

**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 NC

**SECTION I - APPLICANT INFORMATION**

1a) AGF 82-2149550 Ca 6/22/21  
*Organization Name* *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) 1330 S Glendale Ave Glendale Ca 91205  
*Organization Mailing Address* *City* *State* *Zip Code*

1c) \_\_\_\_\_  
*Business Address (if different)* *City* *State* *Zip Code*

1d) **PRIMARY CONTACT INFORMATION:**  
Arman F Karapetyan MD (310)963-0610 akarmd@gmail.com  
*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.

The purpose of this grant is to buy and procure medical supplies and to pay for the costs incurred by Doctors and Physicians that are performing volunteer work with the Armenian American Medical Society.

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)

This Grant is to only be used to buy medical supplies and to pay for the expenses of the Physicians who are part of the programs to deliver free care to those in need. The program is run by the Armenian American Medical Society and offers free care to those in need.

**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
	Costs of Travel for Physicians	\$ 1000	\$ 40000
	Food and Beverages for Working Physicians	\$ 500	\$ 5000
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Medication: Pain Reliever	\$ 1000	\$ 10000
	Medical Supplies: Masks, Gauze, Bandages, PPP	\$ 1000	\$ 10000
	Rehabilitation Supplies:	\$ 1000	\$ 10000

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: \$ 4500

10a) Start date: 12 / 1 / 21 10b) Date Funds Required: 12 / 01 / 21 10c) Expected Completion Date: 1 / 1 / 22  
 (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\*

Arman Karapetyan CEO  9/15/21  
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*

Vahe Melkonyan Secretary  9/15/21  
 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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form