

Kingsburg Tri- County Health Care District Grant Application

Please complete and return documentation and information required under the District Grant Policy, Procedures and Guidelines. **Submit a signed original plus a set of 8 copies using a binder clip.**

Provide the following information for the grant applicant, and well as for all partnering and/or subcontracting entities, if any. **Use a separate page for each item listed on page 2 to fully describe required information.**

Applicant Name New Path Center, Inc.

Type of Organization Community Mental Health

Legal status of your business (LLP, nonprofit, etc.) Private Nonprofit

Subject of Request Scholarships for underserved individuals

Total Amount Requested \$ 25,000 How many People Will Grant Serve? 70

Is this intended as a one-time or ongoing project? Ongoing

Project timeframe 2 years Lump sum or periodic disbursement? Lump Sum

How will grant be recognized by recipient? Printed materials

Total Years in business 20 # of Employees 6 Federal Tax ID # 20-1772577

Business Licenses, Certifications or Registration # City of Kingsburg

Business License Certificate #00646

Individual Accountable for Grant Funds:

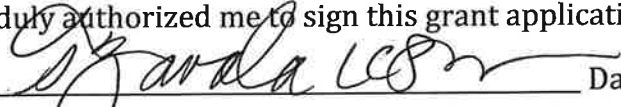
Name Tim Zavala Title Director

Address 1340 Sierra Street, Suite 300

City Kingsburg State CA Zip 93631

E-Mail tzavala2066@gmail.com Phone Number 559-691-0818

By signing below, the undersigned hereby certifies under penalty of perjury that: (1) information contained within this application is true and correct to the best of my personal knowledge, information and reasonable belief; (2) the grant applicant has read and is familiar with all of the District's grant policies, procedures and guidelines; (3) the grant applicant hereby waives each and all claims and right(s), if any exist to, in any form, appeal or otherwise legally challenge each and all decisions of the Kingsburg Tri-County Health Care District pertaining to this grant application; and (4) the governing body of the grant applicant has duly authorized me to sign this grant application.

Signature  Date 04/29/24
Print Name and Title Tim Zavala, LCSW Director

The following information is required in relation to the requested grant. Please use separate pages for each numbered item, titling and numbering each page as listed below. We require the following: 1 signed copy of the grant application, with items 1-8 (below) completed and attached, plus 8 additional hardcopies.

1. **Project Overview:** Include purpose of the grant request. Describe in detail how the funds will promote health and wellness and further the grant goal of fostering quality health services and programs which benefit the residents of the District.
2. **Project Cost:** Itemized budget with explanation of each itemized cost and the need for such, and supporting documentation, such as actual bids or formal estimates, if any.
3. **Partner(s):** List all partners (if any), and their financial contributions for this specific project.
4. **Funding Sources:** List all funding sources for the past 5 years.
5. **Community Need:** Describe specific needs of the District which your project will meet.
6. **Legal Status:** Please provide a copy of your W-9, business licenses and certificates, as well as IRS determination letter if you are a nonprofit.
7. **Contributions:** List previous and ongoing community contributions your organization has made within the past 5 years.
8. **Plans:** Provide drawings or pictures of the proposed project with footnotes for explanations.

Kingsburg Tri-County Health Care District Grant Application

1. Project Overview

New Path Center, Inc. (NPC) is a 501 (c)(3) private nonprofit organization that offers specialty mental health and mediation services to address the emotional and relational needs of students, individuals, couples, families, and communities in and around the city of Kingsburg. New Path Center works directly with area schools, other community-based organizations, and the Kingsburg Police Department to provide services to at-risk students, adolescents involved in the juvenile justice system, families impacted by multiple stressors, victims of abuse, and other trauma survivors.

NPC is requesting grant funds to develop a scholarship fund that will help to provide low or no-cost therapy sessions to those unable to pay for services.

