LEGALLY REQUIRED OFFICIAL POSTING – PLEASE DO NOT REMOVE UNTIL AFTER BELOW DATE AND TIME

NORTH HILLS WEST
NEIGHBORHOOD COUNCIL
JOINT BOARD/BUDGET AND FINANCE MEETING AGENDA

Posted 72 hours prior to meeting - All Meetings are open to the Public

Tuesday, October 15, 2019 from 6:30 – 7:50 pm

MID-VALLEY REGIONAL LIBRARY

COMPUTER RESOURCE ROOM

16244 NORDHOFF STREET NORTH HILLS, CA 91343

Committee Members
Madlena Minasian – Chair, Helen Donovan, Dan Gibson, Anita Goldbaum

**ALL AGENDA ITEMS ARE SUBJECT TO DISCUSSION AND POSSIBLE ACTION BY THE BOARD.
PLEASE NOTE THE PRESIDING OFFICER OF THE BOARD MAY TAKE ITEMS OUT OF ORDER.
ALL SPEAKER CARDS MUST BE SUBMITTED TO THE SECRETARY BEFORE THE MEETING BEGINS.**

The public is requested to fill out a "Speaker Card" to address the Board on any agenda item before the Board takes action. Public comment is limited to 2 minutes per speaker, but the Board has the discretion to modify the amount of time for any speaker.

Supporting documents available on our website at www.nhwnc.net

1. **Welcome and Pledge of Allegiance.**

2. **Roll Call, Determination of Quorum and Voting Eligibility.**

3. **Public Agency Speakers and Announcements.**

4. **General Public Comments** - 2 minutes per Speaker

The public may provide comments to the Board on non-agenda items within the Board's subject matter jurisdiction. However, please note that under the Brown Act, the Board is prevented from

acting on the issue you bring to its attention until the matter is agendized for discussion at a future public meeting.

5. **Discussion and possible action to recommend approval of a Neighborhood Purposes Grant for up to the requested amount of $500.00 to the North Valley Family YMCA for their Thanksgiving Baskets distribution for needy families program.**

6. **Discussion and possible action to recommend approval of a Neighborhood Purposes Grant for up to the requested amount of $2,500 to New Horizons: Serving Individuals with Special Needs to provide entertainment for the 2019 New Horizons Holiday Festival.**

7. **Discussion and possible action to recommend adjustments to the 2019-2020 NHWNC Budget.**

8. **Committee Member announcements and requests for future agenda items.**
9. **Adjournment**

The North Hills West Neighborhood Council Agenda is posted for public review at the following North Hills West locations: Uncle Joe's Donuts - 8704 Woodley Avenue and on our website at www.nhwnc.net

PUBLIC INPUT AT NEIGHBORHOOD COUNCIL MEETINGS – The public is requested to fill out a "Speaker Card" to address the Board on any item on the Agenda PRIOR to the Board taking action on an item. Comments from the public on Agenda items will be heard only when the respective item is being considered. Comments on other matters, not appearing on the Agenda that are within the Board's subject matter jurisdiction, will be heard during the Public Comment on Non-Agendized Items period.

THE AMERICAN WITH DISABILITIES ACT - As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities. Sign language interpreters, assistive listening devices and other auxiliary aids and/or services, may be provided upon request. To ensure availability of services, please make your request at least 3 business days (72 hours) prior to the meeting you wish to attend by contacting Dan Gibson, Board President, via email at dgibson.nhwnc@gmail.com or by phone 818-903-2259.

RECONSIDERATION PROCESS - Reconsideration of a vote by the Board may be called as a Motion by the Board members that voted on the prevailing side of the decision.

GRIEVANCE PROCESS - A stakeholder or group of stakeholders may present a grievance concerning the legality of actions by the Board during public comment. Substantive grievances will be examined by a panel set by the Board and the decisions may be appealed to the Department of Neighborhood Empowerment.

PUBLIC ACCESS OF RECORDS - In compliance with Government Code Section 54957.5, non-exempt writings that are distributed to a majority or all of the Board in advance of a meeting, may be viewed at the scheduled meeting. In addition, if you would like a copy of any record related to an item on the agenda please contact Dan Gibson, Board President, via email at dgibson.nhwnc@gmail.com, by phone 818-903-2259 or mail to NHWNC – PO Box 2091 – North Hills – CA – 91393.

