



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: 04/15/2021

July 1, 2020 - June 30, 2021

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:

Angel View Children's Outreach

4. Agency/Organization:

Angel View

5. Mailing Address:

67625 E Palm Canyon Dr, Ste 7A

City: Cathedral Zip: 92234

6. Telephone: (760) 329-6471

Fax: (760) 329-9024

7. Official Contact Person:

Name: Patti Park

Title: CEO

Telephone: (760) 329-6471

Fax: (760) 329-9024


E-mail: patti@angelview.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?
 Since 1955 - we have provided services to people with disabilities continuously since then
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.
Angel View Outreach, 2019-20
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?
 We provide the program year round but the grant would be for our FY 2020-21
13. Describe briefly how the requested funds will be used.
 To provide a range of free services and support to Coachella families who are struggling to raise children with disabilities. Pls see attached letter.
14. Will the program/service require additional funding sources? If so, identify all funding sources and provide the steps taken to acquire funding.
 Yes, the budget for this year is \$535,155. Funders include Anderson Children's Fnd, Berger Fnd, Bighorn, City of Cathedral City, Desert Healthcare District, our resale stores, 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 started the program in 2012; it grows each year. We pursue all available funds - grants, donations, fundraisers. 100% of the budget is raised through philanthropy.
16. How will the proposed program/service serve City of Coachella residents? Will the proposed program/service also serve non-Coachella residents? Please describe.
 In FY 2020-21 we will assist nearly 500 local kids with disabilities (and their families). More than half are East Valley residents. Approximately 55 of them are Coachella residents.
17. Describe the characteristics of the clients the proposed program/service anticipates to serve (i.e. age group, gender, income level, ethnicity, etc.)
 We serve children age 21 and younger with disabilities and their families, mostly low or very low income Hispanic families.

18. Attach a proposed budget for requested funds.

Authorized Official: Patti Park

Title: CEO

Signature: 

Date: 4/16/2021



Department of the Treasury
Internal Revenue Service

P.O. Box 47-421 Stop 54A
Doraville GA 30362

In reply refer to: 0939351369
Feb. 03, 2021 LTR 4168C 0
95-1861861 000000 00
Input Op: 0752751369 00031229
BODC: TE

ANGEL VIEW INC
67625 E PALM CANYON DR STE A7
CATHEDRAL CITY CA 92234-5462

Employer ID number: 95-1861861
Form 990 required: Y

Dear Taxpayer:

We're responding to your request dated Jan. 25, 2021, about your tax-exempt status.

We issued you a determination letter in December 1956, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

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

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ANGEL VIEW INC
67625 E PALM CANYON DR STE A7
CATHEDRAL CITY CA 92234-5462

time).

Thank you for your cooperation.

Sincerely yours,



Teri M. Johnson
Operations Manager, AM Ops. 3

**Angel View Inc
Angel View Incorporated
Outreach Program 2020-2021 Budget**

Income	
4300 - Donations	\$3,750.00
4317 - Grant Income	\$115,625.00
Total - Income	\$119,375.00
Expense	
6159 - Administrator	\$250,203.96
6200 - FICA Expense	\$18,422.40
6201 - SUI Expense	\$5,343.36
6202 - Vacation Holiday Sick	\$10,281.00
6203 - Group Health	\$17,488.20
6204 - Workers Compensation	\$15,525.96
6304 - Computer	\$1,590.30
6406 - Minor Equipment Expense	\$694.32
6408 - Personnel Recruitment Cost	\$933.60
6415 - Supplies	\$333.72
6422 - Client Community Activity	\$2,000.04
6435 - Printing	\$217.20
6439 - Bank Fees	\$46.80
6441 - Advertising	\$8,640.00
6446 - Office Supplies	\$594.10
6448 - Mileage	\$18,000.00
6461 - Special Needs Equipment	\$25,000.00
6462 - Special Needs Miles Reimbursement	\$125,000.00
6463 - Special Needs Supplies	\$8,713.00
6465 - Special Needs Therapy Treatment	\$3,357.80
6505 - Telephone	\$1,266.00
6603 - Insurance	\$844.80
6604 - Data Processing	\$1,546.44
6701 - Home office allocation	\$19,076.00
6900 - Miscellaneous Expense	\$36.00
Total - Expense	\$535,155.00
Net Income	-\$415,780.00