## City of Los Angeles, Department of Neighborhood Empowerment 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		ood Council Name	
SEC	TION 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
۵۱	Name and address of person designated to receive	e official/legal notices:	Name:	
2)	Street	City	State	Zip Code
3)	(	or 501(c)(3) Non-	cated within the City profits (other than religious inst	• • • • • • • • • • • • • • • • • • • •
SEC	Attach Letterhead TION II - PROJECT DESCRIPTION	Attach IRS De	termination Letter	

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.

Personnel Related Expenses	Requested of NC	I I OTAL PROJECTED LINES				
	\$	Total Projected Cost \$				
	\$	\$ \$				
	<u></u> \$	<u> </u>				
	\$	\$				
	Φ	Ψ				
Non-Personnel Related Expenses	Requested of NC	Total Projected Cost				
•	\$	\$				
	\$	\$				
	\$	\$				
	\$	\$				
s the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding?    Yes, please describe below    No						
Source of Funding	Amount	Total Projected Cost				
	\$	\$				
	\$	\$				
	\$	\$				
	\$	\$				
A) First Name Last N	ame					
Telephone Number Fax Number	E-mail					
B) First Name Last N	'ame					
B) First Name Last N  Telephone Number Fax Number	lame E-mail	MI				
·	E-mail					
Telephone Number Fax Number  CTION VI - AFFILIATIONS	E-mail					
Telephone Number  Fax Number  CTION VI - AFFILIATIONS  ) Does anyone in your organization have a former or existing the second of the second organization.	E-mail  ng relationship with any of the	e NC board members?				
Telephone Number Fax Number  CTION VI - AFFILIATIONS  ) Does anyone in your organization have a former or existing	<i>E-mail</i> ng relationship with any of the	e NC board members?				
Telephone Number Fax Number  CTION VI - AFFILIATIONS  Does anyone in your organization have a former or existing the second seco	E-mail  ng relationship with any of the	e NC board members?				
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Telephone Number  Fax Number  CTION VI - AFFILIATIONS  ) Does anyone in your organization have a former or existing the second of the second organization.	E-mail  ng relationship with any of the	e NC board members?				
Telephone Number Fax Number  CTION VI - AFFILIATIONS ) Does anyone in your organization have a former or existing Name of Organization	E-mail  ng relationship with any of the	e NC board members?				
Telephone Number  Fax Number  CTION VI - AFFILIATIONS  ) Does anyone in your organization have a former or existing the second of the second organization.	E-mail  ng relationship with any of the	e NC board members?				

DONE Date Stamp Receipt

## SECTION V - DECLARATION AND SIGNATURE

2010-11

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* 

PRINT First Name/ Last Name ecretary of Non-profit Corporation or Assistant S PRINT First Name/ Last Name  ON VII - FOR DEPARTMENT OF NEIGHBORHOO Pate Received  Date Reviewer Name  EVELWER'S NOTES	Title	al	Signature  Signature  Complete	Date  Date
ecretary of Non-profit Corporation or Assistant S  RINT First Name/ Last Name  ON VII - FOR DEPARTMENT OF NEIGHBORHOOL  Pate Received  Date F	Title  D EMPOWERM	IENT USE ONLY	Signature	Date
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ON VII - FOR DEPARTMENT OF NEIGHBORHOO	D EMPOWERM	IENT USE ONLY		
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	Reviewed	Application	☐ Complete	□ Incompl
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EVEIWER'S NOTES				
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Funding Unit Notes:				