NHWNC BYLAWS - Please be advised that the Bylaws of the North Hills West Neighborhood Council provide a process for reconsideration of actions as well as a grievance procedure. For your convenience, the Bylaws are available during every meeting.

SI REQUIERE SERVICIOS DE TRADUCCION, FAVOR DE NOTIFICAR AL CONCEJO VECINAL 3 DÍAS DE TRABAJO (72 HORAS) ANTES DEL EVENTO. SI NECESITA ASISTENCIA CON ESTA NOTIFICACION, POR FAVOR CONTACTE A DAN GIBSON, PRESIDENTE DE LA MESA, POR EMAIL A dgibson.nhwnc@gmail.com O POR TELEFONO 818-903-2259.

Please Do Not Remove Before October 16, 2019

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)	New Horizons: Serving Individuals with Special Needs *Organization Name*	95-1862084 *Federal I.D. # (EIN#)*	California *State of Incorporation*	N/A *Date of 501(c)(3) Status (if applicable)*
1b)	15725 Parthenia Street *Organization Mailing Address*	North Hills *City*	CA *State*	91434 *Zip Code*
1c)	N/A *Business Address (If different)*	N/A *City*	N/A *State*	N/A *Zip Code*

1d) ***PRIMARY CONTACT INFORMATION:***

Daryl Rubin	818-894-7422	drubin@newhorizons-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** **or** ☒ 501(c)(3) Non-Profit *(other than religious institutions)* **Attach IRS Determination Letter**

3)	N/A *Name / Address of Affiliated Organization (if applicable)*	N/A *City*	N/A *State*	N/A *Zip Code*

SECTION II - PROJECT DESCRIPTION

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

The purpose of intent for the grant being requested is to help sponsor the New Horizons Holiday Festival where we will be opening our gates to the community providing Holiday Music and festivities here in North Hills, CA. In the past, New Horizons has hosted an event called Holiday Cheer with upwards of 200 participants in attendance. We are deciding to include more festivities and accommodate for an even larger community attendance and celebrate the holiday season.

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 grant, if approved, will provide entertainment. Entertainment will mainly be in the form of holiday music from multiple cultures and holiday traditions. We will be hiring local chorus groups amongst other musical performers from the community to perform.

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
Budget attached	$ N/A	$ N/A
	$	$
	$	$

6b)

Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Budget Attached	$	$
	$	$
	$	$

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

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
N/A	$ N/A	$ N/A
	$	$
	$	$

9) What is the TOTAL amount of the grant funding requested with this application: $2,500

10a) Start date: 12/08/19 10b) Date Funds Required: 11/30/19 10c) Expected Completion Date: 12/08/19
(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
N/A	N/A

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*

John C. Brauer	President and CEO		10/11/19
PRINT Name	*Title*	*Signature*	*Date*

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

Glenn Baker	Secretary		10/11/19
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

2019 Holiday Cheer Festival Budget	2019 Budget
REVENUE	
Grants	5,000.00
Games	350.00
Photo Booth	300.00
Food/Refreshments	1,500.00
Vendor Booths (face painters, workshops)	1,200.00
TOTAL	**8,350.00**
REVENUE TOTAL	**8,350.00**
EXPENSES	**2019 Budget**
Food/Refreshments	500.00
Vendors (face painting, balloon twisters etc)	1,500.00
Entertainment	2,500.00
Photo Booth	750.00
Total	**4,750.00**
DECORATIONS & PRIZES	
Holiday lights & Decorations	450.00
Christmas Trees	350.00

Total	**800.00**
PRINTING & POSTAGE	
Design & Printing (artwork for invites, banners, signage)	1,500.00
Postage	500.00
Total	**2,000.00**
MISCELLANEOUS EVENT EXPENSE -Other	
Office & Art Supplies	450.00
Misc	100.00
Total	**550.00**
TOTAL EXPENSE	**8,100.00**
	2019 Budget
Gross Revenue	8,350.00
Expenses	8,100.00
	250.00

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.

