

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) Valley Relics Museum 46-0985214 _____ _____
Organization Name **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3)**
Status (if applicable)
- 1b) 13212 Raymer St North Hollywood CA 91605
Organization Mailing Address **City** **State** **Zip Code**
- 1c) _____ _____ _____ _____
Business Address (if different) **City** **State** **Zip Code**
- 1d) **PRIMARY CONTACT INFORMATION:**
Tommy Gelinas (818) 678-4934 info@valleyrelicsmuseum.org
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.**
The Valley Relics Museum will be co-sponsoring the 2017 Senir Dance as part of the Annual Hawaiian Festival of the Arts at Northridge Park. At the dance, the senior community enjoy dinner, dancing and entertainment.
- 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)
The grant will benefit the community by giving the seniors in our joint communities the opportunity to enjoy an evening devoted to the senior community. They will be able to visit with their neighbors, meet new people and dance while enjoying a nice meal together.

SECTION III - PROJECT BUDGET OUTLINE

| 6a) Personnel Related Expenses | Requested of NC | Total Projected Cost |
|--------------------------------|-----------------|----------------------|
| See enclosed Budget | | |
| | | |
| | | |

| 6b) Non-Personnel Related Expenses | Requested of NC | Total Projected Cost |
|------------------------------------|-----------------|----------------------|
| See enclosed budget | | |
| | | |
| | | |

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: _____

10a) Start date: 03/16/17 10b) Date Funds Required: 06/02/17

10c) Expected completion date: _____ (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*

Thomas V. Gelinas Director [Signature] 3/20/2017
 PRINT Name Title Signature Date

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

 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

Senior Dance Budget

| Item | Description | Estimate |
|----------------|---|----------|
| Entertainment | Band for event | 250 |
| Food | BBQ chicken w/ 2 sides and bread for 200 people | 1500 |
| Supplies | Paper goods | 400 |
| Drinks and Ice | | 300 |
| | | |
| Total | | 2450 |

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE

THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED

| ACCOUNT NO. | | FUND/CLASS | DESCRIPTION | ISSUED: 11/17/2014 | STARTED | STATUS |
|-------------------|--|------------|-------------------------|--------------------|------------|--------|
| 0002781321-0001-1 | | L049 | Professions/Occupations | | 10/12/2013 | Active |

VALLEY RELICS
21630 MARILLA STREET
CHATSWORTH, CA 91311-4123

ISSUED TO

21630 MARILLA STREET
CHATSWORTH, CA 91311-4123



ISSUED BY:

Christine D. Christensen

DIRECTOR OF FINANCE

ISSUED FOR TAX COMPLIANCE PURPOSES ONLY
NOT A LICENSE, PERMIT, OR LAND USE AUTHORIZATION

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS - Office of Finance, P.O. Box 53200, Los Angeles CA 90053-0200
IMPORTANT - READ REVERSE SIDE

FORM 2009 (Rev. 4/12)

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

DEPARTMENT OF THE TREASURY

Date:

MAY 14 2013

VALLEY RELICS
13212 RAYMER ST
N HOLLYWOOD, CA 91605-4124

Employer Identification Number:
46-0985214
DLN:
17053081337033
Contact Person:
APRIL D GARRETT ID# 31493
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
August 30, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

VALLEY RELICS

Sincerely,

A handwritten signature in black ink, reading "Holly O. Paz". The signature is written in a cursive, flowing style.

Holly O. Paz
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

TAXPAYER INFORMATION UPDATE FORM

LEGAL NAME Valley Relics

ACCOUNT NUMBER _____

PLEASE COMPLETE APPROPRIATE INFORMATION

YOU MUST CALL (844) 663-4411 for further instructions if you have any change in ownership / legal name or police or fire permit.

☐ (a) DBA (DOING BUSINESS AS) _____ DATE _____

☒ (b) BUSINESS ADDRESS 13212 Raymer St, North Hollywood DATE 3-15-17
CA 91605

IF YOUR BUSINESS ADDRESS HAS CHANGED, PLEASE CHECK AND COMPLETE BOX (B) IF YOU CONTINUE TO BE SUBJECT TO THE TAX. PLEASE NOTE THAT IF YOU HAVE MOVED OUTSIDE THE CITY OF LOS ANGELES AND SOLICIT OR PROMOTE BUSINESS ACTIVITIES WITHIN THE CITY OF LOS ANGELES, YOU ARE REQUIRED TO PAY TAX IF YOU CONDUCT BUSINESS IN THE CITY SEVEN OR MORE DAYS IN A YEAR. IF YOU RELOCATED ALL OR PART OF YOUR BUSINESS OUTSIDE THE CITY OF LOS ANGELES, WHETHER OR NOT YOU ARE SUBJECT TO THE TAX, STATE REASON(S) FOR THE RELOCATION AND NEW PHONE NUMBER. _____

PHONE NO (_____) _____

☐ (c) MAILING ADDRESS _____ DATE _____

c/o _____

☐ (d) ENTIRE BUSINESS SOLD OR DISCONTINUED _____ DATE _____

PLEASE PROVIDE, IF APPLICABLE, NEW OWNER'S NAME, ADDRESS, PHONE NUMBER AND LOCATION OF BUSINESS PROPERTY(S) SOLD _____

☐ (e) ENTIRE BUSINESS TAX CLASSIFICATION SOLD OR DISCONTINUED

CLASS CODE(S) _____ DATE _____

_____ DATE _____

PLEASE PROVIDE, IF APPLICABLE, NEW OWNER'S NAME, ADDRESS, PHONE NUMBER AND LOCATION FOR THE BUSINESS TAX CLASSIFICATION SOLD _____

PLEASE INCLUDE YOUR EMAIL ADDRESS: _____

SIGNATURE [Signature]

DATE 3/15/17

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

| | | |
|---|---|---|
| Print or type See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Valley Relics | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ Tax-exempt 501 C | |
| | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> | |
| | 5 Address (number, street, and apt. or suite no.) 13212 Raymer Street | Requester's name and address (optional) |
| | 6 City, state, and ZIP code North Hollywood, CA 91605 | |
| | 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | |
| | | | - | | | | - | |
| or | | | | | | | | |
| Employer identification number | | | | | | | | |
| 4 | 6 | - | 0 | 9 | 8 | 5 | 2 | 1 |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

| | | |
|--------------|-------------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|--------------|-------------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.