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: _____

SECTION I- APPLICANT INFORMATION

| 1b) | Organization Name | Federal I.D. # (Ell | N#) State of Incorporation | n Date of 501(c)(3) Status (if applicable |
|-----------|---------------------------------|---------------------|--|--|
| , | Organization Mailing Address | City | State | Zip Code |
| 1c) | | | | |
| | Business Address (If different) | City | State | Zip Code |
| 1d) | PRIMARY CONTACT INFORMATION: | | | |
| 1d) | PRIMARY CONTACT INFORMATION: | Phone | Email | |
| 1d) 2) | | or 501(c)(3) | <i>Email</i>) Non-Profit <i>(other than religiou</i> RS Determination Letter | us institutions) |

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)

| | ay also provide the Budget Outline on a separate sheet if necessary or Personnel Related Expenses | Requested of NC | Total Projected Cost |
|---------------------------|---|--|--|
| | r ersonner veraced ersenesses and | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | Requested of NC | Total Projected Cost |
| | Non-Personnel Related Expenses | C PERSONAL AND A CONTRACT OF A | \$1000 |
| | Bags, Gloves, Trash Pickers, Water, & Hand Sanitizer for Clean-Up event | \$ 750 | \$ |
| | | s | \$ |
| | ye you (applicant) applied to any other Neighborhood Councils req No □ Yes If Yes, please list names of NCs: | | |
| 5 | the implementation of this specific program or purpose described i | n Question 4 conting | ent on any other factors or , please describe: |
| 0 | | | |
| | Source of Funding | c Amount | S |
| | | \$ | \$ |
| | | s | \$ |
| | What is the TOTAL amount of the grant funding requested with this a Start date: $11 / 11 / 23$ 10b) Date Funds Required: $11 / 30 / 2$ (After completion of the project, the applicant should submit a Proj | | |
| С | TION IV - POTENTIAL CONFLICTS OF INTEREST | rd Member of the NC | ? |
| С | Do you (applicant) have a current or former relationship with a Boa | | |
| С | Do you (applicant) have a current or former relationship with a Boa | | ? o to Applicant |
| С | Do you (applicant) have a current or former relationship with a Boa | | |
| C | Do you (applicant) have a current or former relationship with a Boa No Yes If Yes, please describe below: Name of NC Board Member | Relationship | o to Applicant |
| () () () | Do you (applicant) have a current or former relationship with a Boa | Relationship Relationship f the City Attorney bet C has a conflict of inf NC Funding Program ovided herein and co tents "What is a Pul | o to Applicant fore filing this application? terest and completes this n will deny the payment o pommunicated otherwise is blic Benefit," and "Confil all within the criteria of a p |
|))))) | Do you (applicant) have a current or former relationship with a Boa INO Yes If Yes, please describe below: Name of NC Board Member | Relationship Relationship f the City Attorney bet C has a conflict of inf NC Funding Program ovided herein and co tents "What is a Pul and/or program(s) fa would prevent the he Neighborhood Co ed in accordance w porhood Council. | o to Applicant fore filing this application? terest and completes this n will deny the payment of blic Benefit," and "Confil all within the criteria of a p awarding of the Neighbo |
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|)))) end ent sit | Do you (applicant) have a current or former relationship with a Boa Image: No Yes If Yes, please describe below: Name of NC Board Member If yes, did you request that the board member consult the Office of If yes No *(Please note that if a Board Member of the NC or participates in the discussion and voting of this NPG, the N grant in its entirety.) CHON V-DECLARATION AND SIGNATURE reby affirm that, to the best of my knowledge, the information practurately stated. I further affirm that I have read the docum rest" of this application and affirm that the proposed project(s) efit project/program and that no conflict of interest exist that poses Grant. I affirm that I am not a current Board Member of the application. I further affirm that if the grant received is not us and here, said funds shall be returned immediately to the Neighber (State) (a) Executive Director of Non-Profit Corporation or School Principation (b) Marsha Charney Executive Director (b) PRINT Name Title | Relationship Relationship f the City Attorney be C has a conflict of inf NC Funding Program ovided herein and co tents "What is a Pul and/or program(s) fa would prevent the he Neighborhood Co ed in accordance w borhood Council. I - REQUIRED* Mau A Signature | o to Applicant fore filing this application? terest and completes this n will deny the payment of blic Benefit," and "Confil all within the criteria of a p awarding of the Neighbo |
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