Name (as shown on your income tax return)
NEW HORIZONS: Serving Individuals with Special Needs

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☑ Corporation ☐ Partnership ☐ Other ► ..... ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
15725 PARTHENIA ST.

Requester's name and address (optional)

City, state, and ZIP code
NORTH HILLS, CA 91343

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 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.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
			–			–		

or

Employer identification number
9	5	1	8	6	2	0	8	4

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. person (including a U.S. resident alien).

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 ► [signature] Date ► 7/1/18

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.

U.S. person. 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: November 14, 2013

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

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

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

Neighborhood Council Funding Program
APPLICATION for Neighborhood Purposes Grant (NPG)

EMPOWER LA
Department of NEIGHBORHOOD EMPOWERMENT

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. The Neighborhood Council (NC), upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

Name of NC from which you are seeking this grant: North Hills West Neighborhood Council

SECTION I- APPLICANT INFORMATION

1a) North Valley Family YMCA — *Organization Name*; 95-1644052 — *Federal I.D. # (EIN#)*; CA — *State of Incorporation*; 01/02/88 — *Date of 501(c)(3) Status (if applicable)*

1b) 11336 Corbin Avenue — *Organization Mailing Address*; Porter Ranch — *City*; CA — *State*; 91326 — *Zip Code*

1c) _____ — *Business Address (If different)*; _____ — *City*; _____ — *State*; _____ — *Zip Code*

1d) ***PRIMARY CONTACT INFORMATION:***

Jane Stanton — *Name*; (818) 368-3231 — *Phone*; janestanton@ymcala.org — *Email*

2) Type of Organization- Please select one:

☐ Public School *(not to include private schools)* **Attach Grant Request on School Letterhead**

or

■ 501(c)(3) Non-Profit *(other than religious institutions)* **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.

The YMCA conducts an annual Thanksgiving Baskets distribution to needy families in the north San Fernando Valley area. We collect funds and food items to distribute to 3600 low-income families during the second week of November. Families are identified by the School Principals and non-profit agencies we work with through our YMCA and childcare programs. Funding support from the North Hills West NC would help buy the turkeys, canned goods, and side dishes that are included in the meal baskets distributed to families at schools and youth groups.

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)

As noted above, funding will be used to support our annual Thanksgiving baskets program, to purchase needed food items to distribute meals to low-income families and individuals in our community, helping them to have a holiday meal for Thanksgiving. Each meal provided to families contains a Happy Thanksgiving flyer listing generous supporters who make this program possible. At the $500 support level, we would include the North Hills West Neighborhood Council's name on the flyer on the baskets, in our e-blasts, and in press releases sent to local media. We appreciate this support, which will reflect the spirit of our community to so many.

SECTION III - PROJECT BUDGET OUTLINE

6a)

Personnel Related Expenses	Requested of NC	Total Projected Cost
NA		

6b)

Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Food items	$ 500.00	$ 43,000.00
Truck rental, toilet rental		$ 2,000.00
bags, supplies, storage facility		$ 5,000.00

7) **Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?**
☐ No ■ Yes, please list names of NCs: Chatsworth, Northridge South, Northridge East, Sylmar

8) **Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs)** ■ No ☐ Yes, please describe:

Source of Funding	Amount	Total Projected Cost
individual and business donations		$ 50,000.00

9) **What is the TOTAL amount of the grant funding requested with this application:** $ 500.00

10a) **Start date:** 09/01/19 10b) **Date Funds Required:** 11/15/19

10c) **Expected completion date:** 11/20/19 **(After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)**

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) **Do you (applicant) have a former or existing relationship with a Board Member of the NC?**
■ No ☐ 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 Department 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 Appendix A, "What is a Public Benefit," and Appendix B "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 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***

Jane Stanton	Executive Director	Jane Stanton	8/28/19
PRINT Name	*Title*	*Signature*	*Date*

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

Maithili Patil	Committee Chair and Boar	Maithili Patil	8/28/19
PRINT Name	*Title*	*Signature*	*Date*

* If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form

Internal Revenue Service

Department of the Treasury

District
Director

P.O. Box 2350 Los Angeles, Calif. 90053

Person to Contact:
Gilda Lewis
Telephone Number:
(213) 894-2336
Refer Reply to:
EO(1109)93
Date:
NOV 16 1993

Young Mens Christian Association of
Metropolitan Los Angeles
625 S. New Hampshire Ave.
Los Angeles, CA 90005-1371

RE: Young Men's Christian Association of Metropolitan Los Angeles - EIN: 95-1644052

Gentlemen:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal Income Tax in January 1988 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the code, because it is an organization described in Section 170(b)(1)(A)(vi).

