

Agency Application and Forms

2019 - 2021

(Revised November 2018)

Application to: City of Medford City of Ashland United Way

(Choose one only)

ORGANIZATION LEGAL NAME Ashland Food Angels DATE: March, 2019

OTHER NAMES ORGANIZATION KNOWN BY (DBA) N/A

ADDRESS 472 Walker Avenue Ashland Oregon 97520
Street City State Zip

FEDERAL EMPLOYER ID NUMBER (FEIN) N/A

PROGRAM/PROJECT TITLE Ashland Food Angels

See MEMO for important information on goals and priorities for Ashland, Medford and United Way.

Ashland – on which strategic priority does your program focus? Improves Lives of Ashland Resident

Medford – which essential safety net service is provided? _____

United Way – on which impact area does your program focus? Select Impact Area

AMOUNT REQUESTED from this funder for this program/project 2019-2020 \$ 22,100
2020-2021 \$ 22,100

GRANT CONTACT (If other than Executive Director listed below)


Name N/A
Telephone _____
E-mail _____

EXECUTIVE DIRECTOR INFORMATION


Name Pamala Joy
Telephone 541-482-5330
E-mail ashlandfoodangels@gmail.com

CERTIFICATION

The information contained in this application is true and correct to the best of my knowledge.


Signature of Board President

Becky Schilling
Type Name


Signature of Executive Director/CEO

Pamala Joy
Type Name

SUMMARY INFORMATION

RECIPIENT AGENCY Ashland Food Angels

PROGRAM/PROJECT TITLE _____

1. Program/project is: new established/continuing pilot

If pilot, expected duration _____

2. Primary geographic location and population program funding will serve. *(If funding awarded, City of Medford and City of Ashland, will require tracking the number of city residents served for reporting purposes. United Way requires tracking for Jackson County.)*

City of Ashland

Population: extremely low income, homeless, low income and the non-profits that serve these populations.

3. What will this funding enable?

The continuation of 364 days/year (Christmas is the only day with no service) of pick up and distribution of food goods and other items to several Ashland non-profits that serve the very needy in Ashland. Increased operational costs for insurance, maintenance and gas for Food Angel vehicles, internet/phone costs, rental expenses for storage, utility costs and a modest salary for the Director of an all-volunteer project are needed to keep the project operational full time.

4. Number of volunteers this program/project will engage: 20

Number of paid program employees this program/project will engage: 0

5. Total number volunteers agency utilizes: 20

Total number of paid agency employees: 0

6. Outline key strategies of the project/program with timeline and staff structure.

Outline key strategies of the project/program with timeline and staff structure.

The key strategy is to effectively and efficiently distribute food from suppliers to those non-profit organizations in Ashland that need these items in order to serve the hungry, homeless and low income in our community. The timeline is 364 days/year pick up which means seven days a week of produce, bread, deli & dairy from Ashland Co-op (every evening) and Market of Choice and Shop & Kart (every morning). April through November pick up produce from Farmers' Markets on Tuesdays, Thursdays, and Saturdays. Distribution is daily to the Ashland Food Bank and to providers of community meals. Weekly distribution goes to Head Start, school backpack programs and to Jackson County Fuel Committee.

7. Use this space for comments, explanations, and exceptions to questions on this application that can't be included within the question format. You may also leave it blank.

A Board of six meets twice a month with the Director to plan, vision, trouble shoot and share information. The Board also maintains the project in the absence of the Director. The regular volunteers are supported by several back up volunteers who fill in during times of illness, vacation, etc. New volunteers are trained by the Director or experienced volunteers.

The Food Angels also collect and distribute clothing, household items, personal care items, etc. on a daily basis, working in cooperation with other local agencies.

AGENCY AND PROGRAM/PROJECT NARRATIVE

RECIPIENT AGENCY Ashland Food Angels

PROGRAM/PROJECT TITLE Ashland Food Angels

Answer all three narrative questions. Use **only the space provided** – place the question number and letter preceding each answer; the amount of space you allot for each response is your choice. Use Helvetica font – 11 point.

1. Description of organization (include inception date) and
 - a. mission statement, purpose(s) and how this program/project fits with your mission.
 - b. your organization's unique qualifications to accomplish your program outcomes?
 - c. what approach is your agency taking to serve clients and train staff on trauma informed care?

2. What:
 - a. issues(s) is the project/program intended to impact,
 - b. strategy for change your program will be based on,
 - c. evidence do you have that the project/program will be successful in the proposed setting, and
 - d. what tool(s) will you use to measure outcomes?

3. How would the community as a whole benefit if your program receives funding? (Include a description of collaborations and integration and the role program/project plays in the sector.)

1. Description of organization (include inception date) and

- a. mission statement, purpose(s) and how this program/project fits with your mission.

