

Funding Request Form for Fiscal Year 2016-2017



City of Indio
100 Civic Center Mall
Indio, CA 92201
www.indio.org

Contact: Jim Curtis
Community Services Manager
Phone: 760-391-4174
Fax: 760-391-6451

GENERAL INFORMATION

Date: Organization Name:

Contact Name: Title:

Address:

City: Zip/Postal Code: State:

Email: Phone: Cell:

501(c)(3) Taxpayer ID, If Applicable:

QUESTIONNAIRE

Amount of funding requested from the City of Indio: Other:

How many people does your organization currently serve? # Youths: # Adults: # Seniors:

How many people does your organization intend to serve this fiscal year? # Youths: # Adults: # Seniors:

How many people served during the fiscal year will be Indio residents? # Youths: # Adults: # Seniors:

How many people does your organization employ? # Full time: # Volunteer:

Has your organization been funded by the City of Indio previously? No Yes If yes, when?

How many years has your organization been in existence?

What is the overall purpose or goal of your organization?

Describe in general the activities or services of your organization.

What is your annual schedule of events, and during what months does your organization operate?

Clearly state why your organization needs the requested funds and how they would be used, if awarded.

Indicate who will benefit from the use of these funds and how they will benefit. Explain how the City of Indio and/or local businesses would be benefited.

Please attach a copy of your Federal W-9 form

Non-profit organizations must attach a copy of the organization's IRS Form 990.

Please fill out this form and return to the City of Indio by mail, fax, or email.

Mail:
City of Indio
Attn. Jim Curtis
100 Civic Center Mall
Indio, CA 92201

Fax:
(760)391-6451
Attn. Jim Curtis

Email:
jcurtis@indio.org

Approved by:

Dan Martinez
City Manager