

COUNTY OF SAN BERNARDINO

San Bernardino County Government Center
385 N. Arrowhead Ave., Fifth Floor,
San Bernardino, CA 92415-0110
Ph: 909.387.4565 | Fax: 909.387.5392 | Contact Us



San Bernardino County Nonprofit Assistance Fund

New Update! Deadline for the San Bernardino County Nonprofit Assistance Fund Extended

The San Bernardino County Nonprofit Assistance Fund is a partnership between San Bernardino County and Inland Empire Community Foundation to help nonprofits survive the impacts of COVID-19 on their operations. The fund was developed after the San Bernardino County Board of Supervisors approved \$5 million in financial support to the nonprofit community using CARES Act funding.

Under the new program, grants will be awarded to nonprofits that demonstrate reimbursable COVID-19 expenses that were incurred in response to the pandemic or to mitigate the effects of COVID on their operations.

Nonprofit organizations in San Bernardino County that have experienced a loss of revenue and increased expenses during COVID-19 are encouraged to apply.

IECF, which is managing the grant program, will oversee the application and review process, in collaboration with the IE Funders Alliance. Grant awards will be dispersed directly by San Bernardino County to IECF-approved nonprofits.

Thank you to the San Bernardino County Board of Supervisors for assisting our nonprofit community that are on the frontlines of this pandemic.

Grants range from \$2,500 – \$20,000

Opening Date: November 19, 2020

Closing Date: December 2, 2020

Eligibility

Nonprofit, public benefit organizations with evidence of tax-exempt status under Section 501(c) (3) of the Internal Revenue Code and not classified as a private foundation.

501(c) (6) organizations such as Business leagues, Chambers of Commerce, Real estate boards, or Boards of trade are also eligible to apply

Nonprofits must be headquartered or have an office in San Bernardino County

Nonprofits that have less than 50 employees

Nonprofits with budgets of \$2,000,000 or less

Nonprofits must be able to document expenditures that are eligible under the CARES Act including costs that are used to assist in responding to the Pandemic or to mitigate the effects of the Pandemic on the nonprofit organization. These may include but are not limited to:

Changed Programming

Decreased Client Load

Expansion of Programs

Inability to Deliver Programs

Increased Client Load

Loss of Volunteers

Costs for COVID Compliance

Payroll Limitations

Reduction of Program

Revenue Loss

Salary Cuts

Temporary Closure

Need more info? [Download the Portal Guide](#)

[Download Grant Guidelines](#)

[Apply for the San Bernardino County Nonprofit Assistance Fund](#)

[Return to Application in Progress](#)

[Download the required Safe Reopening Plan Form](#)

For help with applying, three technical assistance sessions will be offered on the following dates:

November 25, 2020 4:00pm



San Bernardino County Nonprofit Assistance Fund



District 1 ☐ _____
 District 2 ☐ \$ _____
 District 3 ☒ \$ _____
 District 4 ☐ \$ _____
 District 5 ☒ \$ 15000

Section 1- ORGANIZATION INFORMATION

1. Legal Name of Applicant Organization or Sponsoring Organization: Education Over Incarceration		
2. Street Address: 2350 W 1st Ave		
3. City: San Bernardino	4. Zip: 92407	
5. Mailing Address 2350 W 1st Ave		
6. City: San Bernardino	7. Zip: 92407	
8. Website: www.educationoverincarceration.org	9. Telephone: 909-734-7074	10. Fax:
11. Executive Director/CEO (name and title): Moses Ramirez Executive Director	12. Email Address: mramirez@educationoverincarceration.org	
13. Board Chair/President: Clarissa Guillen-Secretary	14. Email Address: cguillen@educationoverincarceration.org	
15. Contact Person for grant application (name and title): Laura Carnelos - Secretary	16. Email Address: lcarnelos@educationoverincarceration.org	
17. Number of paid staff: 3	18. Number of Volunteers: 20	19. Year Organization founded: 2020
20. Geographic area(s) served: District 5 San Bernardino		

Section 2 – APPLICANT ORGANIZATION CLASSIFICATION (check one box):

