## **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.

Graters Cypress Park Neighorhood Council (PG)

lame	of NC from which you are seeking this gran						
SEC	TION I- APPLICANT INFORMATION						
	Manos Que Sobreviven		82-4042623		iia	04/25/2018	
1a)	Organization Name	Fe	deral I.D. # (EIN#)	State of I	ncorporation	Date of 501(c)(3) Status (if applicable)	
1b)	3854 Cazador St,	Lo	s Angeles		CA	90065	
	Organization Mailing Address	Cit	ty		State	Zip Code	
1c)							
	Business Address (If different)	Cit	ty		State	Zip Code	
1d)	PRIMARY CONTACT INFORMATION:						
	Alberto Galvan	323-5	61-5504	alberto@m		anosqs.com	
	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) Nor Attach IRS D			institutions)	
3)	Name / Address of Affiliated Organization (if app	plicable)	City		State	Zip Code	

## SECTION II - PROJECT DESCRIPTION

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

For Manos Que Sobreviven (MQS), the commitment to guarantee the good mental health of our local environment is a priority. We are committed to focusing on and championing environmental sustainability and promoting solutions that promote environmental health and well-being. MQS organization mobilizes community groups, elected officials, and public and private entities to associate and offer an event calling Dia Del Niño where we provide frees health and educational services, food, joy and gifts for all those children who suffer from an economic catastrophe.

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)

Your help will change the lives of many kid's families in this Special event, help me bring happiness to their lives. With the funds that we request in this proposal, we intend to help 500 children who will receive Happy Meals, toy, fun, food bags, health services, and educational information. Without your help we will not achieve our goal, so I invite (GCPNC) to be part of this beautiful event.

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ECTION	N III - PROJECT BUDGET OUTL also provide the Budget Outline	INE on a senarate sheet if necessary	or requeste	d		
	ersonnel Related Expenses			ed of NC	Total Project	ted Cost
-,	Budget are attac	thed in this email	\$ 4,539		<sub>\$</sub> 7,489	
			\$		\$	
			\$		\$	
느			i			
b) No	on-Personnel Related Expenses			ed of NC	Total Project	ted Cost
	Dia Del Niño (C	30al 500 Kids)	<sub>\$</sub> 4,539		<sub>\$</sub> 7,489	
			\$		\$	
			\$		\$	
	you (applicant) applied to any cool of Yes If Yes,   implementation of this specific	please list names of NCs: GPI	NC			her factors o
-	es or funding? (Including NPG				es, please desc	
	urce of Funding	<u> </u>	Amount		Total Projec	
	Greaters Cypress Park	•	\$ 4539		\$ 7,489	
	Glassell Park Neig	Inpornooa Councii	\$2950		\$ 7,489	
			\$	n: <b>\$</b> .4,5	\$	
1a) Do y	you (applicant) have a current o	or former relationship with a Bo	oard Membe	r of the NC	?	
■ N	lo ☐ Yes If Yes, p ne of NC Board Member	olease describe below:	ı.	-1-4:	a La America de la	
Nan	ne of NC Board Member		l H	Relationship to		
□ Υ <u>or p</u>	es, did you request that the boates. I no <u>*(Please note the participates in the discussion</u> nt in its entirety.)	nat if a Board Member of the N	IC has a co	nflict of in	terest and cor	npletes this
	N V - DECLARATION AND SIGN	ATURE				
hereby and accu nterest" penefit p Purposes his appl stated he	affirm that, to the best of my urately stated. I further affirm of this application and affirm project/program and that no s Grant. I affirm that I am not lication. I further affirm that i ere, said funds shall be return	knowledge, the information p in that I have read the docur in that the proposed project(s conflict of interest exist that is a current Board Member of if the grant received is not us ned immediately to the Neigh	ments "Wha ) and/or pro t would pre the Neighbo sed in acco borhood Co	at is a Pub gram(s) fa event the a orhood Co rdance wi ouncil.	olic Benefit," all within the c awarding of t ouncil to whon	and "Conflic riteria of a p he Neighbor n I am subm
,	ecutive Director of Non-Profit		al - REQUIRE	ED*		
Al	berto Galvan	Founder				03/05/24
	PRINT Name	Title	5	Signature		Date
				-		

Date

\* 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

Title

**PRINT Name** 

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Signature