Since 1995 the Ashland Food Angels (AFA) has had the mission to support and nurture people in Ashland collecting and redistributing usable food, clothing and other items to organizations that provide for those at risk – the homeless, extremely low income families, individuals such as the elderly, disabled and teens at risk. In doing this AFA also reduces the amount of waste that goes to the landfills.

The purpose of AFA is to change for the better the lives of the neediest in our community. With food and other usable items given to those at risk, the recipients are more able to use their income for housing/transportation etc.

This project strengthens and builds community through the interconnections between donors and non-profits in Ashland.

- b. your organization's unique qualifications to accomplish your program outcomes?

AFA's unique qualifications are these: a proven 25-year record of success in accomplishing its purpose; a Director with decades of experience in non-profits; a deep well of volunteers committed to our mission; knowledge of the needs of our community that are reviewed quarterly and commitment and demonstration of compassion and caring for our community.

- c. what approach is your agency taking to serve clients and train staff on trauma informed care?

N/A

d. What tool(s) will you use to measure outcomes?

Survey questionnaires to non-profits and their clientele as well as maintaining a detailed database of participants so that excel spread sheets can be shared with all the non-profits. Hence, the need for a new computer and software.

3. How would the community as a whole benefit if your program receives funding? (Include a description of collaborations and integrations and the role program/project plays in the sector.)

The benefits to the Ashland community are many:

- *feeding the hungry
- *providing essential goods/necessities beyond food to low income families
- *engaging those in need as human beings
- *collaborating with local businesses to provide the food and goods
- *distributing goods and food to agencies to give to those needing them
- *keeping carbon emissions to a minimum by providing pick up and distribution
- *diverting repurposed items from Goodwill to other deserving organizations
- *keeping food products, plastics, electronics out of the landfill by "recycling" them
- *helping to build a community resiliency through networking and bridging connections
- *boosts the generosity and ability to share of local markets, farmers and bakers, as well as individuals by providing an established and well organized system of collection and redistribution

GENERAL FINANCIAL INFORMATION

RECIPIENT AGENCY Ashland Food Angels
 PROGRAM/PROJECT TITLE Ashland Food Angels

1. For most recently completed 990:

a. FISCAL YEAR (mm/yyyy – mm/yyyy): 01,2018-12,2018

b. Administration & Fundraising expense: \$ 0 0%

Administration & Fundraising (expressed as percent of total budget - also known as management and general, that portion of your expenses not dedicated solely to program or services), calculated directly from your IRS form 990. Part IX: Add Line 25 C (administrative cost total) and Line 25 D (fundraising cost total) and divide by Part IX, Line 25, Column A (total expenses).

c. Program expense \$ 8,000

d. Total expenses: \$ 8,000

e. Sources of revenue:

Memberships/ individual contributions	\$ <u>3000</u>	<u>37.5%</u>
Raised through fundraising activities	\$ <u>1000</u>	<u>12.5%</u>
Government	\$ <u>0</u>	<u>0%</u>
Foundations	\$ <u>0</u>	<u>0%</u>
United Way	\$ <u>0</u>	<u>0%</u>
Fees for Service	\$ <u>0</u>	<u>0%</u>
Other (reimbursements, payments, bequests, etc.)	\$ <u>4000</u>	<u>50%</u>

f. Total revenue: \$ 8000

2. What is the highest level of financial reporting required by your funders? **Select Level**

3. Briefly describe your sustainability outlook for the project/program in the future.

With additional support from the City of Ashland through the Social Service Grant, our ability to continue in our present manner is secured. Without this grant, our future is shaky, which affects numerous other socially benefitting organizations in Ashland. Most importantly, the Ashland Emergency Food Bank and the community free meals will be hard pressed to continue in their present line of serving those in need.

4. a. Total organizational annual budget current ongoing fiscal year: \$8000

b. Total program/project budget current ongoing fiscal year: \$8000

ORGANIZATION BUDGET 2019-20

PROJECT PERIOD July 1, 2019 to June 30, 2020

RECIPIENT AGENCY Ashland Food Angels

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$ 0	\$
City of Ashland Funds	\$ 0	\$
Jackson County Funds	\$ 0	\$
CDBG (identify)	\$ 18,000	\$
Other State or Federal Funds	\$ 0	\$
United Way Funds	\$ 0	\$
Other Funds (identify)	\$ 8,000	\$
SUB TOTALS	\$ 26,000	\$ 0
TOTAL REVENUE (Pending & Secured)		\$
EXPENDITURES		
A. PERSONNEL SERVICES		
Total Salaries		\$ 0
Total Benefits		\$ 0
TOTAL PERSONNEL SERVICES		\$ 0
B. MATERIALS & SERVICES: (please detail other major budget categories)		
Director's Salary		\$ 9,000
Internet/phone		\$ 620
Vehicles insurance, maintenance, repair, and gas		\$ 3,500
Rent		\$ 6,000
Utilities		\$ 1,500
		\$
TOTAL MATERIALS & SERVICES		\$ 20,620
C. CAPITAL OUTLAY (must constitute part or all of funded public service activity to be eligible expense)		
Equipment computer/software		\$ 1,500
Furnishings		\$ 0
Other capital expenses /Identify: Garage, CDBG Grant Application		\$ 18,000
TOTAL CAPITAL OUTLAY		\$ 19,500
TOTAL EXPENDITURES (Sum of A, B & C)		\$ 40,120

