

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.

Name of NC from which you are seeking this grant: _____

SECTION I - APPLICANT INFORMATION

1a) _____
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) _____
Organization Mailing Address *City* *State* *Zip Code*

1c) _____
Business Address (If different) *City* *State* *Zip Code*

1d) PRIMARY CONTACT INFORMATION:

Name *Phone* *Email*

2) Type of Organization- Please select one:
 Public School *(not to include private schools)* or 501(c)(3) Non-Profit *(other than religious institutions)*
Attach Signed letter on School Letterhead **Attach IRS Determination Letter**

3) _____
Name / Address of Affiliated Organization (if applicable) *City* *State* *Zip Code*

SECTION II - PROJECT DESCRIPTION

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

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)

SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a)

Personnel Related Expenses	Requested of NC	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

6b)

Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?
 No Yes If Yes, please list names of NCs: _____

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

Source of Funding	Amount	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

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

10a) Start date: ___/___/___ 10b) Date Funds Required: ___/___/___ 10c) Expected Completion Date: ___/___/___
 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?
 No Yes If 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 NC Funding Program 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 the documents "What is a Public Benefit," and "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*

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 NC Funding Program at (213) 978-1058 or clerk.ncfunding@lacity.org for instructions on completing this form

PROPOSAL

ADDRESS

Solid/LAPD Devonshire Station
P.O. BOX 7181
Northridge, CA 91327

PROPOSAL # 2179

DATE 02/03/2024

JOB LOCATION

10250 ETIWANDA AVE

DESCRIPTION

AMOUNT

EXISTING CEILING PANELS TO BE REMOVED. NEW SECOND LOOK CORTEGA PANELS TO BE INSTALLED. INCLUDES 680 SQ. FT.

(8) EXISTING LIGHT FIXTURES TO BE REMOVED. (8) NEW LED LIGHT FIXTURES TO BE INSTALLED. EXCLUDES SENSORS.

APPROXIMATELY 680 SQ. FT. OF VACANT OFFICE SPACE TO BE SCRAPPED, PATCHED, SANDED, PRIMED AND PAINTED. INCLUDES OFF-WHITE PAINT COLOR. EXCLUDES DARK COLORS.

(2) DOORS TO BE PRIMED AND PAINTED. INCLUDES (2) COATS OF SATIN BLACK DIRECT TO METAL PAINT.

LAMINATE FLOORING TO BE INSTALLED OVER EXISTING VCT FLOORING. INCLUDES APPROXIMATELY 665 SQ FT OF FLOORING AND 125 LF OF 4" VINYL COVE BASE. EXCLUDES FLOOR PREP OR LEVELING.

(6) 4-GANG OUTLETS TO BE INSTALLED. EXCLUDES DEDICATED CIRCUITS. EXCLUDES DRYWALL REPAIRS.

(1) EXTERIOR WINDOW TO BE REMOVED. AREA TO BE FRAMED, DRYWALLED, TAPED, PRIMED AND PAINTED. WOOD PANEL TO BE INSTALLED ON EXTERIOR SIDE. INCLUDES REPAINTING ENTIRE SECTION.

ALL WORK TO BE PERFORMED DURING REGULAR BUSINESS HOURS.

EXCLUDES UNFORESEEN CONDITIONS SUCH AS MOLD ABATEMENT, LEAD ABATEMENT, RELOCATING EXISTING PLUMBING AND/OR ELECTRICAL, AND EXISTING STRUCTURAL DEFECTS.

EXCLUDES ANY AND ALL BUILDING PERMITS REQUIRED BY CITY WHICH PROJECT IS LOCATED IN.

EXCLUDES PLAN CHECK, PLAN CHECK FEE, PERMIT FEE, AND/OR PERMIT.

ALL TRASH TO BE HAULED AWAY.

NO TRASH TO BE DISPOSED IN PROPERTY DUMPSTERS.

INCLUDES UP TO (1/2) FULL LOAD.

ALL FLOOR COVERINGS TO BE COVERED WITH PROTECTIVE FILM IF NEEDED IN COMMON AREAS. AREA TO BE CLEANED AFTER ALL TRASH IS REMOVED.

ALL ITEMS NEAR OR AROUND WORK AREA MUST BE CLEARED PRIOR TO COMMENCING PROJECT.

LABOR, MATERIAL AND EQUIPMENT.

21,150.00

DESCRIPTION

AMOUNT

INCLUDES MOBILIZATION AND DEMOBILIZATION TO COMPLETE PROJECT.

