

## Los Angeles Unified School District Gledhill St. Elementary School Gledhill Math/Science Magnet 16030 Gledhill Street, North Hills, CA 91343

Telephone: (818) 894-1151 FAX: (818) 894-2462 Michelle King Superintendent of Schools

Vivian Ekchian Local District Northwest Superintendent

Linda R. Bueno Principal

Katherine Santos Assistant Principal, EIS

May 15, 2017

To Whom It May Concern,

I would like to submit my NPG for Gledhill Street Elementary School. Our Federal ID is 95-6101193. We are a public school requesting 10 two-way radios in order to assist in effective communication throughout the entire school. The radios will be used for emergencies and emergency drills, communication amongst yard supervision during recess and lunch schedules and amongst the administrative team.

We kindly thank you for your consideration.

Thank you,

Linda Bueno, Principal

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## 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:   | No.                       | rth Hills We                  | st Neighborhood C                                    | ouncil                                  |  |
|-----|---|---------------------------|-------------------------------|--|---|--|
| SEC | TION I- APPLICANT INFORMATION   |                           |                               |  |   |  |
| 1a) | Gledhill Street Elementary  | 95-610 <sup>-</sup>       | 1193                          | California   |   |  |
| iaj | Organization Name   | Federal I.D. # (EIN#) Sta |                               | State of Incorporation                               | Date of 501(c)(3) Status (if applicable |  |
|     | 16030 Gledhill Street   |                           | North Hills                   |  | 91343                                   |  |
| 1b) | Organization Mailing Address  | City State                |                               |  | Zip Code                                |  |
|     | Same as above   |                           |                               |  |   |  |
| 1c) | Business Address (If different)   | City                      | <del>.</del>                  | State  | Zip Code                                |  |
| 1d) | PRIMARY CONTACT INFORMATION:  |                           |                               |  |   |  |
|     | Linda Bueno, Principal  | (818) 894-1151            |                               | Linda.Bueno@lausd.net                                |   |  |
|     | Name  | Phone                     |                               | Email  | <del>n</del>                            |  |
| 2)  | Type of Organization- Please select one:  Public School (not to include private schools)  Attach Grant Request on School Letterhead | or 🗔                      | 501(c)(3) Nor<br>Attach IRS D | n-Profit (other than religio<br>retermination Letter | us institutions)                        |  |
| 3)  | Name / Address of Affiliated Organization<br>(If applicable)  |                           | City                          | State  | Zíp Code                                |  |

## SECTION II - PROJECT DESCRIPTION

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

Gledhill Street Elementary would like to provide effective communication amongst all school personnel through the use of two way radios.

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)

Gledhill Street Elementary is in need of 10 two-way radios in order to assist in effective communication throughout the entire school. The radios will be used for emergencies and emergency drills, communication amongst yard supervision during recess and lunch schedules and amongst the administrative team.

