



# GRANT FUNDING APPLICATION

To ensure that your complete response appears on the printed application, please limit your responses in all fields to the visible space provided. **Do not change font type or size; do not cut and paste your response into the text boxes.** Save this application to your desktop and work off that saved document rather than off the web application version.

## APPLICANT INFORMATION:

Legal Name of Organization: Chico Area Council on Aging DBA Chico Meals on Wheels

Executive Director/CEO/Department Head: Joe Cobery, Board President

Executive Director/CEO/Department Head Phone # and email: 530-514-8326 jcobery@csuchico.edu

Application Contact Person/Title: Eric Moxon - Board Vice-President

Application Contact Phone # and email: 530-899-2485 eric.moxon@stifel.com

Address: P.O. Box 1662

City/State/Zip: Chico, CA 95927

E-Mail: chicomeals@gmail.com Website: chicomealsonwheels.org

Is this Organization or fiscal receiver a California non-profit corporation?  Yes  No

Does your agency employ 15 or more individuals?  Yes  No

If yes, name of Section 504 Coordinator: \_\_\_\_\_

\* Tax ID # 94-1732875  
\*Required Information

Unique ID # J81GW261HXJ1 \*  
(To obtain a UniqueID, visit [www.sam.gov](http://www.sam.gov))

Name of Program (within your agency) applying for CDBG Funds:  
Chico Meals on Wheels

Is the organization faith based?  Yes  No

If yes, explain how the funded program will be separate from religious activities/requirements:  
\_\_\_\_\_  
\_\_\_\_\_

Is this request for: (check one)  On-Going Support  New Program

**For Staff Use Only:** Complete Application received by deadline: \_\_\_\_\_ Yes \_\_\_\_\_ No

**THRESHOLD QUESTIONS:** (Note: Application must be signed and questions 1-5 below must be answered completely to determine if your application meets threshold requirements to be considered for funding.)

1. City CDBG Public Services Funding Request: \$ 40,000.00 (no less than minimum of \$20,000)
2. Is this Organization a non-profit, public benefit corporation?  Yes  No
3. Will 100% of the CDBG funds be used to serve low-income clients or households within the city limits of Chico?  
 Yes  No
4. a. Does your Program assist people experiencing homelessness?  Yes  No
4. b. Does your Program assist people to prevent homelessness?  Yes  No
5. Select the primary service your Program provides from the priorities listed below (**select one**):
- A. Assist people experiencing homelessness, including getting them into/maintaining stable housing
- B. Support and improve the well-being of seniors
- C. Support and improve the well-being of people with disabilities
- D. Provide legal services
- E. Provide meals for homebound people
- F. Provide childcare so that parent(s) may work or receive education

**PROGRAM/ACTIVITY:**

6. a. Describe your proposed Program (services) to be provided with the requested City CDBG funding. Provide the name of the program and how it addresses the need or problem you've identified and aligns with at least one of the priorities listed above.

Chico Meals on Wheels was founded in 1971 to provide Older adults and adults with disabilities with nutritious, dietetically correct, meals in their homes. Keeping older adults in their homes, in familiar surroundings, where they feel in control of their lives, contributes to independence and good mental attitude; this is also true of the disabled and those recovering from serious illness. Without this meal service, many clients would have to enter a care facility. 92% of our clients are over 62 and 60% are women.

Meals are purchased from Enloe Hospital (Thomas Cuisine Management). Our clients pay no more than the purchase price of the meal (\$6.25). No one is turned away due to age or finances and those unable to pay the full cost of the meal are subsidized through grants and fundraising. The cost to deliver each meal including subsidies is \$6.31. Funding from the City of Chico Community Development Block Grant will be used to help cover meal subsidies and delivery costs.

Our program is administered by a 16-member unpaid Board of Directors, who meet monthly. There is no paid Executive Director. Paid employees consist of an General Manager, who works out of her home coordinating the daily activities, an accountant and the drivers who deliver the meals. Paid drivers are used, rather than volunteers, because screening and dependability of volunteers is more difficult to control.



6. a. Continued

Since clients with diminished mobility are very vulnerable, trustworthiness and character are extremely important. become really dedicated to their clients on their routes, and the mutual rapport builds.

