



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:** 08/05/2022

July 1, 2022 - June 30, 2023

2. Total Amount Requested: \$ 1,000.00

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:

Goal poles for soccer field #2 at ave 53

4. Agency/Organization:

Coachella youth Sport Association

5. Mailing Address:

PoBox 1323

City: Coachella Zip: 92236

6. Telephone: (760) 574-8709

Fax:

7. Official Contact Person:

Name: Alma Aceves

Title: President

Telephone: (760) 574-8709

Fax:

E-mail: aztecasdealma@hotmail.com

18. Attach a proposed budget for requested funds.

Title:

Authorized Official:

Date: 8-1-2022

Signature:

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?

13 years since 2009

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.

soccer team 2018

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?

As soon as possible

13. Describe briefly how the requested funds will be used.

to buy new goal poles for field #2 at ave 53

14. Will the program/service require additional funding sources? If so, identify all funding sources and provide the steps taken to acquire funding.

no

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?

Donations

16. How will the proposed program/service serve City of Coachella residents? Will the proposed program/service also serve non-Coachella residents? Please describe.

For all youth soccer to have safer soccer fields

17. Describe the characteristics of the clients the proposed program/service anticipates to serve (i.e. age group, gender, income level, ethnicity, etc.)

Youth kids all genders everyone that plays on this fields

18. Attach a proposed budget for requested funds.

Authorized Official:

Title:

Signature:

Alana Rosa Power

Date:

9-1-2022

OGDEN UT 84201-0038

In reply refer to: 0438900001
Nov. 28, 2018 LTR 2645C KO
27-0368265 201712 67
Input Op: 0409905816 00001909
BODC: WI

COACHELLA YOUTH SPORTS ASSOCIATION
SOCCER LEAGUE
PO BOX 1323
COACHELLA CA 92236-4023



008916

Taxpayer identification number: 27-0368265
Tax periods: Dec. 31, 2017

Form: 990

Dear Taxpayer:

We received one of the following items from you or your authorized third party on Oct. 29, 2018.

- Correspondence
- Telephone inquiry
- Payment
- Form
- Response to our inquiry or notice
- Penalty abatement request
- Installment agreement
- Other

We're working on your account. However, we need an additional 60 days to send you a complete response on what action we are taking on your account. We don't need any further information from you right now.

If you have questions, you can call us toll free at 1-877-829-5500.

If you prefer, you can write to the address at the top of the first page of this letter.

You can get any of the forms or publications mentioned in this letter by calling 800-TAX-FORM (800-829-3676) or visiting our website at www.irs.gov/formspubs.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number () _____ Hours _____

Keep a copy of this letter for your records.

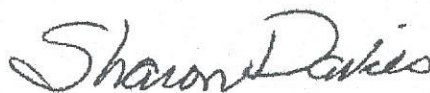
Thank you for your cooperation.

0438900001

Nov. 28, 2018 LTR 2645C K0
27-0368265 201712 67
Input Op: 0409905816 00001910

COACHELLA YOUTH SPORTS ASSOCIATION
SOCCER LEAGUE
PO BOX 1323
COACHELLA CA 92236-4023

Sincerely yours,



Sharon Davies
Program Manager, AM OPS 1

You received a new invoice (#000082)

Valencia sports <messenger@messaging.squareup.com>

Thu 9/1/2022 3:07 PM

To: aztecasdealma@hotmail.com <aztecasdealma@hotmail.com>



Valencia sports

New Invoice

\$1,000.00

Due on September 1, 2022

[Pay Invoice](#)

Goal Post

Invoice #000082

September 1, 2022

Customer

Alma Aceves

Coachella youth Sport Association

aztecasdealma@hotmail.com

760-574-8709

82217 Miles Ave

Indio , CA 92201

[Download Invoice PDF](#)

Invoice summary

Goal post

\$1,000.00