





















**ATTACHMENT E**

**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, upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

Name of Neighborhood Council you are seeking the grant from: N H West NC  
 Neighborhood Council Name \_\_\_\_\_

**SECTION I - APPLICANT VERIFICATION INFORMATION**

**SATICOY E** CA

1A) Organization Name: SATICOY E Federal I.D. # (EIN#) \_\_\_\_\_ State of Incorporation: CA Date of 501(c)(3) Status (if applicable) \_\_\_\_\_

1B) Organization Mailing Address: 7850 ETHEL AVE City: N. HOLLYWOOD State: CA Zip Code: 91605

1C) Business Address (if different): SAME City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1D) Address of Affiliated Organization (if applicable): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name and address of person designated to receive official/legal notices: Name: ANAIT VARDOUMIAN  
 2) 7850 ETHEL AVE City: N. HOLLYWOOD State: CA Zip Code: 91605

3) Type of Organization- Please select one: (Organizations must be located within the City of Los Angeles)  
 Public School (not to include private schools) or  501(c)(3) Non-profits (other than religious institutions)  
 Attach Letterhead  Attach IRS Determination Letter

**SECTION II - PROJECT DESCRIPTION**

4) Please describe the Neighborhood Improvement Project for which the grant is intended.  
 SCHOOL NEEDS TO PURCHASE SOUND SYSTEM TO USE DURING FALL FESTIVAL, CST ASSEMBLY, MONTHLY AWARDS ASSEMBLIES, WINTER PROGRAM, BLACK HISTORY MONTH, MULTICULTURAL FESTIVAL, GRADUATION CEREMONY.

5) How will this grant be used to primarily support or serve a non-discriminatory, public purpose and benefit the public at-large.  
 Parent and community members are invited to attend the above events. These events are a great opportunity for parent and community involvement.

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**SECTION III - PROJECT BUDGET OUTLINE- Please outline the project budget below.**

6A) Personnel Related Expenses

| Requested of NC | Total Projected Cost |
|-----------------|----------------------|
| \$              | \$                   |
| \$              | \$                   |
| \$              | \$                   |
| \$              | \$                   |

6B) Non-Personnel Related Expenses

| Requested of NC | Total Projected Cost |
|-----------------|----------------------|
| \$              | \$                   |
| \$ 648          | \$ 648               |
| \$ 430          | \$ 430               |
| \$ 380          | \$ 380               |
| \$ 490          | \$ 490               |

7) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding?  Yes, please describe below  No

| Source of Funding | Amount | Total Projected Cost |
|-------------------|--------|----------------------|
| \$                | \$     | \$                   |
| \$                | \$     | \$                   |
| \$                | \$     | \$                   |
| \$                | \$     | \$                   |

8) What is the TOTAL amount of the grant funding requested with this application: **\$ 1,946**

9) What is the expected completion date? 6 / 1 / 2012 (mm/dd/yyyy) (required)

**SECTION IV - PROJECT PRIMARY AND SECONDARY CONTACT INFORMATION**  
 Provide the name, telephone number, fax and e-mail address (if applicable) of the person(s) responsible for the funds and program(s) listed in Section II of this application.

10A) ANAIT VARDOUMIAN  
 First Name Last Name MI  
 Telephone Number: 818 765 0783 Fax Number: 818 501 1111 E-mail: avardoum@lausd.net

10B) First Name Last Name MI  
 Telephone Number Fax Number E-mail

**SECTION V - AFFILIATIONS**

11) Is there a former or existing membership between your organization and a NC board member?  Yes  No

11A) If yes, did you and/or the board member consult the Office of the City Attorney?  Yes  No

| Type of Relationship         | Board Member Name |
|------------------------------|-------------------|
| Example: former board member | So Conflicted     |
|                              |                   |
|                              |                   |
|                              |                   |
|                              |                   |
|                              |                   |
|                              |                   |
|                              |                   |
|                              |                   |

DRAFT - REVIEW

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**SECTION VI - 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" and affirm that the proposed project(s) and/or program(s) fall within the criteria of a public benefit and that no conflict of interest exist that would prevent the awarding of the grant.

Two signatures required

12A) Executive Director of Non-Profit Corporation or School Principal  
 ANAIT VARDOUMIAN PRINCIPAL  
 PRINT Name/Last Name Title Signature Date 2/21/12

12B) Executive Director of Non-Profit Corporation or Assistant School Principal  
 PRINT Name/Last Name Title Signature Date

**SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY**

Date Received \_\_\_\_\_

Reviewer Name \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Application  Complete  Incomplete

REVIEWER'S NOTES

Date submitted to Funding Unit \_\_\_\_\_

Method:  In-person  E-mail  Fax  Inter-departmental mail

NPG # \_\_\_\_\_ Application  Complete  Incomplete

Funding Unit Notes:

DONE Date Stamp Receipt