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: Studio City

SECTION I- APPLICANT INFORMATION

1a)

Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable)
Community Disaster Preparedness Foundati	81-2808902	California	06/15/16

1b)

Organization Mailing Address	City	State	Zip Code
3756 W. Ave 40, Ste. K #449	Los Angeles	CA	90065

1c)

Business Address (If different)	City	State	Zip Code

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

Name	Phone	Email
Patrick Botz-Forbes	323-309-3332	patrick@disasterprep.org

2) Type of Organization- Please select one:

☐ Public School *(not to include private schools)* **Attach Signed letter on School Letterhead**

or

☐ 501(c)(3) Non-Profit *(other than religious institutions)* **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.

During a disaster, when professional first responders are not available, you and your neighbors become the volunteer first responders who are available to save lives in the community until the professionals are able to respond. Regular training and practice by the community for the community shows us what to do and how to do it safely.

The purpose of this grant is to provide funds to purchase disaster response equipment, tools, and communication gear used to build out kits at 2x Community Emergency Response Team (CERT) Staging Areas where trained and untrained Neighborhood Team Program (NTP) community members will go and respond out of right after a disaster such as an earthquake.

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 CERT Staging Area is the starting point for the community-based disaster response for the Studio City area.

It is expected that single-family home neighborhoods will be on their own for days, if not weeks, after a region-wide disaster. Normal 9-1-1, and Fire and EMS response will be limited and delayed. Electricity, natural gas, clean water, markets, and gas stations will all be impaired, non-functional, or otherwise unavailable. People will have to rely on what emergency supplies they have on-hand and will need to working together with their neighbors to survive the disaster. Those who are on their own and unprepared will have more difficult challenges and problems.

Most people will not be prepared for a major earthquake, nor will have even thought about what they will do when the market shelves are empty, their cell phones don't work, or if 9-1-1 rings busy. They will panic.

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
CERT Staging Area Equipment	$4,560	$4,560
Medical Resupply	$440	$440
	$	$

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: **$** 5,000

10a) Start date: 5 / 1 / 24 **10b) Date Funds Required:** 5 / 1 / 24 **10c) Expected Completion Date:** 6 / 30 / 24

(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*

Patrick Botz-Forbes	Executive Director		4/1/24
PRINT Name	***Title***	***Signature***	***Date***

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

Glenn Dollar	Secretary		
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 for instructions on completing this form**