Our drivers are mostly semi-retired or students and are willing to work part-time for minimum wage. Our drivers become really dedicated to their clients on their routes, and the mutual rapport builds.

The City of Chico is our largest benefactor and a number of organizations and individuals contribute regularly. Fundraising has become increasingly important as our costs have increased. We have had success raising monies in the past several years through our \$50 A Year Club, grant writing and vehicle donations.

The need for Chico Meals on Wheels has increased dramatically since the COVID pandemic. No other local agency provides this vital daily service to the most vulnerable segment of our community. Before the camp Fire and COVID we had consistently delivered 25-27,000 meals a year. Last year we delivered 47,992 (131 meals/day) and this year are on track to deliver about the same amount. We have added vehicles, drivers and software to assist in delivering so many more meals. We also work with many other local agencies (CIMC, Passages, Peg Taylor, ect) assisting them with meals and access to special diets unavailable to their programs +

6.b. If you answered "yes" to 4.b. above, how does your Program prevent homelessness? Please be as specific as possible.

80% of the clients that we serve in Chico are considered below the poverty line. These older adult households face decisions daily between paying for food, medical care, housing, transportation and utilities. Those receiving home-delivered meals have greater improvement in feelings of anxiety, isolation and loneliness. Hospitalizations and falls are also reduced. By offsetting the costs of basic living expenses we are able to keep seniors in their homes where they feel in control of their lives. We are able to provide meals to these older adults for an entire year for what it costs to stay one day in a hospital. There is no other agency that provides this type of service as efficiently and cost effectively to our older adults as Chico Meals on Wheels +

7. Who will oversee the Program? Do staff currently administer a similar grant program with these administrative requirements and does the entity have experience in utilizing local, state or federal funding with a similar purpose?

Kayla Castillo, General Manager, is responsible for the day-to-day management of the program (client intake and date, managing meal requests and organizing routes). Kayla took over last year when Mindy passed. CMOW has participated in CDBG funding for over 25 years.

7a. Describe the skills and experience of staff who will work directly on the Program.

Erica Alvistur, Bookkeeper, handles the reporting and accounting functions. She has been our bookkeeper for 23 years. She previously worked at Matson and Isom Technology Consulting and has a degree in Business Administration. She is our point of contact for the city. We have 10 drivers that have been with us for between 11 years and 3 mo.

8. Who are the targeted beneficiaries or clients?

Our clients and potential clients for this funding reside in the Chico area. The majority of them are elderly; some are younger but have permanent disabilities. Others have recently been discharged from the hospital and are recovering at home. All of them have difficulty shopping for and preparing their own meals. Many have no family members in the area.

Our eligibility criteria are simple. Clients must reside in the Chico area and due to age or infirmity have difficulty in preparing their own meals. There are no financial eligibility requirements. We do request and track income and demographic information.

9. Describe proactive outreach efforts or programmatic elements that foster access to your organization's services by under-represented (racial minorities, limited English speakers, disabled-physical or mental impairment) groups in our community.

We have made an effort to reach under-represented groups by placing brochures (Spanish language and English) describing our services into the waiting rooms of clinics, doctors and medical offices. We also work closely with the Enloe Hospital discharge unit. We have also made a point to communicate our services to the other agencies in town that provide services to the disabled, senior citizens and minorities. In many cases we have provided meals for other agencies clients that might not have otherwise known about Chico Meals on Wheels. We have made a specific effort to reach out to potential contacts in the Hispanic community. We reached out numerous times to the Hispanic Resource Council of Northern California and to Northern Valley Catholic Social Services to set up a Hispanic outreach program and no one seems interested.

10. How do you address the needs of limited English proficient speakers?

We have developed a Spanish language intake application and brochure that we have distributed to medical clinics in the Chico area. We have also used Enloe Hospital's interpretation services if the client speaks a rare language.

11. Has the organization had any fair housing/equal opportunity complaints filed within the last year?

Yes

No

If yes, what was the outcome?

12. How does your organization determine client eligibility and what database is used for tracking client information?

Client data is obtained during an intake interview and confirmed on paper. All data is entered into a cloud based meal delivery program designed for Meals on Wheels organizations called Serve Tracker.



