

# Application

 PUBLIC PROFILE

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Trauma Intervention Programs of Riverside County  
Process: 2023/24 U.S. Large Site Community Grant

Contact Info

Request

Documents 0

## Applicant:

Mrs. Magda Stewart



## Organization:

Trauma Intervention Programs of Riverside County

Contact Email History



 Eligibility


 DOCUMENT VIEWER

 APPLICATION PACKET

 QUESTION LIST



 Application

 Fields with an asterisk (\*) are required.

### Program Details

Before proceeding with the application, check the list below under **Region of the World** to see all cities where we currently offer grants. ***If you do not see your location on this list, you will not qualify for a U.S. Large Site Community Grant. Please do not apply.***

***If you think you may qualify for a different grant type with us, [CLICK HERE TO SEND AN EMAIL TO THE P&G FUND TO RESET YOUR ELIGIBILITY SO YOU MAY RE-VISIT OUR LIST OF GRANTS.](#)***

From the list below, please choose the P&G community in which your program will take place. You must select the lowest value from the list.

With limited resources, P&G provides support to those communities listed because we may be able to supplement our donation with employee volunteers.

**Region of the World\***

North America 


**Country\***

United States 

**State\***

California 

**City\***

Moreno Valley Mixing Center, Riverside County 

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*This section includes questions about the program for which you are seeking funding.*

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### Program Name\*

Please enter the name of the program for which you are seeking funding.

Trauma Intervention Programs of Riverside County

### Requested Grant Amount\*

Amount you are requesting from P&G.

\$ 11,500.00

### ONE Sentence Summary of Program\*

Please provide a **1-sentence summary of your program** (Max 200 characters). The sentence must include (if applicable): Brand(s), Charitable Partner, Geography(ies), and number of people and description of people expected to be helped. *Please note: we are not asking for an organization summary in this question.*

#### For example:

*Freestore Foodbank will use this grant to provide 100,000 meals to disadvantaged children in Cincinnati through our Backpack program.*

*This grant will enable 3CDC to partner with businesses, real estate firms, and community councils to begin work on development of the Oak Street block of Lower Price Hill.*

TIP will use this grant to train, equip and support 50 new volunteers, finally extending TIP's range from the coastal cities to all of Riverside County, California by the end of 2024.

16 characters left of 200

### Overall Summary of Program\*

Provide **an overall summary of the program** for which you are requesting funding - including how the specific program will benefit the community. Please be specific - *NOTE:* we are not asking for a **summary of your** organization.

At the invitation of first responders, TIP volunteers provide emotional and practical support to survivors of tragedies.

Each quarter, as a part of TIP's training program, staff reaches out to potential trainees, completes background checks, and schedules a volunteer training week.

During each training week, volunteers conduct 36 hours of training over five days, including on-site practice at the scene of a tragedy. Trainees who pass muster are certified as volunteers and matched with a mentor for two months. After an evaluation, volunteers are permitted to respond to calls on their own, and evaluated quarterly.

TIP provides massive emotional benefit to survivors by comforting them immediately and on scene, then provides further benefit by leaving survivors with printed materials related, but not limited, to funeral arrangements, grief counseling, and suicide prevention.

✔ 112 characters left of 1,000

### Grant Program Objectives\*

Please describe the objectives of the program for which you are seeking a grant including the success criteria.

The objective of TIP's volunteer program is to seek, train, certify and equip 50 new volunteers. The criteria for success is for TIP to use its new volunteers to expand its operations throughout Riverside County, California by the end of fourth quarter training in 2024.

✔ 230 characters left of 500

### Success Criteria Measurement\*

How will you measure Success Criteria? Please be as specific as possible.

TIP's success criteria, by the end of 2024, is for 50 highly trained volunteers to respond to all calls from emergency services, in every part of Riverside County, within 20 minutes.

✔ 315 characters left of 500

### Funding Principle\*

Please select which area, outlined in the Company's charitable giving guidelines, applies to this program.

- Disaster preparedness and response
- Equality and Inclusion

- Health and hygiene
- Local community development and economic vitality
- Providing for clean and healthy homes (non disaster)
- Other

### Other Funding Principle

If "Other", please describe.

There is no other funding principle.

163 characters left of 200

### Support Type\*

Please select the type of support you are seeking.

