



# CITY OF COACHELLA, CA COMMUNITY BASED GRANT PROGRAM APPLICATION FOR FUNDS REQUEST

**Please Type Information and Print**  
Information entered in the provided spaces cannot be saved.

(Attach additional pages as needed, however applicants are encouraged to be brief.)

**1. Application Funding Cycle:** \_\_\_\_\_ **Date:** \_\_\_\_\_

July 1, 20\_\_\_\_ - June 30, 20\_\_\_\_

**2. Total Amount Requested:** \$ \_\_\_\_\_

If requesting waiver of City fees or charges, please indicate the City service for which the waiver is being requested.

**3. Proposed Program/Service of Funding Request:**

**4. Agency/Organization:**

**5. Mailing Address:**

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**6. Telephone:**

**Fax:**

**7. Official Contact Person:**

**Name:**

**Title:**

**Telephone:**

**Fax:**

**E-mail:**

8. Does this organization have a non-profit status with the Internal Revenue Service (IRS)?   
Yes  No  (Attach documentation)
9. How long has this organization been in existence?
10. Has the organization previously received funding from the City of Coachella?  
 Yes  No  
If yes, please identify the program/service, total prior grant allocation, and the fiscal year in which the funds were received.
11. Is this request for a  New or  Existing program/service within the City?
12. What is the anticipated time frame to provide the proposed program/service and the expenditure of the requested funds?
13. Describe briefly how the requested funds will be used.
14. Will the program/service require additional funding sources? If so, identify all funding sources and provide the steps taken to acquire funding.
15. If the program/service is planned to continue beyond the period provided by this grant, what funding plans are there to sustain the program/service?
16. How will the proposed program/service serve City of Coachella residents? Will the proposed program/service also serve non-Coachella residents? Please describe.
17. Describe the characteristics of the clients the proposed program/service anticipates to serve (i.e. age group, gender, income level, ethnicity, etc.)

18. Attach a proposed budget for requested funds.

Authorized Official:

Title:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_