13. Complete the following chart. List three primary activities of your Program, their outcomes, indicators, and measurement tools. **Activities** are specific, definable services; **Outcomes** are the client benefits or changes that result from your services; **Indicators** describe how your organization measures the success (should be quantitative such as: contracts executed, positions filled, target participants assisted, tangible resources created (a new form, progress assessment tool or funds raised). **Measurement Tools** are the resources you use to collect the indicator data.

| <b>ACTIVITY</b><br><i>What the Program does to serve clients</i> | <b>OUTCOME(S)</b><br><i>Benefits that result from the activity</i>                                                                                                                                                                                                | <b>INDICATOR(S)</b><br><i>The direct product(s) of program activities</i>                                                     | <b>MEASUREMENT TOOLS</b><br><i>What you use to gather the outcome data</i>                                                                                                                                                                                                                  |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Example: Financial Literacy Classes</b>                       | <b>Increased knowledge of how to establish and maintain a monthly household budget, contributing to financial security and self-sufficiency</b>                                                                                                                   | <b>Number (x) of exiting families who report they now use a monthly budget to manage expenses and savings</b>                 | <b>Follow up survey at completion of class and program exit</b>                                                                                                                                                                                                                             |
| Daily meal deliveries to older adults and disabled adults        | Receiving a meal daily allows the client to stay in their home longer. Obtaining our meals from Enloe Hospital allows us to offer many different meal choices. (For example: Heart Healthy, Soft, Vegetarian, ect) Clients eat healthier, feel safe and have less | Our drivers report that most clients would not be able to survive without delivered meals in their current living situations. | We survey our clients annually about the quality of the meals received, service and drivers. We also receive thank you notes from clients and their children. When a client cancels our services we conduct an exit interview to determine why they no longer need or want Meals on Wheels. |
|                                                                  |                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                                                                                                                                                                                             |
|                                                                  |                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                                                                                                                                                                                             |

14. How will your Program benefit the community indirectly, beyond direct services to clients? Explain how you demonstrate evidence of support.

By delivering meals to our clients we help them to continue to live healthy lives, independently and in their own homes. This benefits those that care about them: their friends, neighbors, and relatives. It indirectly benefits us all by contributing in a positive way to the overall health of the community.

Chico Meals on Wheels employs community members. We have eleven part-time staff and all of them live in Chico. In addition, our bookkeeper lives in Chico and we purchase our meals from Enloe Hospital

15. How does your Program collaborate with other community agencies to enhance the impact of your services? What are the benefits of this collaboration?

Chico Meals on Wheels works with numerous other community agencies. We have provided meals to other agency clients that were in need of either special diets or fresh meals delivered daily. We have worked with Senior Day Care facilities, HIV/Aids agencies, Indian Agencies and Disabled Service Agencies. We have also worked with community organizations to provide birthday cakes, pet food, valentines, newspapers and surplus goods to our clients. We currently deliver bulk meals daily to the Peg Taylor Center and regular meals to clients of Passages.

15.A. If your Program provides housing units, check "Households" in Question 15.B. below. If your Program does not provide housing units, check "Persons" or "Residents".

| 15.B.                                                                                                            | Estimated 2025-26 Served | Estimated 2026-27 To Be Served |
|------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------|
| Total number of <input checked="" type="radio"/> Persons / <input type="radio"/> Households                      | 400                      | 400                            |
| Total City of Chico <input checked="" type="radio"/> Residents / <input type="radio"/> Households                | 325                      | 325                            |
| How many City <input checked="" type="radio"/> Residents / <input type="radio"/> Households utilizing CDBG funds | 300                      | 300                            |
| CDBG Grant Funding Received                                                                                      | \$24,020                 |                                |
| CDBG Grant Funding Requested                                                                                     |                          | \$ 40,000                      |

15.C. What is the estimated cost of your Program per participant or household for FY 2026-27? If this funding request is for an existing Program, what is the cost of your Program per participant/household this fiscal year (2025-26) ? This should not be based on how much City funding you receive.