- Capital Support
- General Operating Support
- Program Support
- Other

### Other Support Type

If "Other", please describe.

Any other support would be gratefully accepted.

452 characters left of 500

### If awarded, how will the grant be spent?\*

Provide specific details on how P&G's contribution will be spent.

P&G's contribution will be spent on quarterly marketing, LiveScan fingerprinting, trainer payroll, training materials and supplies. They will come to about \$6,500.00 by the end of 2024.

Further, the printed resource guides that help grieving victims with funeral assistance and grief counseling cost approximately \$ 4.35 each to print. Our suicide prevention packets cost a further \$20.00 per copy. Their total cost for the year will be an estimated \$5,000.00.

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### Program Timing\*

Please describe the timing of this program. What are the key dates and milestones of the program?

Trainings are scheduled quarterly. TIP will have fulfilled its goal if it has 50 volunteers, evenly spread throughout Riverside County, who can respond to call in 20 minutes at the conclusion of its fourth quarter training week at the end of 2024.

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### Number of People Served by Grant\*

Please enter **JUST** the total number of people, including children and adults, that will be ***DIRECTLY*** served/benefited by ***ONLY the P&G-funded portion of the program***. For example, if you are requesting P&G fund 100% of your program budget, enter the number of people served by the entire program. If P&G is funding 10% of your program budget, only enter 10% of the people served by the program. **We would like to know JUST the number of people who will be directly and meaningfully served/benefited by ONLY the P&G-funded portion of this specific program.**

#	3000
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Please Indicate the Projected Ethnic Groups that **will be** Served by your Program.

Enter whole numbers only, total must equal 100%. You must enter a "0" in fields not used.

Percentage Served: Asian American/Pacific Islander (This Program)\*

#	7
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Percentage Served: Black/African American (This Program)\*

#	6
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**Percentage Served: LatinX/Hispanic (This Program)\***

#	50
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**Percentage Served: Native American (This Program)\***

#	1
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**Percentage Served: White/Caucasian (This Program)**

#	33
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**Percentage Served: Other (This Program)\***

#	3
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**Age Groups Served by This Program\***

Please select all age groups that will be served by this program.

- Ages 0 - 17
- Ages 18 - 64
- Ages 65+

**Women and Girls Served by This Program\***

Approximately what % of the people that will be served/benefited by your program identify as women and/or girls? **Enter a percentage**, does not need to equal 100%.

#	50
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**Acknowledgement of Support\***

Please describe how you will acknowledge support from P&G (including your willingness to partner on media releases).



TIP will acknowledge the kind support of P&G with a thank you note, and by displaying P&G's logo on our website as one of our contributors. We are happy to partner with P&G in its public relations needs.

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### Prior Funding\*

Has your organization received any funding from P&G or the P&G Fund in the past 18 months?

- Yes
- No

### Organizational Information

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*This section includes information about the organization that is seeking funding.*

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**Organization Name\***

Please enter the name of the organization for which you are seeking funding.

Trauma Intervention Programs

**Mission Statement\***

Please enter your organization's mission statement.

From our website: "TIP Volunteers are available 24 hours a day, 365 days a year. They are called by police officers, firefighters, paramedics, and hospital personnel to assist family members and friends following a natural or unexpected death; victims of violent crime including rape, assault, robbery, or burglary; victims of fire; disoriented or lonely elderly persons; people involved in motor vehicle accidents; people who are distraught and seeking immediate support; and survivors of suicide."

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**Please Indicate the Ethnic Groups that are Served by your Entire Organization Below.**

Enter whole numbers only, total must equal 100%. You must enter a "0" in fields not used.

**Percentage Served: Asian American/Pacific Islanders (Organization)\***

# 7

**Percentage Served: Black/African American (Organization)\***

# 6

**Percentage Served: LatinX/Hispanic (Organization)\***

# 50

**Percentage Served: Native American (Organization)\***

#	1
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**Percentage Served: White/Caucasian (Organization)\***

#	33
---	----

**Percentage Served: Other (Organization)\***

#	3
---	---

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**Age Groups Served by Organization\***

Please select all age groups that are served by your organization.