21. Type of Organization:	
<input checked="" type="checkbox"/>	Non Profit (IRS 501 designated) – Attach IRS Form 990
<input type="checkbox"/>	For Profit entities – Include Federal Identification Number:
<input type="checkbox"/>	Community Organization- fill out the attached Schedule A
<input type="checkbox"/>	Government Agency
<input type="checkbox"/>	Other – Please explain and fill out the attached Schedule A

Section 3 – NAME and TYPE of PROJECT or PROGRAM:

	Y	N
22. Is this a Program request (i.e., a long-term, ongoing service or activity)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Is this a Project (i.e., a short-term, time limited activity, service or event)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. If a Project - is this grant request for the sponsorship for a special event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. What is the name of this Program or Project?		
26. Would your organization be interested in being spotlighted in a District Newsletter or Website? <input checked="" type="checkbox"/> <input type="checkbox"/>		

Section 4 – BUDGET (Complete Items 27-38)

Line Items	Revenues	Expenses
27. Amount of money requested from the CID Fund	\$ 15000	
28. Cash contributed to Project or Program by Applicant Organization	\$ 30000	
29. Other funding already awarded	\$	
30. In-Kind Match Amount or Volunteer Credit Hours	\$ 14000	
31. Staffing expense for Project/Program		\$ 48000
32. Equipment expense for Project/Program		\$
33. Food expense for Project/Program		\$ 3000
34. Marketing expense for Project/Program		\$ 2000
35. Supplies expense for Project/Program		\$ 6000
36. Facilities/Rent expense for Project/Program		\$
37. Other expense for Project/Program		\$
38. TOTAL Note: revenues & expenses should equal or balance	\$ 59000	\$ 59000

In addition to completing Section 5 (Line Items 27-38), please attach the organization's project/program budget.

Section 5 – PROJECT or PROGRAM DESCRIPTION:

39. Please describe the history and mission of applicant organization.

Education over incarceration Organization has provided training to formerly incarcerated individuals by giving them skills to be successful.

40. Provide the number of years the organization has been in existence. Also describe the need that drives this grant request and summarize the organization's efforts and outcomes in the community.

The organization has been existence since 2020. We are partnering with San Bernardino chamber of commerce. San Bernardino Sheriff dept. Uniteee in the community to address the crime's in the community.

By providing training scholarships & educational resources.
75 out of 100 individuals have completed the program & working in thier fields.

41. Please provide a clear and thorough description of the project or program. Include a physical address of the project or program.

The project will take place Delmann Heights Community Center 2969 N. Flores San Bernardino, CA 92405 (909) 880-1362 Matt Douglas, Recreation Program Coordinator

Education Over Incarceration project will reach out to the local Parole office in San Bernardino. To educate train and assistance on completing FAFSA application. Resume building, job assistance and financial literacy classes.

42. Include whether it is an A) existing program and how long it has been in operation, B) a newly developed program and when it began or C) if the program is not in existence yet, when it is expected to start?

This Program has successful completion rate of 70% as of 2022. Resulted in less crime in the community.

43. Please describe the target population(s) and number of people who would benefit.

Target audience population is District 5 residents, neighborhood and local community.
Neighborhood has a total of 400 household and 2 adult schools in the area.

44. How does your agency identify and reach the target population(s) of the project or program?

Reach out to the local Parole office & churches in the community.

Coordinate with San Bernardino Pact and City of San Bernardino inmate release program.

45. Please describe how financial sustainability would be achieved for this service/activity beyond the life of this grant request.

Volunteer base of 300,000 hours available. Community sponsors that provide 100,000 in marketing services.

Education Over Incarceration has partnered with Uniteee in the streets and San Bernardino County.

46. Please describe how you will evaluate or measure the success of this grant request.

The Evaluation is documented through polls that address the outcomes aspects of program.
Utilize crime statistics for incarceration and crime. Follow up with the City of San Bernardino.

47. Describe any other funding needed to complete this effort, how you will secure it, status of each request (e.g. fully funded, partially funded or pending).

The marketing has been donated by local sponsors in the community that will provide 63,000 thru marketing material, outreach volunteers.

48. Please list the names and describe the roles of key organizations or agencies that will collaborate with your organization to implement this program or project.

Uniteee in Streets
City of San Bernardino Parole Dept
All state insurance
Lil Ceasar's pizza
Lion's club

49. Has your organization received Community Improvement Designation funds in the past four years? From which district(s)? Amount? Please indicate the date received.

No.

