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:** 07/14/2026

   July 1, 2026 **- June 30, 20**27

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. INDIO

3. **Proposed Program/Service of Funding Request:**

   Total Youth Development Training Center / Hoop Coachella Valley Mobile Basketball Trailer

4. **Agency/Organization:**
   Total Youth Development Training C
5. **Mailing Address:**
   P. O. Box 10490
   City: Palm De **Zip:** 92255
6. **Telephone:** (760) 774-4929

   Fax:

7. **Official Contact Person:**
   Name: Dr. Robert L. Cummings Sr. D. D.

   Title: CEO / Director

   Telephone: (760) 774-4929

   Fax:

   E-mail: coachc41153@gmail.com

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?**
Jan. 18, 2024

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?**
The Program is serving the Coachella Valley weekly

13. **Describe briefly how the requested funds will be used.**
Funds will support mentoring, leadership workshops, life-skills sessions, and accountability activities that help youth succeed beyond sports.

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 Total Youth Development Training Center will require additional funding sources to our outreach program: BBM (Building Better Men) - Indio Detention Center.

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?**
See attached propossed plan.

16. **How will the proposed program/service serve City of Coachella residents? Will the proposed program/service also serve non-Coachella residents? Please describe.**
Total Youth Development is committed to empowering young people through supportive programs, mentoring education, and community-based opportunities.

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

18. **Attach a proposed budget for requested funds.**

Authorized Official: **Title:** CEO / Direction

Signature: _____ **Date:** 7/20/2024

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

ROBERT L. CUMMINGS SR

2 Business name/disregarded entity name, if different from above

TOTAL YOUTH DEVLOPMENT

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

85502 TREVISO DR.

Requester's name and address (optional)

6 City, state, and ZIP code

INDIO, CA, 92203

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

9	1	–	2	1	5	9	5	6	4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ _____ Date ▶ 7/30/2026

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

Date:
01/18/2024
Employer ID number:
91-2159564
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: (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:
January 4, 2024
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053408003634

TOTAL YOUTH DEVELOPMENT
PO BOX 10490
PALM DESERT, CA 92255

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.

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is the postmark date of your application.

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.

Sincerely,

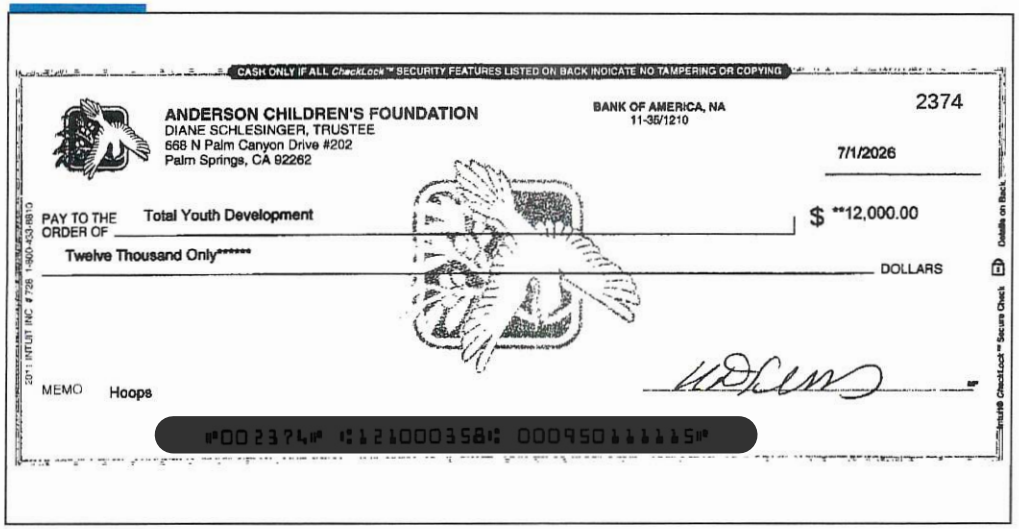
Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Leveraging

Check 1 of 1

Check amount **$12,000.00**

Front Back



Account number: 950111115

Routing number: 121000358

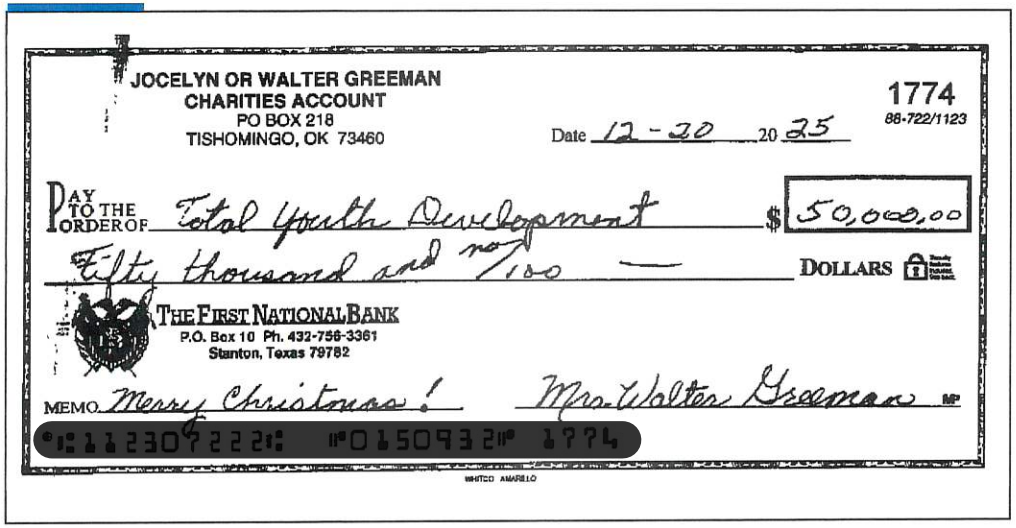
Check #: 2374

Leveraging

Check 1 of 2

Check amount **$50,000.00**

Front Back



Account number: [redacted]

