

**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: Coastal San Pedro Neighborhood Council

**SECTION I - APPLICANT INFORMATION**

1a) Angels Gate Cultural Center 95-3688214 CA 7/26/1982  
*Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)*

1b) 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@angelsgateart.org  
*Name Phone Email*

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.**

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.

**SECTION III - PROJECT BUDGET OUTLINE**

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

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
		\$	\$
		\$	\$
		\$	\$

6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	1 Set of 10 Resin Folding Tables	\$ 619.48	\$ 619.48
	30 Folding Chairs	\$ 340.50	\$ 340.50
	15 Yards of Protective Drop Cloth Fabric	\$ 150	\$ 150

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:

<b>Source of Funding</b>	<b>Amount</b>	<b>Total Projected Cost</b>
Classroom Rentals	\$ 109.98	\$ 109.98
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: **\$ 1,000**

10a) Start date: 03 / 01 / 20 10b) Date Funds Required: 03 / 01 / 20 10c) Expected Completion Date: 03 / 31 / 20  
(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:

<b>Name of NC Board Member</b>	<b>Relationship to Applicant</b>

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\*

Amy Eriksen

PRINT Name

Executive Director

Title

*Amy Eriksen*  
Signature

11/4/19

Date

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

Angela Romero

PRINT Name

Board Secretary

Title

*Angela Romero*  
Signature

4/7/19

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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form

**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: Coastal San Pedro

**SECTION I- APPLICANT INFORMATION**

1a)	<u>Feed and Be Fed</u>	<u>814833490</u>	<u>CA</u>	<u>3/27/17</u>
	<i>Organization Name</i>	<i>Federal I.D. # (EIN#)</i>	<i>State of Incorporation</i>	<i>Date of 501(c)(3) Status (if applicable)</i>
1b)	<u>P.O. Box 5257</u>	<u>San Pedro</u>	<u>CA</u>	<u>90733</u>
	<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1c)	<u>429 W. 6th Street</u>	<u>San Pedro</u>	<u>CA</u>	<u>90731</u>
	<i>Business Address (If different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1d)	<b>PRIMARY CONTACT INFORMATION:</b>			
	<u>Dr. Amanda Riley</u>	<u>810 423 7710</u>	<u>mamandaa@gmail.com</u>	
	<i>Name</i>	<i>Phone</i>	<i>Email</i>	
2)	<b>Type of Organization- Please select one:</b>			
	<input type="checkbox"/> Public School (not to include private schools) Attach Signed letter on School Letterhead	or	<input checked="" type="checkbox"/> 501(c)(3) Non-Profit (other than religious institutions) Attach IRS Determination Letter	
3)	<u>Name / Address of Affiliated Organization (if applicable)</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>

**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.

**SECTION III - PROJECT BUDGET OUTLINE**

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

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
		\$	\$
		\$	\$
		\$	\$
6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	Playbarn	\$2900	\$2900
	Gathering Deck	\$850	\$850
	Planting Bed for Children, CA Natives Bed, Sand Box	\$1100	\$1100

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: \$4850

10a) Start date: 3/20/20 10b) Date Funds Required: 3/1/20 10c) Expected Completion Date: 5/10/20  
(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\*

Peter Rothe

President

PRINT Name

Title

Signature

Date

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

Dr. Amanda Riley

Secretary

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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form



**Neighborhood Council Funding Program**  
**APPLICATION for Neighborhood Purposes Grant (NPG)**



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Name of NC from which you are seeking this grant: Coastal San Pedro NC

**SECTION I - APPLICANT INFORMATION**

- 1a) Friends of the LA Maritime Museum 95-3685416 CA 1980  
*Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)*
- 1b) Berth 84 Foot of 6th Street San Pedro CA 90731  
*Organization Mailing Address City State Zip Code*
- 1c) \_\_\_\_\_  
*Business Address (If different) City State Zip Code*
- 1d) **PRIMARY CONTACT INFORMATION:**  
Marifrances Trivelli 310-548-7618 trivelli@lamaritimemuseum.org  
*Name Phone Email*
- 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.

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 is 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 YouTube 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](http://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.



