



Organization Information

Legal Name

Fallbrook Food Pantry

Program Name/Title

LC Nutrition Education & Occup

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.

240

Target Population - Age

	Percent of program participants	Total Number of Participants
Children (infants to 12)	40	96
Young Adults (13-17)	10	24
Adults (18-60)	50	120
Seniors (60+)		
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	60	144
Male	40	96
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	240
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)

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

Health (Healthy Food/Nutrition)

Program Objectives

Provide in-person nutrition and occupational courses that benefit our community in need. Learning the fundamentals of living a healthy lifestyle and being able to make better choices for themselves, ultimately benefiting their families and our community, as well.

Program Outcomes/Measurables

This quarter we hosted (1) 8-week Diabetes Prevention & Management class (beginners only) for adults, (1) 16-week ESL class for adults, (1) 12-week nutrition education class, START SMART, for youth at the BGC, (12) Health Screenings performed by the CSUSM Nursing Students, and (2) 60-minute seminars about Heart Health. We served 240 students, up 35 since last quarter, with a total of 2,818 student hours this quarter.

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 several media outlets:

Social media

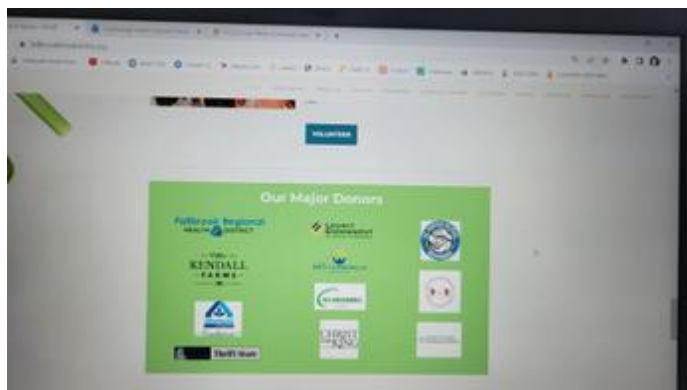
Website

Newsletter

Box Truck

Facility signage

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



Program Budget



22-23 FFP - LEARNING CENT... .xlsx

Impact Story



START SMART - Pilot Program.pdf

Opportunities & Challenges

We had a great quarter with our education! New students...new programs...and new opportunities!

We will be working with the Fallbrook Union Elementary School District, starting in April--providing all students at 7 locations, after-school programming, including summer, fall, winter and spring camps! This will require more funding to support 7 instructors and 7 aids...but we are confident, the money will come.

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

Agency Name: **FALLBROOK FOOD PANTRY** PROGRAM NAME: **LEARNING CENTER: NUTRITION & OCCUPATIONAL EDUCATION**

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	3,000.00	1,500.00	1,500.00	
	A7	IT & Internet	1,000.00	500.00	500.00	
	A8	Marketing & Communications				
	A9	Office Supplies	2,500.00	2,500.00	-	
	A10	Licenses/permits/fees	2,500.00	1,500.00	1,000.00	
	A11	Equipment/Building Reserves			-	
		TOTAL INDIRECT EXPENSE	35,000.00	21,500.00	13,500.00	-
	B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER RESOURCES	REQUESTED FROM FRHD
	B1	Salary - Executive Director (1.0)	15,000.00	10,000.00	5,000.00	
	B2	Salary - Program Manager (1.0)	10,000.00	2,500.00	2,500.00	5,000.00
	B3	Salary - Instructors (0.5) x 3	30,000.00	10,000.00	10,000.00	10,000.00
	B4	Salary - Learning Center Coordinator	15,000.00	10,000.00	-	5,000.00
	B5	Payroll Expenses (WC, taxes)				
	B6	Benefits				
	B7	Other: specify				
		TOTAL PERSONNEL EXPENSE	70,000.00	32,500.00	17,500.00	20,000.00
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER RESOURCES	REQUESTED FROM FRHD
	C1	Educational Equipment for Instructors	5,000.00	2,500.00	2,500.00	
	C2	Food & Distribution Supplies	25,000.00	5,000.00	10,000.00	10,000.00
	C3	Printing/Duplicating	2,500.00	2,500.00	-	
	C4	Marketing & Communications	5,000.00	2,500.00	2,500.00	
	C5	Curriculum & Programs Development	20,000.00	-	10,000.00	10,000.00
	C6	Technology: video recording equipment	5,000.00	2,500.00	2,500.00	
	C7	College Scholarship programs for HS students	25,000.00		15,000.00	10,000.00
		TOTAL OTHER EXPENSES	87,500.00	15,000.00	42,500.00	30,000.00

