

Monthly Expenditure Report



Reporting Month: May 2018

Budget Fiscal Year: 2017-2018

NC Name: North Hills West
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$27159.83	\$12131.92	\$15027.91	\$8420.84	\$0.00	\$6607.07

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$24301.00	\$763.64	\$5427.91	\$0.00	\$3107.07
Outreach		\$3769.28		\$2320.84	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$4000.00	\$0.00	\$4000.00	\$0.00	\$4000.00
Neighborhood Purpose Grants	\$13699.00	\$7599.00	\$5600.00	\$6100.00	\$-500.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$14840.17	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	OFFICEMAX/DEPOT 6391	05/06/2018	(Credit card transaction)	General Operations Expenditure	Office	\$188.82
2	VZWRLSS PRPAY AUTOPAY	05/07/2018	(Credit card transaction)	General Operations Expenditure	Office	\$34.59
3	SITEGROUND HOSTING	05/09/2018	(Credit card transaction)	General Operations Expenditure	Office	\$143.40
4	PARTNERS	05/24/2018	(Credit card transaction)	General Operations Expenditure	Office	\$396.83
5	FRATELLIS ITALIAN	05/18/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$124.01
6	NEW HORIZONS	05/29/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$180.00
7	Southern California Preparedness Foundation	04/19/2018	Motion to approve an NPG for \$600.00 to South...	Neighborhood Purpose Grants		\$600.00
8	Moore Business Results	05/07/2018	Monthly website communication services	General Operations Expenditure	Outreach	\$215.27

Office DEPOT OfficeMax

SANTA CLARITA - (661) 296-0702

05/06/2018 12:30 PM



2PVTQA3PYRQX5XECF

SALE 6391-3-7650-888422-18.4.2
434207 INK,951CMY/950 106.99 SS
574635 DIV,OD,BLK LEA
2 @ 4.99 9.98

You Pay 9.98SS

208900 BDR,ODP,VW,1.5 7.49 SS
209215 BDR,OD,VW,1.5" 7.49 SS
333465 PAPER,OFFICE C 56.99SS
Instant Savings -16.50

You Pay 40.49SS

Subtotal: 172.44

Sales Tax: 16.38

Total: 188.82

MasterCard 5486: 188.82

AUTH CODE 045299

TDS Chip Read

AID A0000000041010 MASTERCARD

TVR 0000048000

CVS PIN Verified



Dan Gibson <dgibson.nhwnc@gmail.com>

You are good for another month!

1 message

Verizon Wireless <VZWMail@ecrmemail.verizonwireless.com>

Mon, May 7, 2018 at 12:17 AM

To: President@nhwnc.net

Thanks for your payment.

View online

[Shop](#) [Support](#) [My Verizon](#)

Your plan has been renewed.

Mobile number ending in #2259.

You're all set through 06/06/2018. Visit [My Verizon](#) at any time to review your account details.

My plan: \$30 BASIC UNLIM BUNDLE

Thanks for choosing Verizon Wireless.

Payment amount	\$30.00
CA Prepaid MTS Fee	\$1.67
CA Prepaid MTS Fee	\$2.70
CA Prepaid MTS Fee	\$0.22
Total amount	\$34.59

Tools to stay on track.



Save time with Auto Pay.

Simplify by setting up automatic payments from your checking or credit card account.

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My Verizon Mobile.

The convenience of My Verizon is there when you are on the go.

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SG Hosting Inc.
901 N. Pitt St, Suite 325
Alexandria 22314 VA, USA

Customer

Dan Gibson
North Hills West NC
P.O. Box 2091
North Hills, 91393
California
United States

Invoice Number: 594424

Invoice Date: **05/09/2018**
Payment Method: **MASTERCARD**

PRODUCT DESCRIPTION	QUANTITY	ITEM PRICE
1 year GoGeek Hosting nhwnc.net	1	143.40 USD

Subtotal: 143.40 USD
Prepaid Funds: 0.00 USD
Total: 143.40 USD

SG Hosting Inc. 901 N. Pitt St, Suite 325, Alexandria 22314 VA, USA
www.siteground.com



PARTNERS IN DIVERSITY, INC.
A Small Business, Women Owned Enterprise

Remit to: **Partners In Diversity, Inc.**

P.O. Box 654
South Pasadena, CA 91031-0654

INVOICE

Invoice Amount

\$396.83

Payment Terms

Due On Receipt

Invoice Date

05/21/2018

Invoice No.

30431

Customer No.

1351

Neighborhood Council/N.H. West
Attn to: Accounts Payable
P.O. BOX 2091
North Hills, CA 91343

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council/N.H. West	Corporate	1351	Due On Receipt

Description	Type	Units	Rate	Amount
Week ending: 04/22/2018				
Levin, David Minute Taker	Reg	7.25	\$24.42	\$177.05
Total This Week ending:				\$177.05
Week ending: 05/20/2018				
Levin, David Minute Taker	Reg	9.00	\$24.42	\$219.78
Total This Week ending:				\$219.78

Reg: 16.25 OT: 0 DT: 0

Total - This Invoice:

\$396.83

Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.

