## 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:	Nor	Northridge West Neighborhood Council			
SEC	TION I- APPLICANT INFORMATION					
1a)	North Valley Family YMCA	95-1644052 CA		CA		01/02/88
	Organization Name	Federal	I.D. # (EIN#)	State of In	corporation	Date of 501(c)(3) Status (if applicable)
	11336 Corbin Avenue	Porter Ra	nch		CA	91326
1b)	Organization Mailing Address	City			State	Zip Code
1c)	Business Address (If different)	City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
·	Jane Stanton	(818) 368-3	3231	ja	anestanton@yn	ncala.org
	Name	Phone		E	mail	
2)	Type of Organization- Please select one:  Public School (not to include private schools)  Attach Grant Request on School Letterhea	or <b>a</b>	501(c)(3) Nor Attach IRS D		ther than religion	us institutions)
3)	Name / Address of Affiliated Organization (If applicable)		City		State	Zip Code
SEC	TION II - PROJECT DESCRIPTION					

4) Please describe the purpose and intent of the grant.

The YMCA conducts an annual Thanksgiving Baskets distribution to needy families in the north San Fernando Valley area. We collect funds and food items to distribute to 3600 low-income families during the third week of November. Families are identified by the School Principals and non-profit agencies we work with through our YMCA and childcare programs. Funding support from the Northridge West NC would help buy the turkeys, canned goods, and side dishes that are included in the meal baskets distributed to families at schools from the area including Nobel Middle School, Beckford, Calahan and Topeka Schools.

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)

As noted above, funding will be used to support our annual YMCA Thanksgiving baskets program, to purchase needed food items to distribute meals to low-income families and individuals in our community, helping them to have a holiday meal for Thanksgiving. Each meal provided to families contains a Happy Thanksgiving flyer listing generous supporters who make this program possible. At the \$1,500 support level, we would include the Northridge West Neighborhood Council's name on the flyer, on the Recognition Wall located in the YMCA lobby, in our e-blasts, and in press releases sent to local media. We appreciate this support, which will reflect the spirit of our community to so many.

SECTION III - PROJECT BUDGET OF	JILINE							
6a) Personnel Related Expenses	The state of the s	Requested of NC	Total Projected Cost					
NA								
(b) Non-Personnel Related Expens	ies	Requested of NC	Total Projected Cost					
Food items		\$ 1,500.00	\$ 43,000.00					
Truck rental, toilet rental			\$ 2,000.00					
bags, supplies, storage facility			\$ 5,000.00					
	ave you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  One is Yes, please list names of NCs: Chatsworth, Northridge South, Northridge East,							
factors or sources or funding?	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 U Yes, please describe:							
Source of Funding		Amount	Total Projected Cost					
individual and business donations			\$ 50,000.00					
			100000					
9) What is the TOTAL amount of t	he grant funding requested with	this application:	1500					
		1/10/209/01/2(						
0a) Start date: 8/5/20 10b	b) Date Funds Required:	1/10/209/01/20						
10c) Expected completion date:	11/20/20 (After completion	of the project, the applic	cant must submit a					
	orhood Council and the Departr	ment of Neighborhood E	mpowerment)					
ECTION IV - POTENTIAL CONFLIC								
Laboratory Co.	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							
Traine of the Board Mollibor		Neiauonamp	to Applicant					
1b) If yes, did you request that the	b) If yes, did you request that the board member consult the Office of the City Attorney before							
filing this application?		if a Board Member of th						
•	m, or participates in the discussi							
will deny the payment of this gr		ion and voung or uns irr	G, the Department					
ECTION V - DECLARATION AND SI	GNATURE							
is truly and accurately stated. I Appendix B "Conflicts of Intere	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)							
	c benefit project/program and th ighborhood Purposes Grant. I af							
Neighborhood Council to whon	n I am submitting this application	n. I further affirm that if t	the grant received is not					
	e terms of the application stated	here, said funds shall b	e returned immediately					
to the Neighborhood Council.		/	-					
2a) Executive Director of Non-Profi	t Corporation or School Principa	al - REQUIRED*	1 11-					
Jane Stanton	<b>Executive Director</b>	mul /	10 8/5 Rez					
PRINT Name	Title	Signature	Date Place					
2b) Secretary of Non-profit Corpora	•	al REQUIREDY	110-81-6					
Maithili Patil	Committee Chair and Boar	Maple 7	our 13/6					
PRINT Name	Title	Signature	Date					

<sup>\*</sup> 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