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.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 of Westchester Playa

Neighborhood Council Name

SECTION I- APPLICANT VERIFICATION INFORMATION

1A)	Paseo Del Rey Natural Science Magne	954424253	CA	
	Organization Name	***Federal I.D. # (EIN#)***	***State of Incorporation***	***Date of 501(c)(3) Status (if applicable)***
1B)	7751 Paseo del Rey Street	Playa Del Rey	CA	90293
	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***

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

2)		Playa Del Rey	CA	
	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.

Paseo del Rey Natural Science Elementary Magnet has a diverse population of students that come from all over Los Angeles. The school receives nine buses of students that travel from as far as Hollywood, EAST and South Los Angeles and parts of Downey. Many of the students do not reside in the same communities, having to make new friends as they begin their education at Paseo Magnet. We would like to purchase a “Buddy Bench” to benefit our school playground to foster friendship, assist students in feeling included, and to help promote a better mental and emotional health for our youth. The “Buddy Bench” will be made available for any student who might be new to Paseo, want to make a new friend, if the student’s friend is not at school on a particular day, or if the student would like to play something different than what their friend is playing. This will enable students to incorporate a sense of caring and kindness for others as character education is incorporated daily into the instructional program. Students will learn to have empathy and the importance of feeling included.

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 V - AFFILIATIONS

11) Is there a former or existing relationship between your organization and a NC board member? ☐ **Yes** ☐ **No**

11A) If yes, did you and/or the board member consult the Office of the City Attorney? ☐ **Yes** ☐ **No**

Type of Relationship	Board Member Name
Example: Former board member	*So Conflicted*

SECTION VI - 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