Date and time: May 24, 2018 2:16:18 PM PDT
Transaction ID: 9C2013194F928703X

None provided

Thanks for your purchase.



FRATELLIS ITALIAN

16153 PARTHENIA ST
NORTH HILLS, CA 91343
8188939233

WE DELIVER WITHIN 3 MILES AND 15\$
MINIMUM ORDER!

ORDER: 05
DELIVERY

6pm

Cashier: Employee
17-May-2018 11:22:43A

1	Large Pizza	\$0.00
	Alfredo Pizza	\$18.95
1	chicken	\$0.00
	LARGE	\$2.95
	mush	
1	Large Pizza	\$12.95
	Canadian Bacon	\$2.00
	Pineapple	\$2.00
1	Large Pizza	\$0.00
	Fratelli Combo Pizza	\$18.95
	Fratelli Combo Pizza	\$18.95
1	Salads	\$0.00
	Garden Or Caesar Salad 1/2 Tray	\$25.00
1	tip	\$10.00
1	Delivery	\$1.50
Subtotal		\$113.25
Tax		\$10.76
Total		\$124.01

Order 5H8SXBWMPD2EW

.....
How are we doing?
Text "6g4xss" to 73752
to send us your feedback
.....

Customer Info

Name:
David Brown

Address:
15725 Parthenia

Phone:



Dan Gibson <dgibson.nhwnc@gmail.com>

New Horizons Transaction Receipt

3 messages

gsantilli@newhorizons-sfv.org <gsantilli@newhorizons-sfv.org>

To: president@nhwnc.net

General Information

Merchant Account: New Horizons

Date/Time : ~~04/09/2018~~ 12:26:55 PM PDT*5/29/2018*

Transaction InformationOrder ID : CAFE FUNCTION ~~02-15-2018~~

Description : MEETING

Transaction Amount : \$180.00

Transaction ID : 4064183771

Authorization Code : 093540

Transaction Type : Card Sale

Response : Approved

AVS Results : No address or ZIP match

Customer Billing Information

First Name : DANNY R.

Last Name : GIBSON

Company : North Hills West Neigghborhood Council

Address : 16405 CHASE ST.

City : NORTH HILLS

State : CA

Zip Code : 91343

Country : US

Phone : 661 877-7538

Email : president@nhwnc.net

Customer Shipping Information

First Name : DAN

Last Name : GIBSON

Company : North Hills West Neighborhood Council

Address : 200 N. Spring St. FL 20

City : LOS ANGELES

State : CA

Zip Code : 90012-4801

Country : US

Email : president@nhwnc.net

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: North Hills West

SECTION I- APPLICANT INFORMATION

- 1a) Southern California Preparedness Foundation 47-2811120 CA 01/21/15
Organization Name **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**
- 1b) 19300 Rinaldi St. Unit 7333 Northridge CA 91327-8818
Organization Mailing Address **City** **State** **Zip Code**
- 1c)
Business Address (If different) **City** **State** **Zip Code**
- 1d) **PRIMARY CONTACT INFORMATION:**
William (Bill) Hopkins (818) 835-5384 Bill.Hopkins@SoCalPrep.us
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.

Three Neighborhood Councils, North Hills East, North Hills West, and Panorama City are working together to bring this CERT program to the community. The three neighborhood councils have reached out to Southern California Preparedness Foundation (SCPF) to partner and assist with providing CERT class completion backpacks containing essential and valuable response supplies to each course participant that completes (attends all 7 sessions or make-ups within 60 days of) the CERT class. The grant will supplement the cost of the CERT backpacks that will be presented at the conclusion of the CERT training class being held at Kaiser Hospital Panorama City beginning January 16, 2018 and ending on February 27. CERT backpacks will remain available for up to 60 days after the end of the course to allow for those attendees needing to attend make-up session(s) to complete their training. Any CERT backpacks not so distributed within that period will be retained by SCPF to be thusly distributed by and at the discretion of SCPF at a future CERT class in the San Fernando Valley.

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 Community Emergency Response Team (CERT) program is an all-risk, all-hazard training presented by the Los Angeles Fire Department. CERT members receive 17 1/2 hours of initial training. It is important to realize that when a major disaster occurs, the fire department, paramedics, police WILL NOT COME! They will be deployed FIRST to major incidents such as collapsed buildings. That is why you constantly hear that you MUST be prepared to take care of yourself. In the CERT course they say, "The Greatest Good for the Greatest Number of People." CERT members are trained in basic disaster response skills such as fire safety, light search and rescue, team organization and disaster medical operations. You will learn how to prepare for emergencies, what supplies you should have NOW in your house, how much food and water, but most importantly, how to protect your family (and your neighbors) in an emergency!

