

Neighborhood Council Funding Program
APPLICATION for Neighborhood Purposes Grant (NPG)



Office of the
CityClerk

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. **Any potential conflicts of interest indicated in Section IV of this application must be addressed with the Office of the City Attorney, Neighborhood Council Advice Division prior to the Neighborhood Council board's vote and consideration of the grant.** 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.

Name of NC from which you are seeking this grant: Westchester/Playa del Rey

SECTION I- APPLICANT INFORMATION

1a) SOFESA 261454148 CA 11/17/2007
Organization Name *Federal I.D. # (EIN)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) 6201 W 87TH STREET #2651 LOS ANGELES CA 90045
Organization Mailing Address *City* *State* *Zip Code*

1c) _____
Business Mailing Address (if different) *City* *State* *Zip Code*

1d) **APPLICANT POINT OF CONTACT:**
JESSICA ECHEVERRY 310-363-0541 JESS@SOFESA.ORG
Name *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 the IRS Determination Letter and status verification from the State of California** (see "Application Process" under the Applicant Instructions.)

3) **Are you applying as a fiscal sponsor for another organization?** **No** **Yes**

If yes, please provide:

Name / Address of Affiliated Organization *City* *State* *Zip Code*

SECTION II - PROJECT DESCRIPTION

4) **Please describe the purpose and intent of the grant.**

TO HELP FUND OUR EMERGENCY OUTREACH PROGRAM THAT PROVIDES IMMEDIATE SHELTER AND ESSENTIAL LIVING ITEMS FOR SINGLE WOMEN AND FAMILIES IN THE LOCAL AREA

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)**

IT WILL GO DIRECTLY TO HELPING SINGLE HOMELESS WOMEN AND HOMELESS FAMILIES OFF OF THE STREET, OUT OF THIER CAR, ETC AND BEGIN THE PROCESS OF LONG TERM RELATIONSHIP WHICH WILL HELP THEM GET CONNECTED TO RESOURCES

SECTION III - PROJECT BUDGET OUTLINE

Please provide a detailed Project Budget Outline below. You may also provide a Project Budget Outline on a separate sheet if necessary or requested. **(Note: Administrative costs of the organization or admission fees cannot be funded through a Neighborhood Purposes Grant.)**

6) Project Expenses	Requested of NC	Total Projected Cost
TEMPORARY SHELTER	\$ 859	\$ 4,500
IMMEDIATE SUPPLIES (FOOD, GAS, CLOHTING, ETC)	\$ 141	\$ 800
SOFESA PROGRAM OPERATING EXPENSES (STAFF AND SUPPLIES)	\$ 500	\$ 2650
	\$	\$
	\$	\$
	\$	\$

7a) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project within the last 18 months?

No Yes

If Yes, please describe below:

Neighborhood Council(s)	Date Submitted to NC	Amount Requested	Amount Awarded
		\$	\$
		\$	\$
		\$	\$

7b) Have you (applicant) applied to any other Neighborhood Councils requesting funds for any project within the last 18 months?

No Yes

If Yes, please describe below:

Neighborhood Council(s)	Date Submitted to NC	Amount Requested	Amount Awarded
		\$	\$
		\$	\$
		\$	\$

8) Is the implementation of this specific program or purpose described in Question 4 contingent on any other factors or sources or funding? (Including NPG applications to other NCs)

No Yes

If Yes, please describe below:

Source of Funding	Amount	Total Projected Cost
	\$	
	\$	
	\$	

9) What is the TOTAL amount of the grant funding requested with this application: \$ 1500

10a) Start date: 07/01/26

10b) Date Funds Required: 07/01/26

10c) Expected Completion Date*: 08/01/26

After completion of the project, the applicant **must submit a Project Completion Report to the Neighborhood Council to update the Board of your project successes and challenges and for consideration of future grant requests.*

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11) Do you (applicant) have a current or former relationship with a Board Member of the NC?

No Yes

If Yes, please describe below:

Name of NC Board Member	Relationship to Applicant
PAULA GEREZ	FORMER: SHE USED TO LIVE ON MY STREET
ALEX REYNOLDS	CURRENT: FELLOW MOM IN MOMS GROUP
JULIE ZALLER	CURRENT: FELLOW MOM IN MOMS GROUP

12) If Yes, did you request that the board member consult the Office of the City Attorney before filing this application?

No Yes

If Yes, provide the date you made the request to the board member. _____

***(Please note that if a Board Member of the NC has a conflict of interest and completes this form, participates in the discussion and voting of this NPG, or signs the Board Action Certification Form (BAC), the NC Funding Program may deny the payment of this grant in its entirety.)**

SECTION V - 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 the documents "What is a Public Benefit?," and "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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council.

12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED*

JESSICA ECHEVERRY	EXEC DIR	<small>Digitally signed by Jessica Echeverry Date: 2026.06.09 14:09:16 -0700</small>	06/09/2026
<small>PRINT Name</small>	<small>Title</small>	<small>Signature</small>	<small>Date</small>

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*

Rose M. Heffernan	Secretary	<i>Rose M. Heffernan</i>	06/09/2026
<small>PRINT Name</small>	<small>Title</small>	<small>Signature</small>	<small>Date</small>

*** If a current NC Board Member holds any board position or is employed in the organization, please contact the NC Funding Program at (213) 978-1058 or clerk.ncfunding@lacity.org for instructions on completing this form.**

**Neighborhood Council Funding Program
Project Completion Report Form**



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To be filled-out and submitted to the Neighborhood Council once the Neighborhood Purposes Grant project/activity is completed.

Awarding Neighborhood Council: _____

Applicant Name: _____

Grant Amount: \$ _____ Date Granted: _____

Did you receive funding from any other Neighborhood Council(s) for this project?

No Yes

If Yes, please list below:

Neighborhood Council: _____ Grant Amount: \$ _____ Date Granted: _____

Neighborhood Council: _____ Grant Amount: \$ _____ Date Granted: _____

Neighborhood Council: _____ Grant Amount: \$ _____ Date Granted: _____

Please answer the following questions regarding the grant funding referred to above. Attach additional pages if necessary.

1. Please provide a summary of the overall project for which funding was granted.

2. Please provide a summary of how the project built community, enhanced the neighborhood, and served a public benefit.

3. In an effort to improve our grant-making, we welcome any additional comments you wish to make regarding our grant application process and post-grant reporting process.

4. Please provide pictures of the project, including any before and after images if applicable.

Submitted by

Date

E-mail

Phone