

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: _____
Neighborhood Council Name

SECTION I - APPLICANT VERIFICATION INFORMATION

1A) _____
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1B) _____
Organization Mailing Address *City* *State* *Zip Code*

1C) _____
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 receive official/legal notices: *Name:* _____

2) _____
Street *City* *State* *Zip Code*

3) Type of Organization- Please select one: **(Organizations must be located within the City of Los Angeles)**
 Public School *(not to include private schools)* or 501(c)(3) Non-profits *(other than religious institutions)*
Attach Letterhead **Attach IRS Determination Letter**

SECTION II - PROJECT DESCRIPTION

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

5) How will this grant be used to primarily support or serve a non-discriminatory, public purpose and benefit the public at-large.

SECTION VI - 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 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

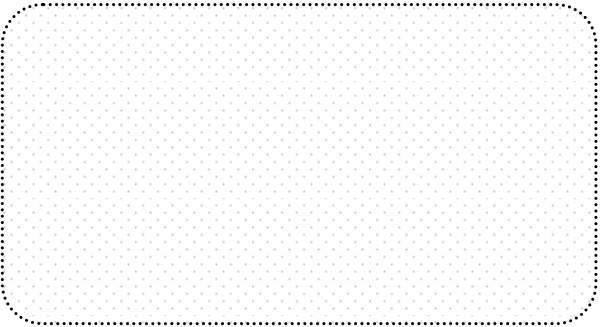
12A) Executive Director of Non-Profit Corporation or School Principal

_____ _____ _____ _____
PRINT First Name/ Last Name *Title* *Signature* *Date*

12B) Secretary of Non-profit Corporation or Assistant School Principal

_____ _____ _____ _____
PRINT First Name/ Last Name *Title* *Signature* *Date*

SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY

<i>Date Received</i>	Application <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
<i>Reviewer Name</i>	<i>Date Reviewed</i>
REVEIWER'S NOTES	
<i>Date submitted to Funding Unit</i>	
Method: <input type="checkbox"/> In-person <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Inter-departmental mail	
<i>NPG #</i>	
Application <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	
<i>Funding Unit Notes:</i>	
DONE Date Stamp Receipt	