

## 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: 11/15/2021

July 1, 20<u>21</u> - June 30, 20<u>22</u>

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:

American Outreach Foundation "Donate A Powerchair - Need A Powerchiar?"

7. Official Contact Person:
Name: Oscar Llort Title: President
Telephone: (760) 832-1871 Fax: E-mail: americanoutreachfoundation@yahoo.com

- 8. Does this organization have a non-profit status with the Internal Revenue Service (IRS)? Yes Vol(Attach documentation)
- 9. How long has this organization been in existence? We are a 501(c)3 Non-Profit serving the Coachella Valley since 2007.
- 10. Has the organization previously received funding from the City of Coachella?

If yes, please identify the program/service, total prior grant allocation, and the fiscal year in which the funds were received.

2018/2012, \$2,000 received for Donate/Need A Powerchair Program

- 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?

This program has an immediate and ongoing need, with the funds you provide being utilized to cover associated costs with providing power wheel-chairs & scooters to Veterans and low

- 13. Describe briefly how the requested funds will be used. The funds requested will be used to offset related costs of service for recipients from the City of Coachella which include but are not limited to, collection, refurbishing & repair of electric wheelchairs, delivery and maintenance of a power wheel-chairs.
- 14. Will the program/service require additional funding sources? If so, identify all funding sources and provide the steps taken to acquire funding. Yes, additional funding needs are ongoing. Through our program, we deliver all year around chairs throughout the Coachella Valley, including recipients in the City of Coachella.
- Similarly, we also provide ongoing numbers of maintenance calls to fix and/or refurbishing & **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?** With 15 years of serving the cities of the Coachella Valley, our goal is to continue serving

Veterans, low income seniors and the under-insured with mobility issues. We will continue to conduct fundraisers. Similarly, we will continue to brand AOF as one that our recipients can **16. How will the proposed program/service serve City of Coachella residents? Will the proposed** 

- To. How will the proposed program/service serve City of Coachena residents? Will the proposed program/service also serve non-Coachella residents? Please describe. Funds received will be used specifically to help residents/recipients in the City of Coachella. Our efforts are concentrated throughout the Coachella Valley, with a specific emphasis on the East Valley. Yet, we provide power chairs & electric scooters free of charge to anyone.
- the East Valley. Yet. we provide power chairs & electric scooters free of charge to anyone 17. Describe the characteristics of the clients the proposed program/service anticipates to serve (i.e. age group, gender, income level, ethnicity, etc.)

The Foundation helps Veterans, children, low-income seniors and the under-insured who do not have the financial means, or sufficient insurance coverage and where everyone suffering from any kind of impairment qualifies for our assistance, regardless of age, race, gender, or

