

**Central San Pedro Neighborhood Council Funding Request for:
Community Improvement Project or Outreach Event**

(Requests are recommended at least three months before funding is needed)

Date of Request: _____

Name of Program/Project/Outreach: _____

Date of Activity: _____

Organization/Individual Submitting Request: _____

Address: _____

Contact Person: _____

Telephone # _____; E-Mail Address _____

Purpose of the Request: Please describe how the project will benefit the community and how many CSPNC stakeholders will be affected:

Amount Requested: \$ _____ Federal Tax ID# _____

Funds: Specifically, on what will the funds be used?

By what means will your organization acknowledge our sponsorship of this event?

Los Angeles Business Tax Certificate Registration Number (BRAC): _____

(If you are an Individual/Sole proprietor, Partnership or Other than a corporation, please submit a completed W-9 form.)

Type of Organization? _____ For Profit _____ Non-Profit (Please attach copy of 501c3 IRS letter)

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If the Expenditure will be outside the Central San Pedro NC boundaries, please state location:

Signature _____ Date: _____

Name Printed: _____

Please submit this application, a project budget and a brief statement of your annual budget to:

**Kali Merideth, Treasurer, Central San Pedro Neighborhood Council
1840 S. Gaffey St. PMB 212, San Pedro, CA 90731. Telephone: 310-548-5395**