

**CITY OF SAN MARCOS
CORONAVIRUS RELIEF - GENERAL FUND GRANT
2021 APPLICATION**



Due Date: June 6, 2021 at midnight

I. **APPLICANT CONTACT INFORMATION**

Applicant Organization: Splash Coworking

Contact Name: Carina Boston Pinales Telephone: 512-667-0492

Mailing Address: 326 N LBJ San Marcos, TX 78666

Physical Address, if different from mailing address: _____

Contact E-Mail Address: carina@splashcoworking.com Web Address: https://www.splashcoworking.com/

Who is authorized to execute program documents? Carina Boston Pinales, Monica De La Rosa

II. **APPLICATION SUMMARY INFORMATION**

Program Name: Waste to Resource

Amount of Funds Requested: \$100,000.00

Program Location: 326 N LBJ San Marcos TX 78666

By approximately what date will funds be expended? May 2022

III.

ORGANIZATION DESCRIPTION

1. What is your organization's mission?

Splash Coworking:

Support sustainable independence through community.

Eco Rescue:

Share a growing need for an Environmental department with Splash Coworking that focuses on wasted food resources, how to process, provide management, and training on composting, growing a food garden, then market and sell the compost. To support business technology in training, researching, and developing the process involving community organizations already in place.

2. How many volunteers does your agency/organization have and how many hours will they spend on the program requesting funding?

We currently have one non paid volunteer. We will be sourcing about three others to support the outreach in the form of internships with Texas State.

3. How many direct clients did your organization serve in the last full program year?

With other programs we have been able to serve close to 30 a workshop.

4. Provide information regarding your Board of Directors, including how they are selected and how often they meet. Please also include attendance figures.

We are currently forming the letters of incorporation for our 501.c3 status and can supply this promptly. This grant would be working along side the already filed 501 c.3 status with Eco Rescue.

5. Please list all funding received from the City for the current program year, by source and amount.

None

IV.

PROGRAM DESCRIPTION

1. Provide a brief description of the proposed program.
40% of waste is made up of organic material such as food waste. Our vision is to train and research areas of local waste and turn them into resources. This results in high-quality compost by using proven technologies. The current model uses insects to naturally recycle the waste. We would train and expand in areas where diversion is needed, then grow and use the quality products that are produced. Areas of study would be; food waste diversion program, composting, high nitrate fertilizer, and food growth.
2. In what ways does this program serve people who have been negatively impacted by the COVID-19 pandemic or related economic shutdowns?
This program would focus on a closed-loop recycling system specific to organic waste using the resources Splash has. Program participants will be certified in the above-stated system and able to produce small gardens for their households. Additionally, the systems installed at home will produce an income-producing product that would be marketed, bought, and sold. This supplemental income will be an additional source of revenue to the household along with the food-producing gardens.
The program would have the training, research, and development of businesses to support the community to sustain itself on local resources. This would include diversion of food waste, composting, fertilizer and train the community how to grow and sustain small vegetable gardens.
3. Is this a new program or the expansion of an existing one?
Waste to Resource is a new program.
4. Is there a fee to clients to participate in the program? If yes, please provide fee structure.
No
5. Describe the proposed days and hours of operation of the program.
Monday through Friday, 8am to 5pm
6. What are the goals of the program for which you are requesting funding?
Provide a reliable Eco-friendly solution to food waste while creating local food sources for people and animals. Providing this solution will slowly minimize food waste that ends up in landfills or composting facilities. Long-term this reduces the burden on our infrastructure and the carbon footprint our community produces.
7. How will you know you met these goals?
Each participant will meet the goals and objectives with timelines. in place at different phases of the program. Once each phase is completed the participant will hit a measurement of success by being certified in the program. The second level of success is the completion of a sustaining homestead garden. The third phase is a product producing a close-loop at-home system.
8. If requesting funding for salary, describe the activities of this position? (Please breakdown each funded position and hours worked per week.)
Project Manager \$18 per hr, 40 hrs per week- Responsible for managing the program, this includes budget, project objectives, and training.

Program Trainer facilitates four training sessions a week, \$20 per hour not to exceed \$2500 per month.

9. Discuss how you will measure program success.

The defined objectives, collection, analysis, and evaluation of data is conducted monthly. Each month there is a progression of reports to evaluate the areas of improvement needed per participant with a plan of action to complete and move on to the next phase of the training. This is to be certified in the program and complete the certification process.

10. What additional funding is your agency requesting for this program? Please provide Funding Source, Amount Requested, Amount Granted, and whether funding is Pending.

No other funding has been requested at this time.

V.

PROGRAM BENEFICIARIES

1. How many persons are proposed to be assisted if funding is received? _____
75-150 (but each garden can service up to 2x of people)
2. What percentage of persons proposed to be assisted are expected to have low to moderate incomes? 70%
3. Will this program have income limitations? ☒ If so, how do you propose to document the income of the beneficiaries? (check all that apply)
 - ☒ Evidence that the child is approved for free or reduced lunch
 - ☐ Evidence that the family lives in housing sponsored by the Housing Authority
 - ☒ Evidence that the family is WIC approved
 - ☒ Income documentation using one of the 3 HUD approved methods
 - ☒ Self-certification, with income verification required of 20% of certifications
 - ☐ Other, describe: _____

VI.**LINE ITEM BUDGET**

Please use the following format to present your proposed line item budget. Secured funds are funds on-hand, pledged, or awarded. Supporting documentation may be attached as an Appendix. Programs will be considered for which funds have already been spent.

Expense Category	Total Program Budget	CDBG Portion	Other Funding Source	Other Funds Amount
Personnel Services			Secured Funds	
Salaries	3500	35000		
Fringe Benefits				
Supplies				
Office Supplies	1000	1000		
Program Supplies	5000	5000		
Client Materials	5000	5000		
Operating				
Training	52,000	42000	10,000	
Insurance	1000	1000		
Utilities/Rent/Mortgage	16,000	8000	8000	
Other (please specify)				
Consulting/Attorney	8,000	3000	5000	
Total	\$123,000.00	\$100,000.00	\$23,000.00	

Please provide an explanation for any unusual budget expenditures listed in the line item budget above.

N/A

VII. **PROGRAM IMPLEMENTATION SCHEDULE WITH PERFORMANCE GOALS**

Program Start Date:
October 2021

Program Completion Date:
May 2022

Activity Description	Start Month/Year	End Month/Year	Performance Measurement Goal
<i>Example: Hiring New Staff Member</i>	<i>October 2019</i>	<i>December 2019</i>	<i>Employment process complete</i>
Hiring Program Manager	October 2021	May 2022	Employed by Oct 1st, 2021
Hire Hourly Workers	October 2021	May 2022	Employed by Oct 31st, 2021
Approval training material	November 2021	May 2022	Objectives/Goals
Training registration	December 2021	May 2022	Enrollment
Training completion	May 2022	June 2022	Completed Goals