AC 02/03/2024

TOTAL

\$21,150.00

Accepted By

Accepted Date

BERNARDS

OFFICE FURNITURE INC

P 818 703 6969 F 818 610 0133

Proposal

PROPOSAL#: 50910
DATE: 02/16/24
VALID THRU: / /
PROJECT#: 2-2144

PROPOSAL FOR: 11169		INSTALL AT:			
SUPPORTERS OF LAW INFORCEMENT IN DEVONSHIRE P.O. BOX 7181 NORTHRIDGE CA 91327		LAPD-DEVONSHIRE DIVISION 10250 ETIWANDA ST NORTHRIDGE CA 91325			
SGT. Louis Aguilar					
818-359-9833					
SALESPERSON GARRY BERNARD	CUSTOMER P/O.:	<u>PROPOSAL DESCRIPTION</u> <u>MAVERICK DESKS & STORAGE AND SEATING</u>			
#	QTY	PRODUCT NO.	DESCRIPTION	NET	EXTENDED
1	5.00		MAVERICK DESK, INC. Maverick Series Executive front Desks 78" wide x 30" deep with Box Box File Drawers , no Grommits , Drawer Pull Style MMH 7 Flaired Nichol () : Laminate Spice Walnut Tops Tag 1: Front Desk	934.00	4,670.00
2	5.00		MAVERICK DESK, INC. Maverick Style Returns 48" wide x 24" deep x 29" high with File File Pedestal with lock . Grommet center rear with Full Modesty panels . Tag 1: 3 Left Returns and 2 Right Ret	797.00	3,985.00
3	5.00		MAVERICK DESK, INC. Maverick Storage Cabinet, 24"d x 36"w x 72"h, Locking, Pull Style: MMH7 Flared Nickel, Laminate: Spice Walnut, (?) Keyed Alike	1,047.00	5,235.00
4	5.00		HON COMPANY Ignition Mid-Back Task Chair, Mesh Back, Upholstered Seat, Advanced Synchro-Tilt Control, Height & Width Adjustable Arms, Adjustable Lumbar, Soft Casters for Hard Floor, Mesh Color: Black, Frame & Base Black, Seat Fabric: Gr 1 Centurion Black	492.00	2,460.00
5	1.00		HG DELIVERY & INSTALLATION Receive or pick up and deliver Unless otherwise noted, delivery is during normal weekday working hours, no carry up, and the space must be clear of other furniture	750.00	750.00
CONTINUED...					



Proposal

PROPOSAL: 50910
 DATE: 02/16/24
 VALID THRU: / /
 PROJECT#: 2-2144

P 818 703 6969 F 818 610 0133

PROPOSAL FOR:	INSTALL AT:
SUPPORTERS OF LAW INFORCEMENT IN DEVONSHIRE P.O. BOX 7181 NORTHRIDGE CA 91327	LAPD-DEVONSHIRE DIVISION 10250 ETIWANDA ST NORTHRIDGE CA 91325
SGT. Louis Aguilar	

818-359-9833

SALESPERSON: GARRY BERNARD
 CUSTOMER P/O.:
PROPOSAL DESCRIPTION
MAVERICK DESKS & STORAGE AND SEATING

#	QTY	PRODUCT NO.	DESCRIPTION	NET	EXTENDED
			and/or trades.		
			Before or After Hours Delivery Will Result in Additional Charges		
6	1.00		HG DELIVERY & INSTALLATION Non-Taxable Install and/or Set In Place For Items Requiring No Assembly	325.00	325.00
			PAYMENT BY CREDIT CARD WILL INCUR A 3.5% PROCESSING FEE		
			CALIFORNIA PROPOSITION 65 WARNING		
			Furniture may contain chemicals and wood dust which is known to the State of California to cause cancer and birth defects or other reproductive harm. For more information go to www.P65Warnings.ca.gov		
			It is understood and agreed that this merchandise remains the property of Bernards Office Furniture Inc. until paid for in full. Purchaser agrees to pay 1.5% per month interest on delinquent accounts and to pay all collection costs and reasonable attorney fees if suit is instituted.		
			**This order is noncancellable, non-exchangable and non-returnable		
			CONTINUED...		



P 818 703 6969 F 818 610 0133

Proposal

PROPOSAL: 50910
 DATE: 02/16/24
 VALID THRU: / /
 PROJECT#: 2-2144

PROPOSAL FOR:	INSTALL AT:
SUPPORTERS OF LAW INFORCEMENT IN DEVONSHIRE P.O. BOX 7181 NORTHRIDGE CA 91327 SGT. Louis Aguilar	LAPD-DEVONSHIRE DIVISION 10250 ETIWANDA ST NORTHRIDGE CA 91325

818-359-9833	SALESPERSON GARRY BERNARD	CUSTOMER P/O..	<u>PROPOSAL DESCRIPTION</u> <u>MAVERICK DESKS & STORAGE AND SEATING</u>
--------------	------------------------------	----------------	--

#	QTY	PRODUCT NO.	DESCRIPTION	NET	EXTENDED
---	-----	-------------	-------------	-----	----------

Please sign and return copy with your check payable to Bernards Office Furniture Inc.