The cost per meal to run this program is \$6.31/meal. This includes all meal subsidies, delivery costs and overhead. The average client gets 115 meals per year and costs our program \$725. The cost to deliver meals to all qualified CDBG clients in the City of Chico is over \$217,000.

16. If City funding is not available, or is less than requested, outline how might this change the operation of the Program. Would you seek to fill the gap from other funding sources? Is the Program viable if you only receive the minimum \$20,000 grant from the City?

Our Endowment Fund was created from bequests, to be used primarily for replacement of our delivery vehicles, and with the goal that we would eventually become self-supporting. Annual yield is applied to current budget. Some of our bequests include the provision that the principal not be invaded. If City funding is not available we would have to either find other funding, liquidate some of our capital, reduce the size of meals, or some combination of these.

17. Is there a sustainability plan for the program regarding future funding?

The long term goal of our organization is to grow our endowment enough to be self funding in the future. These sort of plans take years to raise funding as we have focused on estate planning and charitable gifting plans.

18. Describe your organization's fundraising efforts during the past year (include annual events, specific campaigns and any other relevant information demonstrating community fiscal support).

We conduct an annual mailer, the \$50 Dollar a Year Club. In fiscal year 2024-25, we raised over \$54,000 through the mailer. In addition, we have received unsolicited donations of \$141,000 during the 2024-25 fiscal year. We anticipate total donations from the community for the current fiscal year will exceed \$150,000.

19. Does your Program use an evidence-based or evidence-informed model of services? If so, please describe. If not, what data can you provide which describes the effectiveness of your servicemodel?

Chico Meals on Wheels uses an evidence based model of service. In a study, conducted by Brown University's Center of Gerontology and Healthcare Research, to investigate the impact of meal delivery service on the health and well-being of adults 60 years and older it was found that home-delivered meals improve the health and well-being of older adults, particularly those who receive daily-delivered meals and those who live alone. Participants who received daily-delivered meals were more likely to eat healthier, feel safer and worry less about being able to remain in their homes. It was also found that the Meals on Wheels service delivery model has the greatest potential to decrease healthcare costs.

20. What are the most significant trends and/or changes that are currently affecting your Program's operation and the people you serve? How is your organization responding to these trends/changes?

Inflation has been the dominant theme at Chico Meals on Wheels. Our meal supplier, Enloe Hospital (Thomas Cuisine Management), raised meal prices 4% (from \$6.00 to \$6.25) in September. Wages and insurance have added significantly to increased costs and our deliveries and clients have doubled since the beginning of COVID. We have bought four new delivery vehicles over the last five years. We have hired several new drivers and added new routes. At 48,000 meals we need to raise \$302,000 each year to subsidize the delivery costs. There is no other agency that provides hot meals daily to our low income seniors and disabled. We take great pride in our ability to provide these critical services that helps keep our clients fed and in their homes.

21. Has your organization been audited in the past year by an individual or firm other than the City of Chico? If yes, by whom and what is the date of the most recent financial audit? Has any audit of your organization found discrepancies or problems? If yes, explain.

Yes. John Burge, CPA. There have not been any discrepancies or problems.

**CONFLICT OF INTEREST**

Federal, State, and City law prohibits employees and public officials of the City of Chico from participating on behalf of the City in any transaction in which they have a financial interest. In order to determine a possible conflict of interest, please indicate whether the applicant, any of the applicant's staff, any of the applicant's Board of Directors, or any of the applicant's family members or business partners is or has been within one year of the date of this application one of the following: (1) a City employee or consultant, or (2) a City Council Member.

**Selecting 'Yes; possible conflict of interest' does not automatically disqualify the applicant; however, additional verification may be requested to process the application and to determine project eligibility.**

- No; no conflict of interest.
- Yes; possible conflict of interest. (Please explain below)

**By submitting this application, agency understands it must have organizational capacity to meet CDBG regulatory and reporting requirements, including, but not limited to: collection of income and demographic information from all assisted persons, capacity to assist limited English proficient persons, follow Fair Housing laws and provide reasonable accommodations.**

**Authorized Signature:**

To the best of my knowledge, the information provided on this application and all attached forms is true and I am authorized to submit this application on behalf of the applicant's organization/agency.

