

NEIGHBORHOOD COUNCIL FUNDING PROGRAM

REQUEST FOR DEMAND WARRANT



Submit via: Mail: 334-B E. 2nd St., LA, CA 90012; Fax : (213) 485-4608; or Email: done.funding@lacity.org www.empowerla.org

REQUEST DATE: 1/15/14

Check Request Amount: _____

\$ **1,500**

Invoice #: _____

NEIGHBORHOOD COUNCIL: Westchester/Playa

Please select a category. Refer to the checklist for the required supporting documents.

OPERATIONS	OUTREACH	NBHD Improvement	GRANT	OTHER
<input type="checkbox"/> AUD <input type="checkbox"/> OFF <input type="checkbox"/> EDU <input type="checkbox"/> POS <input type="checkbox"/> FAC <input type="checkbox"/> TAC <input type="checkbox"/> MIS <input type="checkbox"/> TRL <input type="checkbox"/> Other _____	<input type="checkbox"/> ADV <input type="checkbox"/> MEE <input type="checkbox"/> ELE <input type="checkbox"/> NEW <input type="checkbox"/> EVE <input type="checkbox"/> WEB _____ # Attended <input type="checkbox"/> Other _____	<input type="checkbox"/> Beautification Project Type: _____ <input type="checkbox"/> Capital Project Facility: _____ <input type="checkbox"/> Other	<input checked="" type="checkbox"/> 501(c)3 Non-Profit _____ <input type="checkbox"/> Public School _____	<input type="checkbox"/> Board Member Reimbursement <input type="checkbox"/> Transfer to City Dept. <input type="checkbox"/> NC Joint Payment NC 1: _____ NC 2: _____

Please complete the information below for the payee:

Is this a request for advance payment? Yes No

Is this the first time the Neighborhood Council has used this vendor? Yes, attach W-9 form

Make check payable to: PATH (People Assisting the Homeless)

Remittance Address: 340 N. Madison Ave.

Los Angeles

City

CA

State

90004

Zip Code

Business Tax Registration Certificate #: 687852-40

BOARD BENEFIT STATEMENT AND APPROVAL

Description of request and/or Community Benefit Statement:

DECLARATION

We, the authorized signatories of the Neighborhood Council listed above, under penalty of perjury, declare that a Brown Act noticed public meeting was held with a quorum of the board present and the expenditure detailed on this demand warrant was approved as an official action of the governing board. We further declare that: (1) the undersigned are authorized to make this request, (2) this funding request is exclusively intended for the Neighborhood Council named above, (3) all reasonable precautions shall be exercised by the undersigned to safeguard and account for use of the funds, and (4) the amount of the check requested will be deducted from the total available balance in my Neighborhood Council Funding Program account.

Date of Board Action: ___ / ___ / ___ Board Vote: ___ yes ___ no ___ abstentions

Treasurer and 2nd Signatory signatures are required.

Treasurer Signature: _____

2nd Signatory Signature: _____

Print Name: _____

Print Name: _____

Phone: _____

Phone: _____

DEPARTMENT USE ONLY

Vendor Code _____

APPR Acct. # _____

Approval Signature _____

Date _____

Approval Signature _____

Date _____

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: Westchester/Playa
Neighborhood Council Name

SECTION I - APPLICANT VERIFICATION INFORMATION

PATH (People Assisting the Homeless)	<u>95-3950196</u>	<u>CA</u>	<u>2/1985</u>
1A) <i>Organization Name</i>	<i>Federal I.D. # (EIN#)</i>	<i>State of Incorporation</i>	<i>Date of 501(c)(3) Status (if applicable)</i>
<u>340 N. Madison Ave.</u>	<u>Los Angeles</u>	<u>CA</u>	<u>90004</u>
1B) <i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1C) _____	_____	_____	_____
<i>Business Address (If different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1D) _____	_____	_____	_____
<i>Address of Affiliated Organization (If applicable)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Name and address of person designated to receive official/legal notices:		Name: <u>Sandy Oluwek</u>	
2) <u>340 N. Madison Ave.</u>	<u>Los Angeles</u>	<u>CA</u>	<u>90004</u>
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
3) Type of Organization- Please select one: (<i>Organizations must be located within the City of Los Angeles</i>)			
<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.**
 PATH respectfully requests \$1,500 to support PATH's expanded street outreach efforts in Westchester. Specifically, Neighborhood Purpose Grant funds will allow PATH to provide four hours of street outreach services in the Westchester/Playa community each week and respond to to four phone calls per month from individuals in the Neighborhood Council of Westchester/Playa service area. Phone call responses will be limited to Thursdays and Fridays between 7:30 AM and 3:30 PM. Our Street Outreach Team encourages "service resistant" individuals to take the first step towards self-sufficiency. Our team also works with local police, businesses, and concerned citizens to mediate interactions with homeless individuals and ensure that community needs are met.
- 5) **How will this grant be used to primarily support or serve a non-discriminatory, public purpose and benefit the public at-large.**
 Neighborhood Purpose Grant support will allow PATH's regional Street Outreach Team to provide vital services to homeless individuals living in the Westchester/Playa community. Our Team meets more than just homeless individuals' basic need for food and hygiene supplies; we also connect them to the supportive services required to meet their long-term financial security and stable housing needs. PATH's Team provides free services to any homeless individual or family and strictly adheres to non-discrimination policies, placing a high priority on providing appropriate individualized services to everyone served. By connecting people experiencing homeless with various services that help them overcome barriers to self-sufficiency, we will reduce homelessness in the Westchester/Playa area, which ultimately benefits local businesses owners, residents, and homeless populations.

