



CITY OF COACHELLA, CA COMMUNITY BASED GRANT PROGRAM APPLICATION FOR FUNDS REQUEST

Please Type Information and Print
Information entered in the provided spaces cannot be saved.

(Attach additional pages as needed, however applicants are encouraged to be brief.)

1. Application Funding Cycle:

Date: 02/12/2025

July 1, 2024 - June 30, 2025

2. Total Amount Requested: \$ 1,000

If requesting waiver of City fees or charges, please indicate the City service for which the waiver is being requested. N/A

3. Proposed Program/Service of Funding Request:

One scholarship award for one City of Coachella resident.

4. Agency/Organization:

Theresa A. Mike Scholarship Found

5. Mailing Address:

P.O. Box 65

City: Coachella Zip: 92236

6. Telephone: (442) 241-6151

Fax:

7. Official Contact Person:

Name: Makeyli Alvarez Marroquin

Title: Executive Director

Telephone: (442) 241-6151

Fax:

E-mail: info@theresamike.org

8. Does this organization have a non-profit status with the Internal Revenue Service (IRS)? ☐
Yes ☒ No ☐ (Attach documentation)

9. How long has this organization been in existence?
Since 1998 and received its Employer Identification Number (EIN) in 2014.

10. Has the organization previously received funding from the City of Coachella?

☒ Yes ☐ No

If yes, please identify the program/service, total prior grant allocation, and the fiscal year in which the funds were received.

In October 2023, TAMSF received \$1,000 for its scholarship program to award one college / university student from the City of Coachella.

11. Is this request for a ☐ New or ☒ Existing program/service within the City?

12. What is the anticipated time frame to provide the proposed program/service and the expenditure of the requested funds?

By June 30, 2025 we will select the \$1,000 award candidate. The award check and letter will be sent to their institution the month of July, 2025.

13. Describe briefly how the requested funds will be used.

The foundation will award (1) scholarship of \$1,000 to an outstanding City of Coachella resident enrolled to a local community college or university.

14. Will the program/service require additional funding sources? If so, identify all funding sources and provide the steps taken to acquire funding.

The foundation will host its primary fundraiser; the fashion show event on June 14, 2025. The funds received will be through in-kind donations, raffles, silent auctions, and sponsorship sales from the event. All fundings will be utilized for the scholarship program.

15. If the program/service is planned to continue beyond the period provided by this grant, what funding plans are there to sustain the program/service?

Scholarships are awarded every year for the Fall-semester. Therefore, the grant can be disbursed for the following scholarship cycle.

16. How will the proposed program/service serve City of Coachella residents? Will the proposed program/service also serve non-Coachella residents? Please describe.

The scholarship award will be given to one City of Coachella resident interesting in supporting their community. The student must demonstrate extra curricular interests and how their community service relates to their education.

17. Describe the characteristics of the clients the proposed program/service anticipates to serve (i.e. age group, gender, income level, ethnicity, etc.)

TAMSF plans to serve students who meet application requirements regardless of their gender, age, ethnicity, income level, etc. For the City of Coachella grant program, TAMSF will award one student from the city of Coachella only.

18. Attach a proposed budget for requested funds.

Authorized Official: Makeyli Alvarez

Title: Executive Director

Signature: _____



Date: 02/21/24

Budget

THERESA A. MIKE SCHOLARSHIP FOUNDATION	
Category:	City of Coachella Community Grant - Grant Request: \$1,000
City of Coachella Graduate/Resident Scholarship Applicant	\$1,000 for (1) outstanding scholarship applicant that meet the following criteria: Applicant is resident, and/or have graduated from a High School in Coachella, have a cumulative grade point average (GPA) of 3.0 or higher and must demonstrate financial need and proof of community service engagement.

Item Description	Unit Cost	Quantity	Component Total
Theresa A. Mike Scholarship (City of Coachella Community Grant)	\$ 1,000	1	\$ 1,000
Total Direct Costs:			\$ 1,000

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **AUG 28 2014**

THERESA A MIKE SCHOLARSHIP
FOUNDATION
C/O THERESA MIKE
46-200 HARRISON PLACE
COACHELLA, CA 92236

Employer Identification Number:
45-4613889
DLN:
17053067347003
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
March 4, 2013
Contribution Deductibility:
Yes
Addendum Applies:
Yes

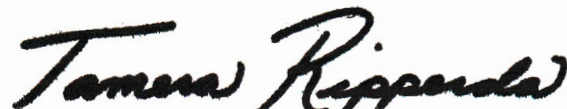
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

Letter 947

THERESA A MIKE SCHOLARSHIP

ADDENDUM

Based on the information submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as shown in the heading of this letter, is the postmark date of your application.