NOTE: Storage charges will be incurred by you if, for any reason beyond our control, delivery of your furniture is delayed by more than two (2) weeks after notification of receipt in our warehouse; in which case 90% of the invoice for goods will become due and payable regardless of originally stated payment terms.

7	1.00		HG DELIVERY & INSTALLATION Lockers	0.00	0.00
---	------	--	---------------------------------------	------	------

Thank you for the opportunity to service your furniture needs.
 Send Payment to: 21800 Burbank Blvd. Ste. 130, Woodland Hills, CA 91367

BALANCE NET 30
 DEPOSIT REQUIRED: 14,234.00

SUBTOTAL: 16,350.00
 LABOR: 325.00
 DEL/INST: 750.00
 SALES TAX: 1,553.25
 TOTAL 18,978.25

ACCEPTED BY _____
 DATE ACCEPTED _____

Lockers + 1,581.15
 \$ 20,559.40

Penco Vanguard Lockers 1 Tier x 3 Wide



\$395.00 – \$621.80

- If factory assembled lockers are required, please call for pricing.
- Price reflects one group of 3 Single Tier as shown in picture but *ships knocked down*.
- Related Products – See 1 Wide Lockers
- Lockers have recessed handles that can be used with padlocks or built in locks (sold separately)
- Lockers have 6" legs that can be closed with front bases and **end bases** that are additional options (sold separately)
- Number plates 1 – up will be provided with all orders and must be installed by customer
- For safety purposes all lockers must be adequately anchored.
- For large or custom orders please use our **Request A Quote** for a quick quotation
- **SPECIFICATIONS**

IN STOCK – SHIPS IN 2 TO 3 WEEKS.

Size

- 12/36"W x 12"D x 66"H
- 12/36"W x 15"D x 66"H
- 12/36"W x 18"D x 66"H
- 12/36"W x 12"D x 78"H
- 12/36"W x 15"D x 78"H
- 12/36"W x 18"D x 78"H
- 15/45"W x 18"D x 78"H
- 18/54"W x 18"D x 78"H

* TWO OF THESE TO BE ADDED TO TOTAL COST SO EACH UNIT MEMBER HAS A LOCKER TO STORE THEIR DEPT. EQUIPMENT.

\$616.45 ea x 2: TOTAL : \$1,232.90

SHIPPING : \$348.25

GRAND TOTAL: 1581.15



DEVONSHIRE 17 PROBATIONERS

Name	Room	Supervisor	Status
1. [Name]	[Room]	[Supervisor]	[Status]
2. [Name]	[Room]	[Supervisor]	[Status]
3. [Name]	[Room]	[Supervisor]	[Status]
4. [Name]	[Room]	[Supervisor]	[Status]
5. [Name]	[Room]	[Supervisor]	[Status]
6. [Name]	[Room]	[Supervisor]	[Status]
7. [Name]	[Room]	[Supervisor]	[Status]
8. [Name]	[Room]	[Supervisor]	[Status]
9. [Name]	[Room]	[Supervisor]	[Status]
10. [Name]	[Room]	[Supervisor]	[Status]
11. [Name]	[Room]	[Supervisor]	[Status]
12. [Name]	[Room]	[Supervisor]	[Status]
13. [Name]	[Room]	[Supervisor]	[Status]
14. [Name]	[Room]	[Supervisor]	[Status]
15. [Name]	[Room]	[Supervisor]	[Status]
16. [Name]	[Room]	[Supervisor]	[Status]
17. [Name]	[Room]	[Supervisor]	[Status]

MONTHLY PLAN

Month	Day	Task	Status
Jan	1	[Task]	[Status]
Jan	2	[Task]	[Status]
Jan	3	[Task]	[Status]
Jan	4	[Task]	[Status]
Jan	5	[Task]	[Status]
Jan	6	[Task]	[Status]
Jan	7	[Task]	[Status]
Jan	8	[Task]	[Status]
Jan	9	[Task]	[Status]
Jan	10	[Task]	[Status]
Jan	11	[Task]	[Status]
Jan	12	[Task]	[Status]
Jan	13	[Task]	[Status]
Jan	14	[Task]	[Status]
Jan	15	[Task]	[Status]
Jan	16	[Task]	[Status]
Jan	17	[Task]	[Status]
Jan	18	[Task]	[Status]
Jan	19	[Task]	[Status]
Jan	20	[Task]	[Status]
Jan	21	[Task]	[Status]
Jan	22	[Task]	[Status]
Jan	23	[Task]	[Status]
Jan	24	[Task]	[Status]
Jan	25	[Task]	[Status]
Jan	26	[Task]	[Status]
Jan	27	[Task]	[Status]
Jan	28	[Task]	[Status]
Jan	29	[Task]	[Status]
Jan	30	[Task]	[Status]
Jan	31	[Task]	[Status]



NOT IN SERVICE
PURSUITS

AD CLOSED
TO
RU TRAFFIC



