



**COMMUNITY ASSISTANCE
(Programs / Services)
APPLICATION
FISCAL YEAR 2019-2020**

This form must be submitted with all applicable supplementary information to the City of Cathedral City
no later than **5:00 p.m. on March 28, 2019.**

Please **type** or **print** – only **COMPLETE** applications will be accepted.

Forward completed applications to: jmeza@cathedralcity.gov or to the following address:

City of Cathedral City
68700 Avenida Lalo Guerrero
Cathedral City, CA 92234
ATTN: Josie Meza

ELIGIBILITY REQUIREMENTS AND POLICY GUIDELINES

To be eligible for assistance, the applicant must meet the requirements of either “A”, “B” or “C” below. Please circle the corresponding letter to indicate under which category you are applying.

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| A. | The applicant is a non-profit 501(c)(3) organization based in Cathedral City or provides services to Cathedral City residents or businesses. |
| B. | The applicant is a tribal or governmental agency that provides services or support to Cathedral City, its residents or businesses. |
| C. | The applicant is hosting a community event, open to the public, and is seeking a Cathedral City sponsorship. |

In addition to evaluating the applicant’s eligibility as required above, the City will evaluate each request based on the following policy guidelines:

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|-----------|--|
| A. | Applicants must be based in Cathedral City or demonstrate that they provide services to residents or businesses of Cathedral City. |
| B. | Applicants must be able to demonstrate that they receive funding from other sources and are not relying solely on City support. |
| C. | Preference will be given to applicants meeting health and human service needs of underserved populations. |
| D. | For sponsorship requests, consideration will be given to the value of the publicity and/or community goodwill likely to result from the event and City sponsorship of the event. |
| E. | The City may require a funding or service provider agreement with an applicant receiving funds from the City and/or proof of adequate and appropriate insurance coverage. |
| F. | If the applicant was a recipient of City funds during the prior year, please attach a copy of the applicant’s assessment of the program/service funded. |

ITEMS TO BE INCLUDED IN APPLICATION PACKET

- | | |
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| 1. | Most recent fiscal year-end financial statements (audited if available). |
| 2. | Most recent 3 months of the organization’s monthly financial statements, including a side-by-side comparison to the monthly budget. |
| 3. | Program/Service Projected Budget for Fiscal Year 2019-2020. |
| 4. | List of major contributors (and amounts) to the organization. |
| 5. | List of the Board of Directors and their community affiliation (where applicable). |
| 6. | Assessment for prior year City-funded program/service. |
| 7. | IRS Determination Letter (for non-profit organizations). |

APPLICANT INFORMATION:

NAME OF ORGANIZATION:

ADDRESS:

CITY:

STATE:

ZIP:

CONTACT PERSON:

TITLE:

TELEPHONE:

EMAIL:

ORGANIZATION PRESIDENT OR CHAIR:

(Legal authority for organization)

PROGRAM / SERVICE / EVENT INFORMATION:AMOUNT
REQUESTED:TOTAL PROGRAM /
SERVICE / EVENT COST:Program/Service/Event
Period or Date

From:

To:

1.

Describe Briefly How The Requested Funds Will Be Used:

2.

Other Funding Sources: From Whom? How Much Requested? How Much Committed? How Will Our Contribution Leverage Or Match Other Funds?

3.

Briefly Describe The History And Expertise Of Your Organization? (Include what your organization does, the composition of your staff, and who you have traditionally served or targeted: geographical area or neighborhood, ethnicity or other factors that identify your service/program to the community.)

4.

What Are The Specific Community Needs Or Problems That You Are Trying To Address Through The Proposed Service/Program/Event?

5.

What Do You Ultimately Hope To Accomplish Through Your Proposed Service/Program/Event? How Will It Address The Needs Or Problems You Describe In Question #4? (Your objectives should describe how your clients will be affected as a result of your project and how many people will be reached by the end of the proposed service/program/event.)

6.

If Your Program Costs More Than You Are Requesting From The Community Assistance Program, How Do You Plan To Pay For The Additional Costs? What Steps Have You Already Taken To Get Additional Funds Or In-Kind Support If Necessary?

7.

If You Plan To Continue This Service/Program Beyond The Period For Which You Have Requested The Funds, How Do You Plan To Continue Paying For It? (Describe the types of efforts you will undertake to raise funds as well as your organization's history of maintaining services/programs.)

8.

(OPTIONAL) Is There Anything About Your Project That You Would Like To Add? If So, Please Tell Us Here: