

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: <u>09/12/2022</u>

July 1, 20<u>22</u> - June 30, 20<u>23</u>

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:

Operation School Bell®

4. Agency/Organization:

Assistance League Coachella Valle

5. Mailing Address:

P.O. Box 3056

City:Rancho Zip: 92270

6. Telephone: (760) 848-0084

Fax:

7. Official Contact Person:

Name: Jennifer Gifford

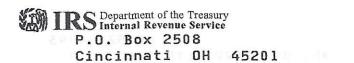
Title: Grants Chairperson

Telephone: (408) 656-8929

Fax:

E-mail: algrants@aol.com

8. Does this organization have a non-profit status with the Internal Revenue Service (IRS)? Yes No (Attach documentation)			
 How long has this organization been in existence? 49 years serving the Coachella Valley, 			
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. For Operation School Bell, we received \$1,000 in each of the following fiscal years:2021-22, 2019-20, 2018-19, 2017-18, 2016-17 and 201 5-16.			
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? July 1, 2022 to June 30, 2023			
13. Describe briefly how the requested funds will be used. Please see attached program description			
 14. Will the program/service require additional funding sources? If so, identify all funding sources and provide the steps taken to acquire funding. Yes, we apply for grants from: local municipal and governmental agencies, private, and public foundations. We solicit individual donations and operate membership fundraising throughout the year. 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? Funding is sought on an annual basis, depending on the number of students identified as in need. 			
16. How will the proposed program/service serve City of Coachella residents? Will the proposed program/service also serve non-Coachella residents? Please describe. Please see attached program description			
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 all eligible elementary school students in the Coachella Unified School District. The latest information provides that the district's minority enrollment is 100% and 65.2% of			
18. Attach a proposed budget for requested funds.			
Authorized Official: Jennifer Gifford Title: Grants Chairperson			
Signature: <u>Jennifer Gifford</u> Date:			



In reply refer to: 0752594943
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ASSISTANCE LEAGUE COACHELLA VALLEY PO BOX 3056 RANCHO MIRAGE CA 92270-1092



016903

Employer ID number: **-***2226
Form 990 required: YES

Dear Taxpayer:

We're responding to your request dated Jan. 26, 2022, about your tax-exempt status.

We issued you a determination letter in March 1974, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (3).

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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ASSISTANCE LEAGUE COACHELLA VALLEY PO BOX 3056 RANCHO MIRAGE CA 92270-1092

time).

Thank you for your cooperation.

Sincerely yours,

Teri M. Johnson

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Operations Manager, AM Ops. 3



Assistance League Coachella Valley Operation School Bell® Clothing and Hygiene Approved Budget 2022-2023 Fiscal Year

Clothing (shirts, shoes, socks, underwear)	\$200,000
Hygiene Supplies (brush, comb, toothbrush, toothpaste, dental floss, shampoo, soap, deodorant)	20,000
Office Supplies	200
TOTAL	\$220,200

osted Transaction Details				
	* Date:	07/29/2022		
	Check #:			
		External Deposit INLAND EMPIRE CO - Grants Grant ID23280 6595648		
	* Description:			
	* Amount:	\$10,000.00		
	Category:	Select Category		
	Memo:			
	Transaction D	ate: 7/29/2022 6:09:45 AM PT		
	Posted Date:	07/29/2022		
	Effective Date	: 07/29/2022		