



City of Lago Vista
Charitable Contribution and Non-Profit
Funding Application

Name of Agency/Organization: Rolling Hills Community Church - Food Pantry

Address: 6201 Lohman Ford Rd.

City, State & Zip: Lago Vista, Texas 78645

Contact Person: Kathleen Shoemake Title: Director of Outreach

E-Mail Address: outreach@rhcc4.org

Phone: church office: (512) 267-2942 Cell: (210) 487-1763

Project Title: RHCC Food Pantry

Amount of Funds Requested: \$6,000.00

Project Status: (check one) ☒ Existing ☐ Expansion ☐ New

Briefly describe the program:

The food pantry at RHCC is one of the earliest established food pantry resources in the North Lake Travis area. We largely serve Lago Vista residents but also support the communities of Turkey Bend, Point Venture, Jonestown, and Cherry Hollow.

Describe the services the program provides:

Recipients are provided with non-perishable food and a \$20 Lowe's Market gift card once each month. The only requirement is to live in the supported areas and show appropriate identification. Food can be obtained by walk-in requests to our church on Tuesday and Thursday from 10am to 2pm. We will also deliver food to those with transportation challenges by calling the church office.

If organization received support from the City of Lago Vista previously, provide the following information:

Year Received:	<u>2024</u>	Dollar Amount	<u>\$6,000.00</u>
Project Supported	<u>RHCC Food Pantry</u>		

Charitable Contributions and Nonprofit Funding Request Application Questionnaire

The City strongly requests that all answers be typed.

Submission of a completed questionnaire is required for application consideration.

1. What is the agency's mission?

The purpose of Rolling Hills Community Church of Lago Vista is to help everyone become fully devoted followers of Jesus Christ through our commitment to Gather, Grow, and Serve. To Serve is the mission of our food pantry; to serve others following Jesus' example of love.

2. What are the goals of the program for which you are requesting funding?

Continue to serve the hungry families in our area. Without the city grant received in 2024, we wouldn't have been able to keep the pantry doors open to year end. As of May 31, 2025: 226 food bags distributed to 100 local families. For 2024 YTD: 504 food bags distributed to 152 local families. Estimated 2025 projection is approximately 550 food bags distributed to 115 local families.

3. How will you know you met these goals by the end of the funding year?

Simply by being able to keep the food pantry open and available to serve the community. RHCC Food Pantry is a non-profit organization with a mission to serve others in need. Help us to continue to serve hungry families in our area. Thank you for your consideration.

4. Describe the impact of services on the community

Many recipients of food items depend on food distributed at this location to feed their families.

Questionnaire Page 2

5. If the request for funding for the proposed fiscal year is an increase from the previous fiscal year, please justify such increase:

No funding increase requested.

6. Provide information on the overall financial position of the organization.

Include: annual budget, sources of funding (e.g., fund raisers, charitable donations)

The 2025 annual budget for the food pantry is \$15,000. Compared to 2024 YTD expenses of \$24,233.41, there will be a deficit of approximately \$9,300 (not including food price increases). The Lago Vista Women's Club awarded a \$4,000 grant in May; however these funds will not fully resolve the deficit. Budget and grant funds are used to purchase food items and Lowe's gift cards. Supplies are also provided by church members, donating organizations, and community residents via monetary contributions or food donations.

**City of Lago Vista
Charitable Contribution and Non-Profit
Funding Application**

Submitted By: |

Kathleen Shoemake

Signature of Executive Director (if applicable)

06/17/2025

Date

Kathleen Shoemake

Printed Name of Executive Director (if applicable)

Approval:

Signature of Organization Representative

Date

Printed Name Organization Representative

For Office Use Only

Date Received: _____ By: _____

Date Reviewed: _____ Reviewed By: _____

Submit for Board Review: Yes _____ Council Meeting Date: _____

Ineligible? Yes _____ Reason: _____

Council Decision: Approve \$ _____ Date: _____

Council Comments: _____

Finance Officer Reviewer: _____ Fund Distribution Date: _____