SECTION III - PROJECT BUDGET OUTLINE

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
None		

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Cost sharing for CERT backpack kits provided by	\$ 600.00	\$ 1,800.00
Southern California Preparedness Foundation to attendess that complete		
the course as determined by the LAFD instructor		

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

☐ No ☒ Yes, please list names of NCs: Panorama City, North Hills East, North Hills West

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
Panorama City NC	\$ 600.00	\$ 1,800.00
North Hills East NC	\$ 600.00	\$ 1,800.00
North Hills West NC	\$ 600.00	\$ 1,800.00

9) What is the TOTAL amount of the grant funding requested with this application: \$ 600.00

10a) Start date: 01/16/18 10b) Date Funds Required: 02/20/18

10c) Expected completion date: 02/27/18 (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
Dave Brown, a Southern California Preparedness Foundation board member is on the	North Hills West NC

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*

William J. Hopkins, Jr. President & Director William J. Hopkins 1/5/18
PRINT Name Title Signature Date

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

Linda M. Pruett Corporate Secretary & Director Linda M. Pruett 1/5/18
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

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

DEPARTMENT OF THE TREASURY

Date: **JAN 21 2015**

SOUTHERN CALIFORNIA PREPAREDNESS
FOUNDATION
19300 RINALDI ST UNIT 7333
NORTHRIDGE, CA 91327-8818

Employer Identification Number:
47-2811120
DLN:
26053420004015
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
December 29, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

SOUTHERN CALIFORNIA PREPAREDNESS

Sincerely,

Tamara Rippanda

Director, Exempt Organizations

Letter 5436

You Can't Predict. . . But You Can Prepare.

C.E.R.T. CLASS



What it is: Learn how to prepare yourself for major earthquake occurrences. Learn how to safely help yourself and others.

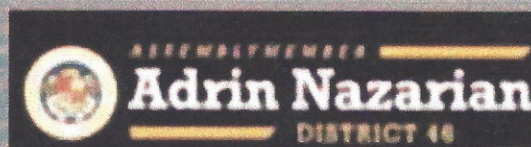
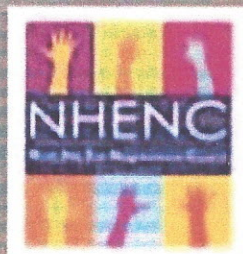
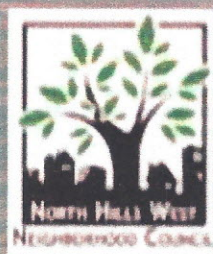
Where:

Kaiser Permanente Medical Center (In the Concourse Room) 1365 I Willard St, Panorama City, CA 91402

When: Starts January 16 - February 27 (Every Tuesday) from 6:30 to 9:30 PM

***Open Registration Begins November 16TH**

<https://www.eventbrite.com/e/lafd-cert-panorama-city-tickets-37461441179>



Panorama City
Neighborhood Council



Invoice #NHWNC 2018 0501
Number

Date May 1, 2018

Mr. Dave Brown
North Hills West NC
PO Box 2091
North Hills, CA 91393

Please remit to:

Wendy L. Moore
Moore Business Results
19300 Rinaldi, #7164
Northridge, CA 91327

818 252-9399
<http://www.moorebusinessresults.com/>
City of LA Tax #549794-29

Communications services	215.27
Amount Now Due	\$215.27

Thank you for your business. We appreciate working with you.

Please pay within 21 days of invoice date. Payments not received by that date may incur a late fee of \$25. We may also assess a 1.5% interest charge per month on late payments. Interest accrues retroactively from the due date. If the invoice is not paid within 90 days, additional collections fees may apply. Returned checks are \$25.

Date	Task	Hours
4/15/2018	Site transfer recommendation	0.25
4/16/2018	Agenda on site and calendar.	0.17
4/17/2018	Meeting supporting documents. Events on calendar. Eblast. FB	1.00
4/19/2018	LACC document on meeting.	0.17
4/25/2018	Events on calendar. Check email forwarding.	0.50
		2.09

Office of the City Clerk
 Administrative Services Division
 Neighborhood Council (NC) Funding Program
 Board Action Certification Form



NC Name: North Hills West Meeting Date: 06/15/2017
 Budget Fiscal Year: 2017-18 Agenda Item No: 18


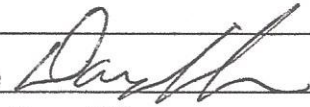
Board Motion and/or Public Benefit Statement (CIP and NPG): Approval of NHWNC 2017-18 Annual Budget

Vote Count

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Dan Gibson	President	X					
Jay Beeber	Vice-President				X		
Dave Brown	Secretary	X					
Madlena Minasian	Treasurer	X					
Armando Diaz					X		
Maggie Elliott		X					
Garry Fordyce		X					
Puman Gohel		X					
Carol Hart		X					
David Hyman		X					
Sam Kwasman		X					
Antonino Lovato					X		
Kreshell Ramey					X		
Totals		9			4		

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer's Signature  Print/Type Name: Madlena Minasian Date: 7/14/2017	Second Signer's Signature  Print/Type Name: Dan Gibson Date: 7/14/2017
---	---



INVOICE

April 16, 2018

North Hills West Neighborhood Council

REMIT PAYMENT TO:

ONEgeneration Senior Enrichment Center
18255 Victory Blvd.
Reseda, CA 91335
818-705-2345

2018 Senior Symposium

Item	Amount
Senior Symposium Participation – Booth, Canopy, Table with 2 chairs, and inclusion of logo on flyers, banners, programs and other outreach materials for the May 19, 2018 Senior Symposium	\$750.00
Balance Due	\$750.00

Office of the City Clerk
 Administrative Services Division
 Neighborhood Council (NC) Funding Program
 Board Action Certification Form



NC Name: North Hills West		Meeting Date: April 19, 2018
Budget Fiscal Year: 2017-2018		Agenda Item No: 20
Board Motion and/or Public Benefit Statement (CIP and NPG):	Board motion to approve up to \$750.00 to participate as Lunch Sponsor for the ONEGeneration Senior Symposium to be held May 19, 2018.	

