salary (Lead Facilitator -Chef)	39,996.00	3,796.00				
B2	Salary (Facilitator)	14,400.00	3,000.00				
B3	Salary (Facilitator)	14,400.00	3,000.00				
B4	Salary (Facilitator)	14,400.00	3,000.00				
B5	Nutritionist	1,500.00	1,000.00				
B6	Benefits	25,000.00					
B7							
	TOTAL PERSONNEL EXPENSE	153,688.00	18,788.00	\$0.00	\$0.00	\$0.00	\$0.00
С	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
C1	Equipment (Clasroom Furniture)	4,000.00	3,000.00				
C2	Program/Project Supplies	5,000.00	4,000.00				
C3	Printing/Duplicating	1,000.00	500.00				
C4	Travel/Mileage	8,400.00	6,000.00				
C5	Kitchen Supplies	2,500.00	2,500.00				
C6	Grocery Supplies for workshops	960.00	960.00				
C7	0	\$-	\$-				
C8	0	\$-	\$-				
C9	0	\$-	\$-				
C10		\$-	\$-				
C11		\$-	\$-				
C12		\$-	\$-				
C13		\$-	\$-				
C14	0	\$-	\$-				
C15	0	\$-	\$-				
	TOTAL OTHER EXPENSES	\$21,860.00	\$16,960.00	\$0.00	\$0.00	\$0.00	\$0.00
1		W	Z				

D	TOTALS	PROGRAM COST	Expended	
		\$474,628.00	\$0.00	

GRANT FUNDERS	GRANT YEAR	Status	Status	Amount R	eceived	Amount	t Declined
Autism Speaks	2021	Complete	declined	\$	-	\$	(5,000.00)
Color the Spectrum	2021	Complete	declined	\$	-	\$	(2,000.00)
Rancho Santa Fe Garden Club	2021	Complete	awarded	\$	5,000.00		
Kajima Grant	2021	Complete	awarded	\$	2,000.00		
Legacy Endowment	2021	Complete	awarded	\$	2,324.00		
David T & Doris Staples Foundation	2021	Complete	awarded	\$	5,000.00		

Board of Directors for D Vine Path Inc, EIN: 83-0790460

FIRST NAME	LAST NAME	BOARD POSITION
Sandi	Anderson	President
Naomi	Monthei	Secretary
Brent	Batali	Treasurer
Tom	Olmstead	Board Chair
Randy	Anderson	Board Chair

PROFESSIONAL AFFILIATION / INDUSTRY

President - Batali Ranch, Agriculture Professor of Chemistry - Grossmont College

EMAIL ADDRESS

sandi_autismmom@hotmail.com naoimimonthei@gmail.com brent@bataliranch.com tom.olmstead@gcccd.edu randy_a33@hotmail.com

