

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: _____

SECTION I- APPLICANT INFORMATION

1a) _____
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) _____
Organization Mailing Address *City* *State* *Zip Code*

1c) _____
Business Address (If different) *City* *State* *Zip Code*

1d) **PRIMARY CONTACT INFORMATION:**

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 Grant Request on School Letterhead **Attach IRS Determination Letter**

3) _____
Name / Address of Affiliated Organization *City* *State* *Zip Code*
(If applicable)

SECTION II - PROJECT DESCRIPTION

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

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)

SECTION III - PROJECT BUDGET OUTLINE

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Hygiene Kits (96 kits, \$10.42 per kit)		\$1000.32
Meal Gift Cards (266 cards, \$15 per card)		\$3,990
		\$4,990.32

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?

☐ No ☐ Yes, please list names of NCs: _____

8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs) ☐ No ☐ Yes, please describe:

Source of Funding	Amount	Total Projected Cost

9) What is the TOTAL amount of the grant funding requested with this application: \$4,990.32

10a) Start date: 6/1/2021 10b) Date Funds Required: 6/1/2021

10c) Expected completion date: 8/1/2021 (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC?

☐ No ☐ 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 Department 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 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. 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 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***

Andrew Thomas Executive Director ASD 4/23/21
PRINT Name Title Signature Date

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

Jessica Dabney WVIA Executive Director [Signature] 4/28/21
PRINT Name Title Signature Date

* 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

WVIA Neighborhood Purpose Grant

Attachment A

The purpose and intent of this grant is to fund assistance to people experiencing homelessness in the Westwood Business Improvement District. The grant will fund the purchase of hygiene kits to encourage daily health. The grant will also fund the purchase of gift cards from local Westwood Village food establishments and the WVIA will use its merchant database to outreach local eateries to ensure the greatest level of participation possible. Food establishments owned or managed by NWNC council members will not be eligible to participate in this program.

The gift cards will be distributed by our WVIA Ambassadors to people experiencing homelessness in the district who are also experiencing food insecurity. The card distribution will be led by the WVIA's outreach coordinator who will document who receives a card to ensure duplicates are not issued until at least every individual of need has received one card. The WVIA will also seek to partner with local Westwood entities to further distribution if cards remain.

Hygiene Kits include: socks (\$245 - 8 packs of 12 pairs), soap (\$133 - 8 packs of 12 bars), toothpaste (\$69 - 4 packs of 24 tubes), toothbrushes (\$113 - 4 packs of 24 brushes), baby powder (\$123 - 8 packs of 12 containers), shampoo/conditioner (\$85 - 5 packs of 20 units), razors (\$85 - 4 packs of 24), shaving cream (\$77 - 9 packs of 15 containers), lotion (\$69 - 8 packs of 12). Total = \$1,000.32. Meal Gift Cards purchased from various local participating food establishments 266 cards x \$15 = \$3,990.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

DEC 02 2013

WESTWOOD VILLAGE IMPROVEMENT
ASSOCIATION
10880 WILSHIRE BOULEVARD STE 117
LOS ANGELES, CA 90024

Employer Identification Number:
95-4801120
DLN:
603317488
Contact Person:
MICHELLE A GLUTZ ID# 31213
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated January, 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, our letter dated May, 2005 in which you were presumed to be a private foundation is hereby superseded. You are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Director, Exempt Organizations

Letter 1050 (DO/CG)