

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 NC

SECTION I - APPLICANT INFORMATION

1a) Devonshire is S.O.L.I.D. 95-4418512 California 1/20/1993
 Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)

1b) P.O. Box 7181 Northridge CA 91327
 Organization Mailing Address City State Zip Code

1c) 10250 Etiwanda Ave., (Devonshire Police Sta.) Northridge CA 91325
 Business Address (if different) City State Zip Code

1d) PRIMARY CONTACT INFORMATION:

Tapio Kartiala (Treasurer) 818-368-4861 tkartiala@gmail.com
 Name Phone Email

2) Type of Organization- Please select one:

☐ Public School (not to include private schools)
 Attach Signed letter on School Letterhead

or ☒ 501(c)(3) Non-Profit (other than religious institutions)
 Attach IRS Determination Letter

N/A

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.

Devonshire LAPD Station's gym is in need of renovation in order for the officers to continue to stay in shape for overall physical and mental health reasons. Due to the pandemic, public gyms have not been allowed to be open since the beginning of 2020 and the Stations's gym is being used now more than ever. Some of the current gym equipment will be refurbished and additional new equipment will be installed. The room will also be repainted and the following will be installed: wall wrap, paint, wall paneling, TV & mount, bluetooth stereo, industrial wall fan, and additional matting.

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)

Your NC will help provide SOLID with the much needed funds for this project which will result in an overall physical health and morale boost for the officers of Devonshire PS - one of the safest in all of LAPD. Due to many budget constraints over the years, the gym has fallen into disrepair and has been patched with fixes from SOLID funds and is overdue for a major overahaul. With the city's overall cuts to Police this past year, it is not feasible for their budget to include gym renovations. SOLID's purpose is to provide those items for Devonshire PS that are needed but not budgeted for. Our ability to fundraise has been curtailed during the pandemic and we are reaching out to our NC's to help fulfill this need. It is our belief that the renovations provided by this project will continue to enhance our officer's physical health, morale and overall community relationships in the near and long term benefitting the public at large.

SECTION III - PROJECT BUDGET OUTLINE

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

	Requested of NC	Total Projected Cost
6a) Personnel Related Expenses		
N/A	\$	\$
	\$	\$
	\$	\$
6b) Non-Personnel Related Expenses		
See attached list	\$5000.00	\$31,151.00
	\$	\$
	\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?
☐ No ☒ Yes If Yes, please list names of NCs: GHSNC, Chatsworth NC

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
GHSNC (check rec'd)	\$3500.00	\$31,151.00
Chatsworth NC	\$1000.00	\$31,150.00
SOLID Fundraising	\$22,650.00	\$31,150.00

9) What is the TOTAL amount of the grant funding requested with this application: **\$5000.00**

10a) Start date: 05/01/2021 10b) Date Funds Required: 05/01/2021 10c) Expected Completion Date: 06/01/2021
 (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*

Dianne Kartiala President Dianne Kartiala 4/15/21
 PRINT Name Title Signature Date

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

Yolanda Petroski Secretary Yolanda Petroski 4/16/21
 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



CA LICENSE #974311
14141 COVELLO STREET SUITE #9A
VAN NUYS, CA 91405
+1 8186161118

PROPOSAL

ADDRESS

Solid/LAPD Devonshire Station
P.O. BOX 7181
Northridge, CA 91327

PROPOSAL # 1699
DATE 01/28/2021

JOB LOCATION

10250 ETIWANDA AVE

DESCRIPTION	AMOUNT
GYM MINOR REMODEL	
REPLACE (7) EXISTING LIGHT FIXTURES WITH (7) NEW LED FLAT PANELS.	1,650.00
REPLACE EXISTING CEILING TILES/PANELS WITH NEW 2'X4' CEILING TILES/PANELS WITH SPLIT SCORE IN MIDDLE.	1,900.00
REMOVE PLYWOOD ON WALLS.	300.00
INSTALL DRYWALL ON WALLS IF MISSING AFTER PLYWOOD REMOVAL. INCLUDES TAPING, PRIMER AND PAINT.	1,500.00
REMOVE ALL ITEMS ON WALLS.	75.00
INSTALL (2) 10" X 40" KICKPLATES ON EXTERIOR EXIT DOOR.	150.00
REMOVE ALL RUBBER MATS ON WALLS. CUT METAL ANGLE WHERE IT MEETS MIRROR. WILL NOT CUT METAL ANGLE UNDER MIRROR.	600.00
INSTALL DRYWALL ON WALLS IF MISSING AFTER MAT REMOVAL. INCLUDES TAPING, PRIMER AND PAINT.	1,500.00
SAND, PRIME AND PAINT T-BAR GRID. INCLUDES (2) HVAC GRILLES.	650.00
SCRAPE, PRIME, PATCH, SPOT PRIME AND PAINT ALL WALLS. INCLUDES (2) DOORS.	1,250.00
EXCLUDES MOVING EQUIPMENT.	

