

**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."**

IMPORTANT

YOU MAY SUBMIT THIS APPLICATION AS A SEPARATE DOCUMENT RATHER THAN FILLING OUT THIS FORM SHOULD YOU ENCOUNTER FORMATTING PROBLEMS. YOUR ORGANIZATION 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):

Commitment to Community: 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)):

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? _____ Yes _____ No

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: _____

What other contributions have other Cities made 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 anticipated for FY 2024/25. (Attachments are accepted – include pending sources):

Confirm that these programs are available to all eligible participants, without regard to race, sex, political persuasion, religion, national origin or age.

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: _____