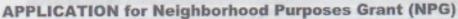
Neighborhood Council Funding Program







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.

Name of NC from which you are seeking this grant:

ArletA

SEC	TION I- APPLICANT INFORMATION			
	Northridge Hospital	23-7444901	CA	4/12/13
1a)	Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicab
1b)	8210 Etiwanda Ave.	Reseda	CA	91335
	Organization Mailing Address	City	State	Zip Code
1c)	18300 Roscoe Blvd.	Northridge	CA	91328
Va.	Business Address (If different)	City	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION: Joni Novosel 818 718 5936	joni.novosel@com	monspirit.org	
	Name	Phone	Email	o you (applicant) has
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead		n-Profit (other than religious etermination Letter	s institutions)
3)	Name / Address of Affiliated Organization (if ap	oplicable) City	State	Zip Code

SECTION II - PROJECT DESCRIPTION

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

Funds raised from the 2023 V4V Walk/Run will benefit the following:

- The Center for Assault Treatment Services (CATS) provides forensic medical evidentiary examinations and interviews at no cost to victims of sexual assault, domestic violence, and human trafficking.
- The Medical Safe Haven (MSH) is the only program in Los Angeles that provides integrated medical and mental health treatment to human trafficking victims.
- 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)

Funds raised at the Victory for Victims Walk Run event will be used to provide ongoing services at no-cost to all victims of sexual assault, domestic violence, child abuse, and sex trafficking. Both of our programs, CATS and MSH serve those that are the most vulnerable among us with the porpose on assiting them on the road to recovery.

also provide the Budget Outline on a separate sheet if neces	Roquested of NC	Total Projected Cost
ersonnel Related Expenses	S S	5
	Š	Ś
	\$	S
ion-Personnel Related Expenses	Requested of NC	Total Projected Cost
event cost including race and timing feas, set up, park fees, port a	pottios \$5,000	\$45,000
impairs, and all other cost	\$	\$
	\$	\$
you (applicant) applied to any other Neighborhood Count	ills requesting funds for the	is project?
the I I was if yes please list names of reca-	The second name of the second na	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
e implementation of this specific program or purpose disc	ribed in Question 4 continu	s, please describe:
ces or funding? (Including NPG applications to other NCs		Total Projected Cost
Source of Funding	Amount	C C C C C C C C C C C C C C C C C C C
	-	1
	9	1
at is the TOTAL amount of the grant funding requested with	D .	P
N IV - POTENTIAL CONFLICTS OF INTEREST		
art date: 4/1/1/2/3 19b) Date Funds Required: 4/1/2/3 19b) Date Funds Requ	a Board Member of the NC	:7
ON IV - POTENTIAL CONFLICTS OF INTEREST you (applicant) have a current or former relationship with	a Board Member of the NC	
ON IV - POTENTIAL CONFLICTS OF INTEREST you (applicant) have a current or former relationship with No Yes If Yes, please describe below:	a Board Member of the NC	:7
ON IV - POTENTIAL CONFLICTS OF INTEREST you (applicant) have a current or former relationship with No Yes	Relationshi	p to Applicant
ON IV - POTENTIAL CONFLICTS OF INTEREST o you (applicant) have a current or former relationship with No	Relationshi Relationshi Relationshi ffice of the City Attorney bethe NC has a conflict of ir, the NC Funding Program	p to Applicant fore Wing this application terest and completes in will deny the payment.
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* 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