

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: 03/16/2023

July 1, 20 22 - June 30, 20 23

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:

S.T.E.M. Program: KidWind Challenge -Nationals in Boulder, Co.

4. Agency/Organization:
Peter Pendleton Elementary

5. Mailing Address: 84-750 Calle Rojo City: Coachell Zip: 92236

6. Telephone: (760) 398-0178

Fax: (760) 398-0628

7. Official Contact Person:

Name: Humberto Alvarez

Title: Principal

Telephone: (760) 398-0178

Fax: (760) 398-0628

E-mail: halvarez@cvusd.us

8. Does this organization have a non-profit status with the Internal Revenue Service (IRS)? Yes Vo (Attach documentation)
9. How long has this organization been in existence? 100 years
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?
Service is currently ongoing and expenditure of funds will be immediate.
13. Describe briefly how the requested funds will be used.
Funds will be used to purchase roundtrip airfare for a parent to attend National competition and be in the room with student overnight, business attire for two students, and meals.
14. Will the program/service require additional funding sources? If so, identify all funding sources and provide the steps taken to acquire funding.
CVUSD will provide funding for one teacher and two students: airfare, lodging, meals.
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?
Due to its success, we plan on continuing next year. We are submitting an Anderson Grant Proposal for next 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 are exposing Coachella residents/students to S.T.E.M. programs and experiences. We are representing CVUSD and the City of Coachella at the NATIONAL Level.
17. Describe the characteristics of the clients the proposed program/service anticipates to serve (i.e. age group, gender, income level, ethnicity, etc.)
3-5 Grade Students, any gender and any income level, anyone who is interested.
18. Attach a proposed budget for requested funds.
Authorized Official: Humberto Alvarez Title: Principal
Signature:

Proposed Expenditures for KidWind Challenge National Competition

Airfare \$400 meals \$240

Student Business

Attire \$280

Materials \$80

Total \$1,000.00



COACHELLA VALLEY UNIFIED SCHOOL DISTRICT

87-225 CHURCH STREET • P.O. BOX 847 • THERMAL, CA 92274 • (760) 399-5137 • FAX (760) 399-1052

To Whom It May Concem:

The Coachella Valley Unified School District is a public educational institution. Public schools are considered to be a political subdivision of the State of California and are therefore tax exempt. Any contribution to a political subdivision of a governmental agency is considered to be a deductible charitable contribution as long as it is used for the public good. (IRC 170(c)).

The Internal Revenue Code section 170 (c) defines charitable contribution as a

contribution or gift to or for the use of a State, a possession of the United States, or any political subdivision of any of the foregoing of the United States or the District of Columbia, but only if the contribution or gift is made for exclusively public purposes.

For your information our Federal Identification Number is 33-0765218.

If you have any questions please call our office.

Tours guly,

Mayela S. Salcedo Fiscal Services Director