



GRANT APPLICATION

Fiscal Year 2024-25

Name of Organization:	
	_ Zip Code:
Work Telephone:	
Cell phone:	
E-mail Address:	
501(c)3 Taxpayer I.D. Number: _	
Date Application Submitted:	

Applications will receive consideration without discrimination because of race, color, religion, sex, age, national origin or disability.



Please check which grant funding you are applying for:	☐ Marketing and Spo	es Support (\$5,000 or Less) onsorships (\$5,000 or Less) 0 or less; first time applicants only)
1. How long has your Organization	been in existence?	Years active in La Quinta?
2. What is the overall purpose or g	oal of your Organization	?
3. Describe in general the activities	s or services of your Orga	anization:
4. Need statement. Clearly and pla funds and how these funds will be		etailed reason or need for the requested



5. Goal Statement. Indicate who will benefit from the use of these funds, how they will benefit, and how will your organization promote the services/programs. If applying for Economic Development/				
Marketing and Sponsorship grant funding, please explain how the City of La Quinta and/or local businesses would be benefited.				
6. How many people does your organization currently serve in La Quinta? No. of youth No. of adults No. of seniors				
110. 01 youth 110. 01 dddito 110. 01 00111010				
7. How many people do you currently or intend to serve during this fiscal year in La Quinta? No. of youth No. of adults No. of seniors				
8. Describe how your Organization is managed and governed:				
9. Please provide information on your Executive Board members or contact person: Name: Title: Home Address: Phone:				



10. What is your annual schedule of programs/services, and during what months does your Organization operate?			
11. Do you charge admission, membership fees	s, dues, etc? Yes \(\bigcap \) No \(\bigcap \) If yes, please describe:		
40.14			
12. What are your other sources of revenue Source:			
Source	Amount		
Total	\$		
	\$\$		
	\$		
Dalatice	Ψ		
13. Amount of money requested from the Ci	ty of La Quinta? \$		



:f	en funded by the City of La Quinta previously? Yes \(\bigcap \) No \(\bigcap
If Yes, please provide a sumn program?	nary on how grant funds were used and how it benefited your
15. Please provide the name kept:	and address of the bank in which the Organization's funds are
•	and title of those individuals authorized to sign on the provide at least two individuals):
Name:	Title:



17. Starter Grant Recipients – If you received a Starter Grant last fiscal year and are applying for additional grant funding, please provide an attachment addressing the following questions:
17 a. How did this Starter Grant opportunity assist with the program(s)/ service(s)?
17 b. If requesting additional funding for the same program(s)/ service(s), please provide how increased funding will help expand the program/services? How many more residents/individuals/families can be helped by the program?



17 c. If requesting additional funding for a new program(s)/ service(s), provide explanation on what the new program(s)/ service(s) and who it will directly serve? Is it primarily in La Quinta? Is it Coachella Valley wide?
17 d. In what ways has this grant funding benefited your organization and the program(s)/service(s) provided?

La Quinta

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- 18. Marketing/Media Plan. If you are applying for a Marketing/Sponsorship grant, you must submit a detailed marketing/media plan for review by the Grant Review Committee. Your plan must outline all of your advertising and marketing strategies (including, but not limited to: print, radio, television, online, public relations, and signage) and describe how those promotional efforts will benefit the City of La Quinta.
- 19. Attached copies of the last three months bank statements for the Organization's checking and savings account.
- 20. Attached a copy of your Program Operating Budget for the current fiscal year. Please include number of paid employee positions and volunteers.
- 21. Non-profit Organizations must attach a copy of the organization's current IRS Form 990.