W X Y Z

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 192,500.00	23%

2) FUNDING SOURCES

E	FUNDS FOR PROGRAM	
E1	APPLYING ORGANIZATION X	69,000.00
E2	OTHER RESOURCES Y	73,500.00
E3	REQUESTED FROM FRHD Z	50,000.00
	TOTAL ALL FUNDING SOURCES W	\$ 192,500.00

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	\$ 192,500.00	23%
		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**
Program Name: **LEARNING CENTER: NUTRITION & OCCUPATIONAL EDUCATION**

Total Organization Budget (Current Fiscal Year) \$ 844,500.00
Total Project Budget (Current Fiscal Year) \$ 192,500.00

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	0.11	NO	100000	0.11	NO	PEND
Other Govt.							
Proposed FRHD	50000	0.05	NO	50000	0.05	NO	PEND
Legacy Endowment	10000	0.011	NO	10000	0.011	NO	AWARD
Guenther Foundation	100000	0.11	NO	100000	0.11	NO	AWARD
Bank of America	1000	0.001	NO	1000	0.001	NO	AWARD
Pacific Western Bank	5000	0.06	YES	5000	0.06	YES	AWARD
Kendall Farms	10000	0.011	NO	10000	0.011	NO	AWARD
Better World Trust	10000	0.011	NO	10000	0.011	NO	AWARD
Las Patronas	10000	0.011	YES	10000	0.011	YES	AWARD
Sousa Family Trust	25000	0.029	NO	25000	0.029	NO	AWARD
General Donations	250000	0.29	NO	250000	0.29	NO	PEND
Other Internal Organizational Fundraising	150000	0.17	NO	150000	0.17	NO	PEND
Other (list):							
Ameriprise Foundation	25000	0.029	YES	25000	0.029	YES	PEND
Tony Robinson Foundation	20000	0.023	YES	20000	0.023	YES	PEND
Nordson Foundation	18500	0.021	YES	18500	0.021	YES	PEND
Pala Band of Indians	50000	0.05	YES	50000	0.05	YES	PEND
SD Food Bank	10000	0.011	NO	10000	0.011	NO	PEND
Total	\$844,500.00	100%		\$844,500.00	100%		

* 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**

Program Name: **LEARNING CENTER: NUTRITION & OCCUPATIONAL EDUCATION**

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	\$5k of the \$10k needed for this program to employ and manage --ensures that we can continue running our programs as they are fully intended to.
B3	Instructors	\$10k of the \$30k needed to employ and educate clients--ensures that we can provide credible/certified instructors to conduct a variety of classes being offered to our clients: Nutrition, Health & Wellness, Occupational & Personal Skills Development

C. DIRECT PROGRAM EXPENSES

#	Name	Narrative:
C2	Food / Distribution Supplies	\$10k of the \$25k needed annually to ensure we have enough food to use for all classes surrounding around food, nutrition, diabetes, hypertension, heart disease, cardiovascular diseases, etc.
C5	Curriculum Development	\$10k of the \$20k needed to create, edit, print and produce curriculum for 7 different classes offered at the Learning Center.
C7	College Scholarships	\$10k of the \$25K needed to provide high school students from FHS's high-risk kids college opportunities, which is the incentive program for our CHOP courses.