**SECTION III - PROJECT BUDGET OUTLINE**

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

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	Professional Services from Walkthrough Productions	\$ 1000	\$ 1500
	(photography, editing)	\$	\$
		\$	\$
6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
		\$	\$
		\$	\$
		\$	\$

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
Friends of the Los Angeles Maritime Museum will pay remaining \$500	\$ 500	\$ 1500
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 1000

10a) Start date: 03 / 01 / 2020 10b) Date Funds Required: 04 / 01 / 2020 10c) Expected Completion Date: 04 / 01 / 2020  
(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
Douglas Epperhart	Editor of Museum Newsletter (paid)

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\*

Norman T. Booth

President

*Norman T. Booth*

12-18-19

PRINT Name

Title

Signature

Date

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

Anthony Di Tucci

Secretary

*Anthony Di Tucci*

12/13/19

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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form

# Neighborhood Council Funding Program

## APPLICATION for Neighborhood Purposes Grant (NPG)



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Name of NC from which you are seeking this grant: Coastal San Pedro Neighborhood Council

### SECTION I- APPLICANT INFORMATION

- 1a) Los Angeles Maritime Insititute 33-0515416 CA 1993  
*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 michael.sheehy@lamitopsail.org  
*Name Phone Email*
- 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.

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





**SECTION III - PROJECT BUDGET OUTLINE**

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

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
		\$	\$
		\$	\$
		\$	\$

6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	4 LEED 3.5" LCD Digital Microscopes (\$223.99/each)+ shipping	\$ 500	\$ 1000
		\$	\$
		\$	\$

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

☐ No

☒ Yes

If Yes, please list names of NCs: Northwest San Pedro Neighborhood Council

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
Northwest San Pedro Neighborhood Council - Neighborhood Purpose Grant	\$ 500	\$ 1000
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 500

10a) Start date: N/A / N/A / N/A 10b) Date Funds Required: N/A / N/A / N/A 10c) Expected Completion Date: N/A / N/A / N/A  
(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\*

Bruce Heyman

PRINT Name

Executive Director

Title



Signature

12/31/19

Date

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

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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form



## Los Angeles Maritime Institute

Berth 73, Suite 2, San Pedro, CA 90731

310.833.6055 | [info@lamitopsail.org](mailto:info@lamitopsail.org) | [www.lamitopsail.org](http://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 Olguin 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.

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#### OUR MISSION

The Los Angeles Maritime Institute serves to empower youth to discover their greater potential through extraordinary at-sea experiences.

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**APPLICATION for Neighborhood Purposes Grant (NPG)**



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Name of NC from which you are seeking this grant: **COASTAL SAN PEDRO NC**

**SECTION I - APPLICANT INFORMATION**

- 1a) Point Fermin Elementary Parent Teacher Organization 75-3192860 CA 2006  
*Organization Name* *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*
- 1b) P.O. Box 2543 San Pedro CA 90731  
*Organization Mailing Address* *City* *State* *Zip Code*
- 1c) 3333 Kerckhoff Ave San Pedro CA 90731  
*Business Address (If different)* *City* *State* *Zip Code*
- 1d) **PRIMARY CONTACT INFORMATION:**  
Kris Garard 310 874-5747 kris@krisgarard.com  
*Name* *Phone* *Email*
- 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**
- Point Fermin Elementary School San Pedro CA 90731  
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.**

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 connections 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.



**SECTION III - PROJECT BUDGET OUTLINE**

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

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	We are all volunteer parents	\$0	\$0
		\$	\$
		\$	\$

6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	Year 1: Soil ammendments, irrigation, outdoor sink, tools, classroom supplies	\$2175.00	\$2175.00
	Year 2: Storage Shed, table, soil, compost system, classroom supplies, tools, outddor chalkboard	\$0	\$2360.00
	Year 3-5: Refurbish Fountain, replenish beds and walkways, outdoor kitchen	\$0	\$4575.00

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: \$2175.00

10a) Start date: 4/13/20 10b) Date Funds Required: 3/30/20 10c) Expected Completion Date: 10/13/20  
(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\*

Katherine Hendy President Kather Hendy 12/19/2019  
PRINT Name Title Signature Date

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

Alyssa Lebetsamer Secretary Alyssa Lebetsamer 12/19/19  
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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form

# 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: Coastal San Pedro NC

### SECTION I - APPLICANT INFORMATION

- 1a) San Pedro Film Festival 35-2474605 CA 04/19/2013  
*Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)*
- 1b) 303 S. Pacific Ave #102 San Pedro CA 90731  
*Organization Mailing Address City State Zip Code*
- 1c) \_\_\_\_\_  
*Business Address (If different) City State Zip Code*
- 1d) **PRIMARY CONTACT INFORMATION:**  
Ziggy Mrkich 310.447.5011 ziggy@spiffest.org  
*Name Phone Email*
- 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) Art In Motion, Inc. San Pedro CA 90731  
*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.

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.



