

Keeping People Alive

Small Grant Application

well in the desert

Arlene Rosenthal
22475 Longvue Rd
Desert Hot Springs, CA 92241-9271

rose1944@aol.com
O: 760-285-7297

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Application Form

Question Group

Organization Name*

Well in the Desert

Mission Statement*

Well in the Desert is a 501c3 non-profit organization that provides daily nutritious hot meals, emergency food assistance, weekly supplemental food distribution and a wide variety of services through to those affected by poverty, and refuge through summers and winters at our cooling and heating center to seniors, those homeless, seniors, families

Program/Project Name*

Keeping People Alive

Program/Project Description*

Describe the program/project you are proposing and what you plan to achieve.

In order for the Well to apply for grants we must have an audit done by a certified CPA. We are appealing to RAP to offer assistance to us so we can receive more funding for sustainability. We have had an understanding between Desert Health Care District and leadership of RAP to work together.

When was Organization founded?*

1996

Program/Project Start Date*

12/01/2020

Program/Project End Date*

12/11/2020

Goals and Objectives*

Bullet points are acceptable.

Enable us to get an acceptable audit.
Write new grants to organizations who require it.
Advocate for needed services, infrastructure, and our cooling center with the writing of grants.

Geographic Area Served*

List the geographic area(s) to be served in RAP Foundation's geographic funding area which is eastern Riverside County, west borders of Palm Springs, North Palm Springs, and Desert Hot Springs eastward to Blythe/Palo Verde Valley border.

Western part of the Coachella Valley, including Palm Springs, Desert Hot Springs, North Springsm Cathedral City, 1000 Palms, Sky Valley, and Rancho Mirage

Target Population*

Describe the population who will benefit from your program/project.

The people we serve are those homeless, low-income, and possible on the brink of homelessness.

Total number of persons to be directly impacted?*

How many persons will be directly served?

15000

Measurement/Evaluation*

Describe the measurement tools utilized to evaluate impact of service/program.

We keep records daily of how many people we serve, and those to have found housing, medical care, etc.

Partnership/Collaboration*

Name partners or collaborators and explain their role in the program/project. Enter N/A if you are not collaborating on this program/project.

NA

Financial Support*

Will you be approaching other funders and/or obtain financial support for this program/project? If so, please provide details.

No

Is your organization a member of RAP's Center for Nonprofit Advancement (CNA)?*

No

Amount Requested

Maximum amount is \$5,000.

\$10,000.00

Program/Project Budget*

Provide total cost of Program/Project Annual Budget

\$10,000.00

Budget Template*

https://www.dropbox.com/s/it94p56p3sgfezb/MASTER-RAP_Grant-BudgetProposal.pdf?dl=0Budget Template

Please use required template provided. Click on Budget Template shown in blue. Complete Budget Template and upload.

RAP.rtf

Budget Narrative

Optional. Explain line items (for example, personnel cost)

The budget is just for the audit

Contact for this Application

Contact Name for this application.*

Arlene Rosenthal

Contact Position Title*

President

Contact Email Address*

rose1944@aol.com

Contact Phone Number*

7602857297

Uploads

Liability Insurance*

Provide copy of Certificate of Liability Insurance

Well liability insurance certificate.pdf

Memorandum of Understanding (MOU)

If you are partnering or collaborating with other organizations.

IRS Determination Letter-501c3*

501c3.pdf

File Attachment Summary

Applicant File Uploads

- RAP.rtf
- Well liability insurance certificate.pdf
- 501c3.pdf

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/OO/YYYY)
11/15/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
 EMPLOYERS CHOICE INSURANCE SVCS INC
 2111 S. El Camino Real Ste. 201
 Oceanside, CA 92054
 OC36879

INSURED
 The Well in the Desert
 Arlene Rosenthal
 555 Commercial Road
 Palm Springs, CA 92262
 760-323-8353

NAME:,,,
 r18"N,, El (760) 431-0947 rffc N,d76o>431-s99a
 O't SS gmenely@pacbell.net

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: Scottsdale	
INSURER B: Progressive	
INSURER C: State Compensation Insurance Fund	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	ADDL	SUSR	POLICY NUMBER	Effective Date	Expiration Date	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE OCCUR	INSR	****	CPS1776903	06/10/13	06/10/14	EACH OCCURRENCE \$ 1,000,000 PREMIBE J El" enccel \$ 100,000 MEDEXP (Anyone person) \$ 5,000 PERSONAL & ADVIN JIURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OPAGG \$ 1,000,000
B	AUTOMOBILE LIABILITY ANYAUTO ALLOWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		y	077329532	12/01/13	12/01/13	/fa accidentfm\JLC. LIMII \$ 1,000,000 BODILy INJURY (Per person) \$ BODILy INJURY (Per accident) \$ PROPERTY PAMAGE Per accident \$
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) giii r t \$ 0 b PERATIONS below		!!	9079116-13	11/16/2013	11/16/2014	IT IfJN I JOTh E.L EACH ACCIDENT \$ 1,000,000 E.L DISEASE EA EMPLOYE \$ 1,000,000 E.L DISEASE POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS/ LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Rancho Mirage, its officials, employees, and agents are named as an additional insured on the general liability policy.

The City of Rancho Mirage, its officials, employees, and agents are named as an additional insured on the automobile policy.

CERTIFICATE HOLDER

City of Rancho Mirage
 69825 Highway 111
 Rancho Mirage, CA 92270

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 / /

0-...- / /

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

DEPARTMENT OF THE TREASURY

Date: **IFEB OJ 2001**

WELL IN THE DESERT
PO BOX 5312 284 S CAHUILLA RD
PALM SPRINGS, CA 92263

Employer Identification Number:
33-0694S80
DLN:
17053013773021
Contact Person:
DAVID V SCIAN ID# 31369
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
August 1996
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi)

Granters and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a granter or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 57, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)