

# Funding Request Form for Fiscal Year 2023-2024



## GENERAL INFORMATION

Date:  Organization Name:

Contact Name:  Title:

Address:

Zip/Postal Code:  State:

Phone:  Cell:

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

City:

Email:

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

## 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:

# Volunteer:

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

How many years has your organization been in existence?

No  Yes If yes, when?

**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:**

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Bryan Montgomery,  
City Manager