

# 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.

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Name of NC from which you are seeking this grant: \_\_\_\_\_

### SECTION I - APPLICANT INFORMATION

- 1a) \_\_\_\_\_
- |                          |                              |                               |   |
|--------------------------|------------------------------|-------------------------------|---|
| <b>Organization Name</b> | <b>Federal I.D. # (EIN#)</b> | <b>State of Incorporation</b> | <b>Date of 501(c)(3) Status (if applicable)</b> |
|--------------------------|------------------------------|-------------------------------|---|
- 1b) \_\_\_\_\_
- |                                     |             |              |                 |
|-------------------------------------|-------------|--------------|-----------------|
| <b>Organization Mailing Address</b> | <b>City</b> | <b>State</b> | <b>Zip Code</b> |
|-------------------------------------|-------------|--------------|-----------------|
- 1c) \_\_\_\_\_
- |  |             |              |                 |
|--|-------------|--------------|-----------------|
| <b>Business Address (if different)</b> | <b>City</b> | <b>State</b> | <b>Zip Code</b> |
|--|-------------|--------------|-----------------|
- 1d) **PRIMARY CONTACT INFORMATION:**

_____	_____	_____
<b>Name</b>	<b>Phone</b>	<b>Email</b>

- 2) Type of Organization- Please select one:
- |  |    |  |
|--|----|--|
| <input type="checkbox"/> Public School (not to include private schools)<br>Attach Signed letter on School Letterhead | or | <input type="checkbox"/> 501(c)(3) Non-Profit (other than religious institutions)<br>Attach IRS Determination Letter |
|--|----|--|

3) \_\_\_\_\_

<b>Name / Address of Affiliated Organization (if applicable)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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### SECTION II - PROJECT DESCRIPTION

- 4) Please describe the purpose and intent of the grant.
- 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)

**SECTION III - PROJECT BUDGET OUTLINE**

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
		\$	\$
		\$	\$
		\$	\$

6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
		\$	\$
		\$	\$
		\$	\$

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: \$ \_\_\_\_\_

10a) Start date: \_\_\_/\_\_\_/\_\_\_ 10b) Date Funds Required: \_\_\_/\_\_\_/\_\_\_ 10c) Expected Completion Date: \_\_\_/\_\_\_/\_\_\_  
 (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\*

\_\_\_\_\_ *PRINT Name*      \_\_\_\_\_ *Title*      \_\_\_\_\_ *Signature*      \_\_\_\_\_ *Date*

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

\_\_\_\_\_ *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



430 Olive Av • Palo Alto CA 94306 • USA

## **Mar Vista Neighborhood Purposes Grant Application**

### **Project Details**

The workshops will utilize a collaborative game that engages residents in shared problem-solving around challenges they might face in the event of a major earthquake. This engaging and interactive format provides residents with crucial disaster preparedness knowledge and skills that will help them prepare for any disaster. The collaborative format also cultivates a sense of community and shared responsibility as groups work together to solve their individual and communal challenges. Following the game, attendees will have dedicated time to discuss and plan neighborhood follow-up activities, encouraging residents to take ownership of community preparedness, and strengthening the social fabric of the Mar Vista community.

Workshops will be organized and run by Creative Crisis Leadership, an emerging non-profit\* dedicated to helping communities prepare for disaster through the transformative power of experiential learning, games, and fun. We combine expert disaster knowledge, best practices, and educational game design to create engaging and effective learning experiences. Our team brings extensive experience in disaster preparedness training, instructional design, and community engagement. The collaborative game at the core of these workshops is an extension of games and workshops we have delivered in the San Francisco Bay Area to great success.

The requested funds will cover the costs of experienced trainers, events, and materials for Mar Vista workshops. Expenses related to instructional design, development, testing, and trainer training are borne by Creative Crisis Leadership. The Mar Vista workshops will contribute to the development of an adaptable event model and training resources that may be utilized by the Mar Vista Neighborhood Council and other community organizations in the future, offering impact beyond the initial workshops.

\* Creative Crisis Leadership is currently applying for independent 501(c)3 status. We have been developing and delivering successful learning experiences since 2017. Since 2019, we have been under fiscal sponsorship of Social Good Fund, a 501(c)3 charitable organization whose mission is to provide fiscal sponsorship to community projects. This proposal is submitted under Social Good Fund auspices.

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

MAR 12 2014

SOCIAL GOOD FUND INC  
6641 AQUA VISTA CT  
RICHMOND, CA 94805

Employer Identification Number:

46-1323531

DLN:

17053320380002

Contact Person:

RACHEL M LEIFHEIT

ID# 31617

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

509(a)(2)

Form 990 Required:

Yes

Effective Date of Exemption:

September 18, 2012

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947