PROGRAM BUDGET 2019-20

PROJECT PERIOD July 1, 2019 to June 30, 2020

RECIPIENT AGENCY Ashland Food Angels

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$ 0	\$
City of Ashland Funds	\$ 0	\$
Jackson County Funds	\$ 0	\$
CDBG (identify)	\$ 18,000	\$
Other State or Federal Funds	\$ 0	\$
United Way Funds	\$ 0	\$
Other Funds (identify)	\$ 8,000	\$
SUB TOTALS	\$ 26,000	\$ 0
TOTAL REVENUE (Pending & Secured)		\$ 0
EXPENDITURES		
A. PERSONNEL SERVICES		
Total Salaries		\$
Total Benefits		\$
TOTAL PERSONNEL SERVICES		\$ 0
B. MATERIALS & SERVICES: (please detail other major budget categories)		
Director's salary		\$ 9,000
Internet/phone		\$ 620
3 vehicles' insurance, maintenance, repairs, & gas		\$ 3,500
Rent		\$ 6,000
Utilities		\$ 1,500
		\$
TOTAL MATERIALS & SERVICES		\$ 20,620
C. CAPITAL OUTLAY (must constitute part or all of funded public service activity to be eligible expense)		
Equipment computer/software		\$ 1,500
Furnishings		\$ 0
Other capital expenses /Identify: Garage CDBG Grant Application		\$ 18,000
TOTAL CAPITAL OUTLAY		\$ 19,500
TOTAL EXPENDITURES (Sum of A, B & C)		\$ 40,120

PROGRAM BUDGET 2020-21

PROJECT PERIOD July 1, 2020 to June 30, 2021

RECIPIENT AGENCY Ashland Food Angels

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$ 0	\$
City of Ashland Funds	\$ 0	\$
Jackson County Funds	\$ 0	\$
CDBG (identify)	\$ 0	\$
Other State or Federal Funds	\$ 0	\$
United Way Funds	\$ 0	\$
Other Funds (identify)	\$ 8,000	\$
SUB TOTALS	\$ 0	\$ 0
TOTAL REVENUE (Pending & Secured)		\$ 0
EXPENDITURES		
A. PERSONNEL SERVICES		
Total Salaries		\$
Total Benefits		\$
TOTAL PERSONNEL SERVICES		\$ 0
B. MATERIALS & SERVICES: (please detail other major budget categories)		
Director's salary		\$ 9,000
Internet/phone		\$ 620
3 vehicles' insurance, maintenance, differed repairs, gas		\$ 5,000
Rent		\$ 6,000
Utilities		\$ 1,500
		\$
TOTAL MATERIALS & SERVICES		\$ 22,120
C. CAPITAL OUTLAY (must constitute part or all of funded public service activity to be eligible expense)		
Equipment		\$ 0
Furnishings		\$ 0
Other capital expenses /Identify:		\$ 0
TOTAL CAPITAL OUTLAY		\$ 0
TOTAL EXPENDITURES (Sum of A, B & C)		\$ 22,120

CURRENT MEMBER/CLIENT DEMOGRAPHIC PROFILE

(Use absolute numbers only – no percentages.)

RECIPIENT AGENCY Ashland Food Angels

PROGRAM/PROJECT TITLE Ashland Food Angels

City of Medford and City of Ashland applicants fill out right column only. United Way applicants fill out left column only.

	# Whole Program	# Medford or Ashland
I. Gender		
Female	_____	_____
Male	_____	_____
Other	_____	_____
Totals	<u>0</u>	<u>0</u>
II. Age*		
0 to 5	_____	50
6 to 12	_____	740
13 to 17	_____	1,000
18 to 30	_____	_____
31 to 50	_____	_____
51 to 61	_____	120
62 +	_____	1,710
Unknown	_____	_____
Total	<u>0</u>	<u>9,620</u>

*at point of entry for service

III. Residence* For Whole Program

FOR UNITED WAY APPLICANTS ONLY

Ashland	<u>37,300</u>
Central Point	_____
Eagle Point	_____
Gold Hill and Rogue River	_____
Jacksonville, Ruch, & Applegate	_____
Medford	_____
Phoenix/Talent	_____
Shady Cove, Butte Falls, Trail, Prospect & other Upper Rogue	_____
White City	_____
Other	_____
Unknown	_____
Total	<u>37,300</u>

IV. Race/Ethnicity

City of Medford and City of Ashland applicants fill out ethnicity and Medford/Ashland columns. United Way applicants fill out Whole Program and Ethnicity portions.

