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 Amou	^s 1,500	^{\$} 1,500			
NEIGHBORHOOD COUNCIL: Westchester/Playa							
Please select a category. Refer to the checklist for the required supporting documents.							
OPERATIONS	OUTREACH	NBHD Improvement	GRANT	OTHER			
□ AUD □ OFF □ EDU □ POS □ FAC □ TAC □ MIS □ TRL □ Other	□ ADV □ MEE □ ELE □ NEW □ EVE □ WEB ■ # Attended □ Other	□ Beautification Project Type: □ Capital Project Facility:	■ 501(c)3 Non-Profit ———————————————————————————————————	□ Board Member Reimbursement □ Transfer to City Dept. □ NC Joint Payment NC 1: NC 2:			
		□ Other		110 2.			
Please complete the information below for the payee: Is this a request for advance payment?							
Remittance Address:	340 N. Madiso	ni Ave.	O A	00004			
	Los Angeles		<u>CA</u>	90004			
Business Tax Registra	City ation Certificate #:	687852-40	State	Zip Code			
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							
Date of Board A	Action://	Board Vote:	yesno	abstentions			
		Pri	nt Name:				
DEPARTMENT USE ONLY							
Vendor Code	APPR Acct	. # Ap	proval Signature	Date			
revised 8/03/11		Ap	proval 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			
			Neighborh	ood Council Name	era dina sel anatel	
SEC	CTION I- APPLICANT VERIFICATION INFORMATION					
	PATH (People Assisting the Homeless)	95-3950196		CA	2/1985	
1A)	Organization Name	Federal I.	D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable)	
1D\	340 N. Madison Ave.	Los An	geles	CA	90004	
10)	Organization Mailing Address	City	Je Les 1	State	Zip Code	
10)						
10)	Business Address (If different)	City		State	Zip Code	
1D)	Address of Affiliated Organization (If applicable)	City		State	Zip Code	
	Name and address of person designated to receiv	e official/le	gal notices:	_{Name:} Sandy (Oluwek	
2)	340 N. Madison Ave.	Los Ang	geles	CA	90004	
	Street	City	x 1 = 1 F	State	Zip Code	
3)	Type of Organization- Please select one: (Organi			ated within the City o		
Attach Letterhead			Attach IRS Determination Letter			
SEC	TION II - PROJECT DESCRIPTION					

