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.

SEC	TION I- APPLICANT INFORMATION				
la)	Organization Name	Fed	leral I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
lb)					
	Organization Mailing Address	City	′	State	Zip Code
lc)					
	Business Address (If different)	City	′	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:				
	Name	Phone		Email	
2)	Type of Organization- Please select one: ☐ Public School (not to include private schools) Attach Signed letter on School Letterhead	or		n-Profit (other than religious i etermination Letter	institutions)
3)	Name / Address of Affiliated Organization (if appl	icable)	City	State	Zip Code

SECTION II - PROJECT DESCRIPTION

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

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)

PAGE 1 NCFP 107

SECT	ION III - PROJECT BUDGET OUTLINE hay also provide the Budget Outline on a sepa	rate sheet if necessary or	reques	ted.			
Sa)	Personnel Related Expenses		Requested of NC		Total Projected Cost		
,	, , , , , , , , , , , , , , , , , , ,		\$		\$		
			\$		\$		
			\$		\$		
b)	Non-Personnel Related Expenses		Reque	sted of NC	Total Projected Cost		
			\$		\$		
			\$		\$		
			\$		\$		
	· •	t names of NCs:					
	the implementation of this specific program						
so	urces or funding? (Including NPG application				, please describe:		
	Source of Funding		Amour	nt	Total Projected Cost		
			<u>\$ </u>		Ф Ф		
			<u>\$ </u>		\$		
			Ψ		Ψ		
-	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		
ļ							
1b) I	f yes, did you request that the board memb	er consult the Office of the	ne City	Attorney befo	ore filing this application		
ا	Yes I No *(Please note that if a Bo	oard Member of the NC h	nas a c	onflict of inte	erest and completes the		
	or participates in the discussion and vot	ing of this NPG, the NC	Fund	<u>ing Program</u>	will deny the paymer		
•	grant in its entirety.)						
	ION V - DECLARATION AND SIGNATURE						
	by affirm that, to the best of my knowled occurately stated. I further affirm that I h						
	est" of this application and affirm that the				•		
	it project/program and that no conflict						
	oses Grant. I affirm that I am not a currer						
	pplication. I further affirm that if the gra				h the terms of the ap		
tate	d here, said funds shall be returned imme	ediately to the Neighbor	hood (Council.			
12a	Executive Director of Non-Profit Corporati	on or School Principal -	REQUI	RED*	_		
		,	At	víl B	elt		
	PRINT Name	Title	<u> </u>	Signature	Date		
40k	Secretary of Non profit Corporation A	niotant Cahael Drimeire	DEOU	IDED*			
120	Secretary of Non-profit Corporation or Ass				7 . 7		
			Wi	am Ai	<u>rnoia</u>		
	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

PAGE 2 NCFP 107