AC 01/28/2021

TOTAL

\$9,575.00

Accepted By

Accepted Date



CA LICENSE #974311
14141 COVELLO STREET SUITE #9A
VAN NUYS, CA 91405
+1 8186161118

PROPOSAL

ADDRESS

Solid/LAPD Devonshire Station
P.O. BOX 7181
Northridge, CA 91327

PROPOSAL # 1700
DATE 01/28/2021

JOB LOCATION

10250 ETIWANDA AVE

DESCRIPTION

GROUND FLOOR HALLWAY TO BE TOUCHED UP AS NEEDED. INCLUDES
WALLS, DOOR FRAMES, AND WINDOW FRAMES.

AMOUNT

650.00

AC 01/28/2021

TOTAL

\$650.00

Accepted By

Accepted Date

THE FIRST ESTIMATE FOR THE GYM:

List of equipment we are requesting along with additional items to complete the Devonshire Area gym.

• **Gym equipment:**

- Smith Machine. Reman existing \$450
- SSF Olympic Flat bench New \$695
- SSF adjustable bench New (2x) \$1,390
- Proline lat pull/low row combo new \$2,299
- Dual Adjustable pulley new \$2,999 Commercial treadmill remanufactured \$2,499
- Commercial air bike new \$899
- 1- set kettle bells KG 4kg-20kg w- rack \$440
- 3- Olympic bars @\$175each \$525
- 800 LBS of bumper weights \$2080
- Delivery and install \$1300
- **Total: \$15,576 delivery and install**

• **Additional Items:**

- Wall wrap and paint \$1500
- 50-60 inch Tv w/mount \$500
- Bluetooth Stereo \$350
- 1 industrial wall fan \$300
- Additional matting \$2200
- Wall paneling \$500

Total: \$5350.00

- **Devonshire Gym remodel total: \$20,926.00**

GRAND TOTAL: \$31,151



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248167147
June 05, 2015 LTR 4168C 0
95-4418512 000000 00

00018446

BODC: TE

DEVONSHIRE IS S O L I D
PO BOX 7181
NORTHRIDGE CA 91327



003343

Employer Identification Number: 95-4418512
Person to Contact: Ms Wittwer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 27, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in March 1994.

Our records also indicate that 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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248167147
June 05, 2015 LTR 4168C 0
95-4418512 000000 00
00018447

DEVONSHIRE IS S O L I D
PO BOX 7181
NORTHRIDGE CA 91327

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

Sincerely yours,

Doris P. Kenwright

Doris Kenwright, Operation Mgr.
Accounts Management Operations 1

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

DEVONSHIRE IS S.O.L.I.D.

FILE NUMBER: C1718778
FORMATION DATE: 01/20/1993
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of October 15, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State

RKS



State of California
Secretary of State

92

Statement of Information

(Domestic Nonprofit, Credit Union and Consumer Cooperative Corporations)

Filing Fee: \$20.00. If amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

11-013711

FILED

In the office of the Secretary of State
of the State of California

JAN 20 2011

This Space for Filing Use Only

1. CORPORATE NAME

DEVONSHIRE IS S.O.L.I.D.
17549 LAHEY ST
GRANADA HILLS, CA. 91344
C1718778

Due Date:

Complete Principal Office Address (Do not abbreviate the name of the city. Item 2 cannot be a P.O. Box.)

2. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY

CITY

STATE ZIP CODE

CA

3. MAILING ADDRESS OF THE CORPORATION, IF REQUIRED

CITY

STATE ZIP CODE

P.O. Box 7181

NORTHRIDGE

CA 91344

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

4. CHIEF EXECUTIVE OFFICER/

ADDRESS

CITY

STATE ZIP CODE

JIM MALKIN 17549 LAHEY ST GRANADA HILLS CA 91344

5. SECRETARY

ADDRESS

CITY

STATE ZIP CODE

RICHARD FARRA 17548 LAHEY ST GRANADA HILLS CA 91344

6. CHIEF FINANCIAL OFFICER/

ADDRESS

CITY

STATE ZIP CODE

CAROLINE EAST 11150 JELICO AVE GRANADA HILLS CA. 91344

Agent for Service of Process (If the agent is an individual, the agent must reside in California and Item 8 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 8 must be left blank.)

7. NAME OF AGENT FOR SERVICE OF PROCESS

JIM MALKIN

8. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE ZIP CODE

17549 LAHEY ST. GRANADA HILLS CA 91344

Davis-Stirling Common Interest Development Act (California Civil Code section 1350, et seq.)

9. ☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act and proceed to Items 10, 11 and 12.

NOTE: Corporations formed to manage a common interest development must also file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code section 1363.6. Please see instructions on the reverse side of this form.

