

# 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: Northridge West NC

### SECTION I- APPLICANT INFORMATION

1a)	<u>Northridge Hospital Foundation</u>	<u>23-744901</u>	<u>CA</u>	<u>April 1975</u>
	<i>Organization Name</i>	<i>Federal I.D. # (EIN#)</i>	<i>State of Incorporation</i>	<i>Date of 501(c)(3) Status (if applicable)</i>
1b)	<u>8210 Etiwanda Ave</u>	<u>Reseda</u>	<u>CA</u>	<u>91335</u>
	<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1c)	<u>18300 Roscoe Blvd</u>	<u>Northridge</u>	<u>CA</u>	<u>91325</u>
	<i>Business Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

#### 1d) PRIMARY CONTACT INFORMATION:

<u>Joni Novosel</u>	<u>818-718-5936</u>	<u>joni.novosel@commonspirit.org</u>
<i>Name</i>	<i>Phone</i>	<i>Email</i>

#### 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**

Northridge Hospital Foundation - Center for Assault Treatment Services Van Nuys CA 91405

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.

The Purpose of this Request is to support the Center for Assault Treatment Services (C.A.T.S). C.A.T.S is dedicated to our communities by treating children and adults affected by violence. C.A.T.S has served the valley since 1997 serving over 20,000 victims of violence. The C.A.T.S staff is located at the Family Justice Center with other partners who are co-located under one roof with common goal to dedicate our organizations to the prevention of child maltreatment, domestic violence, human trafficking and sexual abuse. Additionally, our community health educators support all types of violence prevention including projects to stop school violence and teen dating violence. Your support will continue to provide for the uncompensated care provided to victims, violence prevention and to support us in carrying out our mission.

The 2022 Northridge Hospital Medical Center Community Health Needs Assessment (CHNA) reports that 14.6% of the residents in their service area indicated that they have been hurt by IPV violence (higher than the US average of 13.7%); 34.5% stated that injury and violence is a major problem; and 48.3% stated it was a moderate problem, only 17% rating injury and violence in the community as minor or no issue at all. A further compelling indicator of community need is that Northridge Hospital's Center for Assault Treatment Services served over 950 victims of sexual assault, domestic violence, and child abuse in 2022. Additionally training on how to identify and report abuse was provided to 1,501 individuals and we reached over 1,000 youth and parents with education on teen dating violence prevention.

#### 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)

This funding will benefit the public by both being there to support victims of abuse through the best possible evidence collection and to provide prevention education to youth and adults so that we can change the culture of sexual and physical violence in the community. In addition to being the only 24/7/365 day a year Sexual Assault Response Team (SART) and Domestic Assault Response Team (DART) member providing forensic interviews and medical exams staff also provides outreach and prevention education in the community to help address this public health issue.



**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
N/A Salaries supported by Northridge Hospital	\$	\$
	\$	\$
	\$	\$

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
To support our center to continue to help our community from assault and classes on Safe Dates to prevent violence in youth	\$	\$
	\$	\$
	\$	\$

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
The purpose is described in question #4	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 5,000

10a) Start date: 06 / 01 / 23 10b) Date Funds Required: 06 / 01 / 23 10c) Expected Completion Date: 12 / 30 / 23  
(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
Kathleen Edwards	V.P. Admission

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\*

Joni Novosel

Director

PRINT Name

Title

Signature

Date

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

Priscilla Lomeli

Admin Coord.

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