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

Outreach Case Managers	SEC	TION III - PROJECT BUDGET OUT	LINE- Please outline the project	budget below.	
Dufreach Case Managers S 500 S 9,60	6A)	Personnel Related Expenses		Requested of NC	Total Projected Cost
Secretion Secr	•	Project Director	-1 -1		
\$ \$ \$					
Non-Personnel Related Expenses Requested of NC Total Projected Cost		Benefits			
Auto Expense \$ \$ 1,760 Bus Tokens \$ \$ \$ 88 Food for Clients \$ \$ \$ \$ 88 Food for Clients \$ \$ \$ \$ \$ 88 Food for Clients \$ \$ \$ \$ \$ 88 Food for Clients \$ \$ \$ \$ \$ \$ 88 Food for Clients \$ \$ \$ \$ \$ \$ \$ 88 Food for Clients \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$]\$	\$
Bus Tokens Food for Clients \$ \$ \$ \$ \$ 56 Total Projected Cost Source of Funding Amount	6B)	Non-Personnel Related Expenses		Requested of NC	Total Projected Cost
Food for Clients \$ \$ \$ \$ \$ \$ \$ \$ \$	350	Auto Expense		\$	\$ 1,760
S				\$	\$ 880
Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding?		Food for Clients		\$	\$ 560
Factors or sources or funding? Yes, please describe below No		u sié i		\$	\$
S S S S S S S S S S					ntingent on any other
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3	Source of Funding			Total Projected Cost
S S S S S S S S S S					\$
S S S S S S S S S S					
What is the TOTAL amount of the grant funding requested with this application: 1,500					
Provide the name, telephone number, fax and e-mail address (if applicable) of the person(s) responsible for the funds and program(s) listed in Section II of this application. Courtney Kanagi OA) First Name Telephone Number	8)	What is the TOTAL amount of the	grant funding requested with th	is application:	1,500
Provide the name, telephone number, fax and e-mail address (if applicable) of the person(s) responsible for the funds and program(s) listed in Section II of this application. Courtney (Anagi OA) First Name 323-960-9168 Telephone Number Tax Number Cobb-Phillips Cobb-Phillips Last Name MI 323-644-2208 323-644-2288 Telephone Number Tax Number Telephone Number Tax Number Telephone Number Tel	9)	What is the expected completion	date? 4 / 30 / 15	(mm/dd/yyyy) (requir	ed)
323-960-9168 Telephone Number Telephone Number Telephone Number Telephone Number Cobb-Phillips Last Name 323-644-2208 Telephone Number Telephone Nu		Courtney	Kanagi	- V	
Telephone Number HWeSU Cobb-Phillips Last Name 323-644-2208 Telephone Number Fax Number Fax Number Fax Number E-mail BECTION V - AFFILIATIONS 11) Is there a former or existing relationship between your organization and a NC board member? Yes No Type of Relationship Board Member Name	104)			courtr	
Comparison of the City Attorney? Comparison of	:-		Fax Number		, 0 ,
323-644-2208 Telephone Number Telephone Number Tax Number Telephone Number Fax Number Fax Number Fe-mail SECTION V - AFFILIATIONS 11) Is there a former or existing relationship between your organization and a NC board member? Yes No 1A) If yes, did you and/or the board member consult the Office of the City Attorney? Yes No Type of Relationship Board Member Name		Hwesu	Cobb-Phill	lips	
323-644-2208 Telephone Number Telephone Number	0B)	First Name	Last Name		MI
ECTION V - AFFILIATIONS 11) Is there a former or existing relationship between your organization and a NC board member? 1A) If yes, did you and/or the board member consult the Office of the City Attorney? Type of Relationship Board Member Name	,		323-644-2288	hwes	suc@epath.org
11) Is there a former or existing relationship between your organization and a NC board member? Yes No 1A) If yes, did you and/or the board member consult the Office of the City Attorney? Yes No Type of Relationship Board Member Name		Telephone Number	Fax Number	E-mail	Territoria de la composición dela composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela compos
1A) If yes, did you and/or the board member consult the Office of the City Attorney? Type of Relationship Board Member Name			THE RESERVE OF THE PERSON NAMED IN		
Type of Relationship Board Member Name	11)	Is there a former or existing relati	onship between your organizatio	on and a NC board me	mber? ☐ Yes ☐ No
Type of itelationing	1A)	If yes, did you and/or the board m	ember consult the Office of the	City Attorney?	Yes No
Example: Former board member So Conflicted	[Type of Relationship		Board Me	mber Name
		Example: Former board member		So Conflic	ted
	ŀ				
	ŀ				
	[Si ji
				, P	
	-				
	ŀ				

	ony of 2007 ingology 20	NPG APPLICATIO	
SECTION VI - DECLARATION AND SIGNATURE		建设设施,在自己的企业的企业的	学学学学
I hereby affirm that, to the best of my know truly and accurately stated. I further affirm "Conflicts of Interest" of this application a criteria of a public benefit project/program a Two signatures required	that I have read Appendix A, "Whand affirm that the proposed project	t is a Public Benefit," and A ct(s) and/or program(s) fall	ppendix B within the
12A) Executive Director of Non-Profit Corporation	n or School Principal	1250	
Joel Roberts	CEO	Vertile Takel	1/14/1
PRINT First Name/ Last Name	Title	Signature	Date
12B) Secretary of Non-profit Corporation or Assis	stant School Principal	11	
Katie Hill	Chief Program Officer	of atil Hill	1/14/14
PRINT First Name/ Last Name	Title	Signature	Date
SECTION VII - FOR DEPARTMENT OF NEIGHBOR	RHOOD EMPOWERMENT USE ONL	Υ	

Date Received Application Complete ☐ Incomplete Date Reviewed Reviewer Name REVEIWER'S NOTES Date submitted to Funding Unit Method: 🛘 In-person 🚨 E-mail 🚨 Fax 🚨 Inter-departmental mail NPG# Application Complete ☐ Incomplete Funding Unit Notes: DONE Date Stamp Receipt