



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: 02/18/2021

July 1, 2020 - June 30, 2021

2. Total Amount Requested: \$ 1,000.00

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:

Food Basket Distribution

4. Agency/Organization:

Galilee Center, Inc.

5. Mailing Address:

PO BOX 308

City: Mecca Zip: 92254

6. Telephone: (760) 396-9100

Fax: (760) 396-5400

7. Official Contact Person:

Name: Lupe Torres

Title: Director of Operations

Telephone: (760) 396-9100

Fax: (760) 396-5400

E-mail: ltorres@galileecenter.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?
10 years on July 29, 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.

Christmas Food Baskets

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?

Galilee Center provides food baskets throughout the year and we anticipate on using funds from this grant for the month of April, so we could provide a healthy food basket for families during this COVID-19 pandemic crisis.

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

Funds will be used to purchase dairy products for our weekly food distribution.

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

Yes, other funding sources include monetary donations, private food donations and food drives at local grocery stores.

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?

Our weekly food distribution will continue beyond the period provided by this grant and we are constantly seeking financial support through donations and grants.

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

Every week we distribute food baskets at our facility in Mecca to more than 350 families or 1,400 people residing in the eastern Coachella Valley. Approximately 20% or 70 families, which is equivalent to 280 people come from the city of Coachella.

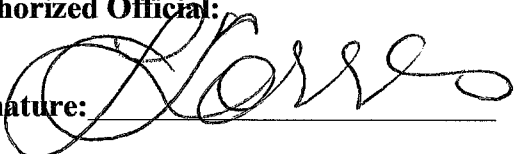
17. Describe the characteristics of the clients the proposed program/service anticipates to serve (i.e. age group, gender, income level, ethnicity, etc.)

The families are low income seasonal workers, unemployed, or with an income well below the poverty level, which have been affected by the COVID-19 pandemic.

18. Attach a proposed budget for requested funds.

Authorized Official:

Signature:



Title: Director of operations

Date:

2/18/21

Galilee Center Services and Program Budget 2021

Item Description	Amount
OLG Shelter Program	427,279
Food – Weekly Distribution	240,000
Baby Diapers & Formula	20,880
Rental Assistance	159,000
Utility Assistance	18,000
Senior Services	8,400
Back Packs (Back packs and school supplies for children)	9,500
Christmas Celebration (New toys and bikes for children)	12,000
Epiphany Day (New shoes & socks for children)	7,000
Total Emergency Program Budget	\$ 902,059

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

DEPARTMENT OF THE TREASURY

Date: **OCT 08 2010**

GALILEE CENTER INC
C/O CLAUDIA CASTORENA
83-056 LONG COVE DR
INDIO, CA 92203

Employer Identification Number:
27-3133601
DLN:
17053263336010
Contact Person:
ROGER W VANCE ID# 31173
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:
June 25, 2010
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.

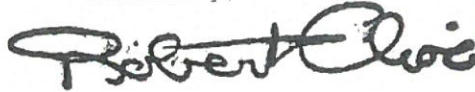
Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

GALILEE CENTER INC

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

Sincerely,

A handwritten signature in black ink that reads "Robert Choi". The signature is written in a cursive style with a large, prominent "C" at the end.

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC