

# CITY OF PALM SPRINGS

## FY 2026-2027 Application for Event Sponsorships and Program Grants Funding

Please submit your application and required materials via email to [grantsandsponsorships@palm Springsca.gov](mailto:grantsandsponsorships@palm Springsca.gov). The submission deadline is **May 31, 2026**. Applications will not be considered complete until all submittal requirements are met. For answers requiring more explanation, please add separate sheet. If a question is not applicable, please indicate N/A.

Program is limited to verified tax-exempt nonprofit organizations who will utilize the funding for the highest public benefit. Priority may be given to those agencies and organizations with whom the City has historically partnered and funded, and who are aligned with the City's identified strategic plan and priorities. For more information on the City's 2025 Strategic Plan visit <https://www.palm Springsca.gov/government/mayor-city-council/strategic-plan-update-march-2025>.

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### GENERAL INFORMATION

Organization: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ SOS/FTB Organization No. \_\_\_\_\_

Name of Program or Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Date of Event / Program: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

How many of the total are Palm Springs Residents: \_\_\_\_\_

Amount of City Funding Requested: \_\_\_\_\_

Does the organization support events or programs which serve vulnerable communities that have been impacted by a loss in federal funding? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you charge individuals to participate in the event or program? Is there a discount and, if so, how much for Palm Springs residents?

\_\_\_\_\_

What is your organization's total annual budget? \_\_\_\_\_

## **EVENT / PROGRAM INFORMATION**

**Scope of Services / Description of Event or Program.** This information will be included in the funding agreement, if awarded. (Attach a separate sheet if needed)

**Identify the target population and describe how the event/program will benefit the residents of Palm Springs.** (Attach a separate sheet if needed)

# REQUIRED DOCUMENTS

*(must be included with Application)*

## ATTACHMENT 1 – BOARD OF DIRECTORS

- List of Board of Directors, with compensation (if applicable)

## ATTACHMENT 2 – NON-PROFIT STATUS INFORMATION

- IRS Tax-Exempt Nonprofit Certification Letter
- Current IRS Form 990

## ATTACHMENT 3 – FINAL REPORT OF FY 2025-26 CITY GRANT/SPONSORSHIP FUNDING

- Final Report documenting application of assistance received in FY 2025-26 (if applicable).

## ATTACHMENT 4 – COMPLETED IRS FORM W9

- Form W9

In addition to the above required documentation, the City will issue a funding agreement for each grant/sponsorship award upon final approval. Grantees will also be required to provide evidence of insurance coverage that includes general liability and workers' compensation coverage (if applicable) with the City of Palm Springs named as additional insured, prior to grant funds being released.

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## CERTIFICATIONS AND DECLARATIONS

(Must be signed by an Authorized Agent of the Organization)

1. I declare under penalty of perjury that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation.
2. I further agree that any funds received in response to this application will be used for the purpose for which they were requested, and the recipient organization will comply with the procedures and requirements set forth in this application and any rule, regulations or contractual agreement, and any funds not used for their specified purpose must be returned to the City of Palm Springs.
3. I understand that all applicants will be required to comply with the City's non-discrimination policy in effect at the time of grant award.
4. I am an authorized representative of the organization to execute and submit this application.

\_\_\_\_\_  
Signature/Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature/Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title