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.

lame	of NC from which you are seeking this grant:	No:	th Hills West Neighbo	orhood Council			
SEC	TION I- APPLICANT INFORMATION						
1a)	North Valley Caring Services		95-4444561	CA	02/1996		
1a)	Organization Name	Fed	leral I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicab		
1b)	15453 Rayen 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:						
	LAURA RATHSONE		8-534-60	59 LRATHBO	LRATHBONE @ NVCSINGO		
	Name	PI	none	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					
3)	Name / Address of Affiliated Organization (if appli	icable)	City	State	Zip Code		

SECTION II - PROJECT DESCRIPTION

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

When our communities needed us most, North Valley Caring Services answered the call from of Los Angeles City officials and we ramped up our Food distribution programs 1,000% from serving 400 families a week to over 4,000 families a week. As an entrusted organization of San Fernando Valley, NVCS was able to rally a substantial Volunteer force who from day one of the "Stay at Home Order" came together and became essential in our ability to provide food for those in need. We did not simply focus our efforts on "our neighborhood" but we chose instead to support all cities and neighborhoods in SFV. Because we had forklifts, pallet jacks and a large gymnasium, we were able to move over 5 million pounds of food during the pandemic. We have assisted other groups and organizations by receiving pallets from 50 foot trailers and loading them on to smaller trucks that provide food in their own communities. This all done free of charge, incurring expenses and wearing down our equipment. Now is the time that NVCS is asking stakeholders to 🛁 support NVCS so that we can continue this work throughout the rest of these pandemic as well as difficult times that may arise in the future.

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)

> This grant will be used for the purchase of a new forklift and the maintenance and repair of the equipment that is being used for NVCS's food distribution program.

PAGE 1 **NCFP 107**

Non-Personnel Related Expenses	Personnel Related Expenses		ary or requested. Requested of NC	Total Projected Cos
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Forklift and repair/maintenance of equipment \$\\$5000	Non-Personnel Related Expen	ses	Requested of NC	Total Projected Cos
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Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? No Yes If Yes, please list names of NCs:Chateworth, Arieta, Mission Hillis, Pacoima,Panorama C	TORRITATIO TEPATITI	namenance or equipment		
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S S S S S S S S S S	the implementation of this spec	cific program or purpose descri	bed in Question 4 conti	ngent on any other fact /es, please describe:
What is the TOTAL amount of the grant funding requested with this application: Start date: 07	Source of Funding		Amount	Total Projected Cos
What is the TOTAL amount of the grant funding requested with this application: Start date: 07			\$	\$
What is the TOTAL amount of the grant funding requested with this application: Start date: 07 / 01 / 21				
Start date: 07 ,01 ,21 10b) Date Funds Required: 07 ,01 ,21 10c) Expected Completion Date: 12 , (After completion of the project, the applicant should submit a Project Completion Report to the Neighborho TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a current or former relationship with a Board Member of the NC? Name of NC Board Member Relationship to Applicant			Ψ	<u> </u>
If yes, did you request that the board member consult the Office of the City Attorney before filing this application or participates in the discussion and voting of this NPG, the NC Funding Program will deny the paymed grant in its entirety.) CTION V - DECLARATION AND SIGNATURE Pereby affirm that, to the best of my knowledge, the information provided herein and communicated otherword accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and "Concept" of this application and affirm that the proposed project(s) and/or program(s) fall within the criterian effit project/program and that no conflict of interest exist that would prevent the awarding of the Neignborhood Council to whom I am application. I further affirm that if the grant received is not used in accordance with the terms of the sted here, said funds shall be returned immediately to the Neighborhood Council. Manuel Flores Executive Director Executive Director Executive Director	· · · · · · · · · · · · · · · · · · ·	_		
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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

Signature

Title

PAGE 2

PRINT Name

DEPARTMENT OF THE TREASURY

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

Date: . AUG 20 1999

NORTH VALLEY CARING SERVICES C/O VERNA M PORTER 15435 RAYEN ST NORTH HILLS, CA 91343-5119 Employer Identification Number: 95-4444561

DLN:

17053191761009

Contact Person:

KENNETH B BIBB

ID# 31264

Contact Telephone Number:

(877) 829-5500 Our Letter Dated:

February 1996

Addendum Applies:

No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(VI).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated 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 resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

District Director

Letter 1050 (DO/CG)

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