## **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)

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Personnel Related Expenses		Requested of NC	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$
Non-Personnel Related Expenses	s	Requested of NC	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$
ave you (applicant) applied to any o ☑ No   ☐ Yes   If Yes,	other Neighborhood Councils please list names of NCs:	requesting funds for thi	is project?
the implementation of this specific ources or funding? (Including NPG			gent on any other facto s, please describe:
Source of Funding	<u> </u>	Amount	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$
	or tormer relationship with a E	soard Member of the NC	?
	or former relationship with a E please describe below:		
□ No □ Yes If Yes, p			o to Applicant
□ No □ Yes If Yes, p			
No ☐ Yes If Yes, p Name of NC Board Member  If yes, did you request that the boa ☐ Yes ☐ No *(Please note the or participates in the discussion)	olease describe below:  ard member consult the Office that if a Board Member of the	Relationship e of the City Attorney bef NC has a conflict of interests	o to Applicant  fore filing this applicati
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<sup>\*</sup> If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form