

Love In The Name of Christ

Who We Are

Love INC of the Yampa Valley is part of a nationwide movement of over 134 affiliates across the United States and Kenya, who partner with churches (across denominational lines) and other agencies to provide coordinated help to people needing support with the end goal of sustainability. We are 501 (c) 3 non-profit organization made up of over 364 volunteers, 17 partner churches, 60 partnering agencies, and 97 supporting area businesses, serving Moffat, Routt and Rio Blanco counties. Love INC is the local service extension unit for the Salvation Army and we are the local distributors of the Federal food program: TEFAP (The Emergency Food Assistance Program) and Senior Food Commodities.

Our Mission and Vision

The mission of Love INC is to mobilize churches, agencies and individuals to transform lives and the Yampa Valley's communities in the name of Christ.

Love Inc's Vision

By 2028, Love INC of the Yampa Valley will: Serve the food insecure in the three-county region (Moffat, Routt, Rio Blanco); Distribute +30% food and household goods to benefit those in need; Efficiently provide for food bank operations from a consolidated, accessible location; Offer solid, consistent mentoring opportunities to include financial classes, cooking classes and job training classes; Be led and operated by a strong, diverse and developed Board of Directors via adequate hours provided by professional staff/personnel with assistance from a well-trained, productive and reliable volunteer corps; Be operationally efficient; Have in place/successfully raise funds in alignment with a dynamic and effective resource development plan; Have a plan for developing an Empowerment Center, broadening services and centralizing operations by 2029.

Love INC's success in pursuit of this vision will be defined by "helping people help themselves," bringing forth life change and sustained self-sufficiency for individuals and families, who return to volunteer in assisting others through Love INC.

Love INC's Financial Policy:

Love INC of the Yampa Valley provides financial assistance to individuals and families facing financial hardship on a case-by-case basis. Individuals receiving financial assistance must be able to maintain their household after assistance is given and have income sufficient to meet their ongoing needs. Because the need for assistance is great, Love INC of the Yampa Valley usually only accepts financial applications every 12 months per individual/family. An application, budget analysis and verification of ALL information is required in order to receive financial assistance.

Community Budget Center

Who We Are

The Community Budget Center (CBC) is a 501 c3 nonprofit thrift store that provides emergency assistance to the community with resource needs and life coaching. Our thrift store regularly accepts donations from surrounding communities, allowing us to recycle gently-used or like-new items. Donations allow us to provide affordable alternatives for household items for budget-conscious community members. In addition, the CBC's sustainable store model affords us a place in our community to offer emergency assistance and support to further help individuals in our community.

Our Vision and Mission

The Community Budget Center envisions a region where all basic needs are met and supported. We work to accomplish this by supporting our region through resource connection, humanitarian services, and access to equitable assistance for those in need.

Our Assistance Process

The CBC maintains an assistance policy that seeks to offer a hand up (not hand out) to community members in need. We seek to come alongside those seeking assistance to understand the need, coach the client in accountability, and connect them with resources if warranted as a step forward toward sustainability. Our assistance operates with a set of guidelines that targets assisting no more than once per year per client. Exceptions to this guideline exist depending on the situation. There is no guarantees for financial assistance. Clients are required to submit and intake application, a budget analysis, and an interview to assess their life situation.

Executive Director Bio

Vince Mooney moved to Craig in 2018 after 25+ years in food processing plant leadership. Vince is a degreed Industrial Engineer from Georgia Tech and has his MBA from Pepperdine University. Vince married his wife, Deanna (born and raised in Craig), and they lived in Greeley until 2020. Vince left the manufacturing community in 2020 to pursue serving in his faith. Vince and Deanna moved to Craig in 2020. Vince is a Christian man who has written and published three Christian guidance books and attends the Journey at First Baptist here in Craig. Vince is a certified Life Coach and Christian Life Coach, and he loves helping those in need.

Community Assistance Application

Client Name: _____

Community Budget Center Assistance Policy

Assistance Approach

The Community Budget Center envisions a region where all basic needs are met and supported. We accomplish this by providing for our region with resource connection, humanitarian services, and access to equitable assistance for those in need.

In order to provide assistance to the most people in our communities, we ask our clients to share the burden financially as much as possible to ensure accountability. In addition, we want to ensure that the funds provided allow for a steppingstone forward for those seeking a more stable position or to get through a particular and unforeseen crisis.

