### 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: Coastal San Pedro Neighborhood Council

SECTION I- APPLICANT INFORMATION				
Angels Gate Cultural Center	95-3688214	CA	÷	7/26/1982
Organization Name	Federal I.D. # (EIN#)	State of I	ncorporation	Date of 501(c)(3) Status (if applicable
16) 3601 S. Gaffey St. Box 1	San Pedro		CA	90731
Organization Mailing Address	City		State	Zip Code
1c) 3601 S. Gaffey St. Building A	San Pedro		CA	90731
Business Address (If different)	City	·	State	Zip Code
1d) PRIMARY CONTACT INFORMATION:				
Amy Eriksen (310) §	5190-0936	Amy	@angel	sgateart.org
Name	Phone		Email	
2) Type of Organization- Please select one:  ☐ Public School (not to include private schools)  Attach Signed letter on School Letterhead	or Sol(c)(3) Non- Attach IRS De			institutions)
3) Name / Address of Affiliated Organization (if applica	able) City		State	Zip Code

#### SECTION II - PROJECT DESCRIPTION

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

Angels Gate Cultural Center (AGCC) is requesting support from the Coastal San Pedro Neighborhood Council to benefit the improvement of our Building G classroom infrastructure, to include replacement of tables, protective covers, and chairs. The tables we currently have are riddled with deep cuts from use in art classes/workshops, resulting in uneven table top surfaces. Furthermore, some of the tables have faulty leg locking mechanisms as a result of years of use. Similarly, the chairs in our inventory are weathered, many of which have warped seats and are unbalanced when sat in.

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)

AGCC hosts a variety of community classes, workshops, and rents the space for meetings held by local organizations, many of which are held in our Building G classroom. The space is routinely used for our Figure Drawing, Master Painting, Artful Minds (art class for ages 7-12) community classes, our monthly Family Art Workshops and our Bridging San Pedro free community art workshops. All classes and workshops are open to the public, and offered at low-cost in an effort to increase access to the arts in the LA Harbor region. AGCC regularly rents the classroom to local groups, including the Coastal San Pedro Neighborhood Council, to conduct meetings. With new tables and chairs AGCC will better serve our community as we will provide more adequate workspace for class, workshop and meeting participants.

ECT	ION III - PROJECT BUDGET OUTLINE ay also provide the Budget Outline on a	senarate sheet if neces	sarv or request			
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# Neighborhood Council Funding Program APPLICATION for Neighborhood Purposes Grant (NPG)





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Coastal San Pedro Name of NC from which you are seeking this grant: **SECTION I- APPLICANT INFORMATION** 3/27/17 Feed and Be Fed 814833490 CA Organization Name Date of 501(c)(3) Federal I.D. # (EIN#) State of Incorporation Status (if applicable) <sub>1ы</sub> Р.О. Вох 5257 San Pedro 90733 CA Organization Mailing Address City Zip Code State 1c) 429 W. 6th Street San Pedro CA90731 Business Address (If different) City State Zip Code 1d) PRIMARY CONTACT INFORMATION: 810 423 7710 mamandaa@gmail.com Dr. Amanda Riley Phone Name **Email** 2) Type of Organization- Please select one: ☐ Public School (not to include private schools) ■ 501(c)(3) Non-Profit (other than religious institutions) or Attach Signed letter on School Letterhead **Attach IRS Determination Letter** 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.

We are planning to develop a dedicated space for young children and their parents/caregivers. New infrastructure will facilitate and extend the services of our existing "Little Sprouts" program. Please see attached document for full details. There are five components that can be funded modularly. They include a play barn, a deck, a vegetable bed, a California natives bed and a sandbox.

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)

The Little Sprouts program is intended to foster friendships between parents and their children (ages 0 to 4) through gardening activities. Feed and Be Fed thinks it is vital to start exposing young people to the natural world and principles of environmental stewardship. Little Sprouts is also a space for new parents (usually mothers) to share their experiences and best practices, and build a support network, in a safe and beautiful place. We hope that these parents and children will also partake in our other garden-centered programming.

ECTION III - PROJECT BUDGET OUTLINE ou may also provide the Budget Outline on a separate sheet if nec	essary or requested.	
Personnel Related Expenses	Requested of NC	Total Projected Cos
	\$	\$
	\$	\$
	\$	\$
Non-Personnel Related Expenses	Requested of NC	Total Projected Cos
Playbarn	\$2900	\$2900
Gathering Deck	\$850	\$850
Planting Bed for Children, CA Natives Bed, Sand Box	\$1100	\$1100
Have you (applicant) applied to any other Neighborhood Cour  No Yes If Yes, please list names of NCs:  Is the implementation of this specific program or purpose des  Sources or funding? (Including NPG applications to other NC)	cribed in Question 4 contin	
Source of Funding	Amount	Total Projected Cos
	\$	\$
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SEC	TION I- APPLICANT INFORMATION					
	Friends of the LA Maritime Muse	um	95-3685416	CA		1980
1a)	Organization Name	Promote disconnection of	Federal I.D. # (EIN#)	State of I	ncorporation	Date of 501(c)(3) Status (if applicable)
1b)	Berth 84 Foot of 6th Stree	t	San Pedro		CA	90731
	Organization Mailing Address	marketining-numbers has	City	00000000 de encountrate de la constitución de la co	State	Zip Code
1c)						
	Business Address (If different)		City		State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
	Marifrances Trivelli	310-	548-7618 t	rivelli@l	amaritim	emuseum.org
	Name		Phone	l.	Email	
2)	Type of Organization- Please select one:  Public School (not to include private schools) Attach Signed letter on School Letterhea	or ad	501(c)(3) Non Attach IRS D			institutions)
3)	Name / Address of Affiliated Organization (if a	pplicabl	le) City	7	State	Zip Code
SEC	TION II - PROJECT DESCRIPTION					

SECTION IN TROSECT BESSELL TION

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

The Friends of the Los Angeles Maritime Museum request a grant in the amount of \$1000 to help fund the creation of an interactive "walk-through" video highlighting the museum's interior exhibits. This film will be used as an outreach tool while the Museum is closed for waterfront construction (2020-2022). It it intended to be an accessible educational tool and will also benefit visitors with disabilities who have been unable to visit the Museum in person.

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)

In order to continue to serve the community during the temporary closure, the Museum will be offering a series of satellite exhibits, school visits, offsite educational programs, and a You Tube video series. The walk-through video will give the public a chance to "visit" the museum and can be viewed free of charge (no subscription required) on the Museum's website, www.lamaritimemuseum.org, as well as its YouTube channel. The video will have the capability to "zoom" and visually explore the entire room. The grant serves a public purpose as a tool to teach audiences about the history of the port as reflected in the Museum's exhibits. It will benefit the public at large because the video will be available to anyone with an internet connection, and will allow anyone with a mobility disability to "visit" the Museum.