Vote Count							
Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.							
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Dan Gibson	President	X					
Jay Beeber	Vice President	X					
Dave Brown	Secretary	X					
Madlena Minasian	Treasurer				X		
Pat Crone		X					
Maggie Elliott		X					
Garry Fordyce		X					
Punam Gohel					X		
Carol Hart		X					
David Hyman		X					
Sam Kwasman			X				
Carlos Pelaez		X					
Kreshell Ramey		X					
Totals		10	1		2		

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer's Signature	Second Signer's Signature
Print/Type Name: Madlena Minasian	Print/Type Name: Dan Gibson
Date: 4/19/2018	Date: 4/19/2018

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. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

Name of NC from which you are seeking this grant: North Hills West

SECTION I - APPLICANT INFORMATION

- 1a) Southern California Preparedness Foundation 47-2811120 CA 01/21/2015
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3)*
Search for us in the Funding Portal *Status (if applicable)*
- 1b) 19300 Rinaldi St. Unit 7333 Northridge CA 91327-8818
Organization Mailing Address *City* *State* *Zip Code*
- 1c) _____
Business Address (If different) *City* *State* *Zip Code*
- 1d) **PRIMARY CONTACT INFORMATION:**
William (Bill) Hopkins, Jr. 818-835-5384 Bill.Hopkins@SoCalPrep.us
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 Signed letter on School Letterhead **Attach IRS Determination Letter**
- 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.

Participation in the 11th Annual Valley Disaster Preparedness Fair on Saturday, September 29, 2018, sponsored by the Southern California Preparedness Foundation. A 10ft x10ft space will be provided to the neighborhood council for Outreach operations. Neighborhood Council name, meeting location, and website address will appear on the event flyer and Fair website (www.ValleyDisasterFair.com). Neighborhood Council participation and information may also appear on various additional Fair promotional materials. Family registration information is requested of Fair attendees, and to the extent it is obtained, will be provided to participating neighborhood councils to assist with NC Outreach efforts. Venue is ADA compliant.

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)

September is National Preparedness Month. This Emergency and Disaster Preparedness Fair, which had attendance exceeding 7,000 last year, benefits the Neighborhood Council stakeholders and surrounding communities by increasing family and neighborhood awareness, providing education and training, and enhancing whole community disaster preparedness. This event is family-friendly, open to the public, and free to attendees. Free Family Emergency Preparedness (EP) Starter kits (while supplies last), will be given to registered families attending the Fair. Additionally, a free lunch is offered while supplies last. The grant money will be used to procure supplies, services, and rentals in support of the Annual Valley Disaster Preparedness Fair which provides Family Emergency Preparedness Starter Kits, informative presentations, displays and basic trainings, in a family-friendly and accessible environment.

SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a)	Personnel Related Expenses	Requested of NC	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Supplies, services, and rentals for Annual Valley Disaster Preparedness Fair	\$ 1000.00	\$ 49,000.00
		\$	\$
		\$	\$

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

☐ No ☒ Yes If Yes, please list names of NCs: Various Neighborhood Councils

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

Source of Funding	Amount	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 1000.00

10a) Start date: 01 / 24 / 18 10b) Date Funds Required: 05 / 15 / 18 10c) Expected Completion Date: 09 / 29 / 18
(After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

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

☒ No ☐ Yes If 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 NC Funding Program 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 the documents "What is a Public Benefit," and "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 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*

William J. Hopkins, Jr.

PRINT Name

President & Director

Title



Signature

2/16/18

Date

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

Linda M. Pruett

PRINT Name

Corporate Secretary & Director

Title



Signature

2/16/18

Date

* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or clerk.ncfunding@lacity.org for instructions on completing this form

Save The New Date

11th Annual

VALLEY DISASTER PREPAREDNESS FAIR



WWW.VALLEYDISASTERFAIR.COM

Saturday, September 29, 2018 9:00 am – 1:30 pm

QUESTIONS? INFO@VALLEYDISASTERFAIR.COM

ONLINE REGISTRATION OPENS JULY 1 • REGISTRATION ALSO AVAILABLE AT THE FAIR

Northridge Fashion Center—Pacific Theaters Parking Lot

(9400 Shirley Ave., south of Plummer St.)

SPECIAL APPRECIATION TO NORTHRIDGE FASHION CENTER AND GENERAL GROWTH PROPERTIES, INC.



A FUN AND FREE FAMILY EVENT THAT JUST MIGHT SAVE YOUR LIFE, YOUR PET'S LIFE, OR THE LIFE OF A LOVED ONE.

