

# Attachment 'B'



## STAFF REPORT

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**MEETING DATE:** April 10, 2024

**PRESENTER:** Theresa Johnson, Community Services Director

**SUBJECT:** Community Organization Grant Program Application – S.B.F. Kerman Portuguese Hall (TJ)

**RECOMMENDATION:** Council by motion adopt resolution approving up to \$1,000 to the S.B.F. Kerman Portuguese Hall to Defray City-Related Costs for the 2024 Portuguese Parade.

### EXECUTIVE SUMMARY:

The S.B.F. Kerman Portuguese Hall submitted a Community Organization Grant Program application requesting an in-kind donation for the approximate cost of City personnel from the Police and Public Works departments to assist with traffic control for the annual Portuguese Parade to be held on Sunday, May 12, 2024. The application was reviewed by the Ad hoc committee consisting of interim City Clerk, Josie Camacho, the Community Services Director, Theresa Johnson and City Manager, John Jansons. It was determined that the S.B.F. Kerman Portuguese Hall application adheres to following criteria:

- Benefit the City of Kerman residents and businesses.
- Applicant successfully explained how the proposed program/project will serve the City of Kerman residents.
- S.B.F. Kerman operates as a registered 501(c) (3) non-profit
- Event is held within Kerman City limits and is open to the public.
- Serves a charitable, cultural, or educational purpose.
- Grant funds are being requested to comply with applicable permits and regulations.

Bases on these criteria the Ad hoc committee is recommending approval of the S.B.F. Kerman Portuguese Hall Community Organization Grant application.

In 2023 City Council approved a similar request in the amount of \$1,000.00 for personnel and permitting requirements for the parade.

### FISCAL IMPACT:

Approximately \$1,000.00 from the Community, Employee and Public Relations Account will be transferred to the respective department budgets.

### ATTACHMENTS:

- A. Resolution w/Community Organization Grant Program Application – S.B.F. Kerman Portuguese Hall

**RESOLUTION NO. 24-28**

**RESOLUTION OF THE CITY COUNCIL OF THE CITY OF KERMAN  
APPROVING UP TO \$1,000 TO THE S.B.F. KERMAN PORTUGUESE HALL TO DEFRAY  
CITY-RELATED COSTS FOR THE 2024 PORTUGUESE PARADE**

WHEREAS, on December 13, 2023, the City Council of the City of Kerman adopted Resolution No. 24-28 establishing the Community Organization Grant Program for the permissible use of the Community Services Account; and

WHEREAS, the City Council has an established Community, Employee, and Public Relations Account that designates funds for the fiscal year; and

WHEREAS, at April 10, 2024, Council meeting; the S.B.F. Kerman Portuguese Community Grant Program Application has met the criteria for financial assistance.

NOW, THEREFORE, the City Council of the City of Kerman resolves as follows:

Section 1. The forgoing recitals are true, correct, and incorporated by reference.

Section 2. The Council approves a grant of up to \$1,000 to the S.B.F. Kerman Portuguese Hall to defray the cost of city permits and city staffing for the Annual Portuguese Parade.

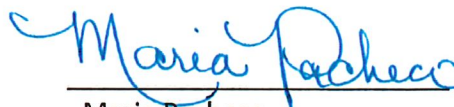
Section 3. Staff is authorized to transfer the funds from the Community, Employee, and Public Relations Account to the respective departments.


Section 4. This Resolution is effective upon adoption.

The foregoing resolution was adopted by the Kerman City Council at a regular meeting held on the 10th day of April, 2024, by the following vote:

AYES: Herrera, Yep, Nijjer, Pacheco  
NOES: None  
ABSENT: Coleman  
ABSTAIN: None

The foregoing resolution is hereby approved.

  
\_\_\_\_\_  
Maria Pacheco  
Mayor

ATTEST:  
  
\_\_\_\_\_  
José Camacho  
Interim City Clerk



**COMMUNITY ORGANIZATION GRANT PROGRAM APPLICATION**

2024 Fiscal Cycle

Please print or type and attach additional paper if needed.

