**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.

**Name of NC from which you are seeking this grant:** Greaters Cypress Park Neighborhood Council

## SECTION I- APPLICANT INFORMATION

**1a)**

| Organization Name | Federal I.D. # (EIN#) | State of Incorporation | Date of 501(c)(3) Status (if applicable) |
|---|---|---|---|
| Manos Que Sobreviven | 82-4042623 | California | 04-25-2018 |

**1b)**

| Organization Mailing Address | City | State | Zip Code |
|---|---|---|---|
| 3854 Cazador St | Los Angeles | ca | 90065 |

**1c)**

| Business Address (If different) | City | State | Zip Code |
|---|---|---|---|
| | | | |

**1d)** ***PRIMARY CONTACT INFORMATION:***

| Name | Phone | Email |
|---|---|---|
| Alberto Galvan | 323-561-5504 | alberto@manosqs.com |

**2) Type of Organization- Please select one:**

❑ Public School *(not to include private schools)* **or** ■ 501(c)(3) Non-Profit *(other than religious institutions)*

**Attach Signed letter on School Letterhead** **Attach IRS Determination Letter**

**3)**

| Name / Address of Affiliated Organization (if applicable) | City | State | Zip Code |
|---|---|---|---|
| | | | |

## SECTION II - PROJECT DESCRIPTION

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

At Manos Que SObreviven (MQS), our commitment to the mental well-being of children and families in our communities is reflected in the creation of programs and services in open spaces, such as parks and recreational areas. Every year, we foster a culture of appreciation for the innocence and activism of our children, providing them with outdoor spaces where they can receive health information and access educational resources. We are planing to host our 8th Annual Día Del Niño Saturday May 16th at Cypress Park Recreation Center Address: 2630 Pepper Ave, Los Angeles, CA 90065).

**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 support will help transform the lives of many children at this cultural, recreational, and educational event. This event is designed to inform, educate, and shape the future of hundreds of children, while creating memories where happiness and innocence will leave an indelible mark on the hearts of families in our Northeast Los Angeles communities.

## SECTION III - PROJECT BUDGET OUTLINE

**You may also provide the Budget Outline on a separate sheet if necessary or requested.**

**6a)**

| Personnel Related Expenses | Requested of NC | Total Projected Cost |
|---|---|---|
| | $ | $ |
| | $ | $ |
| | $ | $ |

**6b)**

| Non-Personnel Related Expenses | Requested of NC | Total Projected Cost |
|---|---|---|
| Park Deposit,Mantenance,field, Fire Departmen, etc. | $4,069.59 | $4,069.59 |
| | $ | $ |
| | $ | $ |

**7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?**

■ **No** ❑ **Yes** **If Yes, please list names of NCs:** _____

**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:**

| Source of Funding | Amount | Total Projected Cost |
|---|---|---|
| | $ | $ |
| | $ | $ |
| | $ | $ |

**9) What is the TOTAL amount of the grant funding requested with this application:** **$** 4,069.59

**10a) Start date:** 02 /10 /26 **10b) Date Funds Required:** 03 /31 /26 **10c) Expected Completion Date:** 04 /04 /26

**(After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)**

## SECTION IV - POTENTIAL CONFLICTS OF INTEREST

**11a) 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 |
|---|---|
| | |
| | |
| | |

**11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?**

❑ **Yes** ❑ **No** ***(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the NC Funding Program will 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***

| Alberto Galvan | Founder & Chief E | | 02/10/26 |
|---|---|---|---|
| ***PRINT Name*** | ***Title*** | ***Signature*** | ***Date*** |

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

| Lenni Lara | Secretary | | 02/10/26 |
|---|---|---|---|
| ***PRINT Name*** | ***Title*** | ***Signature*** | ***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 clerk.ncfunding@lacity.org for instructions on completing this form**