Routing number: [redacted]

Check #: 1774

Check 2 of 2

Check amount **$25.00**

Program Operation Budget for Total Youth Development Training Center

This budget is designed to support a sports development program that promotes total youth development: physical fitness, athletic skill-building, academic accountability, leadership, teamwork, character development, emotional resilience, and community engagement. Funds will be used to remove participation barriers, provide safe and structured programming, and support both paid and volunteer personnel who help youth succeed on and off the field.

Personnel: Paid and Volunteer Support

Position/Role	Paid or Volunteer	Purpose	Estimated Cost
Program Director/Coordinator	Paid	Oversee daily operations, schedules, staff/volunteer coordination, parent communication, safety procedures, and program reporting.	$65,000
Volunteer Parent/Community Assistants	Volunteer	Assist with events, transportation coordination, snacks, equipment setup, fundraising, and supervision.	In-kind support
Administrative/Bookkeeping Support	Paid or Volunteer	Tracks registrations, expenses, attendance, waivers, compliance documents, and budget reporting.	$41,000

Program Expense Budget

Budget Category	Description	Estimated Cost
Personnel and Stipends	Program coordination, coaching, training, mentoring, administrative support, background checks, and required staff preparation.	$N/A
Volunteer Support and Training	Volunteer orientation, safety training, recognition, supplies, and support materials to strengthen consistent volunteer participation.	$ 0. 00
Health, Wellness, and Nutrition	Healthy snacks, hydration, fitness education, injury prevention, wellness workshops, and basic health-support materials.	$65,000
Academic and Life Skills Activities	Mentoring sessions, tutoring support, leadership workshops, goal-setting activities, and character development materials.	$5000
League, Tournament, and Event Fees	League registration, tournament entry, referee fees, awards, showcase events, and community engagement activities.	$1500
Program Operations	Office supplies, printing, outreach, communication tools, registration materials, software, and reporting needs.	$100,000
	ANNUAL BUDGET TOTAL	**$277,500**

Budget Narrative

The program budget prioritizes direct youth services while also ensuring that the program is safe, organized, and sustainable. Paid personnel provide consistent leadership, coaching, supervision, planning, and accountability. Volunteer employees and community supporters extend the program's reach by assisting with mentoring, events, transportation coordination, family communication, fundraising, and participant support. Together, paid and volunteer team members create a strong support system for youth.

Monthly Budget Support for Coachella Valley Mobile Basketball Hoop Trailer

This monthly budget uses estimated operating costs for a mobile basketball hoop trailer serving events, rentals, schools, parks, parties, and community programs across the Coachella Valley, Yucca Valley, Joshua Tree, 29 Palms / Marine Base, Banning, Beaumont. Actual costs may vary based on number of events, travel distance, trailer value, insurance coverage, permits and whether paid staff are used.

Estimated Monthly Budget

Expense Category	Estimated Monthly Cost	Notes
Hoop Truck payment or equipment reserve	$500	Set aside funds for trailer financing, replacement, or major upgrades.
Commercial auto / trailer insurance	$301	Estimate for liability and physical damage coverage; exact premium depends on carrier and coverage limits.
RAP Office Rental Cost	$156	Important for events, schools, parks, private parties, and venue requirements.
Fuel and local travel	$400	Regular travel across Banning, Beaumont Coachella Valley, Yucca Valley, Joshua Tree, 29 Palms / Marine Base
Maintenance and repairs	$200	Includes tires, lights, hitch parts, hoop hardware, net replacement, cleaning, and minor repairs.
Storage / parking	$250	Monthly secure parking or storage yard cost, depending on location and space availability.

Marketing and advertising	$300	Social media ads, flyers, websites, Google profile, photos/videos, and local sponsorship outreach.
Booking software / phone / admin tools	$285	Business phone, scheduling tools, payment processing fees, email, and basic software subscriptions.
Cleaning and supplies	$75	Wipes, towels, disinfectants, cones, zip ties, tape, first-aid restock, and event setup supplies.
Labor / event help	$600	Part-time help for setup, takedown, supervision, or busy weekends.
Contingency reserve	$300	Buffer for unexpected repairs, higher fuel costs, canceled bookings, or emergency replacement parts.
Estimated Monthly Total	**$3,075**	**Recommended planning budget before owner pays or profit.**

HOOP COACHELLA VALLEY
"GIVING BACK YOUTH OUTREACH PROGRAM"

EVENT RENTAL COST $500 / 4 HOURS / $400 3 HOURS
Birthdays* Parties * School Events * Corporate
Monthly Rental Goal - $500 X 20 Rentals = $10,000

10% MONTHLY DONATIONS
GEAR IT FORWARD – NON-PROFIT
HIGH / MIDDLE SCHOOL BASKETBALL PROGRAMS
ELEMENTARY SCHOOL FITNESS / SPORT PROGRAMS

P O Box 10490 Palm Desert, CA 92255-0490 *
Office Phone: 442*274*9010 / Personal Cell# 760*774*4929
Website: www.hoopcoachellavalley.com
Website: www.totalyouthdevelopment.org
Email: coachc41153@gmail.com *(EIN #91-2159564)