



CITY OF COACHELLA, CA COMMUNITY BASED GRANT PROGRAM APPLICATION FOR FUNDS REQUEST

Please Type Information and Print
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(Attach additional pages as needed, however applicants are encouraged to be brief.)

1. Application Funding Cycle:

Date: 03/28/2023

July 1, 20 23 - June 30, 20 24

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:

In Home Caregiving Services to low income seniors

4. Agency/Organization:

Elder Love USA, Inc

5. Mailing Address:

41550 Eclectic St

City: Palm Des Zip: 92260

6. Telephone: 888-336-8322

Fax:

7. Official Contact Person:

Name: Shannon Shea

Title: Executive Director

Telephone: 949-878-2072

Fax:

E-mail: shannon@elderloveusa.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?
2016

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?
With \$1,000 we can provide 100 hours of assistance in Coachella

13. Describe briefly how the requested funds will be used.
100% of funds will be used to pay our caregivers who provide care.

14. Will the program/service require additional funding sources? If so, identify all funding sources and provide the steps taken to acquire funding.
Our operational budget is \$700,000. We receive grants from cities, foundations, private pay, fundraising, etc.

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 are self-sustaining - grants help us to lower our hourly rate.

16. How will the proposed program/service serve City of Coachella residents? Will the proposed program/service also serve non-Coachella residents? Please describe.
These funds will be used exclusively for low income Coachella seniors.

17. Describe the characteristics of the clients the proposed program/service anticipates to serve (i.e. age group, gender, income level, ethnicity, etc.)
65+, male and female (mostly female), low to moderate income, any and all ethnicities.

18. Attach a proposed budget for requested funds.

Authorized Official: Shannon Shea

Title: Executive Director

Signature: 

Date: 3/28/23

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

DEPARTMENT OF THE TREASURY

Date: **MAR 03 2017**

ELDER LOVE USA INC
8565 SIERRA CIRCLE STE 917D
HUNTINGTON BEACH, CA 92646

Employer Identification Number:
81-3044392
DLN:
17053334334046
Contact Person:
MICHELLE A GLUTZ ID# 31213
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
April 25, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

PROGRAM OPERATION BUDGET

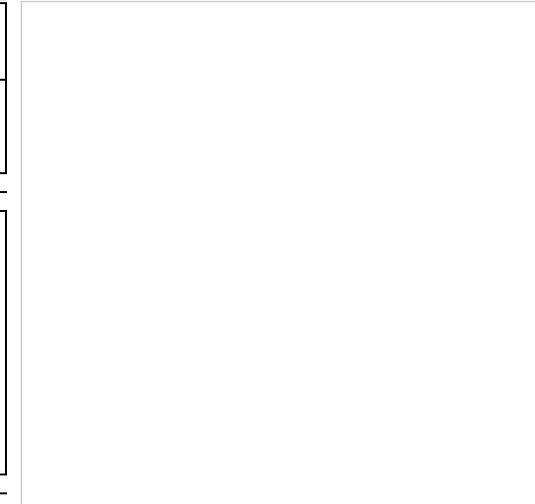
Name of Organization: Elder Love USA, Inc.
 Name of Program/Project: In Home Caregiving Services

Instructions: Note this budget section is only for the program you are applying for grant funds.

Program Expenses (12 months)	Total Program Expense Amount	Total Expenses to be funded by Coachella (12 months)	Funding Gap
Full-time staff wages and salaries	\$ 75,000.00	\$ 1,000.00	\$ 74,000.00
Part-time staff wages and salaries	\$ 200,000.00	\$ -	\$ 200,000.00
Temporary staff wages and salaries	\$ -	\$ -	\$ -
Employee Benefits	\$ -	\$ -	\$ -
Volunteer-related costs	\$ -	\$ -	\$ -
Total Staff Cost	\$275,000.00	\$1,000.00	\$274,000.00

Equipment Costs	\$ 50,000.00	\$ -	\$ 50,000.00
Marketing/Advertising expense	\$ 33,000.00	\$ -	\$ 33,000.00
Legal Services	\$ 3,500.00	\$ -	\$ 3,500.00
Consulting Services	\$ 25,000.00	\$ -	\$ 25,000.00
Other Professional Services	\$ 92,145.00	\$ -	\$ 92,145.00
Facilities costs	\$ 50,000.00	\$ -	\$ 50,000.00
Meeting Expenses	\$ 3,440.00	\$ -	\$ 3,440.00
Mileage and Travel	\$ 3,000.00	\$ -	\$ 3,000.00
Postage and Shipping	\$ 261.00	\$ -	\$ 261.00
Supplies	\$ 11,665.00	\$ -	\$ 11,665.00
Phone/fax/cell/Internet costs	\$ 5,500.00	\$ -	\$ 5,500.00
Insurance	\$ 18,626.00	\$ -	\$ 18,626.00
Evaluation Services	\$ -	\$ -	\$ -
Indirect Operating Expense	\$ -	\$ -	\$ -
Total Administrative Expenses	\$296,137.00	\$ -	\$296,137.00
TOTAL PROGRAM EXPENSES	\$571,137.00	\$1,000.00	\$570,137.00

TOTAL PROGRAM REVENUE (12 MONTHS)	
Amount requested from City of Coachella	\$ 1,000.00
Cash contributed by your organization	\$ 22,450.00
Grant(s) awarded from other funding sources	\$ 90,000.00
Grant(s) pending or applied for from other funding sources	\$ 55,000.00
Value of any In-Kind goods or services in support of the Program	\$ -
TOTAL PROJECT/PROGRAM REVENUE	\$168,450.00



TOTAL ORGANIZATION REVENUES FROM LAST YEAR'S FINANCIALS	
Contributions/Grants/Govt Funding (Unrestricted)	\$ 90,000.00
Contributions/Grants/Govt Funding (Restricted)	\$ -
Service Revenue	\$ 408,487.00
Value of any In-Kind goods or services	\$ -
Other	\$ 215,121.00
TOTAL ORGANIZATION REVENUE	\$ 713,608.00