NOTE: Programs using a Fiscal Receiver must have signatures by both the program director and a representative authorized to sign on behalf of the Fiscal Receiver.

Eric L. Maxon  
 Print Name of Non-Profit Representative  
 Or Fiscal Receiver Representative

Eric L. Maxon  
 Signature  
 (Fiscal Receiver or Organization Representative)

2/2/26  
 Date

Eric L. Maxon  
 Name/Signature of Program Director  
 (If different from above)

City of Chico - Community Development Block Grant Program

**Proposed Program Budget**

Name of Program:

*Chico Meals on Wheels*

Organization:

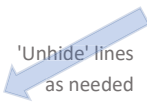
*Chico Meals on Wheels*

| Budget Category                   | Program related expenses | FUNDING SOURCES |                    |                          |               | Totals        |
|-----------------------------------|--------------------------|-----------------|--------------------|--------------------------|---------------|---------------|
|                                   |                          | CDBG Funding    | State/ Local Funds | Private Funds/ Donations | Other         |               |
| Salaries & Wages*                 | 200000                   | 20000           | 20000              | 180000                   |               | 220000        |
| Fringe Benefits                   | 20000                    |                 |                    | 20000                    |               | 20000         |
| Consultant/Contract Services      |                          |                 |                    |                          |               | 0             |
| <b>TOTAL PERSONNEL BUDGET</b>     | <b>220000</b>            | <b>20000</b>    | <b>20000</b>       | <b>200000</b>            | <b>0</b>      | <b>240000</b> |
| Office/Space Rent                 |                          |                 |                    |                          |               | 0             |
| Utilities                         |                          |                 |                    |                          |               | 0             |
| Telephone                         | 1500                     |                 |                    | 1500                     |               | 1500          |
| Office Supplies                   | 23000                    |                 |                    | 23000                    |               | 23000         |
| Equipment/ Gas                    | 50000                    | 20000           | 2000               | 28000                    |               | 50000         |
| Printing/Duplication              |                          |                 |                    |                          |               | 0             |
| Travel/Conference                 |                          |                 |                    |                          |               | 0             |
| Cost of Meals                     | 300000                   |                 |                    |                          | 300000        | 300000        |
| Insurance                         | 30000                    |                 |                    | 30000                    |               | 30000         |
| Bad Debt                          | 20000                    |                 |                    | 20000                    |               | 20000         |
| <b>TOTAL NON-PERSONNEL BUDGET</b> | <b>424500</b>            | <b>20000</b>    | <b>2000</b>        | <b>102500</b>            | <b>300000</b> | <b>424500</b> |
| <b>TOTAL PROJECT BUDGET</b>       | <b>644500</b>            | <b>40000</b>    | <b>22000</b>       | <b>302500</b>            | <b>300000</b> | <b>664500</b> |

