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.

ame of NC from which you are seeking this grant: _		No	North Hills West NC				
	TION I- APPLICANT INFORMATION						
1a)	North Valley Caring Service		95-4444561			02/1996	
iaj	Organization Name	Fed	eral I.D. # (EIN#)	State of Inc	orporation	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	818-53	4-6059	Lrathbone@nvcsinc.org <i>Email</i>			
	Name	Pl	none				
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead	or	501(c)(3) Noi Attach IRS D	n-Profit <i>(other</i>)eterminatio n	than religious i Letter	nstitutions)	
3)	Name / Address of Affiliated Organization (if appl	icable)	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.

SEC.	n Envelope ID: 59C7E1D8-D196-45D6-952E-D92F13561DD8		
	TION III - PROJECT BUDGET OUTLINE		
ou r	nay also provide the Budget Outline on a separate sheet if necess	ary or requested.	
a)	Personnel Related Expenses	Requested of	NC Total Projected Cost
	NONE	\$	\$
		\$	\$
		\$	\$
		<u> </u>	ΙΨ
o)	Non-Personnel Related Expenses	Requested of	NC Total Projected Cost
	food, containers, wrapping paper, hygiene supplies, printing	\$ 5000	\$ 20,000
		\$	\$
		\$	\$
ls	No Yes If Yes, please list names of NCs: Sy the implementation of this specific program or purpose descributes or funding?	Imar, Mission Hills, G	HWNC, NHENC, Pacoima, Panoram ontingent on any other factors o
30	urces or funding? (Including NPG applications to other NCs) Source of Funding		If Yes, please describe:
	Course of Funding	Amount	Total Projected Cost
		\$ \$	φ
		\$	9
(Start date: 11 / 15 / 21 10b) Date Funds Required: 12 / 20 After completion of the project, the applicant should submit a ION IV - POTENTIAL CONFLICTS OF INTEREST	<u>/_21_</u> 10c) Expector Project Completion	5,000 ed Completion Date: 01 / 15 / Report to the Neighborhood Co
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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

Signature

Martha Nava

Title

Office Secretary

Title

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

PRINT Name

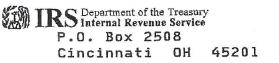
Martha Nava

PRINT Name

Date

11/15/2021

Date



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)(l) and 170(b)(l)(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.