Some Fair Highlights:

- Family friendly & ADA accessible
- Free admission, lunch* & parking
- Free Family EP Starter Kits*
- Free child ID
- Exhibits & displays
- CERT demos and info
- Special events
- Learn Sidewalk CPR
- Demonstrations
- Pet safety & preparedness
- American Red Cross
- Children's Safety Puppet Show
- Disaster Response Agencies
- Shakey-Quakey Schoolhouse
- Dutch oven & solar oven cooking
- Neighborhood Council representatives
- Map Your Neighborhood (MYN)
- Drawings for EP and specialty items
- Ham radio station **K6D**. Talk-in: 145.570 mHz
- "Jaws of Life" vehicle extrication demo
- Send a Radiogram to your out-of-state contact[‡]
- And so much more!

**Valley
Disaster
Preparedness
Fair
2018**

Online Fair Registration

Present your emailed Voucher (starting July 1) to any **Pre-Registered Check-in Station** for a quick scan.

Speaker Series at the Fair

An exciting lineup of five 30-minute talks on diverse preparedness topics.

Cedars-Sinai Bloodmobile

Give the gift of life. Donors may enter the Fair for donor screening and Fair Check-in starting at 8:15 am.

Ham Radio Exams[‡] for new and license upgrades at 11:00 am, sponsored by [ARES NW](http://ARES.NW).

Solar Powered by LA Department of Water & Power's mobile Solar Power System.

Social Media  

Southern California Preparedness Foundation is on [Facebook](https://www.facebook.com/SoCalPrepUS). On [Twitter](https://twitter.com/SoCalPrepUS), we're @SoCalPrepUS. "Follow" and "like" us to stay informed of our efforts with the Fair, MYN, and CERT.

We need your help with: Kit Prep, Registration, Set-up, Take-down, Promotion, Volunteering, & more! Info@ValleyDisasterFair.com

For photos, videos, and more, please visit www.ValleyDisasterFair.com

This annual event is managed and produced by
www.SoCalPrep.us
Info@SoCalPrep.us
Ph: 818-835-5384



**Southern
California
Preparedness
Foundation**

A 501(c)(3) nonprofit



Supported by Los Angeles
Neighborhood Councils,
Councilmember [Mitchell Englander](#),
County Supervisor [Kathryn Barger](#),
with Federal, State, County, and
City agency participation.

*While supplies last. EP kits to registered families. Events, exhibitors, and features subject to availability and may change. [‡]ARRL exam Fee: \$15

[‡]Be sure to have your out-of-state contact's full name, complete address, and phone number with area code.



January 31, 2018

To Whom It May Concern:

Re: Neighborhood Purposes Grant Request by Southern California Preparedness Foundation in Support of the 11th Annual Valley Disaster Preparedness Fair

Please be advised that the following persons are on the Board of Directors of the Southern California Preparedness Foundation, a 501(c)(3) nonprofit corporation (EIN: 47-2811120):

Name	Foundation Position	Neighborhood Council
William J. Hopkins, Jr.	President and Director	Granada Hills North board member
Dave Brown	Logistics and Director	North Hills West board member
Linda M. Pruett	Corporate Secretary and Director	Lake Balboa board member
Theodore C. Snyder	Treasurer and Director	Not a board member of any Los Angeles Neighborhood council

Please direct any questions to William Hopkins at Bill.Hopkins@SoCalPrep.us.

Sincerely,

A handwritten signature in black ink, appearing to read "William J. Hopkins, Jr.", with a stylized flourish at the end.

William J. Hopkins, Jr.
President and Director

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

DEPARTMENT OF THE TREASURY

Date: **JAN 21 2015**

SOUTHERN CALIFORNIA PREPAREDNESS
FOUNDATION
19300 RINALDI ST UNIT 7333
NORTHRIDGE, CA 91327-8818

Employer Identification Number:
47-2811120
DLN:
26053420004015
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
December 29, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

SOUTHERN CALIFORNIA PREPAREDNESS

Sincerely,

A handwritten signature in black ink, reading "Tamera Rippanda". The signature is written in a cursive, flowing style with a large initial 'T' and 'R'.

Director, Exempt Organizations

Office of the City Clerk
 Administrative Services Division
 Neighborhood Council (NC) Funding Program
 Board Action Certification Form



NC Name: North Hills West	Meeting Date: March 15, 2018
Budget Fiscal Year: 2017-2018	Agenda Item No: 16
Board Motion and/or Public Benefit Statement (CIP and NPG): Board motion to approve a Neighborhood Purposes Grant in the amount of up to \$1000.00 to the Southern California Preparedness Foundation in support of the 11th Annual Valley Disaster Preparedness Fair to be held on 9/20/2018.	