Although all therapists at NPC can accept clients on a sliding fee scale, a scholarship fund will allow us to see those whose financial situation prevents them from accessing even low-cost services. In fact, individuals with insurance coverage are often unable to access services due to high deductible costs that must be paid before policies activate.

\$25,000 would allow New Path Center to provide 10 sessions for up to 70 underserved individuals, couples or families throughout the next two years.

This grant funding request is intended to cover the above-referenced costs for a period of two years during which additional funding sources will be sought out and secured.

Individuals seeking mental health services through NPC would be able to work with one of our experienced and trained staff comprised of two Licensed Clinical Social Workers (LCSW), and four Licensed Marriage and Family Therapists (LMFT).

Kingsburg Tri-County Health Care District Grant Application

2. Project Cost

Annual Budget and Narrative – Years One and Two

Scholarship Funds Year One: \$12,500 (Approx. 166 sessions at \$75/session)

Scholarship Funds Year Two: \$12,500 (Approx. 166 sessions at \$75/session)

Total Project Cost: \$25,000

Those individuals, couples and families who are seeking mental health services but are unable to pay average associated costs (\$90-\$150 per hour), would be provided 10 sessions paid by the grant. NPC therapists would accept the set rate of \$75 per session. This would allow us to see sixteen (16) individuals, couples or families, or a combination of these, potentially impacting up to 35 individuals per year.

Kingsburg Tri-County Health Care District Grant Application

3. Partners

- Kingsburg Area Schools
 - New Path Center staff attends Kingsburg Elementary Charter School District School Attendance Review Board (SARB) meetings to provide support to the process and participants and to facilitate referrals for mental health services as appropriate.
 - NPC collaborates with Kingsburg Joint Union High School District to provide a restorative justice program for students who have violated school rules and engaged in other harmful behaviors on campus.
 - NPC participates in annual resource fairs and career day events at KHS.
- Kingsburg Police Department
 - New Path Center collaborates with and receives referrals from KPD for restorative justice programs.
 - Victims of crime can reconcile with their offenders in a safe and supportive environment and on their terms.
 - Juvenile offenders directed by the courts can make restitution for their harmful actions.
- Kingsburg Community Assistance Programs and Services
 - New Path Center partners with KCAPS to provide mental health services to individuals and families in need.
 - KCAPS makes appropriate referrals to NPC and pays a portion of the therapist's fees to make these services available to those who otherwise would not be able to access them.
- Local churches
 - New Path Center receives referrals from many local churches for mental health services for their members.
 - Churches often pay a portion of the fees so that their members can access the services.
- Other local mental health professionals
 - New Path Center and other mental health professionals in the community make referrals to each other as appropriate.

Kingsburg Tri-County Health Care District Grant Application

4. Funding Sources

- Lions Club of Kingsburg: \$13,000
- Private donors
- Local churches: paid for therapy services for members.
- KCAPS: paid for therapy services for referred individuals
- Fees for restorative justice, mediation, and mental health services

Kingsburg Tri-County Health Care District Grant Application

5. Community Need

In a 2021 study by the National Institutes of Health (NIH), nearly half of Americans surveyed reported recent symptoms of an anxiety or depressive disorder, and 10% of respondents felt their mental health needs were not being met. Rates of anxiety, depression, and substance use disorder have increased as a result of the COVID-19 pandemic, and these symptoms were more pronounced among individuals experiencing household job loss, young adults, and women. Additionally, some studies suggest that the pandemic worsened children's mental health or exacerbated existing mental health issues among children. During the past 3 years in particular, children's routines were significantly disrupted, and they experienced an abnormal amount of social isolation. Such experiences can be associated with anxiety and depression and can have implications for mental health later in life.

At New Path Center we've seen the effects of what professionals are calling a "mental health crisis" in our local community. For many school-aged children in Kingsburg, this has manifested in uncharacteristically poor academic performance, conflict with peers, other negative social interactions, and many types of self-medication. Individuals from lower socioeconomic families often face additional stressors that negatively impact mental health and wellness.

