FUNDING APPLICATION

GENERAL INFORM	IATION	I				
Organization Information	n					
Legal Name:		Federal Tax ID#:		501(c)(3) Public Charity		
Rivercity Outreach Centre Inc		82-3083127				
Address:	City:		State:	•	Zip Code:	
4102 Eisenhauer Road	San Ante	onio	ТХ		78218	
Website:	•	Fax:		United V	Way Funded:	
www.rivercityoutreach.com	n	(210) 551-3811		No		
Fiscal Year:				•		
January 01 to December 3	1					
Head Of Organization						
Name:			Title:			
Albert Gonzales			Director			
E-Mail Address:			Phone:			
hvic@rivercityoutreach.co	m		(210) 551-3811			
Application Contact						
Name:	Title:		E-Mail Address:		Phone:	
Albert Gonzales	Director		hvic@rivercityoutreach.c om		(210) 551-3811	
Has the organization app	lied to th	e Najim Family I	Foundation in the	past and	l been declined?	
No						
Grant Amount Requested \$:		Total Project Budget \$:		Organization's Annual budget \$:		
\$18,600		\$34,200		\$16,000		
Mission Statement:						
Our mission is to be fully on need in and around South (by opening our arm	is to those	e children and families in	
PROJECT INFORM	ATION					
Program / Project Title:						
With Open Arms						
PROJECT TIMELINE						
Start Date		End Date				
10/01/2020		03/31/2021				
Harvey E. Najim Family	Foundat	ion Priorities:				
Food, Shelter and Clothing	ŗ					
Program / Project Descri	ption:					
Our goal is to ensure that c their children shoes, or clo assistance with rent, light c	thes need	ed during the scho	ol year. Families v			

Rivercity Outreach welcomes all with open arms and we service all of San Antonio and around South-Central Texas.

Our goal is to service over 4,000 families the 6-months with the food distributions, maintain an emergency food pantry for those in additional need. Offer emergency rental and utility assistance for families with children, so no child goes with out shelter, and offer clothing assistance for families with children, who cannot afford to clothe children due to loss of employment, reduction in pay, and or are in need with support financial challenges.

Evaluation Plan:

All families requesting assistance with meet with the Director to determine family need and child/ children current needs. Once the need is determined that family member requesting the assistance with meet with the Outreach Coordinator to assist with any of the following, additional resources if needed, resume writing and career services, referrals to agencies that maybe able to assist with additional supports for child/children and families.

The additional support service is available to assist in assuring that a plan of action is created to assist with upcoming challenges that may arise and support from our team to ensure that they remain self sufficient and that the child/children have a home and utilities.

Plans to sustain project beyond the term of this request:

Rivercity is working on accreditations for adult training programs to be offered. Incoming revenue will be allocated to fund community projects to include The Open Arms Program. It may take a year to get the operations fully functional but it will allow us time to continue to offer our services.

How many unduplicated children will the TOTAL PROJECT INITIATIVE impact?	How many unduplicated children will NFF REQUESTED FUNDS impact?
175	175

Please provide the percentage of each group below that will be served by the project in which funds are being requested. Do not leave any area blank. If that specific group will not be served, include zero. The percentage should total 100%.

A. Population Served Age		B. Population Served Ethnicity		
Infants (0-5)	25%	African American	33%	
Children (6-13)	50%	Asian American	2%	
Young Adults (14-18)	25%	Caucasian	32%	
TOTAL:	100%	Hispanic/Latino	33%	
		Native American	0%	
		Other and Define	0%	
		TOTAL:	100%	

City Council District for Which Children are Being Served:

District1, District2, District3, District4, District5, District7

Line item Budget: **Line Item Description Total Project Funds Allocation** Najim Funds Allocation Food Distribution \$6,000 \$3,000 Rental and Utility Emergency \$7.200 \$3.600 Assistance \$4,000 \$2.000 **Clothing Assistance** Holiday Season Meal Assistance \$1,000 \$0

Holiday Family Assistance	\$16,000		\$10,000		
TOTAL:	\$34,200		\$18,600		
OTHER FUNDING RESO	URCES				
For Project being Requested: F	unding sources a	and amounts, pe	nding and committed.		
PROJECT - PENDING	-		-		
Funder Name		Amount Re	Amount Requested		
		\$0	\$0		
TOTAL:		\$0	\$0		
PROJECT - COMMITTED					
Funder Name		Amount Re	Amount Requested		
		\$0	\$0		
TOTAL:		\$0			
Other funding sources and amo	ounts, pending an	nd committed no	ot specific to this request.		
ALL OTHER ORGANIZATIO	ON REQUESTS -	PENDING			
Funder Name		Amount Re	Amount Requested		
		\$0			
TOTAL:		\$0	\$0		
ALL OTHER ORGANIZATIO	ON REQUESTS -	COMMITTED	•		
Funder Name		Amount Re	Amount Requested		
		\$0			
TOTAL:	TOTAL:		\$0		
BOARD OF DIRECTORS					
What percentage of your board	l contributes fina	ncially to the or	ganization?		
100%					
If Board giving is not at 100%,	please explain w	hy?			
How are board members expec	ted to participat	e in your organi	zation?		
All board members are to assist w the services offered.	with the annual fur	ndraiser to ensure	e that financials goals are met to servi	ice	
LIST OF BOARD DIRECTOR	S				
Name & Office Held		Corporate A	Affiliation		
Albert Gonzales Jr.					
Diana Lynn Gonzales					
Michelle Ozuna Ovalle					
Maria Almanza					
Luis Javier Lopez					
Signature					