

EMPOWER LA
Department of
NEIGHBORHOOD EMPOWERMENT

Name of NC from which you are seeking this grant: Hollywood Hills West

Behavioral Health Services, Inc.				95-2838006	California	07/24/71
1a)	Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable)		
	6838 Sunset Blvd.	Los Angeles	CA	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) 461-3161	gmora@bhs-inc.org			
	Name	Phone	Email			
2)	Type of Organization- Please select one:					
	<input type="checkbox"/> Public School (not to include private schools)		or	<input checked="" type="checkbox"/> 501(c)(3) Non-Profit (other than religious institutions)		
	Attach Grant Request on School Letterhead		Attach IRS Determination Letter			
3)	Name / Address of Affiliated Organization (if applicable)	City	State	Zip Code		

The grant is for facilitating a town hall 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.

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

SECTION III - PROJECT BUDGET OUTLINE

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
Security & Custodial		\$ 222.00
6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Mears Lower & Mears 3		\$ 863.00
Refreshments, decorations, raffle prizes		\$ 600.00
AV		\$ 160.00

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?

☐ No ☒ Yes, please list names of NCs: Central Hollywood, Hollywood United

8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs) ☐ No ☒ Yes, please describe:

Source of Funding	Amount	Total Projected Cost

9) What is the TOTAL amount of the grant funding requested with this application: \$ 500.00

10a) Start date: 04/11/17 10b) Date Funds Required: 04/11/17

10c) Expected completion date: 04/13/17 (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC?

☒ No ☐ 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 Department 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 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 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*

Shirley Summers Executive Director *Shirley Summers* 3/21/17
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 Department at (213) 978-1551 for instructions on completing this form