



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: 09/09/2025

July 1, 2025 - June 30, 2026

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.

3. Proposed Program/Service of Funding Request:

To support no-charge primary medical care for City of Coachella residents.

4. Agency/Organization:

Coachella Valley Volunteers In Med

5. Mailing Address:

PO Box 10090

City: Indio Zip: 92201

6. Telephone: (760) 342-4414

Fax:

7. Official Contact Person:

Name:

Title: Executive Director

Telephone: (760) 625-0760

Fax:

E-mail: doug.morin@cvvim.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?
Incorporated in 2009 and began seeing patients in 2020.
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.
Support of primary care for a total of \$3000 since 2018. Last award was 2021.
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?
We provide primary medical care yearlong to uninsured and low-income residents of the Coachella Valley, including residents of the City of Coachella.
13. Describe briefly how the requested funds will be used.
To support direct patient care expenses for residents of the City of Coachella only.
14. Will the program/service require additional funding sources? If so, identify all funding sources and provide the steps taken to acquire funding.
Yes. We have a robust grant request and management program; other funding comes from individual and organizational donations and foundation grants. We receive no reimbursement for services provided from any public or private insurer.
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?
Continued fundraising and grant writing.
16. How will the proposed program/service serve City of Coachella residents? Will the proposed program/service also serve non-Coachella residents? Please describe.
Funding will only be used for City of Coachella residents. In 2024, we provided care to 488 unique City of Coachella residents. If awarded, funding will support 4 to 6 residents with medical visits, labs, imaging services and access to education, social services, behavioral
17. Describe the characteristics of the clients the proposed program/service anticipates to serve (i.e. age group, gender, income level, ethnicity, etc.)
Adults aged 18 years and older who meet household income guidelines per Federal Income Guidelines up to 300%.

18. Attach a proposed budget for requested funds.

Authorized Official: Doug J Morin

Title: Executive Director

Signature: _____

Date: _____



September 9, 2025

City of Coachella
Grants Manager
City Hall
1515 6th Street
Coachella, CA 92236

Dear Jaime;

Please find an application for funds to support our no-charge primary care healthcare center located in Indio.

As you may be aware, Coachella Valley Volunteers in Medicine provides no-charge primary care medical services to low-income and uninsured residents of the Coachella Valley. This request, if awarded, will provide care for roughly seven residents of the City of Coachella, including any necessary laboratory testing and imaging services, as well as access to numerous ancillary services such as health education, social and behavioral health services, case management and chronic disease management.

If you have any questions or would like a tour of our Indio clinic for yourself or others in the City of Coachella, please don't hesitate to contact me directly at (760) 625-0760 or by email at doug.morin@cvvim.org.

Thank you for your time and consideration.

Sincerely,

Doug J. Morin
Executive Director

A FREE Health Center / GRATIS Centro de Salud
Tel. 760.342.4414 • PO Box 10090, Indio, CA 92202
www.cvvim.org

Coachella Valley Volunteers in Medicine

BUDGET

(RE: Grant Application of September 9, 2025)

City of Coachella

Income

- City of Coachella \$1,000

Expenses

- Average Patient Care Costs for 7 patients \$1,050
@ \$150 each =

TOTAL (\$ 50)

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

DEPARTMENT OF THE TREASURY

Date:

JAN 29 2009

COACHELLA VALLEY VOLUNTEERS IN
MEDICINE
47111 MONROE ST
INDIO, CA 92201

Employer Identification Number:
26-3312826
DLN:
17053284305028
Contact Person:
KAREN A BATEY ID# 31641
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
June 30, 2008
Contribution Deductibility:
Yes
Addendum Applies:
No.

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.

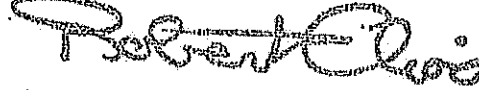
Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

COACHELLA VALLEY VOLUNTEERS IN

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert Choi". The signature is stylized with a large, looped "R" and a cursive "Choi".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC

Letter 947 (DO/CG)