



MORONGO BASIN  
HEALTHCARE DISTRICT

# FEEDING MORONGO BASIN PROJECT

APPLICATION FOR UP TO \$5,000 IN SUPPORT OF YOUR ORGANIZATION'S MISSION TO FEED THE MORONGO BASIN

Organization Name \_\_\_\_\_

Application Date \_\_\_\_\_

Physical Distribution Address \_\_\_\_\_  
Street Address

City / Town \_\_\_\_\_

Zip Code \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Non-Profit:  Yes  No 501-c-3 Number \_\_\_\_\_

**MISSION STATEMENT:** please provide the mission statement for your operation.

### STATISTICS:

How frequently is food distributed at your location? \_\_\_\_\_

What type of foods do you provide? \_\_\_\_\_

What is the average number of clientele served by your operation each month? \_\_\_\_\_

Has there been an increase in the number of clientele since April 1, 2020 (COVID-19)?  Yes  No

Number of years your organization has distributed food at this location: \_\_\_\_\_

**DONATION REQUESTED:** Amount requested \$ \_\_\_\_\_ (up to \$5,000)

### CERTIFICATION:

I certify that the information supplied in this application is true and complete to the best of my knowledge and that false or misleading information in this application may result in action by the Morongo Basin Healthcare District. If funds are awarded in support of my organization's program, I agree to provide a written update to the District every 60 days on how the money was used and the remaining balance until all funds are spent.

Signature of authorized agent: \_\_\_\_\_ Date: \_\_\_\_\_

Questions should be directed to Joe Ruddon 760-820-9208 | [Jruddon@MBHDistrict.org](mailto:Jruddon@MBHDistrict.org)  
Please return the application by July 1, 2020, to 6530 La Contenta Road #100 | Yucca Valley 92284

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### DISTRICT USE:

Approved  Declined Amount \$ \_\_\_\_\_ Date \_\_\_\_\_