FUNDING APPLICATION

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|---|--|------------------|--|-------------|----------------------------|--|
| GENERAL INFORM | IATIO | Ŋ | | | | |
| Organization Information | n | | | | | |
| Legal Name: | | Federal Tax ID#: | | 501(c)(3 | 3) Public Charity | |
| Rivercity Outreach Centre | Inc | 82-3083127 | | | | |
| Address: | City: | | State: | | Zip Code: | |
| 4102 Eisenhauer Road | San Ant | onio | TX | | 78218 | |
| Website: | | Fax: | | United ' | Way Funded: | |
| www.rivercityoutreach.co | www.rivercityoutreach.com (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 | om | | (210) 551-3811 | | | |
| Application Contact | | | | | | |
| Name: | Title: | E-Mail Address | | : | Phone: | |
| Albert Gonzales | Director | : | hvic@rivercityoutreach.c (210) 551-3811 om | | (210) 551-3811 | |
| Has the organization app | olied to tl | ne Najim Family | Foundation in the | past and | l been declined? | |
| No | | | | | | |
| Grant Amount Requested \$: Total Project | | Total Project Bu | idget \$: Organization's Annual bud | | zation's Annual budget \$: | |
| \$18,600 | | \$34,200 \$1 | | \$16,000 | \$16,000 | |
| Mission Statement: | | | | 1 | | |
| Our mission is to be fully need in and around South | | | by opening our arm | ns 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 | | | | | | |
| Harvey E. Najim Family | Foundat | tion Priorities: | | | | |
| Food, Shelter and Clothin | g | | | | | |
| Program / Project Descr | iption: | | | | | |

Program / Project Description:

Our goal is to ensure that children that need food are serviced. That families do not struggle with providing their children shoes, or clothes needed during the school year. Families with children seeking emergency assistance with rent, light or water so that children will not go without.

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.

Children Impacted:

| 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

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|---|-----|------|--------|---|
| | ına | ITAM | Rudget | • |

| Line Item Description | Total Project Funds Allocation | Najim Funds Allocation |
|--|---------------------------------------|------------------------|
| Food Distribution | \$6,000 | \$3,000 |
| Rental and Utility Emergency Assistance | \$7,200 | \$3,600 |
| Clothing Assistance | \$4,000 | \$2,000 |
| Holiday Season Meal Assistance | \$1,000 | \$0 |

| Holiday Family Assistance | \$16,000 | \$10,000 | |
|--------------------------------|-------------------------------|---|--|
| TOTAL: | \$34,200 | \$18,600 | |
| OTHER FUNDING RES | OURCES | | |
| For Project being Requested: | Funding sources and amou | nts, pending and committed. | |
| PROJECT - PENDING | | | |
| Funder Name | Amou | nt Requested | |
| None | \$0 | \$0 | |
| TOTAL: | \$0 | | |
| PROJECT - COMMITTED | | | |
| Funder Name | Amou | nt Requested | |
| Sam's Club | \$500.0 | 00 | |
| TOTAL: | \$500 | | |
| Other funding sources and an | nounts, pending and commit | ted not specific to this request. | |
| ALL OTHER ORGANIZATI | ON REQUESTS - PENDIN | G | |
| Funder Name | Amou | nt Requested | |
| | \$0 | | |
| TOTAL: | \$0 | \$0 | |
| ALL OTHER ORGANIZATI | ON REQUESTS - COMMI | TTED | |
| Funder Name | Amou | int Requested | |
| | \$0 | | |
| TOTAL: | \$0 | | |
| BOARD OF DIRECTOR | S | | |
| What percentage of your boar | d contributes financially to | the organization? | |
| 100% | | | |
| If Board giving is not at 100% | , please explain why? | | |
| How are board members expe | cted to participate in your (| organization? | |
| • | · · · | ensure that financials goals are met to service | |
| the services offered. | | | |
| LIST OF BOARD DIRECTO | RS | | |
| Name & Office Held | Corpo | orate Affiliation | |
| Albert Gonzales Jr. | Presid | ent | |
| Diana Lynn Gonzales | Vice I | Vice President | |
| Michelle Ozuna Ovalle | Secret | ary | |
| Maria Almanza | Board Member | | |
| Luis Javier Lopez | Board Member | | |
| | | | |

Signature