

# Funding Request Form for Fiscal Year 2022-2023



## 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 people does your organization employ?  No  Yes If yes, when?

Has your organization been funded by the City of Indio previously?

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:**

---

Bryan Montgomery,  
City Manager