Vote Count							
Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.							
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Dan Gibson	President	X					
Jay Beeber	Vice President	X					
Dave Brown	Secretary						X
Madlena Minasian	Treasurer	X					
Pat Crone		X					
Maggie Elliott							X
Punam Gohel		X					
Garry Fordyce		X					
Carol Hart					X		
David Hyman		X					
Sam Kwasman		X					
Carlos Pelaez		X					
Kreshell Ramey		X					
Totals		10			1		2

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer's Signature: Print/Type Name: Madlena Minasian Date: 03/15/2018	Second Signer's Signature: Print/Type Name: Dan Gibson Date: 03/15/2018
---	---

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: North Hills West Neighborhood Council

SECTION I - APPLICANT INFORMATION

- 1a) Friends of the Mid-Valley Regional Library 95-457927 CA 1996
Organization Name **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**
- 1b) 16244 Nordhoff St North Hills CA 91343
Organization Mailing Address **City** **State** **Zip Code**
- 1c)
Business Address (If different) **City** **State** **Zip Code**
- 1d) **PRIMARY CONTACT INFORMATION:**
Chris Daush (818)892-1280 ccdaush@verizon.net
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.**
Please continue to help fund "The Hot Off the Press" book collection so that the Mid-Valley Regional Library can receive best selling titles each month for the fiscal year 2018-2019. ~~If sidewalk, hand up tired.~~
- 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 "Hot Off the Press" collection allows best-selling titles be readily available on a first come, first serve basis to patrons who walk in the library. With NHHWC's sponsorship, it will help allocate more of the library's budget towards purchase of needed titles for the community-at-large.

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
Fund for HOTP bookcollection	\$ 1,000.00	1000

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
	1000	

9) What is the TOTAL amount of the grant funding requested with this application:

\$ 1,000.00

10a) Start date: 07/01/18

10b) Date Funds Required: 6/15/18

10c) Expected completion date: 06/30/19 (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*

Christive Daush
PRINT Name

President
Title


Signature

4/19/18
Date

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

Bobby Diamond
PRINT Name

Secretary
Title


Signature

4/19/2018
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

**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.

Name (as shown on your income tax return)
Friends of the Mid-Valley Regional Branch Library

Business name/disregarded entity name, if different from above
same

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
16244 Nordhoff Street
City, state, and ZIP code
North Hills, CA 91343

Requester's name and address (optional)

List account number(s) here (optional)

☒ Exempt payee

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

Employer identification number

9	5	-	4	5	7	9	2	7	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).

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 4.

Sign Here Signature of U.S. person ▶ Clare D. Bellerin Date ▶ 4/6/13

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**CITY OF LOS ANGELES**

Office of Finance
P.O. Box 53200
Los Angeles CA 90053-0200

omit
received June 10, 2013



*****AUTO**SCH 3-DIGIT 913 31
FRIENDS OF THE MID-VALLEY REGIONAL BRANCH LIBRARY 10386

16244 NORDHOFF ST
NORTH HILLS CA 91343-3806

16244 NORDHOFF STREET
NORTH HILLS, CA 91343-3806

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE

THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED

BUSINESS TAX

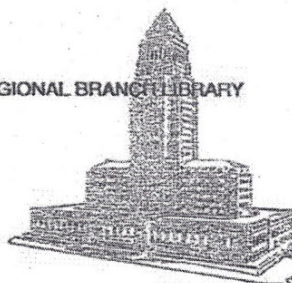
ISSUED: 5/20/2013

ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002579122-0001-5	L044	Retail Sales	4/30/2013	Active

FRIENDS OF THE MID-VALLEY REGIONAL BRANCH LIBRARY

16244 NORDHOFF ST
NORTH HILLS CA 91343-3806

16244 NORDHOFF STREET
NORTH HILLS, CA 91343-3806



ISSUED BY:

Christina P. 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
FORM 2000 (Rev. 4/12) IMPORTANT - READ REVERSE SIDE

omit



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
P.O. BOX 1286
RANCHO CORDOVA, CA. 95741-1286

August 23, 1996

In reply refer to
755:G :EMM

FRIENDS OF THE MID-VALLEY REGIONAL BRANCH
LIBRARY
16244 NORDHOFF
NORTH HILLS CA 91343-0000

Purpose : EDUCATIONAL
Code Section : 23701d
Form of Organization : Corporation
Accounting Period Ending: December 31

You are exempt from state franchise or income tax under the section of the Revenue and Taxation Code indicated above.

This decision is based on information you submitted and assumes that your present operations continue unchanged or conform to those proposed in your application. Any change in operation, character, or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address also must be reported.

In the event of a change in relevant statutory, administrative, judicial case law, a change in federal interpretation of federal law in cases where our opinion is based upon such an interpretation, or a change in the material facts or circumstances relating to your application upon which this opinion is based, this opinion may no longer be applicable. It is your responsibility to be aware of these changes should they occur. This paragraph constitutes written advice, other than a chief counsel ruling, within the meaning of Revenue and Taxation Code Section 21012 (a)(2).

You may be required to file Form 199 (Exempt Organization Annual Information Return) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. See annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 5th month (4 1/2 months) after the close of your annual accounting period.

