

# 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 Neighborhood Council

### SECTION I - APPLICANT INFORMATION

1a) Friends of the Mid-Valley Regional Library 95-457027 CA Dec.1996  
*Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)*

1b) 16244 Nordhoff St North Hills CA 91343  
*Organization Mailing Address City State Zip Code*

1c) \_\_\_\_\_  
*Business Address (if different) City State Zip Code*

### 1d) PRIMARY CONTACT INFORMATION:

Christine Daush (818)892-1280 ccdaush@verizon.net

*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**

Mid-Valley Regional Library 16244 Nordhoff St North Hills CA 91343

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.

Purchase a portable projector which can be used by the library and other organizations for visual presentations and streaming videos using a laptop.

Because the projector is portable, it will be made available for use by the North Hills West Neighborhood Council when they need it.

#### 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)

The Mid-Valley Library has a meeting room which is used for library programs and by other organizations for meetings. The projector will make it possible for do visual presentations and streaming videos.

The library can resume its popular movie showings which brings senior citizens, families and teens for this free community event.

Because the projector is portable, it can be used in other areas of the library including the computer training room. It can also be transported for use by the NHWNC if they need a projector.



**SECTION III - PROJECT BUDGET OUTLINE**

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

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
		\$	\$
		\$	\$
		\$	\$
6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	Optama 412 Series Projector (from Demco)	\$1729.50	\$1729.50
		\$	\$
		\$	\$

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

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: \$1729.50

10a) Start date: 04/30/2023 10b) Date Funds Required: 6/30/2023 10c) Expected Completion Date: 8/15/23  
 (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\*

Christine Daush

PRINT Name

President

Title

Christine Daush

Signature

4/6/23

Date

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

Bobby Diamond

PRINT Name

Secretary

Title

Bobby Diamond

Signature

4/5/2023

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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form





P.O. Box 7488  
Madison, WI 53707-7488  
PH 800-356-1200 FAX 800-245-1329

## QUOTATION

Reference: G3094057  
Contract/Bid ID: CTL003  
Today: 4/04/23  
Quote Expiration Date: 5/04/23

NAME: Friends of Mid Valley Library  
CONTACT: VICKI MAGAW  
PHONE: 818-895-3650  
EMAIL: vmagaw@lapl.org

Line	Qty	Product	Product Description	Colors/Finished/Options	Unit Price	Discount	Ext Total
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1	1	W13802420	Optoma 412 Series Projector 4.5"x12.4"x9.5"		1,648.99	6%	1,550.06
PLEASE NOTE: This item may not be returned unless damaged or defective.							

Order Subtotal	1,550.06
Shipping/Processing	29.40
Sales Tax	150.04
Grand Total	1,729.50

**BILL TO:**

Friends of Mid Valley Library  
16244 Nordhoff St  
North Hills CA 91343-3800

**SHIP TO:**

Vicki Magaw  
Mid Valley Branch Library  
16244 Nordhoff St  
North Hills CA 91343-3800

**CONTACT:**

VICKI MAGAW  
MID VALLEY BRANCH LIBRARY  
16244 NORDHOFF ST  
NORTH HILLS CA 91343-3800

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## Optoma 412 Series Projector

# \$1,648.99

★★★★★ (0) [Write a review](#)

Optoma 412 Series Projector 4.5"x12.4"x9.5"  
Item #: W13802420

This product ships directly from the manufacturer in approximately 7 working days.

1

Add to Cart

ADD TO WISH LIST SHARE

### Product Description

- Texas Instruments™ 0.65" 1080p DMD
- 4,500 lumens
- 1080p (1920 x 1080) native resolution; 4K Ultra HD (3840 x 2160) maximum resolution
- Contrast ratio up to 50,000:1
- Integrated 10-watt speaker
- Inputs/outputs include 1 HDMI 2.0, 1 HDMI 1.4a, 1 VGA in, 1 VGA out, 1 audio in, 1 audio out, and 1 USB-A
- Estimated 4,000-hour lamp life in Bright mode; 15,000-hour lamp life in Dynamic mode
- 40° vertical keystone correction for easy positioning
- Supports HDMI 1.4a mandatory 3D formats; 3D glasses required (not included)
- Kensington® lock and password protection
- Includes quick start guide, AC power cable, remote control with batteries, and a carrying case
- Measures 4-1/2"H x 12-2/5"W x 9-1/2"D

