

Veterans' TOT 2026 Grant Application

Deadline : April 23, 2026 at 11:59 PM PDT(Midnight) - CLOSED

Applicant Information

Name: Elizabeth Heape Caldwell
Email: [REDACTED]
App ID: 05842822
Status: Submitted
Cycle: None
Last Modified: Apr 20 2026 15:30 PDT by [REDACTED]
Last IP Address: [REDACTED]
Common App: 2026 COMMON APP for EDCF grants

Organization Information

Organization Information

Legal Name of Organization Elders Community Fund

**Mailing Address- Street number and name OR PO
Box**

PO Box 2113

City	Placerville
State	CA
Zip Code	95667
Phone Number	[REDACTED]
Organization's Website Address	www.elderoptionsca.com
Attach your organization's logo.	
Grant contact name	Liz Heape Caldwell
Grant contact email address	[REDACTED]
Executive Director/ CEO/ President	Liz Heape Caldwell & Carol S. Heape
Executive Director email address	[REDACTED]

Please provide names and titles of your primary board of directors: board president, board secretary, & board treasurer only.

Carol Heape-Founder & Member-Elders Community Fund
Donald Heape-Member-Elders Community Fund
Liz Heape Caldwell-Member-Elders Community Fund
Melissa Dannaker-Member-Elders Community Fund
Kathy Hall-Member-Elders Community Fund
Mindy Jackson-Member-Elders Community Fund

Year Incorporated	2002
Number of paid staff	65.00
Number of volunteers	0.00
Mission Statement	

We are committed to helping older adults and individuals with chronic health conditions age in place with personalized care that respects their choices and honors their individuality.

By working closely with each person and their family, we create thoughtful, flexible support that promotes dignity, comfort, safety, and independence.

As a trusted community resource, we guide families through complex decisions with clarity and consistency. We stand alongside those we serve, offering steady support and practical solutions to ensure they receive the care, connection, and peace of mind they deserve.

Fiscal Agent's confirmation letter- this is only needed if the community based organization that is applying is using a Fiscal Agent (because they are not their own nonprofit). Fiscal Agent must write a letter stating that they are taking fiscal responsibility of the grant funds on the community-based organization's behalf if they are granted funds. Fiscal Agents will keep specific program related funds restricted/accounting separate for this particular project request.

Fiscal Agent letter must be dated within 90 days of the grant submittal.

Is Your Non-Profit in Good Standing?

EIN or TIN



Attach the IRS Determination letter that contains your organization's Employer Identification Number AND verifies that your organization has been given 501c3 status.

EIN 2025.pdf

Click on this link for the IRS database to find your organization. Please take a screenshot of the page that shows your organization name and the IRS filings for the past year(s). This page should show that your organization has filed its 990, 990EZ or 990N in the past three years at least once.

THIS SECTION IS REQUIRED unless organization is a faith based organization, a government entity or a Native American Tribe recognized by the federal government.

Visit the CA Secretary of State website and search for your organization. Take a screenshot of that page that shows your organization is active and up-to-date with your statement of information.

If your entity is registered in a state other than California, please provide a screenshot of your state's registration entity proving your active and up-to-date status. Also, your organization should be registered in CA if you are doing business in CA (like applying for these funds:)).

THIS SECTION IS REQUIRED unless organization is a faith based organization, a government entity or a Native American Tribe recognized by the federal government.

Lastly, visit the CA Department of Justice website to verify your organization's registration. Search for your organization , and take a screenshot of the page that shows your organization name, and that its registration with the Department of Justice is CURRENT. Upload this screenshot here.

All organizations that "do business in California" are required to file annually with the CA DOJ.

Secretary of State.png

THIS SECTION IS REQUIRED unless organization is a faith based organization, a government entity or a Native American Tribe recognized by the federal government.

Grant Information

Grant Information

Grant Title: please create a title that describes what your grant is requesting

Honor at Home: Veterans Support Initiative

Grant Request SUMMARY: In 300 words or less please provide a summary that describes the program/project that your organization is requesting funds for.

According to 2024 U.S Census data, approximately 25% of El Dorado County residents are age 65 or older. In addition, nearly 12,000 veterans call this county home. These numbers reflect a growing population of older adults and veterans who often prefer to age in place, remaining in the comfort of their own homes and communities. It is well known that older adults prefer to remain home, but many are silently struggling to do so. This grant proposal gives veterans in our community an expert who stands beside each veteran to provide support, guidance, and direct assistance to access little known resources. This initiative will serve 30-40 veterans by providing personalized, in-home support from a knowledgeable, credentialed Care Manager who will assess each veteran's needs, coordinate medical and psychosocial care, and connect them to available resources. Each participant will also have access to limited flexible funds to address urgent, unmet needs such as transportation, short term home care, or other essential services. These will only be utilized after an initial home visit and comprehensive assessment. Many veterans, whether living alone or with a spouse, do not have sufficient support to navigate daily challenges or access available services. If approved, this program will help bridge that gap by strengthening each veteran's ability to remain safely at home with the right resources and support systems in place.

