



CITY OF COACHELLA, CA COMMUNITY BASED GRANT PROGRAM APPLICATION FOR FUNDS REQUEST

Please Type Information and Print
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(Attach additional pages as needed, however applicants are encouraged to be brief.)

1. Application Funding Cycle:

Date: 12/11/2024

July 1, 2024 - June 30, 2025

2. Total Amount Requested: \$ 1000.00

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:

Our cancer survivorship monthly recurring programming and services/

4. Agency/Organization:

Shay's Warriors Life after Cancer

5. Mailing Address:

42215 Washington Street, Ste A389

City: Palm Desert Zip: 92211

6. Telephone: (760) 895-1705

Fax:

7. Official Contact Person:

Name: Shay Moraga

Title: Executive Director

Telephone: (760) 895-1705

Fax:

E-mail: donate@shayswarriors.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 November 2018

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?
6 months

13. Describe briefly how the requested funds will be used.
We will use the funds for our CONNECTION series includes "Coffee & Connection" where survivors get together for early morning activities (hiking, running, yoga, etc.) followed by coffee on us!

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 actively work to raise funds including;
Fundraising Private Donations
Grants Merchandise

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?
Our entire voluntary Board of Directors and our volunteers work to raise funds throughout the year.


16. How will the proposed program/service serve City of Coachella residents? Will the proposed program/service also serve non-Coachella residents? Please describe.
We serve Coachella residents who are cancer survivors through helping move forward in healing emotionally and physically, while providing a supportive community of others who have lived and understood their journey.

17. Describe the characteristics of the clients the proposed program/service anticipates to serve (i.e. age group, gender, income level, ethnicity, etc.)
All age groups, genders, income levels and ethnicity are impacted by cancer.

18. Attach a proposed budget for requested funds.

Authorized Official: Shay Moraga

Title: Executive Director

Signature:  _____
SIGNED BY: SHAY MORAGA

Date: 2/19/2025