**SECTION III - PROJECT BUDGET OUTLINE**

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

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	Instructors x 2	\$1000	\$1000
		\$	\$
	Project Manager	\$300	\$ 300

6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	VR Equipment	\$1000	\$2000
		\$	\$
	Venue Rental	\$ 1500	\$ 2000

- 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
SPIFFest Funds	\$1500	\$5300
	\$	\$
	\$	\$

- 9) What is the TOTAL amount of the grant funding requested with this application: \$3800

- 10a) Start date: 03/14/20 10b) Date Funds Required: 03/06/20 10c) Expected Completion Date: 11/15/20  
 (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
Bob Gelland	Board Member/Art In Motion, Inc.

- 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\***

Ziggy Mrkich

PRINT Name

Festival Director

Title

[Signature]  
Signature

12/28/19

Date

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

Joleen Deatherage

PRINT Name

Secretary

Title

[Signature]  
Signature

12-28-19

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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form



# 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: COASTAL SAN PEDRO

### SECTION I - APPLICANT INFORMATION

1a) STREET MEET COMPANY 46-5294613 CALIFORNIA 01/11/10  
Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3)  
Status (if applicable)

1b) P.O. BOX 2362 Inglewood CA 90305  
Organization Mailing Address City State Zip Code

1c) \_\_\_\_\_  
Business Address (if different) City State Zip Code

#### 1d) PRIMARY CONTACT INFORMATION:

IRENE RATLIFF 678334-3409 IRATLIFF@gmail.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) Non-Profit (other than religious institutions)  
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.

PLAN FATHER'S DAY ACTIVITY ON JUNE 21, 2020. AT  
POINT FERMIN PARK.

ALL MEN'S DAY - VARIOUS PERFORMANCES AND GAMES TO SUPPORT  
FATHER'S (MEN).

#### 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)

TO RESERVE STAGE AT POINT FERMIN PARK.  
POINT FERMIN PARK OTHER AMENITIES INCLUDE BATHROOMS  
AND BENCH AREAS FOR PICNICS.

FIRST TWO HOURS \$1300.00 EACH ADDITIONAL HOUR 155.00  
FOR FOUR HOURS \$1610.00.



**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
<i>Point Fermin Park (Stage)</i>	\$ <i>1610 -</i>	\$ <i>1610 -</i>
	\$	\$
	\$	\$

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: \$ *1610 -*

10a) Start date: *6/12/2020* 10b) Date Funds Required: *12/31/19* 10c) Expected Completion Date: *6/12/20*  
 (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\*

*IRENE RATLIFF* *Director* *[Signature]* *11/8/19*  
 PRINT Name Title Signature Date

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

*IRENE RATLIFF* *Secretary* *[Signature]* *11/8/19*  
 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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form



# 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: Coastal Neighborhood Council - San Pedro

### SECTION I - APPLICANT INFORMATION

- 1a) The Literacy Club 47-3898927 CA 10/20/15  
*Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)*
- 1b) 13381 Azores Ave Sylmar CA 91342  
*Organization Mailing Address City State Zip Code*
- 1c) \_\_\_\_\_  
*Business Address (If different) City State Zip Code*
- 1d) **PRIMARY CONTACT INFORMATION:**  
Jean Chadwick 323-646-1222 jean@theliteracyclub.org  
*Name Phone Email*
- 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.

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 into the community as a way to remove some of the barriers of access to books for families and children within the council's 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.

**SECTION III - PROJECT BUDGET OUTLINE**

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

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	NA	\$	\$
		\$	\$
		\$	\$

6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	1 Book box (including all building & desing) & 325 New Children's Books	\$	\$1,500
		\$	\$
		\$1500.00	\$1500.00

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: **\$1500.00**

10a) Start date: 01/15/20 10b) Date Funds Required: 01/15/20 10c) Expected Completion Date: 10/31/20  
(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\***

Jean Chadwick

Executive Director

Signature

12/19/19

Date

PRINT Name

Title

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

Kendall McCollum

Secretary

Signature

12/19/19

Date

PRINT Name

Title

\* 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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form



# 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: Coastal San Pedro Neighborhood Council

### SECTION I- APPLICANT INFORMATION

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

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.



**SECTION III - PROJECT BUDGET OUTLINE**

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

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	staff training *please see attached quote*	\$	\$
		\$	\$
		\$	\$

6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	tool bench with tools, bins and materials	\$5,000	\$10,969.32
		\$	\$
		\$	\$

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
	\$	\$
fundraising from events such as the jog a thon and restaurant nights	\$5,969.32	\$5,969.32
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$5,000

10a) Start date: 04/01/20 10b) Date Funds Required: 04/01/20 10c) Expected Completion Date: 05/01/20  
(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\***

Lisa O'Brien

School Principal



12/10/19

PRINT Name

Title

Signature

Date

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

Marisa Vattuone

PFO President



12/10/19

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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form