Grant Amount Requested	\$ 20000
Geographic Area Served by this Grant	El Dorado County
What is the need that your project/program that you are requesting funds for supports?	

The need for coordinated in-home support is reflected in the everyday experiences of older adults and veterans in our community.

Mr J is an independent man living in EDC where he has remained for the past 50 years. Following a hospitalization for kidney stones he was discharged home with two stents and limited support. Still in significant pain he struggled to manage basic needs such as preparing meals, bathing, and safely using the restroom. He shared that he felt afraid and completely alone unsure of where to turn for help after contacting the VA and being referred to his physician. His situation illustrates how quickly health and safety can decline when a person returns home without coordinated hands-on support.

Mrs R faced a different but equally challenging barrier. She was scheduled for a surgical procedure at the local VA health center but had no family or friends available to provide transportation or post-procedure assistance. Although she was given information about transportation resources, she encountered scheduling limitations particularly with early appointment times and the need for someone to support her after surgery. As a result her procedure was cancelled. Mrs R who needs cataract surgery to restore her vision expressed growing discouragement as she was unable to identify a reliable resource to help her access and safely complete her care.

Together these experiences highlight a consistent gap. Veterans with or without families often face an uphill battle and may be overwhelmed on where to start.

Please provide information (DATA) demonstrating the need exists for VETERANS in El Dorado County.

According to 2024 U.S. Census data, approximately 25% of El Dorado County residents are age 65 or older. In addition, nearly 12,000 veterans call this county home. These figures reflect a growing population of older adults and veterans who often prefer to age in the comfort and familiarity of their own homes and communities. However, many individuals are not fully connected to the resources they need, are managing significant health challenges, or lack consistent support systems to safely achieve this goal. As a result, aging in place can become difficult to sustain without coordinated, person-centered assistance that helps bridge these gaps.

How will this program/project in this grant request address the need described above?

The Honor at Home: Veterans Support Initiative will provide each identified vulnerable veteran with a credentialed Care Manager. The Care Manager will conduct in-person visits and complete a comprehensive assessment of the veteran's needs, living environment, and overall health and well-being.

Following this assessment, the Care Manager will coordinate appropriate services and support to address needs, ensuring each veteran is connected to appropriate resources and support. This may include healthcare coordination, in-home support, transportation assistance, and access to community-based programs.

The Care Manager will serve as a consistent point of contact, advocating for the veteran and helping to navigate complex systems of care. This person-centered approach is designed to promote safety, independence, and stability, enabling veterans to remain in their homes with dignity and appropriate support.

NUMBER OF VETERANS SERVED: 25 Unduplicated

HOME VISITS: 2 Visits

CARE COORDINATION: 1-2 Hours

RESOURCE FUND FOR ADITONAL SERVICES: \$500.00 per client
i.e. transportation, short term home care, etc.

**How is your organization suited to meet this need?
Please describe how organization's mission aligns with the need and the program/project that funding is being requested for.**

The Elders Community Fund will partner with Elder Options to deliver the Credentialed Care Management and additional services and supports. For 39 years, Elder Options has been providing person-centered services and supports to vulnerable individuals throughout El Dorado County. Founded to support older adults with Care Management, Elder Options has grown to become a trusted provider with extensive community partnerships to include both the Northern California and Sierra Nevada Veterans Administrations. Throughout the years, Elder Options has expanded its reach to assist those regardless if they could pay for services or not, through extensive local, state and federal contracts.

Elder Options will donate client intakes, eligibility, reporting, scheduling, staffing, travel time, marketing, and clinical supervision, as in kind. All administrative duties will also be donated as in kind.

What is the grant timeline and major milestones of this project?

Please remember, if your grant is approved, funding must be spent within a year.

The goal of this proposal is to serve 25-30 unduplicated veterans with up to 4 hours of Care Management time and up to \$500.00 of anxillary support such as transportation services to medical appointments, short term home care to stabilize crisis situations, and other services as needed. Care management services will locate/coordinate services to ensure continued support after the grant period ends.

In the situation with Mr. J: A Care Manager would promptly make an in home visit and assessment, coordinate medical care to ensure proper follow up for his placed stents, implementation of home delivered meals, as well as immediate placement of a home care provider to take Mr. J to appointments, assistance in the shower, and meal preperation. The Care Manager would also coordinate with the local VA for establishment into their healthcare system where the physicial could order ongoing Home Health Aid services, paid for by TriWest.

Major milestones will include reducing the impact of readmissions to hospital systems and proper support so veterans are able to age in place wihtin the communities they love.

What are the measurable objectives of the project/program that you are requesting grant funds for?

If funded, the Honor at Home: Veterans Support Initiative will serve 25-30 unduplicated veterans in El Dorado County with individualized, care management and limited flexible support funds.

The program will track the following measurable objectives:

Timely Engagement: 100% of referred veterans will receive an initial in-home visit and comprehensive assessment within 5 business days of referral.

