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		
SEC	TION I- APPLICANT INFORMATION	4-1-4		7 K (** 1 - 2 - 1 - 1
10)	New Horizons-Serving Individuals With Special Need	ds 95-1862084	California	11-14-2013
1a)	Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
1b)	15725 Parthenia Street	North Hills	CA	91343
	Organization Mailing Address	City	State	Zip Code
1c)		·		
	Business Address (If different)	City	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:			
	Holly Rasey	(818)221-064	9 hrasey@newh	orizons-sfv.org
	Name	Phone	Email	
2)	Type of Organization- Please select one: ☐ Public School (not to include private schools) Attach Signed letter on School Letterhead		n-Profit <i>(other than religious i</i> letermination Letter	institutions)
3)	Name / Address of Affiliated Organization (if applica	ble) City	State	Zip Code

SECTION II - PROJECT DESCRIPTION

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

The purpose of the grant is to cover the cost of our Community Improvement and Beautification Project in the North Hills community. The grant would go to the costs of weed-containing ground cover to surround and protect the row of newly planted, flowering trees along the entire public street which has a public sidewalk. The walking areas along the northeast corner of Parthenia Street and Haskell Avenue serve as our property parameters and have a substantial presence along the city block. Additionally, the grant would cover costs

for a part-time worker with a disability to perform the duties of keeping these public areas properly irrigated, clean and safe from random trash, debris, and unwanted graffiti, as well as monitoring the ground coverings, manicured growth, and any signs of needed repairs.

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)

New Horizons is preparing for re-entry onto our campus for our program members, staff, and the public community. While continuing to practice CDC safety guidelines, we are excited to welcome on campus, in-person activity which includes classroom learning, events, and volunteer opportunities. With a renewed sense of safety and reengagement with families, local business owners and workers, we look at our Community Improvement and Beautification Project to demonstrate a responsible way to raise visibility of open businesses and to stimulate local economy. Our project will promote community vibrancy and safety that is sustainable.

PAGE 1

1)	ay also provide the Budget Outline on a Personnel Related Expenses		Requested of NC	Total Projected Cost
,	Please see attached Budge	ot Summary Page	\$	\$
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			\$	\$
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·	Non-Personnel Related Expenses		Requested of NC	Total Projected Cost
			\$	\$
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			\$	\$
M		e list names of NCs:		
	he implementation of this specific prog arces or funding? (Including NPG appli			gent on any other factors or s, please describe:
	Source of Funding	cations to other NCS) w	Amount	Total Projected Cost
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СТ	ION IV - POTENTIAL CONFLICTS OF IN		- TO F - 71, 7	ort to the Neighborhood Council)
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* 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

New Horizons in North Hills - Budget Summary Page

Community Improvement and Beautification Project

Ground Coverings and Supplies
Gardening Tools
Personal Protective Equipment/Items
Safety Equipment/Items/Signs \$2,400

Part-Time Worker with a disability
3 hours/week, for 1 year at min. Wage
July 6, 2021 - July 6, 2022 \$2,600

TOTAL BUDGET

\$5,000

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

Date: November 14, 2013

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

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

Dear Sir or Madam:

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

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

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

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

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

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

Sincerely,

Kenneth Corbin Acting Director,

Exempt Organizations

IBS