

**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**

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)* **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.

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**

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
	\$	\$
	\$	\$
	\$	\$

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:    \$ \_\_\_\_\_

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

\_\_\_\_\_  
*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 NC Funding Program at (213) 978-1058 or [clerk.ncfunding@lacity.org](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form

**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
	Need funding for part of the plants, irrigation and supplies	\$ 2,500	\$ 6,500
		\$	\$
		\$	\$

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
Parent Donations will cover most of these costs.	\$ 4,000	\$ 6,500
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application:    \$ 2,500

10a) Start date: 04 / 10 / 2023    10b) Date Funds Required: 04 / 15 / 2023    10c) Expected Completion Date: 05 / 15 / 2023  
 (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:

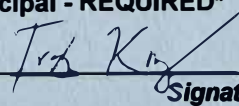
Name of NC Board Member	Relationship to Applicant

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\*  
Helen Ovsepyan                      President                                            3/14/23  
 PRINT Name                              Title                              Signature                              Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*  
Tracy Kingi                              Secretary                                                            3/14/23  
 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

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

**OCT 27 2006**

FRIENDS OF LANAI BOOSTER  
PO BOX 260585  
ENCINO, CA 91426

Employer Identification Number:

02-0592638

DLN:

17053273795076

Contact Person:

SHAREN J LOCKLEAR

ID# 31209

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated June 2002, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.


Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Letter 1050 (DO/CG)