



# 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:** 04/08/2021

July 1, 20\_\_\_\_ - June 30, 20\_\_\_\_

**2. Total Amount Requested:** \$ \_\_\_\_

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:**

**4. Agency/Organization:**

**5. Mailing Address:**

City:                      Zip:

**6. Telephone:**

Fax:

**7. Official Contact Person:**

Name:

Title:

Telephone:

Fax:

E-mail:

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?
13. Describe briefly how the requested funds will be used.
14. Will the program/service require additional funding sources? If so, identify all funding sources and provide the steps taken to acquire funding.
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?
16. How will the proposed program/service serve City of Coachella residents? Will the proposed program/service also serve non-Coachella residents? Please describe.
17. Describe the characteristics of the clients the proposed program/service anticipates to serve (i.e. age group, gender, income level, ethnicity, etc.)

18. Attach a proposed budget for requested funds.

Authorized Official:

Title:

Signature: \_\_\_\_\_



Date: April 20, 2021

Date of this notice: 03-30-2021

Employer Identification Number:  
86-2954510

Form: SS-4

Number of this notice: CP 575 E

EASTERN COACHELLA VALLEY FOR CHANGE  
% RICARDO RAMIREZ HEREDIA  
50230 MAZATLAN DR  
COACHELLA, CA 92236

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-2954510. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search [www.irs.gov](http://www.irs.gov) for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit [www.irs.gov/charities](http://www.irs.gov/charities).



Celina Avalos  
Founder & President  
*ECV for Change*

April 21, 2021

Budget Proposal for \$1,000 funding from the City of Coachella.

Description	Amount	Date
Recruitment incentives for students to join the mentorship program (Coachella Valley High School, La Familia High School, NOVA Academy). Incentives include: raffles/giveaways, food, etcetera.	\$300	May - June
Community outreach & operation maintenance (social media graphics, ads, radio, website fee, zoom).	\$500	May - July
Volunteer Stipends -Tors	\$200	May - July