



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: 01/21/2021

July 1, 2021 - June 30, 2021

2. Total Amount Requested: \$ 1,000

*Amount requested cannot exceed \$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:

Approximately 10 medical care visits for Coachella residents

4. Agency/Organization:

CV Volunteer in Medicine

5. Mailing Address:

PO Box 10090

City: Indio Zip: 92202

6. Telephone: (760) 342-4414

Fax: (760) 342-4401

7. Official Contact Person:

Name: Doug J. Morin

Title: Executive Director

Telephone: (760) 625-0760

Fax: (760) 342-4401

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?
 We were incorporated in 2008 and began providing care in 2010.
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.
\$1,000 received in February 2020
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?
 This is an ongoing need.
13. Describe briefly how the requested funds will be used.
 Awarded funds will be used to offset patient care costs for approximately 10 Coachella residents at an average cost of \$100 per patient visit.
14. Will the program/service require additional funding sources? If so, identify all funding sources and provide the steps taken to acquire funding.
 Current granting foundations include: Auen Foundation; Berger Foundation; CV Wellness Foundation; Deswert Healthcare District; Inland Empire Community Foundation; Trilogy Homeowner's Association; Valenzuela Foundation. Additional funding from philanthropy
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?
 We have a robust fundraising program, led by volunteers, that includes grants, community and individual philanthropy and fundraising efforts, including events.
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 serves patients from across the Valley, however these funds would be reserved for Coachella residents to provide medical healthcare services.
17. Describe the characteristics of the clients the proposed program/service anticipates to serve (i.e. age group, gender, income level, ethnicity, etc.)
 Adult residents, 18 years and older whose household income is at 200% of Federal Poverty Level and are uninsured.

18. Attach a proposed budget for requested funds.

Authorized Official: Doug J. Morin

Title: Executive Director

Signature: 

Date: 01/21/2021

Coachella Valley Volunteers in Medicine

2021 CBG Grant Request – City of Coachella

BUDGET

<u>Item</u>	<u>Cost per visit¹</u>	<u>Quantity²</u>	<u>Total</u>
Patient medical visit	\$135	250*	\$33,750.00

TOTAL: \$33,750.00

2021 CBG Request: \$ 1,000.00

1. Cost per visit is an average amount of all actual patient care costs from the prior 12-month period divided by the number of patients estimated to be seen in the current year based upon prior year volume. Cost per visit includes all indirect costs such as medical supplies as well as direct costs such as labs and imaging services.

2. Actual number of medical visits provided to City of Coachella residents in 2020, used to estimate service volume for 2021.



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752435463
July 08, 2019 LTR 4168C 0
26-3312826 201812 67

00049142
BODC: TE

COACHELLA VALLEY VOLUNTEERS IN
MEDICINE
PO BOX 10090
INDIO CA 92202



026340

Employer ID number: 26-3312826
Form 990 required: YES

Dear Taxpayer:

We issued you a determination letter in JANUARY 2009, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).