The exempt status for the determination letter issued in January 1988 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely

GILDA LEWIS
Disclosure Assistant

the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MAKE A DIFFERENCE

Thanksgiving Baskets 2019
NORTH VALLEY FAMILY YMCA

MISSION
At the Y, strengthening our community is our cause. Every day, we work side-by-side with our neighbors – like you – to ensure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

HISTORY
At the Y we believe that every family deserves to have a Thanksgiving dinner. Since the program started in 2006, the North Valley Family YMCA has provided Thanksgiving baskets to families in our community who are in need. Last year we were able to provide Thanksgiving baskets to over 3,600 families.

PRESENT
This year we have extended our goal to 3,600 families. We are asking for your help to provide Thanksgiving baskets to those families who might otherwise go without.

BASKET
Each family receives a food basket containing a frozen turkey, fresh produce, and non-perishable canned goods for their holiday meal. Families can also choose to receive a grocery store gift card if they do not have the means to cook a frozen turkey.

Donations Needed for a Complete Dinner

1 - Canned Corn
1 – Canned Green Beans
1 – Cranberry Sauce
1 – Chicken Broth
2 – Gravy Packets
1 – $15 Grocery Gift Card
1 – Stuffing
1 - Dessert
1– Reusable Bag

OR

$40 Check Payable to
North Valley Family YMCA - 2019
Thanksgiving to Sponsor a Family of 4
All donations DUE by November 8, 2019

For More Information or Sponsorship Opportunities contact:
North Valley Family YMCA at Porter Ranch
Jessica Vera
(818) 368 - 3231 ext. 2340
Email: JessicaVera@ymcala.org
Or visit
http://www.ymcala.org/north-valley
Tax ID: 95-1644052

the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MAKE A DIFFERENCE

Thanksgiving Baskets 2019
NORTH VALLEY FAMILY YMCA

HISTORY

At the Y we believe that every family deserves to have a Thanksgiving dinner. Since the program started in 2006, the North Valley Family YMCA has provided Thanksgiving baskets to families in our community who are in need. Last year we were able to provide Thanksgiving baskets to over 3,600 families.

Please make checks payable to:
North Valley Family YMCA - 2019
North Valley Family YMCA at Porter Ranch,
11336 Corbin Ave., Porter Ranch, CA 91326
QUESTIONS?
Jessica Vera, (818) 368—3231 Ext. 2340
Email: JessicaVera@ymcala.org

Platinum Sponsor $5,000 ☐
Recognition in Newsletter
YMCA Thanksgiving Wall Recognition
YMCA Founder Displayed Name in YMCA Lobby
Chairman's Roundtable Plaque

Gold Sponsor $2,500
Recognition in Newsletter
YMCA Thanksgiving Wall Recognition
YMCA Benefactor Displayed Name in YMCA Lobby
Chairman's Roundtable Plaque

Silver Sponsor $1000 ☐
Recognition in Newsletter
YMCA Thanksgiving Wall Recognition
YMCA Member Displayed Name in YMCA Lobby
Chairman's Roundtable Plaque

Bronze Sponsor $500 ☐
Recognition in Newsletter
YMCA Thanksgiving Wall Recognition
YMCA Family Sponsor Plaque

Community Sponsor $250 ☐
YMCA Donor Certificate
YMCA Thanksgiving Wall Recognition

Family Sponsor $40 ☐
Provides a Food Basket for One Family
YMCA Thanksgiving Wall Recognition

2019 Sponsorship Form

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

CC#: _____ EXP DATE: ____/____

For more sponsorship opportunities please visit:

http://www.ymcala.org/north-valley

Tax ID: 95-1644052

NORTH VALLEY FAMILY YMCA AT PORTER RANCH
11336 Corbin Ave, Porter Ranch, CA 91326
P 818 368 3231 www.ymcala.org/north-valley