u may also provide the Budget Outline on a separate sheet if necessa	ary or requested.	
Personnel Related Expenses	Requested of NC	Total Projected Cost
Professional Services from Walkthrough Productions	\$ 1000	\$ 1500
(photography, editing)	\$	\$
	\$	\$
Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$
Have you (applicant) applied to any other Neighborhood Councils  No □ Yes If Yes, please list names of NCs:		
Is the implementation of this specific program or purpose describes sources or funding? (Including NPG applications to other NCs) □		gent on any other factors or s, please describe:
Source of Funding	Amount	Total Projected Cost
Friends of the Los Angeles Maritime Museum will pay remaining \$500	\$ 500	\$ 1500
Thomas of the Look algorid marking made and all pay remaining quees	\$	\$
	\$	\$
(After completion of the project, the applicant should submit a ECTION IV - POTENTIAL CONFLICTS OF INTEREST		
a) Do you (applicant) have a current or former relationship with a	Board Member of the NC	?
a) Do you (applicant) have a current or former relationship with a ☐ No ☐ Yes If Yes, please describe below:		
a) Do you (applicant) have a current or former relationship with a No Yes If Yes, please describe below:  Name of NC Board Member	Relationshi	p to Applicant
a) Do you (applicant) have a current or former relationship with a No Yes If Yes, please describe below:	Relationshi	
a) Do you (applicant) have a current or former relationship with a No Yes If Yes, please describe below:  Name of NC Board Member	Relationshi	p to Applicant
a) Do you (applicant) have a current or former relationship with a No Yes If Yes, please describe below:  Name of NC Board Member  Douglas Epperhart  b) If yes, did you request that the board member consult the Offic Yes No *(Please note that if a Board Member of the or participates in the discussion and voting of this NPG, the grant in its entirety.)	Relationshi	or of Museum Newsletter (paid)  fore filling this application?  terest and completes this form
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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 <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form

#### **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 gra	nt: _	Coastal San F	Pedro	Neighbo	orhood Counci
SEC	TION I- APPLICANT INFORMATION	M.		THE P		
	Los Angeles Maritime Insititu	ite	33-0515416	CA		1993
1a)	Organization Name	_	Federal I.D. # (EIN#)	State of	Incorporation	Date of 501(c)(3) Status (if applicable)
1b)	Berth 73, Suite 2		San Pedro		CA	90731
	Organization Mailing Address		City		State	Zip Code
1c)						
	Business Address (If different)		City		State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
	Michael Sheehy	310.	833.6055 m	ichael.	sheehy@l	amitopsail.org
	Name		Phone		Email	
2)	Type of Organization- Please select one:  Public School (not to include private schools) Attach Signed letter on School Letterhead	oi d	501(c)(3) Nor Attach IRS D			institutions)
3)	Name / Address of Affiliated Organization (if ap	plicat	ole) City		State	Zip Code
OFO	TION IL DOG JECT DESCRIPTION					7 1 1 1 1 1 1

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

The purpose and intent of the grant request is to assist the Los Angeles Maritime Institute (LAMI) in providing a more effective and inspiring TopSail STEM educational program to San Pedro youth through the purchase of two (2) digital microscopes for at-sea project-based learning.

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)

PLEASE SEE ATTACHED

	Personnel Related Expenses		Reques	sted of NC	Total Projected Cost
1			\$		\$
		The state of the s	\$		\$
			\$		\$
	Non-Personnel Related Expenses		Reque	sted of NC	Total Projected Cost
	4 LEED 3.5" LCD Digital Microscopes	s (\$223.99/each)+ shipping	\$ 500	WASHINGTON THE RESIDENCE OF THE PARTY OF THE	\$1000
			\$		\$
			\$	water the same of	\$
	ne implementation of this specific pro	se list names of NCs: Northw gram or purpose described	est San Pedr I in Quest	o Neighborhood	Council gent on any other factors o
οι	rces or funding? (Including NPG appl	ications to other NCs) $lacksquare$			s, please describe:
	Source of Funding		Amour	t	Total Projected Cost
	Northwest San Pedro Neighborhood Council	- Neighborhood Purpose Grant	\$ 500 \$		\$ 1000 \$
			\$		\$
	nat is the TOTAL amount of the grant f			on: \$500	<u> </u>
		e describe below:		B 1 (* 11	
	lame of NC Board Member			Relationshi	p to Applicant
	lame of NC Board Member			Relationshi	p to Applicant
	lame of NC Board Member			Relationshi	p to Applicant
			of the City		
	yes, did you request that the board m	nember consult the Office o		Attorney be	fore filing this application?
	yes, did you request that the board m I Yes □ No <u>*(Please note that if</u> r participates in the discussion and	nember consult the Office of a Board Member of the N	C has a c	Attorney be	fore filing this application?
	yes, did you request that the board m  ☐ Yes ☐ No *(Please note that if	nember consult the Office of a Board Member of the N	C has a c	Attorney be	fore filing this application?
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<sup>\*</sup> 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



