Neighborhood Council Funding Program

APPLICATION for Neighborhood Purposes Grant (NPG)





This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

TION I- APPLICANT INFORMATION					
West Valley Occupational Cen	ter	65-600-1908	CA		
Organization Name		Federal I.D. # (EIN#)	State of	Incorporation	Date of 501(c)(3) Status (if applicable
6200 Winnetka Ave		Woodland H	lills	CA	91367
Organization Mailing Address		City		State	Zip Code
Business Address (If different)		City		State	Zip Code
PRIMARY CONTACT INFORMATION:					
Ana Rubalcava	818	-346-3540	ad	r57011@	DLAUSD.net
Name		Phone		Email	
Type of Organization- Please select one: 2 Public School (not to include private schools) Attach Signed letter on School Letterhea	-				institutions)
	West Valley Occupational Cen Organization Name 6200 Winnetka Ave Organization Mailing Address Business Address (If different) PRIMARY CONTACT INFORMATION: Ana Rubalcava Name Type of Organization- Please select one: Public School (not to include private schools)	West Valley Occupational Center Organization Name 6200 Winnetka Ave Organization Mailing Address Business Address (If different) PRIMARY CONTACT INFORMATION: Ana Rubalcava 818 Name Type of Organization- Please select one:	West Valley Occupational Center Organization Name 65-600-1908 Federal I.D. # (EIN#) Woodland H Organization Mailing Address City Business Address (If different) PRIMARY CONTACT INFORMATION: Ana Rubalcava Name Type of Organization- Please select one: □ Public School (not to include private schools) □ 501(c)(3) Nor	West Valley Occupational Center 65-600-1908 CA Organization Name Federal I.D. # (EIN#) State of I 6200 Winnetka Ave Woodland Hills Organization Mailing Address City Business Address (If different) City PRIMARY CONTACT INFORMATION: Ana Rubalcava 818-346-3540 ad Name Phone Type of Organization- Please select one: ☑ Public School (not to include private schools) or □ 501(c)(3) Non-Profit (other contact include private schools)	West Valley Occupational Center Federal I.D. # (EIN#) State of Incorporation

SECTION II - PROJECT DESCRIPTION

4) Please describe the purpose and intent of the grant.

Each year adult school students who do not have their high school diploma struggle to pay the \$150 test fee to take the HiSET (formerly the GED). Although classes are currently tuition free, each student must pay for their own HiSET exam.

5) How will this grant be used to primarily support or serve a public purpose and benefit the public at-large. (Grants cannot be used as rewards or prizes for individuals)

This grant will be used to support the administration of the HiSET exam to students in need. The HiSET is the high school equivalency test administered by the Los Angeles Unified School District. After passing the exam students are ready to pursue a career or transfer to a college or university. This benefits the community by allowing residents who previously were unqualified to gain employment or continue their education at an institution of higher learning.

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^{*} If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or clerk.ncfunding@lacity.org for instructions on completing this form