Care Coordination: Each participant will receive a thorough assessment that identifies needs, available resources, and coordinated services.

Service Connection: At least 80-90% of participants will be successfully connected to at least one identified community, VA, or support service within 30 days of enrollment.

Stabilization Support: Approved flexible funds (approximately \$500 per client, as needed) will be used to address immediate barriers such as transportation, nutrition, or urgent unmet needs, with all expenditures documented and tracked.

Ongoing Follow-Up: Each veteran will receive regular follow-up contact to assess progress and identify any new needs for a period of 3 months. After the 3 month period, the veteran will continue to be monitored and followed with additional activities considered in kind.

Outcomes Tracking: Improvements in safety, stability, and ability to remain at home will be documented through care manager notes, client reports, and case reviews.

Program Reporting: A detailed tracking spreadsheet will monitor referrals, services provided, outcomes achieved, and funds utilized, ensuring accountability and transparency.

Administrative time, supervision, and documentation will be provided as in-kind contributions.

How will the objectives be measured?

All will be tracked on a spreadsheet and Care Manager documented notes. Every month, clinical supervision will be held to discuss clients, needs, and concerns to ensure all are receiving prompt helpful assistance.

What is the number of un-duplicated veterans to be served if this grant is funded? 25

What percentage of your total clientele are veterans? 5

How will you confirm/show proof of a veteran's status? Please be very specific...this data may be asked for in the final report

If a referral comes from Veterans' Services, VFW, or American Legion, it is assumed this individual is a veteran. Community, medical providers, or additional referrals will be verified via DD-2214 or other authorized verification method.

What is the anticipated impact of the project?

With appropriate support and a coordinated circle of care, aging and disabled veterans throughout El Dorado County have a strong opportunity to remain safely in their homes and continue living within their communities. This includes having reliable connections to appropriate resources, assistance with attending scheduled medical appointments and procedures, and support in stabilizing home environments or addressing urgent medical needs as they arise.

More often than not, many are not aware of the resources that are available. Having a knowledgeable expert to guide the veteran along the way will have a huge impact on health, well being, and quality of life.

How will you measure the impact of this project/program?

All clients will be tracked using company-specific software as well as on a spreadsheet to ensure accurate monitoring of services and outcomes. All care management activities and ancillary services will be fully documented in individual case notes. Resources obtained for each client will be tracked and reviewed to ensure they are appropriate, effective, and aligned with identified needs.

Clinical supervision will be conducted monthly to review all clients, discuss progress, and address any concerns or challenges in service delivery.

At its core, this program seeks to honor each individual's desire to age in place safely and with dignity. By combining care management support with coordinated ancillary services, we are building a comprehensive safety net that empowers veterans to remain at home, in their communities.

Is the project/program you are requesting funds for an ongoing program or project? If so, please describe how funding will be found to continue the project upon completion of this grant cycle.

What determines if your program/project continues on in regards to impact?

The program will not be ongoing unless we are able to find another source of funding. We will seek additional funding as we feel this can be very important.

Grant Budget

Grant Program Revenue

Veteran's Grant Amount Requesting	\$ 20000
Other Contributions	\$ 9000
Fundraising revenue	
Total Revenue	\$ 29000

Grant Program Expenditures

Staff salaries, wages and benefits	\$ 26000
Occupancy and utilities	\$ 0
Equipment	\$ 0
Supplies, materials and printing	\$ 0
Travel and meetings	\$ 1000
Marketing and advertising	\$ 0
Staff and volunteer training	\$ 0
Contract services	\$ 0
Other	\$ 2000
Total Expenditures	\$ 29000

Budget Narrative

Budget Narrative

All funds will be spent on the direct care of 25-30 veterans. The wage costs will be for (4) hours of Care Management and \$500 of anxillary services such as crisis stabilization home care or transportation.

Additional funds of \$4,000.00 will be donated from the Elders Community Fund.


\$5,000+ will be donated "in kind" from Elder Options in the form of mileage, staff training time, additional care management services outside of the allowed (4) hours, monthly check in calls, clinical supervision, adminstrative activities to include billing, payroll, and staffing of anxillary services. All utilities, marketing, and supplies are also donated in kind.

Submit Grant Application

Signature and Affirmation

**By entering your full name below,
you certify that all information is
true and correct to the best of your
knowledge.**

Liz Heape Caldwell

 **Department of the Treasury**
Internal Revenue Service
1301 Clay Street
Oakland, CA, 94612

In reply refer to: 0457610885
4/25/2025 LTR 147C

ELDER OPTIONS INC
PO BOX 2113
PLACERVILLE, CA 95667-2113-136

Employer Identification Number: [REDACTED]

Dear Taxpayer:

Thank you for your inquiry of 4/25/2025.

Your Employer Identification Number (EIN) is [REDACTED]

Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, you can call 800-829-0115. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,
Miss Martinez
1003101345
CSR