



Los Angeles County African American Employees Association "Restoring Hope and Transforming Lives" (Individuals/Organizations/Agencies)

Los Angeles County has nearly 59,000 homeless, a 12 percent increase from 2018. The City of Los Angeles estimates 75 percent of those experiencing homelessness, roughly 44,000 citizens, live outdoors/unsheltered. In response to this alarming epidemic and in alignment with our mission—provide community support, the Los Angeles County African American Employees Association (LACAAEA) will be monetarily awarding recipients--individuals or organizations/agencies who provide direct services/activities to or for individuals/families experiencing homelessness or near homelessness within the County of Los Angeles—in alignment with LACAAEA's Inaugural Black-Tie Gala Theme, "Restoring Hope and Transforming Lives".

Recipients will be determined through a selection process where each completed Nominee Form (enclosed) will be evaluated, scored and ranked. A maximum of four (4) highest-ranking Nominees will be recommended to become a "Restoring Hope and Transforming Lives" award recipient in addition to being acknowledged at LACAAEA's Inaugural Black-Tie Gala 2020, during Black History Month, on Friday, February 28, 2020.

We invite and encourage all interested parties to apply for this award by completing the enclosed Nominee Form and emailing it to <u>LACAAEAGALA2020@gmail.com</u> on or before **December 31, 2019.**

Please email all inquiries to the Social Impact and Community Support (SICS) Committee at <u>LACAAEAGALA2020@gmail.com</u>.

Sincerely.

Armetha Bravo, Chair

Social Impact and Community Support Committee

Enclosure: Nominee Form



Los Angeles County African American Employees Association "Restoring Hope and Transforming Lives" Nominee Form (Individuals/Organizations/Agencies)

Nominee Form Submission Deadline: December 31, 2019

LACAAEAGALA2020@gmail.com

Email Address: Telephone /Mobile: PLEASE PROVIDE RESPONSES FOR THE FOLLOWING: 1. Do you (individual or agency) provide at a minimum one (1) activity/service directly to individuals/families experiencing homelessness or near homelessness within the County Los Angeles? Yes No II. If yes, below please describe the activity and/or activities you provide directly to individuals/families experiencing homelessness or near homelessness within the County of Los Angeles. Include in your response below: a. The frequency you provide the activity/service (daily, weekly, monthly, etc.) b. The area within the County of Los Angeles you service c. The number of individuals/families you believe your service has impacted d. The number of people who work/volunteer with you to accomplish your activity/service (If completing a hardcopy of this Nominee Form, please use additional pages to complete Question II) III. Do you currently receive funding/financial assistance from private donors, city, county, state, federal or any other source to assist you in providing your service/activity described in Question II? Yes No IV. What percentage of your revenue/donations go directly for services or activities to help people experiencing homelessness or near homelessness?	Name of Individual/Agency Name & Contact:
Email Address: Telephone /Mobile: I. Do you (individual or agency) provide at a minimum one (1) activity/service directly to individuals/families experiencing homelessness or near homelessness within the County Los Angeles? Yes No Nomelessness or near homelessness within the County Los Angeles? Yes No Nomelessness or near homelessness within the County of Los Angeles. Include in your response below: a. The frequency you provide the activity/service (daily, weekly, monthly, etc.) b. The area within the County of Los Angeles you service c. The number of individuals/families you believe your service has impacted d. The number of people who work/volunteer with you to accomplish your activity/service (If completing a hardcopy of this Nominee Form, please use additional pages to complete Question II) III. Do you currently receive funding/financial assistance from private donors, city, county, state, federal or any other source to assist you in providing your service/activity described in Question II? Yes No IV. What percentage of your revenue/donations go directly for services or activities to help people experiencing homelessness or near homelessness?	Street Address:
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	AWARD RECIPIENT AGREES TO THE FOLLOWING: 1. Participate in the production of a video that may require you to:

- a. Briefly describe the services/activity you provide for the homeless population and/or be videoed while performing the service/activity to the homeless population.
- b. Kindly thank LACAAEA for the Award.
- 2. Attend the Black-Tie Gala on Friday, February 28, 2020
- 3. Grant LACAAEA the right, without obligation, unless prohibited by law, to use the contents of nomination form, name, voice, picture and likeness, without compensation, which may include, but not be limited to, Gala Program, advertising, publicly advertising, etc. in any medium in perpetuity.