|    | A                                                                                 | B                     | C | D | E              | F              |
|----|-----------------------------------------------------------------------------------|-----------------------|---|---|----------------|----------------|
| 3  | <b>Agency Operations Budget (local agency totals only)</b>                        |                       |   |   |                |                |
| 4  |                                                                                   |                       |   |   |                |                |
| 5  | Organization Name                                                                 | Chico Meals on Wheels |   |   |                |                |
| 6  |                                                                                   |                       |   |   |                |                |
| 7  | <b>AGENCY REVENUES</b>                                                            |                       |   |   |                |                |
| 8  |                                                                                   |                       |   |   | Current FY     | Estimated      |
| 9  |                                                                                   |                       |   |   | (projected)    | Funding FY     |
| 10 | <b><u>INCOME SOURCES:</u></b>                                                     |                       |   |   | <b>2025-26</b> | <b>2026-27</b> |
| 11 | 1. BEGINNING BALANCE (July 1)                                                     |                       |   |   | 75000          | 24520          |
| 12 |                                                                                   |                       |   |   |                |                |
| 13 | 2. Local/State/Federal Grants (Specify)                                           |                       |   |   | 13500          | 10000          |
| 14 | FEMA                                                                              |                       |   |   | 13500          | 10000          |
| 15 | _____                                                                             |                       |   |   |                | 0              |
| 16 | _____                                                                             |                       |   |   | 0              | 0              |
| 22 |                                                                                   |                       |   |   |                |                |
| 23 | 3. City of Chico CDBG Funding                                                     |                       |   |   | 24020          | 40000          |
| 24 |                                                                                   |                       |   |   |                |                |
| 25 | 4. Community Donations/Fundraising                                                |                       |   |   | 180000         | 170000         |
| 26 |                                                                                   |                       |   |   |                |                |
| 27 | 5. Fee for Services                                                               |                       |   |   | 300000         | 300000         |
| 28 |                                                                                   |                       |   |   |                |                |
| 29 | 6. Other Income Sources ( <i>indicate if restricted sources, explain on A-3</i> ) |                       |   |   | 75000          | 80000          |
| 30 | Investment income                                                                 |                       |   |   | 75000          | 80000          |
| 31 | _____                                                                             |                       |   |   | 0              | 0              |
| 32 | _____                                                                             |                       |   |   | 0              | 0              |
| 36 |                                                                                   |                       |   |   |                |                |
| 37 | 7. TOTAL INCOME                                                                   |                       |   |   | 592520         | 600000         |
| 38 |                                                                                   |                       |   |   |                |                |
| 39 | 8. TOTAL FUNDS AVAILABLE                                                          |                       |   |   | 667520         | 624520         |
| 40 |                                                                                   |                       |   |   |                |                |
| 41 |                                                                                   |                       |   |   |                |                |
| 42 | <b>AGENCY EXPENDITURES</b>                                                        |                       |   |   |                |                |
| 43 | <b><u>EXPENDITURES</u></b>                                                        |                       |   |   | Current FY     | Estimated      |
| 44 |                                                                                   |                       |   |   |                | Funding FY     |
| 45 | TOTAL FUNDS AVAILABLE                                                             |                       |   |   | 667520         | 624520         |
| 46 |                                                                                   |                       |   |   |                |                |
| 47 | 1. Salaries/Employee Benefits                                                     |                       |   |   | 220000         | 210000         |
| 48 |                                                                                   |                       |   |   |                |                |
| 49 | 2. Expenses                                                                       |                       |   |   | 103000         | 103000         |
| 50 | Travel Expenses                                                                   |                       |   |   | 0              | 0              |
| 51 | Office Space Expenses                                                             |                       |   |   | 0              | 0              |
| 52 | Consumable Supplies                                                               |                       |   |   | 23000          | 23000          |
| 53 | Equipment Expenses                                                                |                       |   |   | 50000          | 50000          |

'Unhide' lines  
as needed

'Unhide' lines  
as needed

|    | A                                                                                                                     | B | C                                                             | D | E            | F           |
|----|-----------------------------------------------------------------------------------------------------------------------|---|---------------------------------------------------------------|---|--------------|-------------|
| 54 |                                                                                                                       |   | Insurance Expense                                             |   | 30000        | 30000       |
| 55 |                                                                                                                       |   |                                                               |   |              |             |
| 56 |                                                                                                                       |   | 6. Other Operating Expenses                                   |   | 320000       | 310000      |
| 57 |                                                                                                                       |   | Cost of Meals                                                 |   | 300000       | 300000      |
| 58 |  <p>'Unhide' lines<br/>as needed</p> |   | Bad Debt/Unpaid Meals                                         |   | 20000        | 10000       |
| 59 |                                                                                                                       |   |                                                               |   | 0            | 0           |
| 64 |                                                                                                                       |   |                                                               |   |              |             |
| 65 |                                                                                                                       |   | 7. Capital Expenses (show detail on separate attachment)      |   | 0            | 0           |
| 66 |                                                                                                                       |   |                                                               |   |              |             |
| 67 |                                                                                                                       |   | 8. TOTAL EXPENDITURES                                         |   | 643000       | 623000      |
| 68 |                                                                                                                       |   |                                                               |   |              |             |
| 69 |                                                                                                                       |   | 9. <b>ENDING BALANCE</b> (if negative, please explain on A-3) |   | <b>24520</b> | <b>1520</b> |
| 70 |                                                                                                                       |   |                                                               |   |              |             |

