## 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 (NC), upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

	Name of NC from which you are seeking this grant:	Hollywood Hills West					
ଓ ≅(ଜ	TION I- APPLICANT INFORMATION						
	Behavioral Health Services, Inc.	95-283800	)6	California		07/24/71	
1a)	Organization Name	Federal I.D. # (EIN#) State of		State of I	ncorporation	Date of 501(c)(3) Status (if applicable	
	6838 Sunset Blvd.	Los Angel	es		CV	90028	
1b)	Organization Mailing Address	City			State	Zip Code	
	15519 Crenshaw Blvd.	Gardena		,	CA	90249	
1c)	Business Address (If different)	City	,	***************************************	State	Zip Code	
1d)	PRIMARY CONTACT INFORMATION:			•			
	Gilbert Mora	(323) 461-3	(323) 461-3161		gmora@bhs-inc.org		
	Name	Phone			Emall		
2)	Type of Organization- Please select one: ☐ Public School (not to include private schools)  Attach Grant Request on School Letterhead		501(c)(3) Nor Attach IRS D	•	other then religio	us institutions)	
3)	Name / Address of Affiliated Organization (If applicable)	<u></u>	City		State	Zip Code	

## SECTION IL PROJECT DESCRIPTION

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

The grant is for facilitating a town half on the subject of prescription drug abuse and misuse and how it is negatively affecting Los Angeles County, including the Hollywood community, especially youth. There will be speakers who will discuss the commonly abused prescription drugs, how to properly dispose of medications, and how the prescription drug epidemic is affecting the community. Attendees will be given resources on the subject matter and information about how they can get involved in mitigating the prescription drug abuse and misuse problem in their community.

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)

It will be used to help pay for venue and refreshments for attendees for the town hall.

WANTED STATES	NON III BRONEOMEUDCEWOLUILIN	le .						
6a) [	Personnel Related Expenses		Requested o	NC Total Proje	ected Cost			
	Security & Custodial	or or proposed by the state of			\$ 222,00			
		- Andrews						
[	X MID X (MA)							
6b)	Non-Personnel Related Expenses		Requested o	INC Hotal Proj	ected Cost \$ 863.00			
	Mears Lower & Mears 3	AND A CONTRACTOR OF THE PARTY O	F 70 7		\$ 500.00			
	Refreshments, decorations, raffle prizes  AV	<del>yaq</del>			\$ 160,00			
7)	lave you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  □ No 圖 Yes, please list names of NCs: Central Hollywood, Hollywood United							
8)	Is the implementation of this specifi	c program or purpose d	escribed in box 4 a	oove contingent or	any other			
	factors or sources or funding? (Inc	luding NPG applications	to other NCs)	□ No 🔞 Yes, p	olease describe:			
	Source of Funding		Amount	Total Proj	ected Cost			
		Number of the second						
	A TOTAL CONTRACTOR OF THE PARTY							
			uith this application		\$.500.00			
	What is the TOTAL amount of the gr	ant tunding requested v	ENGLISHMENT OF THE ANGEST PROPERTY OF THE PROP		Section of the sectio			
10a)	Start date: 04/11/17 10b) [	Date Funds Required:	04/41/17					
10c)		8/17 (After complet	ion of the project, t	he applicant must	submit a			
ನಾನ	follow-up form to the Neighborho	ood Council and the Dep	eartment of Neighbo	rnood Empowerm	enc)			
	Do you (applicant) have a former or	<del></del>	th a Board Member	of the NC?				
ттај	bo you (applicant) have a former of No □ Yes - Please d	existing relationship wi lescribe below:						
	Name of NC Board Member		Rela	tionship to Applic	ant			
11b)	If yes, did you request that the boar	d member consult the C	office of the City Att	orney before				
	If yes, did you request that the boar filing this application? ☐Yes	☐ No *(Please note	that if a Board Mem	ber of the NC has	a conflict of			
	filing this application? ☐Yes interest and completes this form, or	$oxdot$ No $^*$ (Please note $^{\circ}$ participates in the disc	that if a Board Mem	ber of the NC has	a conflict of partment			
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<sup>\*</sup> If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form