# Los Angeles Maritime Institute Berth 73, Suite 2, San Pedro, CA 90731 310.833.6055 | info@lamitopsail.org | www.lamitopsail.org



December 31, 2019

COASTAL SAN PEDRO NEIGHBORHOOD PURPOSE GRANT APPLICATION ATTACHMENT:

Section II Project Description

5) The Los Angeles Maritime Institute's (LAMI) TopSail STEM program offers 6th through 12th-grade students from underserved communities in San Pedro and Los Angeles County the unique opportunity for experiential project-based learning at sea aboard the organization's educational sailing tall ships. LAMI, in partnership with such schools as Pt. Fermin Elementary School and San Pedro High School John M. & Muriel Olquin Campus, provides this extraordinary learning to students within the Coastal San Pedro Neighborhood boundaries. As part of the TopSail STEM curriculum, students learn about ocean systems and discover first hand the sea's oceanographic and biological complexity and its sensitivity to human-induced impacts. The discovery and awareness of the sea's microscopic world, and the microplastics and plankton within it, is critical in elevating the students' understanding and appreciation for this connection. Digital microscopes with their ability to project images of collected samples of microscopic organisms will alleviate the difficulty of microscope work on a moving vessel and offer a more shared experience for all participants. The opportunity to equip two of our tall ships with these microscopes will provide a deepened learning experience for the students in LAMI's TopSail STEM 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: COASTAL SAN PEDRO NC

SEC	TION I- APPLICANT INFORMATION					
	Point Fermin Elementary Parent Teacher Organization	75	-3192860	CA		2006
1a)	Organization Name	Fed	leral I.D. # (EIN#)	State of Ir	ncorporation	Date of 501(c)(3) Status (if applicable
1b)	P.O. Box 2543	Sa	an Pedro	)	CA	90731
	Organization Mailing Address	City	′		State	Zip Code
1c)	3333 Kerckhoff Ave	Sa	an Pedro	)	CA	90731
	Business Address (If different)	City	/		State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
	Kris Garard	310	874-574	7 kris	s@kris	garard.com
	Name	Pł	none	L	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			s institutions)
	Point Fermin Elementary	Scho	ool S	an Pe	dro C <i>F</i>	90731
3)	Name / Address of Affiliated Organization (if appl	licable)	City		State	Zip Code

#### **SECTION II - PROJECT DESCRIPTION**

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

The purpose of this grant is to fund one year of costs necessary for irrigation improvements, soil ammendments, tools, and education/classroom supplies in order to sufficiently establish an Edible Garden for the students at Point Fermin Elementary school. In essence, this grant will provide an outdoor real life classroom where students will learn about the water cycle, planting in organic soil, and growing and eating vegetables they plant themselves. Students will make long lasting connnections between healthy eating, healthy lifestyles and a long healthy life.

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)

The dual challenge we face today with our students is poor nutrition and physical inactivity, both of which contribute to key educational risks including behavioral problems, short term thinking, lack of motivation and disengagement from learning. Having an edible garden for students will be of outstancing benefit to them, physically, emotionally, and mentally. Establishing healthy eating experiences and making the connections to the earth and to their food early in life provides a huge benefit to them and their families for a lifetime. In addition, once the garden is established, the garden will support the schools curriculum as teachers will be able to integrate real world experiences in the areas of math, science, language arts, reading and art and history.