10. ADDRESS OF BUSINESS OR CORPORATE OFFICE OF THE ASSOCIATION, IF ANY

CITY

STATE ZIP CODE

11. FRONT STREET AND NEAREST CROSS STREET FOR THE PHYSICAL LOCATION OF THE COMMON INTEREST DEVELOPMENT

8-DIGIT ZIP CODE

(Complete if the business or corporate office is not on the site of the common interest development.)

12. NAME AND ADDRESS OF ASSOCIATION'S MANAGING AGENT, IF ANY

CITY

STATE ZIP CODE

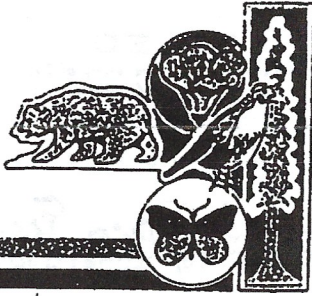
13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

1/17/11
DATE

CAROLINE EAST
TYPE/PRINT NAME OF PERSON COMPLETING FORM

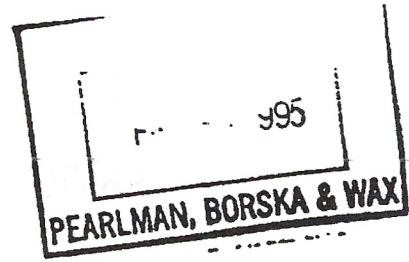
TREASURER
TITLE

Caroline East
SIGNATURE



State of California

SECRETARY OF STATE'S OFFICE



DEVONSHIRE IS S.O.L.I.D.

I, *TONY MILLER*, Acting Secretary of State of the State of California, hereby certify:

That the annexed transcript was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great
Seal of the State of California this

OCT 26 1994



Tony Miller
Acting Secretary of State

1718778

FILED
In the office of the Secretary of State
of the State of California

ARTICLES OF INCORPORATION
OF
DEVONSHIRE IS S.O.L.I.D.

JAN 20 1993

March Foxg E
MARCH FOXG EU, Secretary of State

FIRST: The name of this corporation is:

DEVONSHIRE IS S.O.L.I.D.

SECOND: This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any persons. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes.

THIRD: The specific purposes of this corporation are:

(a) To assist the Devonshire area Community in facilitating and supporting Community Based Policing; and

(b) To assist in the Devonshire area Community's involvement in the ability to implement the program of Community Based Policing; and

(c) To provide any and all equipment and other support and resources which the City of Los Angeles may be unable to provide the law and enforcement organizations for crime prevention and law enforcement support in the Devonshire area.

FOURTH: (a) This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

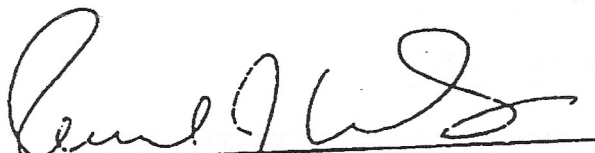
(b) No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

(c) All corporate property is irrevocably dedicated to the purposes set forth in Article Three, above. No part of the net earnings of this corporation shall inure to the benefit of any of its directors, trustees, officers, private shareholders or members, or to the benefit of any private person.

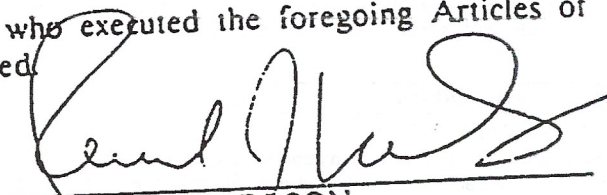
FIFTH: On the winding up and dissolution of this corporation, after paying or adequately providing for the debts, obligations, and liabilities of the corporation, the remaining assets of this corporation shall be distributed to such organization (or organizations) organized and operated exclusively for supporting the community involvement in assisting and implementing community based policing programs and other public and charitable purposes which has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States internal revenue law) and which has established its tax-exempt status under Section 23701d of the California Revenue and Taxation Code (or the corresponding section of any future California revenue and tax law).

SIXTH: The name and address in this state of the corporation's initial agent for service of process is Robert J. Carlson, 16133 Ventura Boulevard, Suite 1175, Encino, California 91436.

DATED: January 18, 1993


ROBERT J. CARLSON
Incorporator

I hereby declare that I am the person who executed the foregoing Articles of Incorporation, which execution is my act and deed.


ROBERT J. CARLSON

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Devonshire Is S.O.L.I.D.	
2 Business name/disregarded entity name, if different from above S.O.L.I.D.	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ► 501(c)(3)	
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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. PO Box 7181	Requester's name and address (optional)
6 City, state, and ZIP code Northridge, CA 9137	
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign
Here

Signature of
U.S. person ►

Mark Coh

Date ►

9-26-17

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.