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.

a)	Organization Name	Fe	deral I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3 Status (if applic		
b)							
	Organization Mailing Address	Cit	'y	State	Zip Code		
c)							
	Business Address (If different)	Cit	ty	State	Zip Code		
d)	PRIMARY CONTACT INFORMATION:						
	Name	P	hone	Email			
2)	Type of Organization- Please select one: ☐ Public School (not to include private schools) Attach Signed letter on School Letterhead	or	□ 501(c)(3) Non-Profit (other than religious institutions) Attach IRS Determination Letter				

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

Personnel Related Expenses		Requested of NC	Total Projected Cost
Personnel Related Expenses		\$	\$
		\$	\$
		\$	\$
Non-Personnel Related Expenses	s	Requested of NC	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$
Have you (applicant) applied to any o ☐ No ☐ Yes If Yes,	other Neighborhood Councils please list names of NCs:	s requesting funds for th	nis project?
s the implementation of this specific sources or funding? (Including NPG			igent on any other factor es, please describe:
Source of Funding	ирричиной со синстисту	Amount	Total Projected Cost
		\$	\$
		\$	\$
		Ψ	\$
Do you (applicant) have a current of	or former relationship with a l	Roard Mambar of the No	22
· _ · · · · · · · · · ·	or former relationship with a lolease describe below:		ip to Applicant
□ No □ Yes If Yes, p			
□ No □ Yes If Yes, p Name of NC Board Member	please describe below:	Relationsh	ip to Applicant
No ☐ Yes If Yes, p Name of NC Board Member D) If yes, did you request that the boa ☐ Yes ☐ No *(Please note the	olease describe below: ard member consult the Office that if a Board Member of the	Relationsh e of the City Attorney be NC has a conflict of in	ip to Applicant efore filing this application
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* 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