

**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: Downtown Los Angeles NC
Neighborhood Council Name

SECTION I - APPLICANT VERIFICATION INFORMATION

| | | | |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1A) <u>Excellent Education Development (ExED)</u> <i>Organization Name</i> | <u>95-4766001</u> <i>Federal I.D. # (EIN#)</i> | <u>CA</u> <i>State of Incorporation</i> | <u>3/30/2004</u> <i>Date of 501(c)(3) Status (if applicable)</i> |
| 1B) <u>11858 La Grange Ave Fl 2</u> <i>Organization Mailing Address</i> | <u>Los Angeles</u> <i>City</i> | <u>CA</u> <i>State</i> | <u>90025-5275</u> <i>Zip Code</i> |
| 1C) <u></u> <i>Business Address (If different)</i> | <u></u> <i>City</i> | <u></u> <i>State</i> | <u></u> <i>Zip Code</i> |
| 1D) <u>320 W. 15th Street, ste 143</u> <i>Address of Affiliated Organization (If applicable)</i> | <u>Los Angeles</u> <i>City</i> | <u>CA</u> <i>State</i> | <u>90015</u> <i>Zip Code</i> |
| Name and address of person designated to receive official/legal notices: | | Name: <u>Lynn Oishi</u> | |
| 2) <u>11858 La Grange Ave Fl 2</u> <i>Street</i> | <u>Los Angeles</u> <i>City</i> | <u>CA</u> <i>State</i> | <u>90025-5275</u> <i>Zip Code</i> |
| 3) Type of Organization- Please select one: (Organizations must be located within the City of Los Angeles) | | | |
| <input type="checkbox"/> Public School <i>(not to include private schools)</i> | | or <input checked="" type="checkbox"/> 501(c)(3) Non-profits <i>(other than religious institutions)</i> | |
| Attach Letterhead | | Attach IRS Determination Letter | |

SECTION II - PROJECT DESCRIPTION

4) Please describe the Neighborhood Improvement Project for which the grant is intended.

Metro Charter Elementary School is a parent initiated public school located in the heart of Downtown LA (DTLA). It has been designed as a FREE and WORLD CLASS option for the residents who live in or near Downtown as well as the thousands of commuters who work in DTLA every day.

5) How will this grant be used to primarily support or serve a non-discriminatory, public purpose and benefit the public at-large.

The grant will be used for physical improvements to the facility, including a children's outdoor playspace and a community collaboration area.

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" 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
Two signatures required

12A) Executive Director of Non-Profit Corporation or School Principal

Anita Landecker

Executive Director

 2/5/14
Signature Date

PRINT First Name/ Last Name

Title

12B) Secretary of Non-profit Corporation or Assistant School Principal

Tait Anderson


Executive VP

 2/6/14
Signature Date

PRINT First Name/ Last Name

Title

SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <i>Date Received</i> | |
| Application <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete | |
| <i>Reviewer Name</i> | <i>Date Reviewed</i> |
| REVEIWER'S NOTES | |
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| <i>Date submitted to Funding Unit</i> | |
| Method: <input type="checkbox"/> In-person <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Inter-departmental mail | |
| <i>NPG #</i> |  |
| Application <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete | |
| <i>Funding Unit Notes:</i> | |
| | |

DONE Date Stamp Receipt