

SECTION III - PROJECT BUDGET OUTLINE- Please outline the project budget below.

6A) Personnel Related Expenses	Requested of NC	Total Projected Cost
Portable Partitions	\$	\$ 1,000
	\$	\$
	\$	\$
	\$	\$

6B) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$
	\$	\$

7) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? Yes, please describe below No

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

8) What is the TOTAL amount of the grant funding requested with this application: \$ 1,000

9) What is the expected completion date? 03 / 01 / 2010 (mm/dd/yyyy)

SECTION IV - PROJECT PRIMARY AND SECONDARY CONTACT INFORMATION

Provide the name, telephone number, fax and e-mail address (if applicable) of the person(s) responsible for the funds and program(s) listed in Section II of this application.

10A) Miguel Garza
 First Name Last Name MI
818-786-7926 818-988-0692 mvg8782@lausd.net
 Telephone Number Fax Number E-mail

10B) Joan Blair
 First Name Last Name MI
818-786-7926 818-988-0692 jblair@lausd.net
 Telephone Number Fax Number E-mail

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 Appendix A, "What is a Public Benefit," and Appendix B "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.

11A) Executive Director of Non-Profit Corporation or School Principal

JOAN BLAIR PRINCIPAL Joan Blair 11/10/09
 PRINT First Name/ Last Name Title Signature Date

11B) Secretary of Non-profit Corporation or Assistant School Principal

 PRINT First Name/ Last Name Title Signature Date