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:	1 arzana		
SECT	ION I- APPLICANT INFORMATION			
1a) <u>-</u>	Soint Matters, INC.	95-0937590 Federal I.D. # (EIN#)	C A State of Incorporation	Date of 501(c)(3) Status (if applicable)
1b)	18520 Burbank Blvd. #103 Organization Mailing Address	Tarzana	CA State	91356 Zip Code
1c) E	Business Address (If different)	City	State	Zip Code
_	PRIMARY CONTACT INFORMATION: Son Mann 819	8-518-4697 Phone	Lon@Loi	ntmatters.co
	Type of Organization- Please select one:	or 501(c)(3) Non-Attach IRS De	Profit (other than religious termination Letter	institutions) Neith
3) 7	Name / Address of Affiliated Organization (if applic	eable) City	State	Zip Code
7.0	Please describe the purpose and intent of the gra			
200	artists who will be controll boxes.		shments f	for volunteer
5) H	detists who will be controll boxes. How will this grant be used to primarily support Grants cannot be used as rewards or prizes for Art is in the com	and refre painting t or serve a public purpos individuals)	se and benefit the pub	lic at-large.

Personnel Related Expense		sary or requested.	T-4-ID
Water amuela b		Requested of NC	Total Projected Co
VI OTA , GIAMOTA BO	drs, sun oreen, sakely v	ests \$ 150	\$ 150
		\$	\$
		\$	\$
Non-Personnel Related Exp		Requested of NC	Total Projected Co
Paints, tape, bru	shes, rollers, tarp	\$ 550	\$ 550
bucket, cleaner, s	crubber	\$	\$
		\$	\$
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	NPG applications to other NCs)	No Yes If Yes	s, please describe:
Source of Funding		Amount	Total Projected Cos
		\$	\$
) c	\$
		φ	φ
■ No □ Yes If	rent or former relationship with a Yes, please describe below:	board Member of the NC	•
Name of NC Board Member		Relationship	to Applicant
Name of NC Board Wember			
Name of NC Board Wemper			
Name of NC Board Wember			
	e hoard member consult the Offic	ce of the City Attorney has	ore filing this applies
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Signature

^{*} 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