- Ages 0 - 17
- Ages 18 - 64
- Ages 65+

**Women and Girls Served by Organization\***

Approximately what % of the people served by your organization identify as women and/or girls?  
Enter a percentage, does not need to equal 100%.

#	50
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∨ Financial Information

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*This section includes financial information about your organization.*

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Please provide your organization's financial information.

**Total Organization Revenue\***

Dollar amount representing total organization revenue.

\$	196,390.00
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**Total Organization Expense\***

Dollar amount representing total organization expense.

\$	168,789.00
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**Total Program/Project Expenses\***

What is the total cost of the program for which you are requesting funding (may exceed amount you are requesting from P&G)?

\$	11,500.00
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**Secured Corporate or Foundation Funding\***

Please list any secured corporate or foundation funding, including names and amounts.

TIP has secured \$5,000 from Paradise Chevrolet and Cadillac of Temecula, California.
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**Pending Corporate or Foundation Funding\***

Please list any pending corporate or foundation funding, including names and amounts.

No corporation or foundation funding is pending this calendar year.
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### United Way Support\*

Do you receive support from the United Way?

- Yes  
 No

### Audited Financial Statement\*

Do you have an audited financial statement?

- Yes  
 No

### Conflict of Interest Disclosure

List all P&G employees or retirees currently serving on your board of directors or other committees. Also, list if the person requesting this grant on behalf of an organization is a P&G employee or retiree.

(Please enter one person per line with this information:)

Name, Board Position, Employee or Retiree

Barbara Hauser, Board Chair, Employee

Sam Smith, Treasurer, Retiree

No P&G employees or retirees currently serve on our board of directors. The person requesting this grant on the behalf of TIP is not a P&G employee or retiree.

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### Board Members List\*

Please list the names of ALL of your board members.

(Please enter one person per line with this information:)

Name, Board Position

Barbara Hauser, Board Chair

Sam Smith, Treasurer

Cyndi Lemke, Chairwoman  
Jennifer Lee, RN BSN, Secretary  
Natasha Johnson, Director  
Captain Lisa McConnell, Chairwoman  
Chief Chris Karrer, Director  
Captain Michael Arellano, Director  
Magda Stewart, CEO, TIP Southwest Riverside County


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## ✓ Unaudited Financial Statement

### Unaudited Financial Statements

If you do not have an audited financial statement please attach your own unaudited statements (balance sheet, profit and loss) and IRS form 990.

UPLOAD A FILE [25 MiB allowed]

990 - TIP Riverside.pdf [17.7 MiB] 

### Reason for no audited financial statement\*

Please explain why you do not have an audited financial statement.

Because the annual revenue of TIP in Riverside County is below \$500,000, our organization does not require an audited financial statement.

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## ✓ Payment Information

### Name of Organization to be Paid\*

Trauma Intervention Programs of Riverside County

### Accounting Contact Name at Organization\*

Who would you like us to contact if we have a payment related question? Please enter the first and last name of the accounting contact.

Magda Stewart

### Accounting Contact Email Address\*

Please provide the email address of the accounting contact.



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### Preferred Payment Method

If you choose ACH/Electronic payment you will be taken to a separate secure site to enter your banking information. \*If you choose Paper Check you are ready to click "SUBMIT APPLICATION" below.

- ACH/Electronic
- Paper Check

### ✓ Electronic Signature

We hereby confirm, that the entered data is truthful and correct, and if a change occurs, Procter & Gamble will be notified in advance. If the above information is not valid or inaccurate, Procter & Gamble is not responsible if a grant payment is delayed, not credited, or credited to an incorrect account as specified. Under penalties of perjury, I certify that the above statements are correct to the best of my knowledge and belief and are correct and complete.

The EIN you are giving is correct (or you are waiting for a number to be issued)

You are not subject to backup withholding

*Applicant acknowledges that the P&G corporate names, logos, and the names and logos of the various P&G brands are trademarks and exclusive property of The Procter & Gamble Company in the US and other countries. This agreement grants no right for Applicant to use or license any of the P&G Marks nor for P&G to use or license any trademark owned by Applicant.*

### Electronic Signature\*

- I AGREE


Name\*

Magda Stewart

Title/Position\*

CEO

Date\*

 01/13/2024

ABANDON REQUEST

SAVE APPLICATION

SUBMIT APPLICATION