NCFP 107 PAGE 1

′	Personnel Related Expenses		neque	sted of NC	Total Project	
- 1	We are all voluntee	r parents	\$0		\$0	
			\$	N.	\$	
			\$		\$	
)	Non-Personnel Related Expenses		Reque	sted of NC	Total Project	ted Cost
	Year 1: Soil ammendments, irrigation, outdoor	or sink, tools, classroom supplies	\$2175.	.00	\$2175.00	
	Year 2: Storage Shed, table, soil, compost system, class	room supplies, tools, outddor chalkboard	\$0		\$2360.00	
	Year 3-5: Refurbish Fountain, replenish bed	s and walkways, outdoor kitchen	\$0		\$4575.00	
is the	he implementation of this specific produces or funding? (Including NPG appli	e list names of NCs: gram or purpose described	in Quest	ion 4 conting	gent on any ot s, please desc	ribe:
	Source of Funding		Amoun	it	Total Projec	ted Cost
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PAGE 2 NCFP 107

## 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: Coastal San Pedro NC

SEC	TION I- APPLICANT INFORMATION			A STATE OF THE STA		
1a)	San Pedro Film Festival	35-2	474605	CA		04/19/2013
iuj	Organization Name	Federa	al I.D. # (EIN#)	State of Incorp	oration	Date of 501(c)(3) Status (if applicable
1b)	303 S. Pacific Ave #102	Sar	n Pedro	C	A	90731
	Organization Mailing Address	City		Sta	te	Zip Code
1c)						
	Business Address (If different)	City		Sta	te	Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
	Ziggy Mrkich		447.501	1 zigg	y@s	piffest.org
	Name	Phon	e	Email	1	
2)	Type of Organization- Please select one:  Public School (not to include private schools)  Attach Signed letter on School Letterhead	or 🗑		-Profit (other than		institutions)
0)	Art In Motion, Inc.		Sa	in Pedro	CA	90731
3)	Name / Address of Affiliated Organization (if applied	cable)	City		State	Zip Code

#### SECTION II - PROJECT DESCRIPTION

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

The San Pedro Film Festival, now in it's 9th year, is seeking funding to organize its 6th Youth Film Intensive. This workshop will focus on Virtual Reality content creation and exhibition during the SPIFFest in November 2020. Students will learn to choose subject matter most appropriate for VR experience, and tell stories, guided by two professional filmmakers who specialize in Virtual Reality.

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)

By creating this workshop, SPIFFest is providing a learning opportunity for local youth to create and exhibit their work in a public setting and invite family and friends. With your financial support, the premiere screening will, once again, take place during the festival, giving the teens a full filmmaking and festival experience.

ay also provide the Budget Outlin Personnel Related Expenses	AND STATE OF THE PROPERTY OF T	A CONTRACTOR OF THE PROPERTY O	
		Requested of NC	Total Projected Cos
Instru	ictors x 2	\$1000	\$1000
		\$	\$
	t Manager	\$300	\$ 300
Non-Personnel Related Expens	88	Requested of NC	Total Projected Cos
VR E	quipment	\$1000	\$2000
		\$	S
Venu	e Rental	\$ 1500	\$ 2000
ne implementation of this specif	, please list names of NCs: To program or purpose descr	ibed in Question 4 conti	
ross or ranging i furdically rest	applications to other NCs)		es, please describe:
Source of Funding		Amount	Total Projected Cost
SPIFF	Fest Funds	\$ 1500	\$5300
	STANDING METAL STANDING	S	5
		\$	5
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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@iacity.org for instructions on completing this form

# 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.

Nam	e of NC from which you are seeking this grant:	COASTAL SA	n Redro	
SEC	CTION I- APPLICANT INFORMATION			
1a)	Street MEET Company.  Organization Name	46-5294413 Federal I.D. # (EIN#)	CALIVENIA  GEDRGIA  State of Incorporation	Date of 501(c)(3) Status (if applicable)
1b)	P.O. BOX 2302 Organization Mailing Address	City City	State	90305 Zip Code
1c)	Business Address (If different)	City	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:			
	RENE RATUFF Name	678334-34 Phone	109 IRAHI.	iffegmail.w
2)	Type of Organization- Please select one:  Public School (not to include private schools)  Attach Signed letter on School Letterhead	or \( \square 501(c)(3) Non- Attach IRS De	Profit (other than religious in	stitutions)
3)	Name / Address of Affiliated Organization (if applical	h(a) City		
	TION II - PROJECT DESCRIPTION	ble) City	State	Zip Code
	Please describe the purpose and intent of the gran	1t.		
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A	nd bench AREAS for pi	2105.		
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Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
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	\$	S
	\$	\$
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Source of Funding	Amount	5, please describe:
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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

