SEC	TION III - PROJECT BUDGET OUTLIN	NE							
6a)	Personnel Related Expenses		Reques	ted of NC	Total Projected Cost				
	New Horizons provides instructor and cover w	ages		\$.0.00	\$ 0.00				
6b)	Non-Personnel Related Expenses		Reques	ted of NC	Total Projected Cost				
	4 years subscription of Adobe Creative Cloud	(All applications plan)		\$ 1,500.00	\$ 1,500.00				
7)	ave you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  No Ves, please list names of NCs:								
8)	Is the implementation of this specific program or purpose described in box 4 above contingent on any other								
0,	s the implementation of this specific program or purpose described in box 4 above contingent on any other actors or sources or funding? (Including NPG applications to other NCs)								
		ading in a applications to ou							
	Source of Funding		Amoun		Total Projected Cost				
				The Plant					
9)	What is the TOTAL amount of the gr	ant funding requested with th	is applic	ation:	\$ 1,500.00				
-		TANKS OF THE PARTY	6/17	Ï					
	Out for we	vate i ulius Nequileu.	MI-111-						
10c)	Expected completion date: 07/0 follow-up form to the Neighborho	(Arter completion of							
SEC	TION IV - POTENTIAL CONFLICTS OF		nt or Nei	giiboriiood E	inpowerment)				
	Do you (applicant) have a former or	existing relationship with a Bo	oard Mer	nber of the N	C?				
ì	■ No □ Yes - Please de Name of NC Board Member								
	Maine of NC Board Weinber			Kelationship	to Applicant				
11b)	If yes, did you request that the board								
	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		and vot	ing or this NF	'G, the Department				
	TION V - DECLARATION AND SIGNA								
SEC	HON V - DECLARATION AND SIGNA	IURE							
	I hereby affirm that, to the best of my	knowledge, the information	provided	l herein and c	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 Neighbo								
	Neighborhood Council to whom I am								
	used in accordance with the the tern	ns of the application stated he	re, said	funds shall b	e returned immediately				
	to the Neighborhood Council.								
12a)	<b>Executive Director of Non-Profit Cor</b>	poration or School Principal -	REQUIR	RED*	10 -				
	Roschell Ashley	Interim CEO	Son	Bell Ask	ls 5-2-17				
	PRINT Name	Title	4	Signature	Date				
12b)	Secretary of Non-profit Corporation	or Assistant School Principal	REQUI	RED					
,	Ken Miles	Board Secretary	1	110	5/2/17				
3	PRINT Name	Title		Signature	Date				
			_						

<sup>\*</sup> 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

## 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.

North Hills West Neighborhood Council

1a)	New Horizons	95-18620	84	CA	12/14/13
	Organization Name	Federal	I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
1b)	15725 Parthenia Street	North Hill	S	CA	91343
	Organization Mailing Address	City		State	Zip Code
1c)	Business Address (If different)	City		State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:				
	Shade Mokuolu	(818) 221-0	0651	smokuolu@new	ewhorizons-sfv.org
	Name	Phone		Email	
2)	Type of Organization- Please select one:  ☐ Public School (not to include private schools)  Attach Grant Request on School Letterh		501(c)(3) Non- Attach IRS De	Profit (other than religio	ous institutions)
3)	Name / Address of Affiliated Organization (If applicable)		City	State	Zip Code

## SECTION II - PROJECT DESCRIPTION

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

The grant will be used to pay for a four years subscription plan on Adobe Creative Cloud for our clients in the Technology and Media Arts program. New Horizons' Technology and Media Arts program teaches highly functional individuals with disabilities the creative skills using software programs. We are in need of funds to incorporate the next teaching plan on the curriculum, so our clients can learn digital arts which include special effects and graphics seen in many media or movie production.

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 be used to support the teaching infrastructure in our Technology and Media Arts classroom. Ability to pay for the Adobe Creative Cloud will help our clients learn important skills that can be transferable to securing employment in the community. For the past 62 years, New Horizons has been providing services for individuals with disabilities so that they can become independent and contributing members of the society.

Internal Revenue Service P.O. Box 2508 \_ Cincinnat; OH 45201

Date: November 14, 2013

NEW HORIZONS: SERVING INDIVIDUALS WITH SPECIAL NEEDS 15725 PARTHENIA ST SEPULVEDA CA 91343-4913 Department of the Treasury

Person to Contact:
Mrs. Day #0110209
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
95-1862084

Dear Sir or Madam:

This is in response to your October 31, 2013 request for information regarding your tax-exempt status.

Our records indicate you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in April 1957.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website <a href="https://www.irs.gov/charities">www.irs.gov/charities</a> for information regarding filing requirements. Specifically, note that section 6033(j) of the Code automatically revokes the tax-exemption of any organization that fails to satisfy its filing requirement for three consecutive years. The automatic revocation of exemption is effective as of the due date of the third required annual filing or notice. The IRS maintains a list of organizations whose tax-exempt status was automatically revoked at IRS.gov.

If you have any questions, please call the phone number in the heading of this letter.

Sincerely,

Kenneth Corbin
Acting Director,
Example Organization

**Exempt Organizations**