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					
1a)	Organization Name	_	deral I.D. # (EIN#)	State of Incorporation	_ on	Date of 501(c)(3) Status (if applica
1b)						
	Organization Mailing Address	Ci	ty	State		Zip Code
1c)						
	Business Address (If different)	Ci	ty	State		Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
	Name	F	Phone	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				
3)	Name / Address of Affiliated Organization (if appl	icable)	City	Sta	te	Zip Code

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)

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	line on a separate sheet if necess		
Personnel Related Expenses		Requested	
		\$	\$
		\$	\$
		\$	\$
Non-Personnel Related Exper	nses	Requested	of NC Total Projected C
		\$	\$
		\$	\$
		\$	\$
□ No □ Yes If Y	ny other Neighborhood Councile es, please list names of NCs:		
s the implementation of this spe			
ources or funding? (Including N	PG applications to other NCs)		
Source of Funding		Amount	Total Projected C
		<u> </u>	φ ¢
		 \$	 \$
L		lΑ	ĮΨ
TION IV - POTENTIAL CONFLIC	TO OT INTEREST		
Do you (applicant) have a curre		Board Member of	the NC?
□ No □ Yes If Ye	ent or former relationship with a es, please describe below:		
			the NC?
□ No □ Yes If Ye			
□ No □ Yes If Ye			
No Yes If Yes Name of NC Board Member If yes, did you request that the	es, please describe below:	Rela	tionship to Applicant
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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

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