The Assistance Application Process

Applications for assistance can be requested and acquired by visiting the store. If the applicant is not able to travel to the store, an application can be emailed to the applicant. Required information, in addition to the application, may include all or some of the following:

- Copy of a valid driver's license/ID
- Proof of Income
- An EOC application (provided in the store for utility assistance)
- Signed income disclosures (provided in the store)
- Copy of bills or leases for which assistance is needed
- A budget analysis filled out in advance and complete

When turning in an application, you will be required to schedule an appointment to review your application. Application review times are preferred to be in person, but can be scheduled via phone. Assistance review timeslots may be scheduled with the Community Budget Center Budget Center as available between the hours of 11:00AM and 2:00PM, Monday through Friday, excluding holidays.

Community Assistance Application

Application Review

After applications are filled out in completion and contain the required supporting documentation, it takes up to one week for decisions to be made regarding assistance. Organizations/individuals must be contacted where bills are owed so that your request may be researched and validated. Assistance is not guaranteed. Assistance is awarded based on the ability of the applicant to move to a more sustainable position in future months/years. Failure to disclose accurate and truthful information may lead to the inability to attain future assistance through the Community Budget Center.

Awarding Assistance

If assistance is awarded to an applicant, payment will be made directly to the vendor in most cases. The client will be contacted to inform them of the amount awarded and when it is to be paid. Clients who are provided assistance agree to respond to us when asked after 30 days following any assistance provided to comment on how the assistance has improved their situation.

Client Signature: _____ Date: _____

Community Assistance Application

Community Budget Center, 555 Yampa Avenue, Craig, CO 81625

(970) 824-7898 | cbcenter1004@gmail.com

Today's Date: ____/____/____

Referred By: _____

First Name: _____ Middle Name: _____ Last Name: _____

Address of Residence: _____

City: _____ State: _____ Zip Code: _____

Mailing Address(if different than above): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ D.O.B.: _____

Email Address: _____

Ethnicity (White, Hispanic, Black, Native American, Asian, Other): _____

Marital Status(Single, married, divorced, separated, widowed, common-law married): _____

Spouse/Partner/Roommate Name: _____ D.O.B.: _____

How many live in the household? _____

Complete the following information for ALL other residents in the household

NAME(First and Last)	D.O.B.	Age	Relationship	Highest Grade Completed

Housing

Check the item that describes the dwelling where you currently live:

- | | | |
|--|--|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> 5 th Wheel |
| <input type="checkbox"/> Modular Home | <input type="checkbox"/> Group Home | <input type="checkbox"/> RV |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Residential Care Facility | <input type="checkbox"/> Car/Van/Bus |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Cabin | <input type="checkbox"/> Other |
| <input type="checkbox"/> Apartment/Condominium | <input type="checkbox"/> Camper | |

Do you: ☐ Own ☐ Have a Mortgage ☐ Rent ☐ Other

If you rent, list landlord information. Name/Business: _____ Telephone: _____

Community Assistance Application

Sources of Income or Assistance You Currently Receive (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Work Full Time | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Work Part Time | <input type="checkbox"/> Old Age Pension (OAP) | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Social Security Income | <input type="checkbox"/> Veteran's Disability | <input type="checkbox"/> WIC benefits |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Rent Subsidy | <input type="checkbox"/> SNAP (food stamps) |
| <input type="checkbox"/> Supplemental Security Disability Income | <input type="checkbox"/> Aid to the Needy Disabled(AND) | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Pension or Retirement Income | <input type="checkbox"/> Aid to the Blind (AB) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> LEAP | <input type="checkbox"/> None |

List all employers for those in the household

Household Worker:_____Employer:_____Income:_____

Household Worker:_____Employer:_____Income:_____

Household Worker:_____Employer:_____Income:_____

Household Worker:_____Employer:_____Income:_____

Household Worker:_____Employer:_____Income:_____

Average monthly household income\$ _____**Complete Budget Analysis Sheet before submitting application.**

Detail the events that caused your current situation and led you to come to the CBC for assistance:

Community Assistance Application

Do you have a support system: a local church, support group, family, or other? Explain. ☐ Yes ☐ No

What kind of assistance are you seeking today?

If assistance is provided, how does this make your life situation more stable for the future?
