**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:** Mar Vista Community Council

## SECTION I- APPLICANT INFORMATION

**1a)**

| St Joseph Center | 95-3874381 | CA | 1987 |
|---|---|---|---|
| *Organization Name* | *Federal I.D. # (EIN#)* | *State of Incorporation* | *Date of 501(c)(3) Status (if applicable)* |

**1b)**

| 204 Hampton St | Venice | CA | 90291 |
|---|---|---|---|
| *Organization Mailing Address* | *City* | *State* | *Zip Code* |

**1c)**

| same | | | |
|---|---|---|---|
| *Business Address (If different)* | *City* | *State* | *Zip Code* |

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

Rebecca Bijur / 310-266-3274 / rbijur@stjosephctr.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.**

St. Joseph Center Food Pantry provides high quality produce and groceries to families and individuals at an economic disadvantage throughout a targeted catchment area on the West Side of Los Angeles to improve the health and wellbeing of some of the more vulnerable members of the community. Due to COVID19, we are seeing dramatic increases in the need for these services and we are now suppling 64% more families and seniors with groceries. The appreciated donation would be used to procure produce, protein and non-perishable groceries for housed Food Pantry clients, many of whom reside in the Mar Vista and surrounding 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)**

We would like to be able to purchase produce and protein with the grant over a period of a few weeks and disperse the proceeds of the grant to as many pantry clients as possible, therefore maximizing the impact of the grant.

## 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 |
|---|---|---|
| | $ 3000 | $ 3000 |
| | $ | $ |
| | $ | $ |

**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:** **$** 3000

**10a) Start date:** 05 / 08 / 2020 **10b) Date Funds Required:** 05 / 08 / 2020 **10c) Expected Completion Date:** 05 / 07 / 2021

**(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* |
|---|---|---|---|
| Dr. Va Lecia Adams Kellum | President & CEO | Va Lecia Adams Kellum Digitally signed by Va Lecia Adams Kellum DN: cn=Va Lecia Adams Kellum, o=St. Joseph Center, ou=President, email=vadams@stjosephctr.org, c=US Date: 2020.05.11 14:46:23 -07'00' | 5/11/2020 |

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

| *PRINT Name* | *Title* | *Signature* | *Date* |
|---|---|---|---|
| Michele Helbock Alvarez | Asst. Board Secretary | Michele Helbock Alvarez Digitally signed by Michele Helbock Alvarez DN: cn=Michele Helbock Alvarez, o=St. Joseph Center, ou, email=mhelbock@stjosephctr.org, c=US Date: 2020.05.11 14:46:42 -07'00' | 5/11/2020 |

*** 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**