



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: 09/10/2024

July 1, 2024 - June 30, 2024

2. Total Amount Requested: \$ 1000

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:

Escaramuza Charra Reynas del Valle Coachella

4. Agency/Organization:

Reynas del Valle Coachella

5. Mailing Address:

85321 Ave 44,

City: Indio Zip: 92203

6. Telephone: (760) 766-5306

Fax:

7. Official Contact Person:

Name: Margarita Lopez

Title: President

Telephone: (760) 766-5306

Fax:

E-mail: ranchoescondido914@gmail.com

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?
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.
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?
 The program runs all year long, and the funds deplete fast. The grant amount is minimal for the expenses.
13. Describe briefly how the requested funds will be used.
 Funds will be used to buy attire for the equestrian participants(10-20).
14. Will the program/service require additional funding sources? If so, identify all funding sources and provide the steps taken to acquire funding.
 The program requires more funding, as this is a beautiful, but expensive sport. We are currently seeking grants to continue funding the sport.
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?
 The program started with out-of-pocket expenses, then gradually organized community fundraisers to reach the yearly goal. To participate in the national competition in Mexico to represent the Coachella Valley.
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 program is open to City of Coachella residents. We offer horsemanship instruction, and educational activities to empower young girls. We also have participants from other cities
17. Describe the characteristics of the clients the proposed program/service anticipates to serve (i.e. age group, gender, income level, ethnicity, etc.)
 The program is open to young girls from the ages of 5 to 15 years. The program requires interest, responsibility, and commitment.

18. Attach a proposed budget for requested funds.

Authorized Official: Margarita Lopez

Title: President

Signature: _____

Date: _____



August 7, 2024

RE: Confirmation of Fiscal Sponsorship of Reynas Del Valle

To Whom It May Concern:


This letter is to confirm that Pueblo Unido CDC is the fiscal sponsor for Reynas Del Valle. Pueblo Unido CDC (PUCDC) is a federally tax exempt 501(c)(3) nonprofit organization. PUCDC's tax identification is 26-3547211 and address is 78080 Calle Amigo, Suite 103, La Quinta, CA 92253.

If you have any questions regarding this fiscal sponsorship, please contact Bianca Berriozábal at bberriozabal@pucdc.org or 760-777-7550, extension 103.

Sincerely,

Sergio Carranza
Executive Director

Demand Deposit - PUEBLO UNIDO CDC

+ PUEBLO UNIDO CDC REYNAS DEL VALLE 78080 CALLE AMIGO SUITE 103 LA QUINTA CA 92253	 Owner	Relationship Date of Birth *****	Phone Number Tax Identification ***** EIN **-*****
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Additional Relationships
 Tax Name: PUEBLO UNIDO CDC
 See Mailing Information

Summary

Memo Ledger Balance:	\$3,557.42	Last Deposit Jul 10, 2024:	\$57.42
Memo Available Balance:	\$3,057.42	Date Opened:	Jul 01, 2024
Current Ledger Balance:	\$457.42		
Current Available Balance:	\$457.42		
Overdraft Limit:	\$0.00		
ATM/POS Overdraft Balance:	\$0.00		

Memo Balances

Current Ledger Balance:	\$457.42	Current Reg CC Check Available:	\$457.42
Plus Presentments:	\$3,100.00	Plus Presentments:	\$2,600.00
Memo Ledger Balance:	\$3,557.42	Memo Available Balance:	\$3,057.42

Projected Float and Holds

Projected Date	Float	Reg CC Check Available Float	Reg CC Cash Available Float	Expiring Holds
Aug 19, 2024 Monday				
Aug 20, 2024 Tuesday				
Aug 21, 2024 Wednesday				
Aug 22, 2024 Thursday				
Aug 23, 2024 Friday				
Aug 24, 2024 Saturday				
Aug 25, 2024 Sunday				
Aug 26, 2024 Monday				
Aug 27, 2024 Tuesday				
Aug 28, 2024 Wednesday				

Service Charge

Date Last Service Charge:	Jul 31, 2024	Service Charge Cycle:	[30] Month-End
Average Ledger Balance:	\$457.42	Maintenance Method:	2
Average Available Balance:	\$457.42	Activity Method:	2
Days Into This Period:	18	Credit Back Method:	2
Date Minimum Balance:	Aug 01, 2024	Credit Back Option 1:	Primary Deposits & Loans
Minimum Balance:	\$457.42	DDA Credit Back Identification:	0
Credit Back Balance 1:	\$1,231,940.78	Waiver Service Charge Code:	[0]
Amount of Cash In:	\$0.00	Waiver Sales Tax:	Waive Sales Tax
Amount of Cash Out:	\$0.00		

Charge

ATM Charge Option:	Charge	Dormant Charge Code:	0
EIM Charge Option:	Charge	Waiver Overdraft Charge Code:	[0]
Other Charge Option:	Charge	Waiver Overdraft Interest Code:	[0]
Other Non-Taxable Charge Option:	Charge	Waiver FDIC Insurance Charge Code:	[0]

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

DEPARTMENT OF THE TREASURY

Date: **MAY 07 2009**

PUEBLO UNIDO CDC
PO BOX 1130
THERMAL, CA 92274

Employer Identification Number:
26-3547211
DLN:
17053323350008
Contact Person:
DONNA ELLIOT-MOORE ID# 50304
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:
September 15, 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.

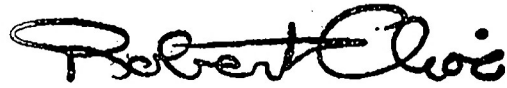
Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

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)

PUEBLO UNIDO CDC

Sincerely,

A handwritten signature in black ink that reads "Robert Choi". The signature is written in a cursive style with a large, looping initial "R".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC