



**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:** 2/25/22

July 1, 20 21 - June 30, 20 22

**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. NA

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

Coachella Valley H.S. ASB club S.O.S.A (Student Organization for Societal Achievement)

**4. Agency/Organization:**

Coachella Valley H.S.

**5. Mailing Address:**

83-800 Airport Blvd.

City: Thermal Zip: 92274

**6. Telephone:** 760-399-5183

**Fax:** 760-399-0089

**7. Official Contact Person:**

**Name:** Doreen Vicario-Morales

**Title:** Teacher/Club Advisor

**Telephone:** 909-562-5564

**Fax:** NA

**E-mail:** doreen.vicario@cvusd.us

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?  
S.O.S.A was created as an ASB club in 2014

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.

S.O.S.A received \$1000 back on 2/13/2019 right before the pandemic hit.

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?

Our tentative field trip, if all funds are available, is scheduled dfor 4/28/22-4/29/22

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

An educational trip to Disneyland Park for their Youth Education Series program called "Creating a Leadership Legacy," in which students will learn how to develop their own leadership legacy to become confident in their ability to accomplish goals.

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

Yes, any and all fundraising opportunities that come our way.

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?

Once COVID restrictions relax hopefully student activities are allowed to once again resume.

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

100% of all participants that will benefit from these funds are residents of Coachella.

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

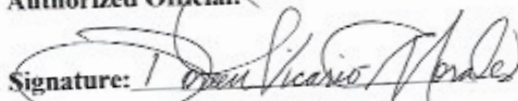
Demographics: 17-18 year old high school Hispanic males and females from low socio-economic status, and migrant families.

18. Attach a proposed budget for requested funds.

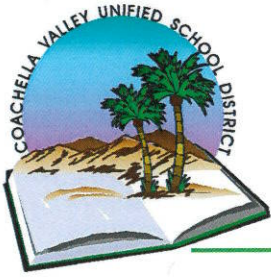
Authorized Official:

Title:

Signature:



Date: 2/25/22



**Coachella Valley Unified School District**

P.O. Box 847 • Thermal, CA 92274

760.399.5137 • FAX 399.1052

www.cvusd.us

February 24, 2022

Re: Coachella Valley High School  
ASB S.O.S.A

To Whom It May Concern:

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.

Yours truly,

Mayela Salcedo  
Director of Fiscal Services



**COACHELLA VALLEY UNIFIED SCHOOL DISTRICT**

87-225 CHURCH STREET ♦ P.O. BOX 847 ♦ THERMAL, CA 92274 ♦ (760) 399-5137 x5535 ♦ FAX (760) 399-0089

February 8, 2022

Total Request: \$33,340.00

**PERSONNEL (include salary, benefits and/or wages per hr/day/wk) Description Detail Actual Cost Goal/Obj # Notes**

- 1. All Personnel is paid from Coachella Valley Unified School District.
- 2. All Volunteers are non-paid position; they participate as much or little as they wish.

Total: \$0

**Grant Requests (including transport, mileage, lodging, per diem, etc.) Description Detail Actual Cost Goal/Obj # Notes**

- 1. 30 Laptop computers \$12,000.00
- 2. 30 Embroidered Sashes (To wear during graduation ceremonies @ \$80 each) \$2,400.00
- 3. Interview outfit (business suit) for Seniors @ \$100 each \$3,000.00
- 4. Disneyland 2 day with Youth Education Series trip \$8,700.00
- 5. Transport for Disneyland education series \$4,000.00
- 6. Hotel Lodging for Disneyland education series \$3,240.00

Total: \$33,340.00

**Grant Project Application 2021 – 2022**

• Agreement • This agency/organization certifies that all information and data in this application is correct. Further, we certify that we intend to implement the plan outline in this application upon approval by the H.N. & Frances C. Berger Foundation and will keep records/documentation for the purposes of fiscal and program audits. I, the official named below, am authorized to sign this grant award agreement and am legally authorized to enter into this agreement.

Official's Signature *Doreen Vicario-Morales*  
 Official's Typed Name Doreen Vicario-Morales  
 Official's Title Teacher / Advisor  
 Date Signed 2/9/22

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