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 (NC), upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

Name of NC from which you are seeking this grant: _____

SECTION I- APPLICANT INFORMATION

1a) _____ _____ _____ _____
Organization Name ***Federal I.D. # (EIN#)*** ***State of Incorporation*** ***Date of 501(c)(3) Status (if applicable)***

1b) _____ _____ _____ _____
Organization Mailing Address ***City*** ***State*** ***Zip Code***

1c) _____ _____ _____ _____
Business Address (If different) ***City*** ***State*** ***Zip Code***

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

_____
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 Grant Request 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.

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)

SECTION III - PROJECT BUDGET OUTLINE

6a)

Personnel Related Expenses	Requested of NC	Total Projected Cost

6b)

Non-Personnel Related Expenses	Requested of NC	Total Projected Cost

7) **Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?**
❑ No ❑ Yes, please list names of NCs: _____

8) **Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs)** ❑ No ❑ Yes, please describe:

Source of Funding	Amount	Total Projected Cost

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

10a) **Start date:** _____ 10b) **Date Funds Required:** _____

10c) **Expected completion date:** _____ **(After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)**

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) **Do you (applicant) have a former or existing relationship with a Board Member of the NC?**
❑ No ❑ 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 Department 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 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 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 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***

_____	_____	_____	_____
PRINT Name	*Title*	*Signature*	*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 Department at (213) 978-1551 for instructions on completing this form