



**COMMUNITY ASSISTANCE  
(Programs / Services)  
APPLICATION  
FISCAL YEAR 2016-2017**

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 31, 2016.**

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

Forward completed applications to: [jmeza@cathedralcity.gov](mailto: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 “A”, “B” or “C” below - (please circle A, B, or C to indicate under which category you are applying):*

- |           |  |
|-----------|--|
| <b>A.</b> | The applicant is a non-profit 501(c)3 organization that is based in Cathedral City or provides services to Cathedral City residents or businesses. |
| <b>B.</b> | The applicant is a tribal or governmental agency that provides services or support to Cathedral City or its residents or businesses.               |
| <b>C.</b> | 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:*

- |           |  |
|-----------|--|
| <b>A.</b> | Applicants must be based in Cathedral City or demonstrate that they provide services to residents or businesses of Cathedral City.   |
| <b>B.</b> | Applicants must be able to demonstrate that they receive funding from other sources and are not relying only on City support.  |
| <b>C.</b> | Preference will be given to applicants meeting health and human service needs of underserved populations.  |
| <b>D.</b> | For sponsorship requests consideration will be given to the value of the publicity and/or community good will likely to result from the event and City sponsorship of the event. |
| <b>E.</b> | 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.        |
| <b>F.</b> | If the applicant was a recipient of funds during the prior year, please attach funding agreement requirement for program assessment.   |

**ITEMS TO BE INCLUDED IN APPLICATION PACKET**

1. Most recent fiscal year-end financial statements (audited if available)
2. Most recent 3 months of organization's monthly financial statements including side-by-side comparison of monthly budget.
3. Program/Service Projected Budget for the upcoming Fiscal Year
4. List of major contributors (and amounts) to organization.
5. List of Board of Directors and their community affiliation (where applicable)
6. Program/service assessment for prior year funding.
7. IRS Verification Letter (for non-profits)

**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 agency 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.)

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

4.

**What Do You Ultimately Hope To Accomplish Through Your Proposed Service/Program/Event? How Will It Solve 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.)

5.

**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?**

6.

**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.)

7.

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

8.