TERM START DATE END

		990-EZ	Short Form Return of Organization Exempt From Income Tax		OMB No. 1545-0047			
F (orm 4		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)		2020			
De Int	partme ernal F	ent of the Treasury Revenue Service	 Do not enter social security numbers on this form, as it may be made put Go to www.irs.gov/Form990EZ for instructions and the latest information 		Open to Public Inspection			
A	Foi	the 2020 calenda	ar year, or tax year beginning , 2020, and ending	10.00 A. (1997				
В	Che	ck if applicable: C		D Empl	oyer identification number			
Ļ	╡	ress change	ine Path Inc.	0.0	0700460			
F	╡		4 S Mission Road #415					
F	╡	return/terminated Fal	lbrook, CA 92028	(7	•			
Ē	=	nded return						
		ication pending		Num	ber ►			
G		ounting Method:		ck ► 🗌 it	the organization is not			
				ired to att	ach Schedule B			
	10000	exempt status (check or		m 990, 99	U-EZ, or 990-PF).			
к		n of organization:	X Corporation Trust Association Other					
L	Add	l lines 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total				
D	art I		in (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.					
Γ	arti		xpenses, and Changes in Net Assets or Fund Balances (see the in ganization used Schedule O to respond to any question in this Part I	struction	is for Part I)			
	1		jifts, grants, and similar amounts received					
	2		e revenue including government fees and contracts.	ax 2020 de public. Open to Public Inspection rmation. ?				
	3		es and assessments.					
	4	Investment inco	me		2,530.			
			rom sale of assets other than inventory 5a					
	4		her basis and sales expenses 5b					
	6	Gaming and fun			5c			
Revenue			om gaming (attach Schedule G if greater than \$15,000) 6 a					
ver	'		om fundraising events (not including \$ of contributions					
Re		of such gross in	g events reported on line 1) (attach Schedule G if the sum come and contributions exceeds \$15,000)	1.23				
			enses from gaming and fundraising events					
	1	Net income or (I	loss) from gaming and fundraising events (add lines 6a and					
	-		line 6c).	e	d			
			nventory, less returns and allowances					
			ods sold					
	8		describe in Schedule O).					
	9	Total revenue. A	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	▶ 9				
	10	Grants and simil	ar amounts paid (list in Schedule O).	10	122,070.			
	11	Benefits paid to	or for members	11				
ses	12		ompensation, and employee benefits		49,071.			
sua	13		s and other payments to independent contractors					
Expenses	14	Occupancy, rent,	, utilities, and maintenance					
-	15	Printing, publicat	tions, postage, and shipping					
	16 17	Other expenses	(describe in Schedule O)		55,501.			
	18		Add lines 10 through 16 t) for the year (subtract line 17 from line 9)		00/210.			
șts					39,632.			
Net Assets	19	Net assets or fun	nd balances at beginning of year (from line 27, column (A)) (must agree with end-of n prior year's return)	-year	10.000			
et A	20		n net assets or fund balances (explain in Schedule O)		48,662.			
Ź	21	Net assets or fun	d balances at end of year. Combine lines 18 through 20.	▶ 21	88 201			
-	-				00,294.			

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2020)

	orm 990-EZ (2020) D'Vine Path Inc. Part II Balance Sheets (see the instr	ructions for Part II)				90460 Page 2
	Check if the organization used Scher Cash, savings, and investments	dule O to respond to any qu		(A) Beginning of ye	ar	(B) End of year 90, 692.
:				48,662	. 25	962. 91,654.
	Provide a statement of Program Service Acc	olumn (B) must agree with complishments (see the ins	line 21)	48,662	. 27	88,294. Expenses
W D m be	nat is the organization's primary exempt purpose? See	Schedule 0			(c)(3) orgar	and 501(c)(4) nizations; optional
	8 <u>Train students to graft an</u> <u>duties.</u>	nd tend grape vine	es, perform car	tering		
2	9 (Grants \$ 12,840.) If this	s amount includes foreign g	rants, check here		28 a	57,677.
3	(Grants \$) If this	amount includes foreign g	rants, check here	····· • []	29 a	
2					30 a	
3	(Grants \$) If this Total program service expenses (add line	amount includes foreign g es 28a through 31a)	rants, check here	• • • •	31 a 32	57,677.
P	Check if the organization used Sche	edule O to respond to any c	uestion in this Part IV			structions for Part IV)
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to emplo	vee	(e) Estimated amount of other compensation
P	enila Batali resident andi Anderson	40	0.		0.	0.
B	ecretary cent_Batali ceasurer	5	0.		0.	0.
					_	
		s				

		83-0790460	F	Page 3
	Art V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in t	his Part V	Sch	° 🗌
33	B Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule O			X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended document a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	its if they reflect		
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activiti			X
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		x
	b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in s	Schedule Q. 35 h		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) no reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	tice, 35 c	\square	x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions. > 37 a	0.	10.25	
	b Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			x
	b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.			
39	Section 501(c)(7) organizations. Enter:	0.	1	
	a Initiation fees and capital contributions included on line 9	0.		
	b Gross receipts, included on line 9, for public use of club facilities	0.		
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			COLUMN .
	section 4911 ►0.; section 4912 ►0.; section 4955 ►	0		
1	b Section 501(c)(3) 501(c)(4) and 501(c)(29) organizations. Did the organization engage in any section 4959	0.		
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has	not been		
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		<u>X</u>
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization	0.		
6	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	CATERAR I		
<i>A</i> 1	shelter transaction? If Yes,' complete Form 8886-T. List the states with which a copy of this return is filed CA			X
-1	List the states with which a copy of this return is filed CA			
4 2 a	The organization's			
		o.► (949) 233-	-651	5
	Located at 1374 S Mission Road #415 Fallbrook CA ZIP +	4 ► 92028		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	[Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account	t)? 42 b	T	Х
	If 'Yes,' enter the name of the foreign country ►			64
			6335325 5	

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
c At any time during the calendar year, did the organization maintain an office outside the United States?
If 'Yes,' enter the name of the foreign country ►

43			•	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a	190	х
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 b	19.52	x
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
15	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44 d		
	 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. 			x
BA		orm 990)-F7 (2020)

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42 c

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Form 99	90-EZ (2020) D	'Vine Path Inc.			83-07	90460	Page
							Yes No
46 Dic car	d the organizati ndidates for pu	on engage, directly or indi blic office? If 'Yes,' comple	rectly, in political camp ete Schedule C, Part L.	aign activities on behalf	of or in opposition to	46	X
Part V		501(c)(3) Organizatio					1 1 21
	All section	on 501(c)(3) organizat 50 and 51.	tions must answer	questions 47-49b an	d 52, and complete	e the table	es
	Check if	the organization used	Schedule O to res	spond to any questic	on in this Part VI		
47 Did	the organization	n engage in lobbying activitie	es or have a section 501(h) election in effect during	the tax year? If 'Yes,'		Yes No
con	mplete Schedul	e C, Part II	soction 170/b)(1)(A)(i)	2 16 1V as 1 as malata Cala		47	X
		on make any transfers to a					X
		elated organization a secti					X
		for the organization's five hi					
emp	ployees) who ea	ch received more than \$100	,000 of compensation from	m the organization. If there	is none, enter 'None.'	Ney	
		tle of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com	
None							
					1		. F.
			· -				
							, a
			-				
51 Com	nplete this table npensation from	her employees paid over \$ for the organization's five high the organization. If there	ghest compensated indep is none, enter 'None.'	endent contractors who ea			
None	(a) Hame and bus			(b) Type o		(c) Comp	ensation
None							
							W0.117
d Tota	al number of oth	ner independent contractor n complete Schedule A? N	s each receiving over \$	3100,000	·······		
com	pleted Schedul	e A	Iote: All section 501(c)(3) organizations must att	ach a	► X Yes	No
Jnder penalti	ies of perjury, I decla	are that I have examined this return aration of preparer (other than office	, including accompanying scher	dules and statements, and to the	best of my knowledge and belie	ef, it is	
rue, correct, a	and complete. Decla	aration of preparer (other than office	er) is based on all information of	f which preparer has any knowled	dge.		
Sian	Signature of	officer		/	Date		
Sign Here	Lenila Batali			F	President		
	31 1	name and title	Dali				
	Print/Type prepar	er's name	Preparer's signature	Date	Check if PTI	N	
Paid		Greene, CPA	Roxanne L Greene	CPA VIS 2001		1494077	
Preparer	Firm's name ►	R. Greene & Associa					
Jse Only	Firm's address	5256 S Mission Rd S	Firm's EIN 90-0947537				
Any the ID	C discuss this	Bonsall, CA 92003		1.		726-4316	
	to discuss this	return with the preparer st	iown above? See instru	ICTIONS	••••••	► X Yes	No
BAA						Form 990-	EZ (2020)

Form 990-EZ (2020)