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.

| of NC from which you are seeking this grant: | S | herman Oaks I | Neighborhood Cour | ncil |
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| TION I- APPLICANT INFORMATION | | | | |
| Village at Sherman Oaks, Inc | 9! | 5-4796545 | California | |
| Organization Name | Fer | deral I.D. # (EIN#) | State of Incorporation | Date of 501(c)(3) Status (if applicable |
| 14528 Ventura Blvd | SI | nerman Oaks | CA | 91403 |
| Organization Mailing Address | Cit | У | State | Zip Code |
| | | | | |
| Business Address (If different) | Cit | у | State | Zip Code |
| PRIMARY CONTACT INFORMATION: | | | | |
| Kathleen Wood | 8 | 18-341-9221 | Kathleen@villageat | shermanoaks.cor |
| Name | P | hone | Email | |
| Type of Organization- Please select one: U Public School (not to include private schools) Attach Signed letter on School Letterhead | or | | | institutions) |
| Name / Address of Affiliated Organization (if appli | cable) | City | State | Zip Code |
| | | | | |
| | Village at Sherman Oaks, Inc Organization Name 14528 Ventura Blvd Organization Mailing Address Business Address (If different) PRIMARY CONTACT INFORMATION: Kathleen Wood Name Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead Name / Address of Affiliated Organization (if applied) | TION I- APPLICANT INFORMATION Village at Sherman Oaks, Inc 9: Organization Name Fee 14528 Ventura Blvd SI Organization Mailing Address Cit Business Address (If different) Cit PRIMARY CONTACT INFORMATION: Kathleen Wood 8: Name Public School (not to include private schools) or Attach Signed letter on School Letterhead Name / Address of Affiliated Organization (if applicable) | Village at Sherman Oaks, Inc Organization Name 14528 Ventura Blvd Organization Mailing Address City Business Address (If different) Kathleen Wood Name Type of Organization-Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead Name / Address of Affiliated Organization (if applicable) City City | Village at Sherman Oaks, Inc Organization Name Federal I.D. # (EIN#) State of Incorporation 14528 Ventura Blvd Sherman Oaks CA Organization Mailing Address City State Business Address (If different) City State PRIMARY CONTACT INFORMATION: Kathleen Wood Name Phone Email Type of Organization-Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead Name / Address of Affiliated Organization (if applicable) City State California State of Incorporation Ca State of Incorporation State California State of Incorporation Ca State City State |

To install three sets of suspended, decorative string lights in the Sherman Oaks BID. First set will be on Ventura Blvd east of Van Nuys Blvd near the El Torito shopping center (14433 Ventura Blvd). Second set will be on Ventura Blvd near the Ben Labs tower building (14724 Ventura Blvd). And the third will be on Van Nuys Blvd just south of the 101 freeway.

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)

The additional lighting along the Ventura Boulevard can improve the safety and security of our neighbors and community. It could also translate into increased foot traffic to our local businesses.

| Personnel Related Expenses | Requested of NC | Total Projected Cost |
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| | s | \$ |
| Non-Personnel Related Expenses | Requested of NC | Total Projected Cost |
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| BUT THE LOCATION OF THE RESIDENCE OF THE PARTY. | 5 | S |
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| No Pres If Yes, please list names of NO | .s: | |
| the implementation of this specific program or purpose d ources or funding? (Including NPG applications to other N | | gent on any other factors on s, please describe: |
| Source of Funding | Amount | Total Projected Cost |
| | S | 5 |
| | 3 | 5 |
| | \$ | S |
| That is the TOTAL amount of the grant funding requested | with this continution: C \$1 | 5,000.00 |
| Mo D Yes If Yes, please describe below: | Relationship | to Applicant |
| | | |
| | | |
| or participates in the discussion and voting of this NF grant in its entirety.) | of the NC has a conflict of int | ore filing this application erest and completes this |
| or participates in the discussion and voting of this NF | of the NC has a conflict of int PG, the NC Funding Program action provided herein and con documents "What is a Pub oject(s) and/or program(s) fa- dist that would prevent the all ober of the Neighborhood Construction of the Neighbor | ore filing this application erest and completes this will deny the payment of mmunicated otherwise in the Benefit," and "Conflit within the criteria of a lewarding of the Neighbouncil to whom I am subnuncil to whom I am subn |
| or participates in the discussion and voting of this NE grant in its entirety.) HIGH V - DEGLARATION AND SIGNATURE eby affirm that, to the best of my knowledge, the inform accurately stated. I further affirm that I have read the est" of this application and affirm that the proposed profit project/program and that no conflict of interest exposes Grant. I affirm that I am not a current Board Mem application. I further affirm that if the grant received is ad here, said funds shall be returned immediately to the exposure of the proposed of the proposed of the proposed in the proposed i | of the NC has a conflict of int PG, the NC Funding Program eation provided herein and con- ed documents "What is a Pub- oject(s) and/or program(s) fa- dist that would prevent the a eighborhood Council. Principal - REQUIRED* | ore filing this application arest and completes this will deny the payment of the municated otherwise in the Benefit," and "Conflict Benefit," and "Conflict Within the criteria of a swarding of the Neighbouncil to whom I am submit the terms of the applications. |
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* 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