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91755-7406

DEPARTMENT OF THE TREASURY

Date: DEC 12 1996

FRIENDS OF THE MID-VALLEY REGIONAL
BRANCH LIBRARY
16244 NORDHOFF
NORTH HILLS, CA 91343

Employer Identification Number:
95-4579271
Case Number:
956281116
Contact Person:
TYRONE THOMAS
Contact Telephone Number:
(213) 894-2289
Accounting Period Ending:
JUNE 30
Foundation Status Classification:
509(a) (2)
Advance Ruling Period Begins:
AUGUST 23, 1996
Advance Ruling Period Ends:
JUNE 30, 2001
Addendum Applies:
NO

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in section 509(a)(2).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (DO/CG)

FRIENDS OF THE MID-VALLEY REGIONAL

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue 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.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable

FRIENDS OF THE MID-VALLEY REGIONAL

cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

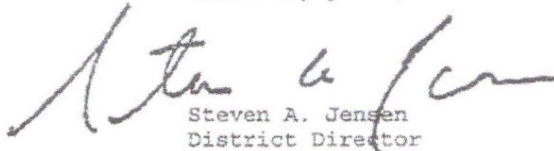
This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are spent only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence that the funds will remain dedicated to the required purposes and that the recipient will use the funds for those purposes.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Steven A. Jensen
District Director

Enclosure(s):
Form 872-C



Meeting Date: April 19, 2018

Agenda Item No:14

Board motion to approve a Neighborhood Purposes Grant up to the \$1,000.00 requested to the Friends of the Mid-Valley Regional Library to provide best selling books for local library users through the "Hot Off the Press" collection.

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Dan Gibson	President	X					
Jay Beeber	Vice President	X					
Dave Brown	Secretary	X					
Madlena Minasian	Treasurer				X		
Pat Crone		X					
Maggie Elliott		X					
Garry Fordyce			X				
Punam Gohel					X		
Carol Hart		X					
David Hyman		X					
Sam Kwasman		X					
Carlos Pelaez		X					
Kreshell Ramey			X				
Totals		9	2		2		

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Date: 4/19/2018

**2018 Congress of Neighborhoods / EmpowerLA Awards / NC Budget Advocates
Neighborhood Council Funding Support Statement**

I, Dan Gibson (President or Vice-President [VP] name),
declare that I am the President or VP of the North Hills West
Neighborhood Council (Neighborhood Council) and that on April 19, 2018 (meeting
date), a Brown Act noticed public meeting was held by the Neighborhood Council with a quorum
of 11 (number) board members present and that by a vote of
11 (number) Yea, 0 (number) Nay, and 0 (number) Abstentions,
the Neighborhood Council approves funding support for the following:

☒ L.A. Congress of Neighborhoods 2018 event in the amount of:

*\$ 1000.00 (A)

and/or

☐ L.A. Congress of Neighborhoods 2018 – Networking/EmpowerLA Awards event in the amount of:

*\$ _____ (B)

and/or

☐ Neighborhood Council Budget Advocates 2018 in the amount of:

*\$ _____ (C)

\$1,000.00 **Grand Total (A) + (B) + (C)**

Therefore, the Neighborhood Council requests that the Office of the City Clerk Neighborhood Council
Funding Program issue payment in the aforementioned Total amount from our checking account to the
Department of Neighborhood Empowerment for the Congress and/or Budget Advocates Account(s).



Signature of President or VP

5/3/2018

Date

To request payment, the Neighborhood Council Treasurer must submit this completed form through the
Funding System portal as the "Payment Request Document" and a respective Board Action Certification
(BAC) form. Forms must be submitted no later than June 1, 2018 in order to be processed from current
Fiscal Year available funds. Make check payable to:

**"City of Los Angeles – Dept. of Neighborhood Empowerment"
200 N. Spring St. Suite 224, Los Angeles, CA 90012**



*Please indicate a specific monetary amount, i.e. statements such as "our unused funding for this fiscal
year" will not be processed.



Board motion to approve up to \$1,000 to support the L.A. Congress of Neighborhoods 2018 event to be held Saturday, September 22, 2018 at Los Angeles City Hall.

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer's Signature 	Second Signer's Signature 
Print/Type Name: Madlena Minasian	Print/Type Name: Dan Gibson
Date: 4/19/2018	Date: 4/19/2018

**2018 Congress of Neighborhoods / EmpowerLA Awards / NC Budget Advocates
Neighborhood Council Funding Support Statement**

I, Dan Gibson (President or Vice-President [VP] name),
declare that I am the President or VP of the North Hills West
Neighborhood Council (Neighborhood Council) and that on April 19, 2018 (meeting
date), a Brown Act noticed public meeting was held by the Neighborhood Council with a quorum
of 11 (number) board members present and that by a vote of
10 (number) Yea, 1 (number) Nay, and 0 (number) Abstentions,
the Neighborhood Council approves funding support for the following:

☐ L.A. Congress of Neighborhoods 2018 event in the amount of:

*\$ _____ (A)

and/or

☐ L.A. Congress of Neighborhoods 2018 – Networking/EmpowerLA Awards event in the amount of:

*\$ (B)

and/or

☒ Neighborhood Council Budget Advocates 2018 in the amount of:

*\$ 1000.00 (C)

\$ 1000.00 **Grand Total (A) + (B) + (C)**

Therefore, the Neighborhood Council requests that the Office of the City Clerk Neighborhood Council
Funding Program issue payment in the aforementioned Total amount from our checking account to the
Department of Neighborhood Empowerment for the Congress and/or Budget Advocates Account(s).


