Oity of Los Angeles, Department of 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. 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	d Hills Warner Cente	er Neighborhood
0=6				ood Council Name	
SEC	TION I- APPLICANT VERIFICATION INFORMATION				
	The Foundation for Pierce College	95-2586426		California	
1A)	Organization Name	Federal I.	D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
1B)	6201 Winnetka Ave	Woodlan	d Hills	CA	91371
	Organization Mailing Address	City		State	Zip Code
1C)					
	Business Address (If different)	City		State	Zip Code
1D)	Address & ACCU ()				
	Address of Affiliated Organization (If applicable)	City		State	Zip Code
	Name and address of person designated to receiv	e official/leg	jal notices:	Name: Ryan Ta	ylor
2)	6201 Winnetka Ave	Woodlan	d Hills	Calebrate by the second	9171
	Street	City		State	Zip Code
3)	Type of Organization- Please select one: (Organi Public School (not to include private schools) Attach Letterhead	r 50	1(c)(3) Non-p	ated within the City profits (other than religious ins ermination Letter	of Los Angeles)

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.

Personnel Related Expenses	AND REPORT OF THE PERSON	Requested of NC	Total D. L. L.				
		\$	Total Projected Cost				
		\$	\$				
		\$	\$				
		\$	\$				
Non David							
Non-Personnel Related Expense		Requested of NC	Total Projected Cost				
Food supplies to be pr	ovided at the student pantry	\$1500	\$1500				
		\$	\$				
		\$	\$				
		\$	\$				
Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? Yes, please describe below No							
Source of Funding		Amount	Total Projected Cost				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
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SECTION V - DECLARATION AND SIGNATURE

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

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

	Board Cha	all	/ GXXU I	1
PRINT First Name/ Last Name	Title		Signature	Date
Secretary of Non-profit Corporation o	r Assistant School Princi	pal		20.0
Kyan laylor	500	retary	4040	
PRINT File Name/ Last Name	Title	ejaig	390	
	nae		Signature	Date
TION VII - FOR DEPARTMENT OF NEIC	SHBORHOOD EMPOWER	MENT USE ON	ILY	
Date Received				
		Application	n 🗖 Complete	☐ Incomplet
Reviewer Name	Date Reviewed			
REVEIWER'S NOTES				
Date submitted to Funding Unit				
	□ Fax □ Inter-dena	rtmental mail		
Date submitted to Funding Unit Method: □ In-person □ E-mail	□ Fax □ Inter-depa	rtmental mail		
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