



Cathedral City

**CITY OF CATHEDRAL CITY
FISCAL YEAR (FY) 2025-2026
COMMUNITY ASSISTANCE GRANT PROGRAM APPLICATION**

Application is due 5:00 PM PDT April 18, 2025

Late applications will not be accepted

Submit application to:

lpyle@cathedralcity.gov

OR

City of Cathedral City

68700 Avenida Lalo Guerrero

Cathedral City, CA 92234

ATTN: London Pyle Medina, Financial Services Department

To be considered for funding, a complete application and the documents listed below must be submitted as **hard copies (postmarked by April 13, 2025) or electronic copies by the due date/time (April 18, 2025)**.

Check each item included in your application package. Ensure an authorized representative signs the application. Ensure all required text fields and applicable boxes are completed. While filling out the application, if additional space is needed, please attach another sheet of paper to the application.

ELIGIBILITY REQUIREMENTS AND POLICY GUIDELINES

- ❖ Applicants must be a non-profit 501(c)(3) organization or a tribal or governmental agency.
- ❖ Applicants must be based in Cathedral City OR demonstrate they provide services to residents or businesses of Cathedral City.
- ❖ Applicants must be able to demonstrate they receive funding from other sources and are not relying only on City support.
- ❖ Preference will be given to applicants meeting health and human service needs of underserved populations.

GRANT APPLICATION CHECKLIST

- ❖ Community Assistance Grant Program Application
- ❖ IRS Determination Letter (to validate non-profit status)

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:

GRANT AMOUNT REQUESTED Minimum \$1,000 Maximum \$10,000 :

TOTAL PROGRAM / SERVICE / EVENT COST:

Program/Service/Event Period or Date

From:

To:

Describe Briefly How The Requested Funds Will Be Used:

1.

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

2.

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

3.

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

4.

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.)

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 That You Would Like To Add? If So, Please Tell Us Here:

8.