Agency Name:

FALLBROOK FOOD PANTRY

PROGRAM NAME:

LEARNING CENTER: NUTRITION & OCCUPATIONAL EDUCATION

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.

A	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
A1	Security/Fire Protection	\$ 1,000.00	\$ -				
A2	General Insurance (not program specific)	\$ 15,000.00	\$ -				
A3	Accounting & audit expenses	\$ -	\$ -				
A4	Professional/Consultant/Contractor Fees	\$ 5,000.00	\$ -				
A5	Physical Assets (Rent, Facility Costs)	\$ 5,000.00	\$ -				
A6	Utilities	\$ 3,000.00					
A7	IT & Internet	\$ 1,000.00	\$ -				
A8	Marketing & Communications	\$ -	\$ -				
A9	Office Supplies	\$ 2,500.00	\$ -				
A10	Licenses/permits/fees	\$ 2,500.00	\$ -				
A11	Equipment/Building Reserves	\$ -	\$ -				
TOTAL INDIRECT EXPENSE		\$35,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
B1	Salary - Executive Director (1.0)	\$ 15,000.00	\$ -				
B2	Salary - Program Manager (1.0)	\$ 10,000.00	\$ 5,000.00	\$ 1,250.00	\$ 1,250.00	\$ 1,250.00	
B3	Salary - Instructors (0.5) x 3	\$ 30,000.00	\$ 10,000.00	\$ 2,500.00	\$ 1,250.00	\$ 1,250.00	
B4	Salary - LC Coordinator (0.5)	\$ 15,000.00	\$ 5,000.00	\$ 1,250.00	\$ 1,250.00	\$ 1,250.00	
B5	Payroll Expenses (WC, taxes)	\$ -	\$ -				
B6	Benefits	\$ -	\$ -				
B7	Other: specify	\$ -	\$ -				
TOTAL PERSONNEL EXPENSE		\$70,000.00	\$20,000.00	\$5,000.00	\$3,750.00	\$3,750.00	\$0.00
C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
C1	Educational Equipment for Instructors	\$ 5,000.00	\$ -				
C2	Food & Distribution Supplies	\$ 25,000.00	\$ 10,000.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	
C3	Printing/Duplicating	\$ 2,500.00	\$ -				
C4	Marketing & Communications	\$ 5,000.00					
C5	Curriculum & Programs Development	\$ 20,000.00	\$ 10,000.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	
C6	Technology: video recording equipment	\$ 5,000.00	\$ -				
C7	College Scholarship programs for HS students	\$ 25,000.00	\$ 10,000.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	
TOTAL OTHER EXPENSES		\$87,500.00	\$30,000.00	\$7,500.00	\$7,500.00	\$7,500.00	\$0.00
		W	Z				
D	TOTALS	PROGRAM COST	TOTAL FUNDS AWARDED	TOTAL FUNDS EXPENDED YTD			
		\$192,500.00	\$50,000.00	\$35,000.00			



START SMART PILOT PROGRAM



We had a full house! 30 kids participated in our 12-week pilot program, START SMART, from the Boys & Girls Club.

Here is what they learned about:

START SMART is a fun, interactive-incentive driven program, empowering children with nutrition knowledge about MyPlate, food groups, macronutrients, micronutrients, food labels, food & exercise, the human digestive system, smart snacks, and taste testing. 60-minute class sessions, after-school program, 1-day/week.

Each week was a progression from the week before—so each kiddo needed to pay attention and retain the lessons from previous weeks in order to move forward with new discovery-learning activities, such as the ones above. An edible fruit solar system (left pic)—discussing all the micronutrients found in fruits and vegetables. Edible Art, The Flower Garden (middle pic) – learning about growing a garden and which flowers are edible, and Under the Sea (right pic) – discovering the majestic ocean and how some of our nutrients can be found in fish and underwater plants like seaweed.