**DUE ON OR BEFORE 5:00 P.M. on FEBRUARY 28**

<b>1. GENERAL INFORMATION</b>				Date: <u>4-1-2024</u>
Applicant: <u>Kerman S.B.F.</u>				
Type of Applicant:	Public Agency <input type="checkbox"/>	Private <input type="checkbox"/>	Non-Profit <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Contact Person:	<u>Rhonda Tate</u>		Title:	<u>member</u>
Address:	<u>4110 N. Sycamore Ave</u>		City, Zip Code	<u>Kerman CA</u>
Phone:	<u>559-567-6143</u>		Email:	<u>rhodaracere@gmail.com</u>
Agency website:				
Geographical area(s) the organization serves: <u>Kerman</u>				
Provide a description of the organization and its general functions: <u>To celebrate annually the feast of the Holy Ghost according to the Portuguese tradition. Also for social entertainment, improvement, and benefits derived by its members</u>				
What is your agency's budget for the current fiscal year?			\$ <u>N/A</u>	
I have received a copy of the Kerman Community Organization Grant Program Policy.			Initial <u>RT</u>	

I affirm that I am authorized by the organization to make this request and that the answers in this application are completely truthful and that the City may rely without hesitation on my answers?

Signature: Rhonda Tate Date: 4-1-2024

Print Name, Position: Rhonda Tate Board Member of Hall of Directors

**2. PROGRAM DESCRIPTION**

Please indicate the type of funding request: *Parade route to St. Patricks church and back*

Special Event <input checked="" type="checkbox"/>	Program/Project _____	Facility Fees _____
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Name the program or project for which you are requesting funding: *Sunday Kerman Portuguese Celebration 5/12, 2024*

Amount of Funding Requested: \$ \_\_\_\_\_ *not sure of the cost*

Is this a new or existing program?	New _____	Existing <input checked="" type="checkbox"/>
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Provide a detailed description of the proposed program/project explaining what is to be accomplished with the requested funds.

Identify and describe the target population:  
*local community and surrounding Portuguese communities*

How will this program/project be promoted among the target population?  
*Thru social media, mail, & newspaper*

Identify the facility at which the proposed program/project will take place, including hours and days.  
*Portuguese Hall - Kerman  
St. Patricks Catholic Church*

**3. PROGRAM FINANCIAL INFORMATION**

List the year(s), and amount(s) of past funding the program/project has received from the City of Kerman: ~~2023, 2024~~ *about 100 years we have never paid.*

List funding the program receives from other sources, including any other applied City non-profit rates.  
*N/A*

Supply the following information regarding funding the specific program/project you are proposing. For City if funding is awarded what category, would requested funds cover?

*The labor & cost of help w/ the parade route*

Expenses		Revenues	
Categories	Expenditures	Other Sources	From City
Salaries and Benefits	N/A		
Supplies	N/A		
Rent	N/A		
Communications (phone, postage)	N/A		
Travel Expenses	N/A		
Insurance	N/A		
Other			
Total Budget:			

4. ATTACHMENTS	
Please attach the following with your application:	✓
Evidence of non-profit status 501c (3)	✓
Copy of Bylaws	✓
Evidence of Liability Insurance; amount of \$1,000,000	been turned in
Evidence of Worker's Compensation Insurance (if applicable)	
Board of Directors roster/stipend/amount	N/A
Copy of the agency's most recent total budget	N/A

Funding for the City's Community Organization Grant Program is limited and some applications, while worthy, may not be funded due to limited resources.

Deadline for current fiscal year funding requests is February 28, 5:00 p.m.

Incomplete applications or ones not submitted by the deadline will not be considered during this year's grant review process.

**SUBMIT ORIGINAL APPLICATION WITH ATTACHMENTS TO:**

Attention: City Clerk  
 Kerman City Hall  
 850 S. Madera Ave.  
 Kerman, CA 93630

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

DEPARTMENT OF THE TREASURY

Date: NOV 21 2019

SOCIADADE BOA FE  
C/O JOE PORTO  
PO BOX 23 149 W C ST  
KERMAN, CA 93630

Employer Identification Number:  
23-7187295  
DLN:  
29053231329039  
Contact Person: MS. FOUNTAIN ID# 32066  
Contact Telephone Number:  
(877) 829-6500  
Accounting Period Ending:  
December 31  
Form 990-PF Required:  
Yes  
Effective Date of Exemption:  
August 12, 2019  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a private foundation within the meaning of Section 509(a).

We further determined you qualify as a private operating foundation under IRC Section 4942(j)(3). We'll treat you as a private operating foundation as long as you continue to meet the requirements of Section 4942(j)(3).

You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PF" in the search bar to view Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 1076