

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: 07/02/2024

July 1, 20 24 - June 30, 20 25

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:

Coachella Valley High School Mighty Arabs Cheer Team

4. Agency/Organization:

Coachella Valley High School

5. Mailing Address: 83800 Airport Blvd.

City: Thermal Zip: 92274

6. Telephone: (760) 848-1831

Fax:

7. Official Contact Person:

Name: Raquel Jimenez Canela

Title: Athletics Specialist/Head Cheer Coach

Telephone: (760) 404-8296

Fax:

E-mail: raquel.canela@cvusd.us

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? 75 years
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? school year of 24-25 for Cheerleading/Student Athletes growth and advancement.
13. Describe briefly how the requested funds will be used. Fund will be used towards Cheer Elite Camp. This program helps prepare the Team for their school year in regards to community engagment and skills.
14. Will the program/service require additional funding sources? If so, identify all funding sources and provide the steps taken to acquire funding. Yes, CVUSD will aslo be assisting.
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? Donatiopns and Fundraising
16. How will the proposed program/service serve City of Coachella residents? Will the proposed program/service also serve non-Coachella residents? Please describe. Team members will teach what they have learned to the Coachella Junior All american Cheer squad and to our AESES mini cheer teams in CVUSD
17. Describe the characteristics of the clients the proposed program/service anticipates to serve (i.e. age group, gender, income level, ethnicity, etc.) 5-13 years of age, all gender, sll incomes, and all ethnicities.
18. Attach a proposed budget for requested funds.
Authorized Official: Raquel Jimenez Canela Title: Athletics Specialist/Coach
Signature: Date: 72-24

Cheer Budget 24-25

Camp \$500 per member- (29 members =\$14,500)

Uniforms \$600 per member- (29 members = \$17,400)

Camp wear \$100 per member – (29 members = \$2,900)

Transportation to away games \$800 per game – (4 games = \$3,200)

Snacks/food – Provided by Coach Canela

Grand Total - \$38,000.00



Coachella Valley Unified School District

P.O. Box 847 • Thermal, CA 92274 760.399.5137 • FAX 399.1052 www.cvusd.us

October 21, 2024

City of Coachella 53990 Enterprise Way Coachella, CA 92236

Re: Coachella Valley High School

To Whom It May Concern:

The Coachella Valley Unified School District is a public educational institution. Public schools are considered to be a political subdivision of the State of California and are therefore tax exempt. Any contribution to a political subdivision of a governmental agency is considered to be a deductible charitable contribution as long as it is used for the public good. (IRC 170(c)).

The Internal Revenue Code section 170 (c) defines charitable contribution as a contribution or gift to or for the use of a State, a possession of the United States, or any political subdivision of any of the foregoing of the United States or the District of Columbia, but only if the contribution or gift is made for exclusively public purposes.

For your information, our Federal Identification Number is 33-0765218. If you need additional tax information, please contact Karina Rios at krios@cvusd.us.

Thank you again for your contribution in support of our students.

Sincerely, Mayela Salceelo

Mayela Salcedo

Assistant Superintendent Business Services

TAX ID: 33-0765218