

**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.

Name of NC from which you are seeking this grant: Woodland Hills-Warner Center

SECTION I - APPLICANT INFORMATION

1a)	<u>West Valley Food Pantry at Prince of Peace</u> <i>Organization Name</i>	<u>95-3349988</u> <i>Federal I.D. # (EIN#)</i>	<u>CA</u> <i>State of Incorporation</i>	<u>1/1960</u> <i>Date of 501(c)(3) Status (if applicable)</i>
1b)	<u>5700 Rudnick Ave</u> <i>Organization Mailing Address</i>	<u>Woodland Hills</u> <i>City</i>	<u>CA</u> <i>State</i>	<u>91367</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) **PRIMARY CONTACT INFORMATION:**

<u>Debbie Decker</u>	<u>(818)346-6955</u>	<u>ExecDirector@westvalleyfoodpantry.org</u>
<i>Name</i>	<i>Phone</i>	<i>Email</i>

2) **Type of Organization- Please select one:**

Public School (not to include private schools) **or** 501(c)(3) Non-Profit (other than religious institutions)
 Attach Signed letter on School Letterhead **Attach IRS Determination Letter**

3) *Name / Address of Affiliated Organization (if applicable)* *City* *State* *Zip Code*

SECTION II - PROJECT DESCRIPTION

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

The West Valley Food Pantry has a Senior Food Program and delivers groceries to nine identified low-income Senior Citizen apartment buildings and four Senior Mobile Home Parks in the immediate area. (Woodland Hills, West Hills, Canoga Park) The Neighborhood Councils additional funding will go directly toward purchasing food to feed these 600 senior clients. Hopefully with your participation in this program, our local seniors will no longer need to choose between medication and food.

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)**

The West Valley Food Pantry is a local non-profit coalition of churches, temples, civic and social groups that banded together over 37 years ago to feed the hungry in our community. It serves individuals who live in the west San Fernando Valley and has over 200 volunteers that purchase, pick up, take delivery of food stuffs, and serves the clients daily. Our efforts are made possible by contributions of both food and money received from the local community and our coalition members.

The Pantry currently feeds approximately 700 families a week. The pandemic has affected everyone but for some the reasons have become a crisis and the need of these families have increased our expenses dramatically. As we endeavor to feed the hungry in our neighborhood, we ask the Neighborhood Council for financial support to help us do just that.

SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a)

Personnel Related Expenses	Requested of NC	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

6b)

Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Purchase food at local stores for our senior clients	\$1000	\$5000
	\$	\$
	\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?
 No Yes If Yes, please list names of NCs: _____

8) Is the implementation of this specific program or purpose described in Question 4 contingent on any other factors or sources or funding? (Including NPG applications to other NCs) No Yes If Yes, please describe:

Source of Funding	Amount	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$1000.00

10a) Start date: 04/01/22 10b) Date Funds Required: 03/30/22 10c) Expected Completion Date: 06/30/22
 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?
 No Yes If Yes, please describe below:

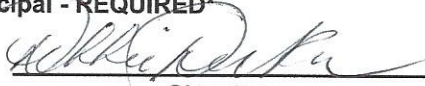
Name of NC Board Member	Relationship to Applicant

11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?
 Yes No ***(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment of this grant in its entirety.)**


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 the documents "What is a Public Benefit," and "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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council.

12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED*

Debbie Decker Exec Director/COO  01/28/22
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*

Ann Gillinger Adminstrator  02/01/22
 PRINT Name Title Signature Date

* 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