| 6a)   |  |  |  |   |  |
|---|--|--|--|---|--|
|   | Personnel Related Expenses   |  | Rei  | uested of NC  | Total Projected Cost   |
|   |  |  |  |   |  |
| 6b)   | Non-Personnel Related Expens   | <b>S</b> es  | Rec  | uested of NC  | Total Projected Cost   |
|   | Two-way radios   |  |  | \$ 2,699.00   |  |
|   | ,  |  |  |   |  |
| 7)  | Have you (applicant) applied to  ■ No □ Yes, please list   | o any other Neighborh<br>t names of NCs:   | ood Councils requ  | esting funds for  | r this project?  |
| 8)  | Is the implementation of this specifications or sources or funding?  | pecific program or pu<br>(Including NPG appli  | pose described in  | box 4 above co  | ntingent on any other  ☐ Yes, please descr   |
|   | Source of Funding  | and the second second second second second   | Am   | ount  | Total Projected Cost   |
| Ì   | <u> </u>   |  |  |   |  |
| [   |  |  | 235,745,3  |   |  |
| 9)  | What is the TOTAL amount of t  | he grant funding requ  | ested with this ap   | plication:  | \$ 2.699   |
|   |  | b) Date Funds Requi  | Da anno a seanas   |   | Ψ 4,000  |
| 0c)   |  | \$1566 \$565 \$155 BEST \$4.00   |  | <u> </u>  |  |
| 00,   | follow-up form to the Neighb   | After control (After  | ompletion of the p<br>he Department of   | roject, the applic<br>Neighborhood F  | cant must submit a   |
| ECT   | TION IV - POTENTIAL CONFLICT   | TS OF INTEREST   |  |   | , inpote of monty  |
| 1a) l   | Do you (applicant) have a forme<br>■ No ☐ Yes - Plea   | er or existing relations<br>ase describe below:  | hip with a Board   | Member of the N   | C?   |
|   | Manage of NO D 144 1   |  |  |   |  |
| ľ   | Name of NC Board Member  |  |  | Relationship  | to Applicant   |
| -<br> -   | Name of NC Board Member  |  |  | Relationship  | to Applicant   |
| -<br> -<br> -   | Name of NC Board Member  |  |  | Relationship  | to Applicant   |
| Б) I  | f yes, did you request that the b  | board member consult   | the Office of the  |   |  |
| b) li   | f yes, did you request that the billing this application? □ Ye   | es 📕 No *(Please   | note that if a Boa   | City Attorney bef   | fore<br>e NC has a conflict of   |
| b) I:   | f yes, did you request that the b<br>iling this application?  □ Ye<br>nterest and completes this form  | es ■ No *(Please<br>n, or participates in the  | note that if a Boa   | City Attorney bef   | fore<br>e NC has a conflict of   |
| <br> b)  <br> f<br> ii<br> v  | f yes, did you request that the billing this application? ☐ Yenterest and completes this formulation of this graph.  | es ■ No *(Please<br>n, or participates in the<br>ant in its entirety.)   | note that if a Boa   | City Attorney bef   | fore<br>e NC has a conflict of   |
| I b) I<br>f<br>ii<br>v  | f yes, did you request that the b<br>iling this application?  □ Ye<br>nterest and completes this form  | es ■ No *(Please<br>n, or participates in the<br>ant in its entirety.)   | note that if a Boa   | City Attorney bef   | fore<br>e NC has a conflict of   |
| Ib) I<br>f<br>ii<br>v   | f yes, did you request that the billing this application? ☐ Yenterest and completes this form will deny the payment of this grand ION V - DECLARATION AND SIGN bereby affirm that, to the best of  | es ■ No *(Please<br>m, or participates in the<br>ant in its entirety.)<br>GNATURE<br>of my knowledge, the i  | note that if a Boa<br>e discussion and<br>nformation provid  | City Attorney bef rd Member of the voting of this NP  | iore e NC has a conflict of 'G, the Department   |
| b) li<br>f<br>iii<br>v<br>•CT   | f yes, did you request that the billing this application? □ Ye nterest and completes this form will deny the payment of this graund to the best of the best of the truly and accurately stated. If   | es ■ No *(Please<br>m, or participates in the<br>ant in its entirety.)<br>GNATURE<br>of my knowledge, the i<br>further affirm that I ha  | note that if a Boa<br>e discussion and<br>nformation providue<br>read Appendix   | City Attorney bef rd Member of the voting of this NP  | iore e NC has a conflict of G, the Department ommunicated otherwis   |
| Ib) I b<br>f<br>iii<br>v<br>ECT                                       | f yes, did you request that the billing this application? ☐ Ye nterest and completes this form will deny the payment of this graulous to the payment of the best of the best of the best of truly and accurately stated. It  | No *(Please<br>n, or participates in the<br>ant in its entirety.)<br>CNATURE<br>of my knowledge, the i<br>further affirm that I ha<br>st" of this application a  | note that if a Boa<br>e discussion and<br>nformation providue<br>read Appendix<br>and affirm that the  | City Attorney bef rd Member of the roting of this NP led herein and co  | fore e NC has a conflict of eG, the Department ommunicated otherwis blic Benefit," and   |
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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