#### **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 gra	nt: Coa	astal Neighbo	orhood Council -	San Pedro
	TION I- APPLICANT INFORMATION	÷=====			
	The Literacy Club	47	-3898927	CA	10/20/15
1a)	Organization Name	Fed	deral I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable)
1b)	13381 Azores Ave	S	ylmar	CA	91342
	Organization Mailing Address	Cit	y	State	Zip Code
1c)	se €				
	Business Address (If different)	Cit	у	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:				
	Jean Chadwick 323-64	6-1222	2 jean@thelit	eracyclub.org	
	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 d		n-Profit (other than religious Determination Letter	s institutions)
3)	Name / Address of Affiliated Organization (if ap	oplicable)	City	State	Zip Code

#### **SECTION II - PROJECT DESCRIPTION**

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

The intent of this grant is to create a customized book box filled with 200+ new childrens books to be placed into a community location that will help promote literacy by creating access to books for children within the Coastal Neighborhood Council area.

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)

The grant will be used to pay for building materials and new children's books (see budget breakdown for details). The book box and books will be placed int othe community as a way to remove some of the barriers of access to books for families and children within the councils area. We will be partnering with Kiwanis Literacy Club of South Bay who will be coordinating with the council and community to determine design and location of the book box.

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		\$	\$
		<b></b>	Φ
Non-Personnel Related Expense	S. W.	Requested of NC	Total Projected Cos
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		\$1500.00	\$1500.00
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sources or funding? (Including NPG	applications to other NCs) M		s, please describe:
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<sup>\*</sup> 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

#### 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: SECTION I- APPLICANT INFORMATION California White Point Elementary PFO 12/16/15 81-0956841 Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable) 1b) 1410 Silvius Ave San Pedro 90731 Organization Mailing Address Zip Code 1c) **Business Address (If different)** City State Zip Code 1d) PRIMARY CONTACT INFORMATION: Marisa Vattuone 310-713-5848 whitepointpfo@gmail.com

Phone

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

Email

Coastal San Pedro Neighborhood Council

White Point Elementary School

San Pedro CA

9073

3) Name / Address of Affiliated Organization (if applicable)

City

State

Zip Code

#### SECTION II - PROJECT DESCRIPTION

Name

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

The purpose of requesting this grant is to help the PFO fund a STEAM lab for the students and teachers at White Point Elementary School. A STEAM lab is a space that inspires hands on learning in science, technology, engineering, art, and mathematics (STEAM). A STEAM lab includes use of lasers, robotics and engaging digitals to teach children in a fun and hands on development. This project based learning will aid students at White Point to meet Next Generation Science Standards (NGSS).

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)

This grant will benefit the students and teachers of White Point Elementary School. White Point uniquely serves the public community of coastal San Pedro as the last coastal community schools. Other coastal San Pedro elementary schools have become magnet schools. This means they bring students in from different locations and receive additional district funding that White Point does not receive. White Point serves families actually living in San Pedro. We request these funds to allow our students access to hands on technology learning experiences that they will not receive without community support from leaders such as the Coastal San Pedro Neighborhood Council.

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Pe	rsonnel Related Expenses		Requested of NC	Total Projected Cos
-	staff training *please s	ee attached quote*	\$	\$
			\$	\$
-			\$	\$
No	n-Personnel Related Expenses		Requested of NC	Total Projected Cost
	tool bench with tools,	bins and materials	\$5,000	\$10,969.32
			\$	\$
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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 <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form