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		ry or requested. Requested of NC	Total Projected Cost
- Greening Helateu Expenses		\$	\$
		\$	\$
		\$	\$
Non-Personnel Related Expenses		Requested of NC	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$
Have you (applicant) applied to any oth ☐ No ☐ Yes If Yes, ple	ner Neighborhood Councils ease list names of NCs:	requesting funds for	this project?
s the implementation of this specific p sources or funding? (Including NPG ap			ingent on any other facto Yes, please describe:
Source of Funding		Amount	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$
Do you (applicant) have a current or t	former relationship with a B	oard Member of the N	IC?
· _ · · · · · · · · · ·	former relationship with a B ase describe below:		NC?
□ No □ Yes If Yes, ple	-		
□ No □ Yes If Yes, ple	-		
No ☐ Yes If Yes, please note that	ase describe below: I member consult the Office tif a Board Member of the	of the City Attorney I	hip to Applicant Defore filing this applicati interest and completes t
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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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