

**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: Sherman Oaks

SECTION I - APPLICANT INFORMATION

1a)	<u>Northridge Hospital Foundation (C.A.T.S)</u>	<u>23-7444901</u>	<u>CA</u>	<u>Apri 1975</u>
	<i>Organization Name</i>	<i>Federal I.D. # (EIN#)</i>	<i>State of Incorporation</i>	<i>Date of 501(c)(3) Status (if applicable)</i>
1b)	<u>8210 Etiwanda Avenue</u>	<u>Reseda</u>	<u>CA</u>	<u>91335</u>
	<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1c)	<u>18300 Roscoe Blvd</u>	<u>Northridge</u>	<u>CA</u>	<u>91325</u>
	<i>Business Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

1d) PRIMARY CONTACT INFORMATION:

<u>Joni Novosel</u>	<u>818-718-5936</u>	<u>joni.novosel@dignityhealth.org</u>
<i>Name</i>	<i>Phone</i>	<i>Email</i>

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)	<u>Northridge Hospital Foundation Center for Assault Treatment Services (C.A.T.S)</u>	<u>Van Nuys</u>	<u>CA</u>	<u>91405</u>
	<i>Name / Address of Affiliated Organization (if applicable)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

SECTION II - PROJECT DESCRIPTION

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

The purpose of this request is to support the Center for Assault Treatment Services (C.A.T.S) 16th Annual Victory for Victims Walk/Run. This event is to raise awareness of sexual and domestic violence while raising funds to continue to provide all services at C.A.T.S free of charge to victims. C.A.T.S is dedicated to treating children and adults affected by violence. C.A.T.S has served the valley since 1997 serving 16,000 victims of violence. Located at the Family Justice Center with other partners who are co-located under one roof with one common goal to dedicate our organizations to the prevention of child maltreatment, domestic violence, and sexual abuse. Your support will continue to provide for the uncompensated care provided to victims and support us in carrying out our mission. "The Center for Assault Treatment Services (C.A.T.S) mission is to provide compassionate, comprehensive care to child and adult victims of domestic and sexual assault and abuse through coordinated collaborative effort where victims can begin the healing and recovery process."

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)

In fiscal year 2017 services were provided to 1,120 victims of sexual assault, domestic violence, and child physical assault. In addition to being the only 24/7/365 days a year Sexual Assault Response Team (SART) and Domestic Assault Response Team (DART) member providing forensic interviews and medical exams staff also provides outreach and prevention education in the community. Our certified Forensic Nurse Examiners and Social Workers provide information about prevention of abuse, the different types of abuse, the indicators of abuse, the importance of reporting abuse and the short and long-term consequences of failing to report abuse through free workshops. Through our concerted community outreach education has been provided to thousands of teachers, childcare providers, medical professionals, police departments, and community members every year. This past year prevention efforts were extended by offering free 8 week sessions to adolescents on Safe Dates an anti-dating violence curriculum. The Center for Disease Control reports that 1 in 4 youth are victims of verbal, emotional, physical, or sexual violence by a dating partner. This funding will benefit the public by both being there to support victims of abuse through the best possible evidence collection possible and to also educate our youth so that we can change the culture of sexual violence in the community.

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
N/A (Salaries supported by Northridge Hospital)	\$ 0	\$ 723,000
	\$	\$
	\$	\$

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
uncompensated care of victims and outreach materials	\$ 2,500	\$ 85,000
	\$	\$
	\$	\$

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
Victory for Victims Walk/Run	\$ 155,000	\$ 85,000
Hospital underwrites staff salaries	\$ 723,000	\$ 723,000
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 2,500

10a) Start date: April / 20 / 2019 10b) Date Funds Required: April / 20 / 2019 10c) Expected Completion Date: Feb. / 20 / 2019
 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

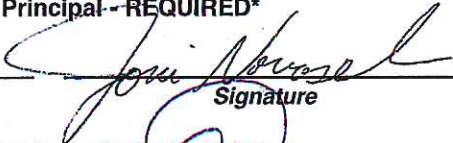
11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?
 No Yes If Yes, please describe below:


Name of NC Board Member	Relationship to Applicant
Maggi Espada-Hernandez	Intern

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***
 Joni Novosel Director  2/13/19
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - **REQUIRED***
 Priscilla Lomeli Secretary  2/13/19
 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