### Recommended for you

<https://www.demco.com/optoma-412-series-projector>





STATE OF CALIFORNIA

FRANCHISE TAX BOARD  
P.O. BOX 1286  
RANCHO CORDOVA, CA. 95741-1286

August 23, 1996

In reply refer to  
755:G :EMM

FRIENDS OF THE MID-VALLEY REGIONAL BRANCH  
LIBRARY  
16244 NORDHOFF  
NORTH HILLS CA 91343-0000

Purpose : EDUCATIONAL  
Code Section : 23701d  
Form of Organization : Corporation  
Accounting Period Ending: December 31

You are exempt from state franchise or income tax under the section of the Revenue and Taxation Code indicated above.

This decision is based on information you submitted and assumes that your present operations continue unchanged or conform to those proposed in your application. Any change in operation, character, or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address also must be reported.

In the event of a change in relevant statutory, administrative, judicial, case law, a change in federal interpretation of federal law in cases where our opinion is based upon such an interpretation, or a change in the material facts or circumstances relating to your application upon which this opinion is based, this opinion may no longer be applicable. It is your responsibility to be aware of these changes should they occur. This paragraph constitutes written advice, other than a chief counsel ruling, within the meaning of Revenue and Taxation Code Section 21012 (a)(2).

You may be required to file Form 199 (Exempt Organization Annual Information Return) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. See annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 5th month (4 1/2 months) after the close of your annual accounting period.



# Request for Taxpayer Identification Number and Certification

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

**Name (as shown on your income tax return)**  
**Friends of the Mid-Valley Regional Branch Library**

**Business name/disregarded entity name, if different from above**  
**same**

**Check appropriate box for federal tax classification:**

☐ Individual/sole proprietor ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

**Address (number, street, and apt. or suite no.)**  
**16244 Nordhoff Street**

**City, state, and ZIP code**  
**North Hills, CA 91343**

**List account number(s) here (optional)**

**Requester's name and address (optional)**

**Exempt payee** ☒

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**

			-			-			
--	--	--	---	--	--	---	--	--	--

**Employer identification number**

9	5	-	4	5	7	9	2	7	1
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**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**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).

**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 on page 4.

**Sign Here**

**Signature of U.S. person ▶** *Clare D. Bellon*

**Date ▶** *4/6/13*

## General Instructions

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

## Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

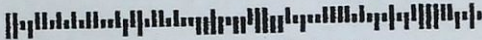




**CITY OF LOS ANGELES**  
Office of Finance  
P.O. Box 53200  
Los Angeles CA 90053-0200

*received  
June 10, 2013*

16244 NORDHOFF STREET  
NORTH HILLS, CA 91343-3806



\*\*\*\*\*AUTO\*\*SCH 3-DIGIT 913 31  
FRIENDS OF THE MID-VALLEY REGIONAL BRANCH LIBRARY 10388

16244 NORDHOFF ST  
NORTH HILLS CA 91343-3806

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

### CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE

THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED

#### BUSINESS TAX

ISSUED: 5/20/2013

ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002679122-0001-5	L044	Retail Sales	4/30/2013	Active

ISSUED TO

FRIENDS OF THE MID-VALLEY REGIONAL BRANCH LIBRARY

16244 NORDHOFF ST  
NORTH HILLS CA 91343-3806

16244 NORDHOFF STREET  
NORTH HILLS, CA 91343-3806



ISSUED BY:

*Christine D. Christensen*

DIRECTOR OF FINANCE

ISSUED FOR TAX COMPLIANCE PURPOSES ONLY  
NOT A LICENSE, PERMIT, OR LAND USE AUTHORIZATION

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS - Office of Finance, P.O. Box 53200, Los Angeles CA 90053-0200

FORM 2000 (Rev. 4/12)

IMPORTANT - READ REVERSE SIDE