Signature of President or VP

5/3/2018

Date

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200 N. Spring St. Suite 224, Los Angeles, CA 90012**

*Please indicate a specific monetary amount, i.e. statements such as "our unused funding for this fiscal
year" will not be processed.



Board motion to approve up to \$1,000.00 to support the work of the Neighborhood Council Budget Advocates.

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Dan Gibson	President	X					
Jay Beeber	Vice President	X					
Dave Brown	Secretary	X					
Madlena Minasian	Treasurer				X		
Pat Crone		X					
Maggie Elliott		X					
Garry Fordyce		X					
Punam Gohel					X		
Carol Hart		X					
David Hyman		X					
Sam Kwasman		X					
Carlos Pelaez		X					
Kreshell Ramey			X				
Totals		10	1		2		

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

4/19/2018

**2018 Congress of Neighborhoods / EmpowerLA Awards / NC Budget Advocates
Neighborhood Council Funding Support Statement**

I, Dan Gibson (President or Vice-President [VP] name),
declare that I am the President or VP of the North Hills West
Neighborhood Council (Neighborhood Council) and that on April 19, 2018 (meeting
date), a Brown Act noticed public meeting was held by the Neighborhood Council with a quorum
of 11 (number) board members present and that by a vote of
11 (number) Yea, 0 (number) Nay, and 0 (number) Abstentions,
the Neighborhood Council approves funding support for the following:

☐ L.A. Congress of Neighborhoods 2018 event in the amount of:

*\$ _____ (A)

and/or

☒ L.A. Congress of Neighborhoods 2018 – Networking/EmpowerLA Awards event in the amount of:

*\$ 500.00 (B)

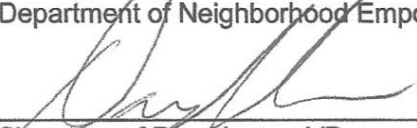
and/or

☐ Neighborhood Council Budget Advocates 2018 in the amount of:

*\$ _____ (C)

\$ 500.00 **Grand Total (A) + (B) + (C)**

Therefore, the Neighborhood Council requests that the Office of the City Clerk Neighborhood Council
Funding Program issue payment in the aforementioned Total amount from our checking account to the
Department of Neighborhood Empowerment for the Congress and/or Budget Advocates Account(s).



Signature of President or VP

5/3/2018

Date

To request payment, the Neighborhood Council Treasurer must submit this completed form through the
Funding System portal as the "Payment Request Document" and a respective Board Action Certification
(BAC) form. Forms must be submitted no later than June 1, 2018 in order to be processed from current
Fiscal Year available funds. Make check payable to:

**"City of Los Angeles – Dept. of Neighborhood Empowerment"
200 N. Spring St. Suite 224, Los Angeles, CA 90012**

*Please indicate a specific monetary amount, i.e. statements such as "our unused funding for this fiscal
year" will not be processed.



Board motion to approve up to \$500 to support the L.A. Congress of Neighborhoods Networking/EmpowerLA Awards event.

4/19/2018

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. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

Name of NC from which you are seeking this grant: _____

SECTION I - APPLICANT INFORMATION

- 1a) Los Angeles Conservation Corps 94-4002138 CA 09/12/85
Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)
- 1b) 1400 N. Spring Street Los Angeles CA 90012
Organization Mailing Address City State Zip Code
- 1c) _____
Business Address (if different) City State Zip Code
- 1d) **PRIMARY CONTACT INFORMATION:**
Pablo Cardoso 323 224-2550 pcardoso@lacorps.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 Signed letter on School Letterhead Attach IRS Determination Letter
- 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.

Los Angeles Conservation Corps will provide a crew qualified and trained supervisor, who will clean residential and business area sidewalks, and parkways with the boundaries of the North Hills West Neighborhood Council, approximately once a month over the course of the grant period.

- 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 project focuses on providing weeding and clean up services to and at the direction of the North Hills West Neighborhood Council. The work includes weeding, and litter abatement.

SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a)	Personnel Related Expenses	Requested of NC	Total Projected Cost
	4 Corpsmembers and 1 supervisor	\$ 4,999.00	\$ 4,999.00
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$

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

☒ No ☐ Yes

If Yes, please list names of NCs: _____

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

Source of Funding	Amount	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 4,999.00

10a) Start date: 5/28/18 10b) Date Funds Required: 7/31/18 10c) Expected Completion Date: 7/31/18
 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

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

☒ No ☐ Yes

If 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 NC Funding Program 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 the documents "What is a Public Benefit," and "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 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*

Wendy Butts

CEO

Wendy A. Butts

5-14-18

PRINT Name

Title

Signature

Date

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

Lloyd Wright

CFO

Lloyd Wright

5/14/18

PRINT Name

Title

Signature

Date

* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or clerk.ncfunding@lacity.org for instructions on completing this form



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248455888
June 19, 2008 LTR 4168C E0
95-4002138 000000 00 000
00018794
BODC: TE

LOS ANGELES CONSERVATION CORPS
PO BOX 15868
LOS ANGELES CA 90015-0868689



14555

Employer Identification Number: 95-4002138
Person to Contact: SELLERS
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your request of June 10, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in DECEMBER 1985, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

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(s) 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.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I



Date: 4/19/2018