City of Los Angeles, Department of Neighborhood Empowerment
Neighborhood Council Funding Program

APPLICATION for Neighborhood Purposes Grant (NPG)

EMPOWER LA
Department of NEIGHBORHOOD EMPOWERMENT

Invoice No. 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 grant from: _____
Neighborhood Council Name

SECTION 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***

2) **Name and address of person designated to receive official/legal notices:** ***Name:*** _____

Street | ***City*** | ***State*** | ***Zip Code***

3) **Type of Organization- Please select one:** ***(Organizations must be located within the City of Los Angeles)***

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

Attach Letterhead **Attach IRS Determination Letter**

SECTION II - PROJECT DESCRIPTION

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.

SECTION III - PROJECT BUDGET OUTLINE- Please outline the project budget below.

6A)

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

6B)

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

7) **Is 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
	$	$
	$	$
	$	$
	$	$

8) **What is the TOTAL amount of the grant funding requested with this application:** ***$*** _____

9) **What is the expected completion date?** ____/____/_____ (mm/dd/yyyy) **(required)**

SECTION IV - PROJECT PRIMARY AND SECONDARY CONTACT INFORMATION

Provide the name, telephone number, fax and e-mail address (if applicable) of the person(s) responsible for the funds and program(s) listed in Section II of this application.

10A) ***First Name*** ***Last Name*** ***MI***

Telephone Number ***Fax Number*** ***E-mail***

10B) ***First Name*** ***Last Name*** ***MI***

Telephone Number ***Fax Number*** ***E-mail***

SECTION VI - AFFILIATIONS

11) **Does anyone in your organization have a former or existing relationship with any of the NC board members?**

Name of Organization	Status
Example: XYZ Non-profit Corporation	*Executive Director*

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 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

12A) Executive Director of Non-Profit Corporation or School Principal

PRINT First Name/ Last Name	*Title*	*Signature*	*Date*

12B) Secretary of Non-profit Corporation or Assistant School Principal

PRINT First Name/ Last Name	*Title*	*Signature*	*Date*

SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY

Date Received

Application ❑ *Complete* ❑ *Incomplete*

Reviewer Name ***Date Reviewed***

REVEIWER'S NOTES

Date submitted to Funding Unit

Method: ❑ In-person ❑ E-mail ❑ Fax ❑ Inter-departmental mail

NPG #

Application ❑ *Complete* ❑ *Incomplete*

Funding Unit Notes:

DONE Date Stamp Receipt