

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 Roxanne Marshall - (ESYN)

Type of Organization Sports/events who are affected by disability

Legal status of your business (LLP, nonprofit, etc.) non profit

Subject of Request payment for sports registration fees

Total Amount Requested \$ 4,125 How many People Will Grant Serve? 15

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

Project timeframe throughout the year Lump sum or periodic disbursement? Lump Sum

How will grant be recognized by recipient? Social Media + on flyers

Total Years in business 7 # of Employees 4 Federal Tax ID # 84-2954462

Business Licenses, Certifications or Registration # Irs and W9 attached

* There are 4 employees @ Central Valley Resource Center Services who we under their nonprofit#. ESYN has no employees

Individual Accountable for Grant Funds:
Name Roxanne Marshall Title Co-Founder

Address 8720 E Mtn View Ave

City Selma State CA Zip 93662

E-Mail roxannemarshall818@gmail.com Phone Number 559 246 9992

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 Roxanne Marshall Date 4-28-24
Print Name and Title Roxanne Marshall CO-Founder ESN

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.



ESYN 77-0448258

In Affiliation With Central Valley Resource Center Services

13700 E Parlier Ave

Parlier, CA 93648

559-646-3837

4/15/24

ESYN (Exceptional Sports for Youth with Needs) is a non-profit organization in partnership with Central Valley Resource Center Services. Our purpose is to involve youth and adults with special needs in sports and activities. We tailor these events so that any person, regardless of disability, can participate, make friends, and be a part of a team with their peers. It also allows the families to come together in a warm atmosphere where they can find support with other individuals who understand the hardships of raising a person with special needs. We are improving the physical well-being of these kids, and promoting the emotional health of everyone.

ESYN started in 2016 with a vision to get our children involved in sports and events in an environment that was tailored for children who struggle with physical and mental disabilities. It has been a remarkable process over the past seven years to watch our organization grow. We have started to be more involved in community outreach this year. We have had booths at events like Dia de Los Muertos in Selma at Pioneer Village, schools parent

resource nights, Kid's Day at the Fresno Fairground/resource information. We love connecting with new families! We are constantly thinking of new ways to involve our children in more activities and sports. Not only do we offer bowling, baseball, soccer, and hip hop dance, but we also have events such as Farm Days at Spirit Horse in Kingsburg, Project Surf Camp in Morro Bay that gives people who have been affected by a disability the opportunity to surf in the ocean. We also have events such as Halloween Carnival/Raffle, Easter Egg Hunt/BBQ, and Breakfast with Santa.

There are no adaptive sports outside of Fresno that provide physical activities for people who have been affected by disabilities, besides Selma Little League's Challenger Program. ESYN is the only organization where they can get modified/adaptive physical exercise in this area. This is typically the only exercise these people get outside of school. And for our older participants, this is their only form of exercise. In order to best assist Kingsburg families in the disabled community to have a healthier lifestyle, we are asking Kingsburg Tri-County Health Care District to help us continue to keep these kids/adults active and healthy by allowing them to participate in a safe environment through our programs. We are asking for assistance with the following activities for our families who live in Kingsburg (approximately 15 families):

Project Surf Camp	\$75 x 15 = \$1,125
Bowling League (4 weeks)	\$60 x 15 = \$900
Dance/Aerobic Classes (5 weeks)	\$60 x 15 = \$900
Soccer League (4 weeks)	\$40 x 15 = \$600
Farm Day SpiritHorse	\$15 x 15 = \$225
Challenger Baseball League	<u>\$25 x 15 = \$375</u>
	TOTAL: \$4,125

We sincerely appreciate the Kingsburg Tri-County Health Care District for taking the time to consider our organization. If you need further information please contact one of the founders of ESYN listed below.

Sincerely,

Charlotte Lewis (559) 393-3874 Roxanne Marshall(559) 246-9992

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In reply refer to: 0248144558
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CENTRAL VALLEY RESOURCE CENTER
SERVICES CORP
X CONNIE RAQUENIO
13700 E PARLIER AVE STE A
PARLIER CA 93648

027899

Employer ID number: 84-2954462
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Oct. 30, 2019, about your tax-exempt status.

We issued you a determination letter in October 2019, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

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CENTRAL VALLEY RESOURCE CENTER
SERVICES CORP
X CONNIE RAQUENIO
13700 E PARLIER AVE STE A
PARLIER CA 93648

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Kim A. Billups, Operations Manager
Accounts Management Operations 1

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 Specific Instructions on page 3.	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.)		
	Central Valley Resource Center Services Corp		
	2 Business name/disregarded entity name, if different from above.		
	Db a Connect the Valley		
	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.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	<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 <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ 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. <input type="checkbox"/> Other (see instructions) _____		
	nonprofit corporation		
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"/>			
5 Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)	
13700 E Parlier, Suite A			
6 City, state, and ZIP code Parlier CA 93648			
7 List account number(s) here (optional)			

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 <i>How to get a TIN</i> , later.																																						
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																						
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p style="text-align: center;">or</p> <table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr><td>8</td><td>4</td><td>-</td><td>2</td><td>9</td><td>5</td><td>4</td><td>4</td><td>6</td><td>2</td></tr> </table>	Social security number												-						Employer identification number									8	4	-	2	9	5	4	4	6	2
Social security number																																						
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8	4	-	2	9	5	4	4	6	2																													

Part II Certification	
Under penalties of perjury, I certify that:	
1. 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	
2. 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	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. 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 <i>Connie Maria Raganio</i>	Date 4/15/2024
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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

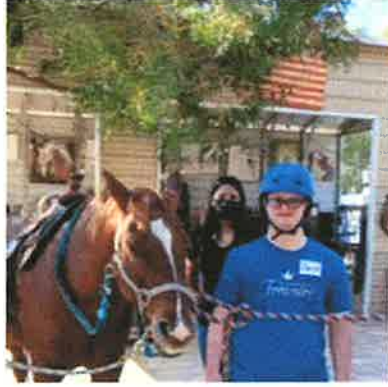
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



We have 5 weeks of hip hop dance at the Fowler Studio



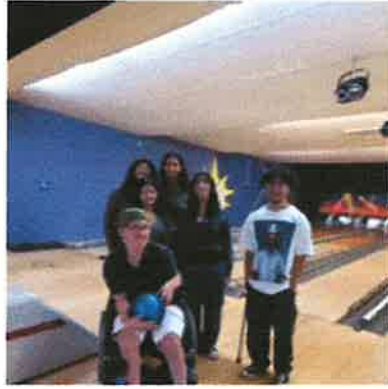
2 Months Challenger Baseball League



Farm Friday's at Spirit Horse in Kingsburg



Project Surf Camp in Morro Bay



Four weeks of Bowling



4 weeks of soccer