50. Specifically, state what the CID Funds will be spent on.

The funds will be spent on Coordinator, Transportation, bus passes and gas cards.

51. Specifically, state what locations throughout the 3rd district and (where applicable) Riverside County, you will serve with the CID Funds.

San Bernardino City hall and Downtown.

Submit applications to:

San Bernardino County Government Center
385 N Arrowhead Ave, Fifth Floor
San Bernardino, CA 92415-0110
Ph 909-387-4565/ Fax 909-387-5392/



SCHEDULE A

COMPLETE THIS FORM UNLESS YOU ARE A NON-PROFIT AND ARE ATTACHING IRS FORM 990

Registration Number: 13-2456587 (Non-Profit Only)

FINANCIAL STATEMENTS:

PLEASE ATTACH COPIES OF THE ORGANIZATION'S CURRENT BUDGET, TREASURER'S REPORT, FINANCIAL STATEMENTS AND FOOTNOTES (it does not require a CPA's audit, but please submit if available). However, if financial statements are not available, this page must be completed.

Balance Sheet as of 10/15/2022

<u>Assets</u>		<u>Liabilities & Fund Balance</u>	
Cash and Investments	\$ <u>75,000</u>	Current Payables	\$ <u>11300</u>
Receivables (detail)	<u> </u>	Notes Payable	<u> </u>
Inventory	<u>10,000</u>	Fund Balance	<u>25000</u>
Fixed Assets	<u>45,000</u>		
Other Assets	<u> </u>		
Total Assets	\$ <u>130,000</u>	Total Liabilities & Fund Balance	\$ <u>36300</u>

End of the year income statement for the immediate past year.

<u>Income</u>		<u>Expenses</u>	
Fundraising	\$ <u>59600</u>	Salaries	\$ <u>52400</u>
(Sources)	<u> </u>	Operating Expenses	<u>63000</u>
Foundation Grants	<u> </u>	Community Services	<u> </u>
Government Funds	<u> </u>	National/Parent Organization Fees	<u> </u>
Other Grant	<u> </u>		
Other Sources	<u> </u>	Other Expenses	<u> </u>
Total Income	\$ <u>56000</u>	Total Expenses	\$ <u>115400</u>
Net Income (deficit)	\$ <u>115600</u>		

San Bernardino County Nonprofit Assistance Fund

Grant Request Application

SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Please refer to the individual district's Instructions for information on pre-application requirements, submittal deadlines, and payment disbursement requirements.
- Every CID application is considered individually and on its own merit.
- Preference will be given to organizations and activities that directly benefit the residents of the Third District.
- Funding is not immediately available to the recipient; please allow time for checks to be processed.
- The awarding of CID funds does not constitute an automatic annual allocation.
- The recognition for CID funding should accrue to the County of Riverside. It is acceptable for a Supervisor to lend their name in support to the cause for which CID funding is provided. Please consult the individual district for direction.
- CID funds must be spent as specified on the application and records may be requested by the Board of Supervisors or their designee to ensure the funds were used appropriately.
- CID grants will not be awarded or announced within the 60 days before an election in which the awarding Supervisor is on the ballot.
- The recipient must provide a full accounting grant evaluation (with documentation) on the use of awarded funds. **All awards require a report back on how the money was spent within 60 days of the utilization of the funds.**
- If the award is not entirely spent in the fiscal year it was awarded and over \$5,000, a report must be submitted annually until the funds have been exhausted. The recipient must return to the county any funds not spent or documented per the signed agreement.

I/We declare under penalty of perjury that the foregoing is correct. I/We also acknowledge, understand, and will abide by the statements listed above.

NOTE: BY SIGNING THIS DOCUMENT THE GRANT RECIPIENT AGREES TO SUBMIT THE REQUIRED GRANT EVALUATION IN COMPLIANCE WITH THE TERMS WRITTEN ABOVE. APPLICANTS WHO FAIL TO COMPLY WILL BE INELIGIBLE FOR FUTURE CID GRANT FUNDS.

Prepared by

Name and Title (Please print or type):

Signature:

Executive Director/CEO:

Signature:

Moses Ramirez

Organization Name:

Education Over Incarceration

Mailing Address of Organization:

2350 W 1st Ave CA 92407

Telephone number:

909-734-7074

Date:

10/15/2022