



**City of Indian Wells  
Homelessness Assistance Program  
Final Year End Report  
FY 2024 – 2025**

**Due July 31, 2025**

Name of Agency:

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Agency CEO/Executive Director:

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Contact email and Phone Number:

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Agency website:

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Grant Amount:

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Program/Project supported:

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Report and time-period covered by this grant:

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Please use the space below (or attachments) to demonstrate fulfillment and completion of the funding purpose documented in your Agreement.

For funding used toward the purchase of supplies, equipment, or other items, this should include copies of receipts or proof of purchase.

For funding used toward a program, this should include documentation and specific data on the success of the program, challenges faced, and overall impact of the program.

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Have there been any changes to your organization's federal tax exempt status since you were awarded this grant? No Yes (please circle). If Yes, explain below:

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By signing below, I certify that the information contained in this report is true and correct to the best of my knowledge.

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Executive Director/CEO Date