City of Indian Wells
Grants-In-Aid Community Assistance Program
Final Year End Report
FY 2019 – 2020

Due August 30, 2020

Name of Agency:

___________________________________________________________

Agency CEO/Executive Director:

___________________________________________________________

Contact email and Phone Number:

___________________________________________________________

Grant Amount:

$___________________________

Program/Project Grant:

___________________________________________________________

Report and time-period covered by this grant:

___________________________________________________________
Please use the space below (or attachments) to demonstrate fulfilment and completion of the funding purpose documented in your Agreement.

For funding used toward the purchase of supplies, equipment, or other items, this should include copies of receipts or proof of purchase.

For funding used toward a program, this should include documentation and data on the success of the program, challenges faced, and overall impact of the program.

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Have there been any changes to your organization’s federal tax exempt status since you were awarded this grant? No  Yes (please circle). If Yes, explain below:

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How did/has the COVID-19 event impacted your program services?

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By signing below, I certify that the information contained in this report is true and correct to the best of my knowledge.

__________________________________________
Executive Director/CEO

__________________________________________
Date