

**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. The Neighborhood Council, upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

Name of Neighborhood Council you are seeking the grant from: Woodland Hills Warner Center Neighborhood  
*Neighborhood Council Name*

**SECTION I - APPLICANT VERIFICATION INFORMATION**

1A) <u>The Foundation for Pierce College</u> <i>Organization Name</i>	<u>95-2586426</u> <i>Federal I.D. # (EIN#)</i>	<u>California</u> <i>State of Incorporation</i>	<u></u> <i>Date of 501(c)(3) Status (if applicable)</i>
1B) <u>6201 Winnetka Ave</u> <i>Organization Mailing Address</i>	<u>Woodland Hills</u> <i>City</i>	<u>CA</u> <i>State</i>	<u>91371</u> <i>Zip Code</i>
1C) <u></u> <i>Business Address (If different)</i>	<u></u> <i>City</i>	<u></u> <i>State</i>	<u></u> <i>Zip Code</i>
1D) <u></u> <i>Address of Affiliated Organization (If applicable)</i>	<u></u> <i>City</i>	<u></u> <i>State</i>	<u></u> <i>Zip Code</i>
Name and address of person designated to receive official/legal notices:		Name: <u>Ryan Taylor</u>	
2) <u>6201 Winnetka Ave</u> <i>Street</i>	<u>Woodland Hills</u> <i>City</i>	<u>CA</u> <i>State</i>	<u>9171</u> <i>Zip Code</i>
3) Type of Organization- Please select one: <b>(Organizations must be located within the City of Los Angeles)</b>			
<input type="checkbox"/> Public School <i>(not to include private schools)</i>		or <input checked="" type="checkbox"/> 501(c)(3) Non-profits <i>(other than religious institutions)</i>	
Attach Letterhead		Attach IRS Determination Letter	

**SECTION II - PROJECT DESCRIPTION**

4) Please describe the Neighborhood Improvement Project for which the grant is intended.

We are requesting funding to support the Los Angeles Pierce College Basic Needs program. The program currently serves over 900 students. We provide students with direct food support, housing support, as well as referrals to additional resources as needed by the individual student. One of the services we provide is a shopping experience for students in need within the campus bodega. A Food Delivery Cart will allow us to continue to deliver basic services to Pierce College Students. We are requesting a donation to the general fund for the benefit of the students in need, and to ensure students do not go hungry.

5) How will this grant be used to primarily support or serve a non-discriminatory, public purpose and benefit the public at-large.

Pierce College is dedicated to equity, inclusion, and justice. Our basic needs program strives to provide support to all students in need and does not withhold services to students that request support. A large number of the students at Pierce College are from the local and neighboring community. Providing support to them means giving back to community members in need and helps strengthen the community by helping students persist, assisting them with attaining a degree from a higher education institution, and preparing them for their careers.



**SECTION V - DECLARATION AND SIGNATURE**

I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read Appendix A, "What is a Public Benefit," and Appendix B "Conflicts of Interest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of a public benefit project/program and that no conflict of interest exist that would prevent the awarding of *Two signatures required*

12A) Executive Director of Non-Profit Corporation or School Principal

Cassie Carter

Board Chair

PRINT First Name/ Last Name

Title

*Cassie Carter*  
Signature Date

12B) Secretary of Non-profit Corporation or Assistant School Principal

*Ryan Taylor*  
PRINT First Name/ Last Name

*Secretary*  
Title

*[Signature]*  
Signature Date

**SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY**

Date Received

Reviewer Name

Date Reviewed

Application  Complete  Incomplete

REVEIWER'S NOTES

Date submitted to Funding Unit

Method:  In-person  E-mail  Fax  Inter-departmental mail

NPG #

Application  Complete  Incomplete

Funding Unit Notes: