

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: Van Nuys Neighborhood Council

SECTION I - APPLICANT INFORMATION

1a)	Northeast Valley Health Corporation	23-7120632	CA	11/08/95
	Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable)
1b)	1172 N. Maclay Ave.	San Fernando	CA	91340
	Organization Mailing Address	City	State	Zip Code
1c)	<i>Business Address (If different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
	Business Address (If different)	City	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:			
	Saaliha Khan	(818) 373-9806	saalihakhan@nevhc.org	
	Name	Phone	Email	
2)	Type of Organization- Please select one:			
	<input type="checkbox"/> Public School <i>(not to include private schools)</i>		or	<input checked="" type="checkbox"/> 501(c)(3) Non-Profit <i>(other than religious institutions)</i>
	Attach Grant Request 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.

The purpose and intent of this grant would be to support the Northeast Valley Health Corporation (NEVHC) 2016 Holiday Toy Drive Program by providing a portion of the funds needed to purchase gifts for low-income pediatric patients at the NEVHC Van Nuys Pediatric and Women, Infant, Children (WIC) Health Center, and the Van Nuys Adult Health Center, which serve the stakeholders of Van Nuys. NEVHC would welcome one or two representatives from your NC to attend the December holiday party (toy distribution) event for the purpose of outreach.

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 grant will be used to primarily benefit the under-served pediatric patients at the NEVHC Health Centers, majority of whom are Van Nuys residents and stakeholders. This Neighborhood Purpose Grant would help support the NEVHC Holiday Toy Drive and Santa Visit Program by providing some of the funds needed to purchase gifts for our new-born to 10 year-old patients, which are distributed at a December holiday party. By making this contribution, your Neighborhood Council would help us build a happier and healthier community at-large. Thank you in advance for your consideration. We look forward to partnering with you to serve our community together.

SECTION III - PROJECT BUDGET OUTLINE

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
	\$ 0.00	\$ 0.00

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Purchase toys for pediatric patients (each toy worth a minimum of \$10)	\$ 300.00	\$ 10,000.00

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?

No Yes, please list names of NCs: Canoga Park, Pacoima, Reseda, Sun Valley, and Sylmar NCs

8) 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 Yes, please describe:

Source of Funding	Amount	Total Projected Cost
NEVHC Toy Drive Sponsors	\$ 2,000.00	
NPGs to 5 other NCs for \$300 each	\$ 1,500.00	

9) What is the TOTAL amount of the grant funding requested with this application: \$ 3,800.00

10a) Start date: 12/01/16 10b) Date Funds Required: 12/01/16

10c) Expected completion date: 12/16/16 (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) 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 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 Department 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 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) 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 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*

Kimberly Wyard CEO Kimberly Wyard 10/3/16
 PRINT Name Title Signature Date

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

Kurt Cabrera-Miller Board Chairman [Signature]
 PRINT Name Title Signature Date

* 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