We've seen an increase in referrals for mental health services for individuals of all ages over the past year, and many of our clients are experiencing more acute symptoms of depression and anxiety, relational difficulties, and decreased functioning overall.

We are dedicated to continuing to promote health and wellness in our community, and to provide quality mental health services, mediation, and restorative justice programs to the residents of the Tri-County Health Care District, ensuring that these services are accessible to all those who need them regardless of financial circumstances.

Kingsburg Tri-County Health Care District Grant Application

6. Legal Status

- See attachments:
 - IRS determination letter
 - City of Kingsburg Business License Certificate
 - W-9

Kingsburg Tri-County Health Care District Grant Application

7. Contributions

In the last 5 years, New Path Center has made significant contributions to the community of Kingsburg and residents of the Health Care District. These include:

- Providing quality specialty mental health services to hundreds of individuals, couples, and families.
- Providing a safe and comfortable space to connect those in need with licensed mental health professionals who are trained, experienced, culturally competent, and trauma informed.
- Collaborating with Kingsburg Elementary Charter School District to provide support and consultation, by attending SARB meetings, providing information about available services, and accepting referrals from school staff.
- Collaborating with Kingsburg Joint Union High School District to provide a restorative justice program for students who have violated school policies and engaged in harmful behaviors on campus. NPC staff attend/participate in annual resource fairs and career days at KHS.
- Collaborating with the Kingsburg Police Department by accepting referrals for restorative justice programs, including a Victim Offender Reconciliation Program where victims can reconcile with their offender in a safe and supportive environment on their terms, and juvenile offenders can make restitution for their harmful actions.
- Collaborating with Kingsburg Community Assistance Programs and Services (KCAPS) to provide mental health services to individuals and families in need. Therapists helped to plan and lead the “Brave Girls” event with KCAPS staff.

Kingsburg Tri-County Health Care District Grant Application

8. Plans: N/A

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

DEPARTMENT OF THE TREASURY

Date: **DEC 03 2004**

NEW PATH CENTER INC
2280 25TH AVE
KINGSBURG, CA 93631-1425

Employer Identification Number:
20-1772577
DLN:
17053301049044
Contact Person: JOAN C KISER ID# 31217
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 24, 2004
Contribution Deductibility:
YES
Advance Ruling Ending Date:
DECEMBER 31, 2008

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. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

NEW PATH CENTER INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in cursive script that reads "Lois G. Lerner".

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)
Form 872-C

BUSINESS LICENSE CERTIFICATE

CITY OF KINGSBURG

Having paid license as prescribed by the City Ordinance, the certificate holder described is entitled to conduct business in the City of Kingsburg in conformity with the Rules and regulations of said City

TYPE OF BUSINESS:NON-PROFIT

Date of Expiration: 12/31/2024

BUSINESS ADDRESS: 1340 SIERRA ST KINGSBURG, CA
93631

BUSINESS NAME New Path Center, Inc.

ATTN: TIM ZAVALA

MAILING ADDRESS: 1340 Sierra Street, Suite 300
KINGSBURG, CA 93631

NON TRANSFERABLE

PLEASE POST IN A CONSPICUOUS PLACE



KEEP FOR YOUR RECORDS

License #: 00646

Date Paid:

Total: \$0.00

Balance Due: \$0.00

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>New Path Center, Inc.</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p> <p>New Path Center</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) Non-profit corporation</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>1340 Sierra Street, Suite 300</p>	<p>Requester's name and address (optional)</p> <p>KINGSBURG HEALTHCARE DISTRICT 1425 MARION STREET, KINGSBURG CA 93631</p>
	<p>6 City, state, and ZIP code</p> <p>Kingsburg, CA 93631</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
2	0	-	1	7	7	2	5	7	7

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date 4/29/24
------------------	--------------------------	---------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they