	#Whole Program	Ethnicity Hispanic/Latino*	#Medford or Ashland
White	_____	_____	_____
Black/African American	_____	_____	_____
American Indian/Alaskan Native	_____	_____	_____
Native Hawaiian/other Pacific Islander	_____	_____	_____
American Indian/Alaskan Native and White	_____	_____	_____
Black/African American and White	_____	_____	_____
American Indian/Alaskan Native and Black/African American	_____	_____	_____
Other Multi Racial	_____	_____	_____
Other	_____	_____	1,135
Totals	<u>0</u>	<u>0</u>	<u>1,135</u>

* Fill out this column as it relates to Whole Program or Medford/Ashland columns according to the entity you are applying to. Ethnicity is a portion of each Race category listed and will likely not match the total demographic served – it would only match if 100% of your clients identify as Hispanic/Latino.

Agency Board Profile

RECIPIENT AGENCY Ashland Food Angels
 PROGRAM/PROJECT TITLE Ashland Food Angels

(For City of Medford and City of Ashland, Board must have residents of respective city.)

1. Number of board members required in bylaws? Minimum 3 Maximum 7+
2. Number of board members currently active? # Voting 7 Vacancies 0
3. Average percentage board meeting attendance (over last completed year): 95%
4. Percent of board in attendance required for a quorum: 50%
5. List various board, advisory and ad hoc committees and the number of people on each.

Committee	Number of Members
N/A	
_____	_____
_____	_____
_____	_____
_____	_____

6. Characteristics of Board of Directors at time of application:

Race/Ethnicity

	Number Identifying	Ethnicity Hispanic/Latino*
White	<u>7</u>	_____
Black/African American	_____	_____
American Indian/Alaskan Native	_____	_____
Native Hawaiian/other Pacific Islander	_____	_____
American Indian/Alaskan Native and White	_____	_____
Black/African American and White	_____	_____
American Indian/Alaskan Native and Black/African American	_____	_____
Other Multi Racial	_____	_____
Other	_____	_____
Totals	<u>7</u>	<u>0</u>

* Fill out this column pertaining to board Ethnicity is a portion of each Race category listed. It will very likely not match the total board category – it would only match if 100% of your board identifies as Hispanic/Latino.

Residence

	Male	Female	Other
Ashland	<u>3</u>	<u>3</u>	_____
Central Point	_____	_____	_____
Eagle Point	_____	_____	_____
Gold Hill/Rogue River	_____	_____	_____
Jacksonville, Ruch, Applegate	_____	_____	_____
Medford	_____	_____	_____
Phoenix/Talent	<u>1</u>	_____	_____
Shady Cove, Butte Falls, Trail, Prospect, Other Upper Rogue	_____	_____	_____
White City	_____	_____	_____
Other	_____	_____	_____
Total	<u>4</u>	<u>3</u>	<u>0</u>

ATTACHMENT 2
Food Angels' Board of Directors

Pamala Joy, Director, Ashland - 541-482-5330

Kathleen Abelson, Ashland – 541-326-7618

Andre Angermann, Ashland – 541-282-4626

Ed Hiroch, Ashland - 541-324-0558

Jeffrey Land, Talent - Secretary – 541-621-1796

Scott Reeder, Ashland - 641-622-9294

Becky Schilling, Ashland - President - 541-778-3467

Rick Schmitt, Ashland - 541-514-4221

Attachment 3

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

JUL 03 2014

ASHLAND FOOD ANGELS
C/O PAMALA JOY
472 WALKER AVE
ASHLAND, OR 97520

Employer Identification Number:

DLN:

17053091314003

Contact Person:

CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

September 17, 2012

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations



Attachment 4

Confirmation

[Home](#) | [Security Profile](#) | [Logout](#)

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** ASHLAND FOOD ANGELS
- **EIN:** 461264359
- **Tax Year:** 2018
- **Tax Year Start Date:** 02-01-2018
- **Tax Year End Date:** 01-31-2019
- **Submission ID:** 10065520190612647747
- **Filing Status Date:** 03-02-2019
- **Filing Status:** Pending

Note: [Print](#) a copy of this filing for your records. Once you leave this page, you will not be able to do so.

MANAGE FORM 990-N SUBMISSIONS

* No income or operating costs are asked for because our budget does not exceed \$50,000 - Jeff Land