



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) North Valley Caring Service 95-4444561 CA 02/1996
Organization Name **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**

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 Rathbone 818-534-6059 Lrathbone@nvcsinc.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.**

North Valley Caring Services will be bringing holiday cheer through the community once again this year and we need your help! Grants will be used to purchase and distribute holiday meals, gifts, outreach materials, and cheer to NVCS food pantry recipients, the unhoused community, and families living in motels.

With the help from NC's last year, NVCS was able to provide over 3000 households with gifts, meals, and holiday cheer. We decorated our truck, asked Santa to hop in, and hand delivered gifts and meals to families living in motels and on the streets. Our collected data shows that 14,521 households in North Hills have received food from our weekly drive through food pantry.

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 to support the community members who struggle with financial hardships during the holiday season. A portion of the funding will cover printing cost of promotional materials that will include the NHWNC logo.

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 |
| | NONE | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

| | | | |
|-----|--|------------------------|-----------------------------|
| 6b) | Non-Personnel Related Expenses | Requested of NC | Total Projected Cost |
| | food, containers, wrapping paper, hygiene supplies, printing | \$ 5000 | \$ 20,000 |
| | | \$ | \$ |
| | | \$ | \$ |

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?
☐ No ☒ Yes If Yes, please list names of NCs: Sylmar, Mission Hills, GHWNC, NHENC, Pacoima, Panorama city

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: \$ 5,000

10a) Start date: 11 / 15 / 21 10b) Date Funds Required: 12 / 20 / 21 10c) Expected Completion Date: 01 / 15 / 22
(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**
Manuel Flores Executive Director 08A4E40E37D242E... 11/15/2021
PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - **REQUIRED**
Martha Nava Office Secretary 845440AD9E244B7... 11/15/2021
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



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248153327
Feb. 10, 2014 LTR 4170C 0
95-4444561 000000 00

00017356

BODC: TE

NORTH VALLEY CARING SERVICES
15435 RAYEN ST
NORTH HILLS CA 91343

11298

Person to Contact: Ms. Espelage
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Jan. 30, 2014, regarding the tax-exempt status of North Valley Caring Services.

Our records indicate that a determination letter was issued in February 1996, granting this organization exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate this organization is not a private foundation within the meaning of section 509(a) of the Code because it is described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to this organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to the organization or for its 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.

If you have any questions, please call us at the telephone number shown above.