City of Indian Wells Grants-In-Aid Community Assistance Program FY 2024 – 2025

APPLICATION DUE: Friday, September 6, 2024 by 5:00 p.m.

CHECKLIST OF MANDATORY ATTACHMENTS

 Completed and signed Grants in Aid application
 Current IRS verification letter (within last 5 years). By checking here, you acknowledge that a missing IRS letter or a letter exceeding 5 years will automatically disqualify your organization from receiving funding.
 Agency's operating budget for the current fiscal year. If your organization is funded by a parent or national organization, you must provide your local finances.
 Agency's current IRS Form 990. This must reflect the local Coachella Valley operation.
 Agency's current fiscal year-end audit
 Specific proposed program budget of new or expanded program funds being requested
 Cost estimate(s) required for one-time purchase requests. Otherwise mark "N/A."

<u>IMPORTANT</u>

YOU MAY SUBMIT THIS APPLICATION AS A SEPARATE DOCUMENT RATHER THAN FILLING OUT THIS FORM SHOULD YOU ENCOUNTER FORMATTING PROBLEMS. YOUR ORGANZIATION WILL BE AT RISK FOR FUNDING IF WE ARE UNABLE TO READ THE APPLICATION SUBMITTAL (RECOMMENDED FONT SIZE IS 12 PT.). IF YOU NEED ADDITIONAL SPACE, PLEASE ADD ATTACHMENTS.

- SUBMIT (1) COPY OF THE COMPLETED APPLICATION PACKET
- APPLICATION SUBMITTAL MUST BE ON 8 ½ X 11 PAPER
- NO PAPERCLIPS OR STAPLES

City of Indian Wells Grants-In-Aid Community Assistance Program FY 2024 - 2025

APPLICATION DUE DATE: Friday, September 6, 2024 by 5:00 p.m.

Name of Agency:			
Agency Website:			
Agency CEO/Executive Director:			
Email for Agency CEO/Executive Director:			
Contact Phone:			
Physical Address:			
Mailing Address (if different than above):			
Email for Grant Writer:			
No. of Years in Existence:(Guidelines require 5 years in existence to be eligible for a grant)			
Federal I.D. No:			
Agency Type: Animal Services Youth Programs Health Related Senior Program School Programs Outreach Program Other: Description:			
Tax 501(c)3 Number or school or municipality verification: (required):			

<u>Commitment to Community:</u> Grant applicant certifies that 100% of funds allocated by the City of Indian Wells to organization shall be solely for organizational use within the Coachella Valley regardless of any regional, national or international affiliations or charter.

Please *type* your answers to the following questions:

FUNDING REQUEST

What is the amount of funding you are requesting?			
What is the name of the program you are requesting funding for?			
What is the specific program or service you are requesting funding for (please use 12 pt. font and add attachments if necessary (250 – 500 words)):			

Is this a new program:	_ Yes	_No	
Is this an expansion of an exis	ting program:	Yes	No
If "YES", please explain the ex expansion goals of those services			cluding present service and proposed

Is this a one-time purchase or need:	Yes	No	
If "YES", please explain the specific costs of	of the purchas	se or need (250-500	words):
	.		
Can/Will your Agency provide this service of Wells:	or program w	ithout funding from	the City of Indiar

Who are the individuals that will benefit from this funding?
What is the cost estimate per client served or cost of the program per person served (50 words):

OVERALL AGENCY

What is the Mission Statement of your Agency (200 words or less):
Describe in general the activities or services of your Agency (250-500 words):

How many paid employees does your Agency employ:
Full-time: Part-time: Contracted:
What percentage of your overall budget is paid to administrative costs:
Are there volunteers used by this Agency?YesNo
If so, please indicate the number of annual hours and activities performed by your volunteers:
Describe how your Agency is managed and governed 250-500 words:

Please provide information on your Executive Board/Board of Directors members or contact person. Please provide the name, board position, city of residence, and city of employment (if employed). (Attachments accepted):
What are your sources of revenue for funding for this Agency? (Mandatory: attachments are accepted). Please include all sources including grants, fees paid by members, other revenue sources):
Has your Agency been previously funded by the City of Indian Wells:YesNo
If yes, when and in the amount of: Fiscal Year Funding Amount: \$

What other contributions have other Cities ma from other Cities:	de to your Agency or what have you requested
from other cities:	2023/24 2024/25
Cathedral City:	
Coachella:	
Desert Hot Springs:	
Indio:	
La Quinta	
Palm Springs	
Palm Desert	
Rancho Mirage	
Other City	
Total Government Funding:	
Please list all outside funding sources antic accepted – include pending sources):	ipated for FY 2024/25. (Attachments are
Confirm that these programs are available race, sex, political persuasion, religion, nat	to all eligible participants, without regard to ional origin or age.
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Mandatory Required Attachments:

- 501(c)(3) Copy of current IRS verification letter (within last 5 years). IRS Verification Letters (also known as Affirmation Letters) are documents with the current date affirming the current exemption status of your organization. These can be requested by calling IRS Tax Exempt and Government Entities Customer Account Services at 877-829-5500 (toll-free number) or completing an IRS Form 4506-B and emailing it to tege-eo-my.eo.request@irs.gov. It can take the IRS up to 60 days to process your request so be sure to file as soon as possible to meet the application requirements and deadlines. If applicant has different title than IRS verification letter, please supply additional documentation to support program status under IRS statutes or Government. By signing below, you acknowledge that a missing IRS letter or a letter exceeding 5 years will automatically disqualify your organization from receiving funding.
- Your Agency's operating budget for the current year. Please indicate fiscal year on budget. If your organization is funded by a parent or national organization, you must provide your local finances.
- Agency's current IRS Form 990 (must reflect local Coachella Valley operation).
- Agency's current fiscal year-end audit.
- Specific proposed program budget of new or expanded program funds being requested.
- If requesting funding for a one-time purchase or need, you must submit specific purchase cost estimate(s).

Signature Authorization – The undersigned does hereby confirm that the information herein is true and correct and is submitted in support of and as part of the application for funding. The undersigned hereby confirms that the applicant Agency meets the criteria set forth herein and agrees to comply with all requirements.

Agency CEO/Executive Director Name:	
(If a school is applying, we need the signature of the Principal)	
Signature Authorization:	