Department of Neighborhood Empowerment							
Funding Request Form					1		
NC NAME:	Encino						
Budget Fiscal Year:	2016-2017	-	Requestor:		Debra Ge	orge	
Request Date:24-May-17Meeting Date:5/24/2017		-	Vendor: [ Address:	Making the	Arts Real for Yo 18013 Dunca		) Found.
Agenda Item:		-	City:	Encin			CA
	ponsored Event 🗹 Neighborhood Pu	rnose Grant	Zip Code:	9131		8189200	
Contract / Lease Board Member I			Amount:\$		750		
□ Out of State □ 1099 Expense	One Time Expense Monthly	-	e # of payme	ents 1	_		
If a bank card exemption of the dail please provide the date(s) and amo							
Public Benefit Gra	nt will be used by the M.A.R.Y. Founda R.Y.'s Day event which will be at the SF	ation to fund a por					
*Recused-Boardmember mu	Vote Count (Continued Ist leave the room prior to any disc				until after the v	vote is compl	eted.
Board Member Name							
ANNIE KEUSSEYAN	Board Position RELIGIOUS REP	Yes	No	Abstain	*Recused	Absent	Ineligible
CAROL LEVIN	ENCINO PROPERTY OWNERS						
DEBRA GEORGE	PARK ADVOCATE						
DIANE ROSEN	AREA 5 REP						
ALEX GARAY	AT LARGE REP ALT						
ELIOT COHEN	PLU						
GERALD SILVER	HOMEOWNERS OF ENCINO						
GLENN BAILEY	PUBLIC SAFETY						
HENRY ESHELMAN	AT-LARGE REP						
JESS WHITEHILL	AREA 4 REP						
JIM ESTERLE	AREA 7 REP						
KENNETH SILK	AREA 3 REP						
LAURA SHOVLOWSKY	AREA 1 REP						
LAURIE KELSON	AREA 6 REP						
MARK LEVINSON	ENCINO CHAMBER OF COMM.						
PATRICIA BATES	VOLUNTEER SERVICE						
SCOTT LINDEN	AREA 2 REP						
SHERMAN GAMSON	APARTMENT/CONDO REP						
VARANT MAJARIAN	BUSINESS REP						
VICTORIA MILLER	BUSINESS REP						
NC Quorum: 11	Grand Total (including page 2):						
We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.							
Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.							
Treasurer's Signature: Signature:							
Print/Type name: Pat	tricia Bates			name: Deb	ora George		
Date (mm/dd/yy):			Date (mm/		U		
	Contract CIP Advanced Payment >\$2,500 NPG Sponsored Event	Approved	Staff Initials		st Level	Authoriza	tion Code

NC NAME:	Encino
Meeting Date:	42879
Agenda Item:	0

<b>Vote Count</b> *Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.							
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Adriohn Richardson	Education						
IC Quorum: 11	Totals (this page only	<i>λ</i> .					

## 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. 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.

EMPOWER LA

NEIGHBORHOOD EMPOWER

	Name of NC from which you are seeking this grant:	Enc	ino			
SEC	TION I- APPLICANT INFORMATION					
10	Making the Arts Real for Youth Foundation / m.a.r.y.	46-36820	77	California		10/21/13
1a)	Organization Name	Federal	I.D. # (EIN#)	State of Inc	orporation	Date of 501(c)(3) Status (if applicable)
	18013 Duncan Street	Encino		(	CA	91316
1b)	Organization Mailing Address	City			State	Zip Code
1c)	Business Address (If different)	City			State	Zip Code
1d)	PRIMARY CONTACT INFORMATION: Krickett Jones Halpern	(818) 929-	0977	kri	ckett@mary-f	oundation.org
	Name	Phone		En	nail	<u> </u>
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Grant Request on School Letterhea		501(c)(3) No Attach IRS [		•	ous institutions)
3)	Name / Address of Affiliated Organization (If applicable)		City	,	State	Zip Code
SEC	TION II - PROJECT DESCRIPTION					

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

The m.a.r.y. foundation is a year round program, on going, and this grant will help and enable m.a.r.y. to offer free events and workshops to the communities by helping with the cost for advertisement, supplies, art materials, etc. Your logo, will be placed on printed posters and postcards acknowledging the Neighborhood Council and announced in the newsletters via email.

A large part of the funding requested is for a September event, m.a.r.y. is incurring costs for promotion during the Summer 2017.

## 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 m.a.r.y. foundation is emerging and becoming more well known in the community. Our non-profit welcomes the general public and is here to support ALL children with their social and emotional well being through the arts. We have two events a year and workshops through out the year for children, their friends and family. The events and workshops will bring knowledge and awareness of how the arts can help young people and provide them with skills to use the arts as a vehicle to help guide with social and emotional skill building. The m.a.r.y. events and workshops bring professionals and children together to help teach and guide them. Most of the children participating in the program are residents of and/or students in (alphabetical order) Encino, Lake Balboa, Reseda, and Tarzana.

Admission and parking for the events and workshops are free making the events and workshops accessible to all.

Your funds will help m.a.r.y. to continue with our events and workshops and inspire young peoples' interest in the arts and bring family and friends together for a community that has the opportunity for expression and creativity as a outlet to build resilience for over all well-being.

Ê	Personnel Related Expenses	Requested of NC	Total Projected Cost
t			
	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	See attached	\$ 750.00	\$ 2,475.00
Ŀ	Have you (applicant) applied to any other Neighborhood C	councils requesting funds for seda, Lake Balboa	this project?
	s the implementation of this specific program or purpose	described in box 4 above co	
1	factors or sources or funding? (Including NPG application	and the second se	Yes, please describe
F	Source of Funding	Amount	Total Projected Cost
Ĺ			
L			
۱	What is the TOTAL amount of the grant funding requested	I with this application:	\$ 750.00
1 9	Start date: 04/23/17 10b) Date Funds Required:	06/30/17	
		ation of the project the oppli	
c)	Expected completion date: 09/24/17 (After compl follow-up form to the Neighborhood Council and the De	etion of the project, the appli epartment of Neighborhood E	
et	ION IV - POTENTIAL CONFLICTS OF INTEREST	-participant - participant - part	, information of the second
a)	Do you (applicant) have a former or existing relationship v □ No	with a Board Member of the N	IC?
	Name of NC Board Member	Relationshi	o to Applicant
I	Pat Bates	Friend	
- H			
- H			

## 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\*

Krickett Jones Halpern	President	Kujott tones Haken	5-9-17
PRINT Name	Title	Signature	Date
12b) Secretary of Non-profit Corport	ration or Assistant Schoo		alal-
Richard Halpern	VP / Secretary	Willie Halen	////
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

Revised 012615 - Page 2 of 2

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

Date: SEP 122014

MAKING THE ARTS REAL FOR YOUTH FOUNDATION 18013 DUNCAN STREET ENCINO, CA 91316-6411

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Employer Identification Number:
45-3682077
DLN:
26053637003894
Contact Person:
 CUSTOMER SERVICE
                             ID# 31954
Contact Telephone Number:
 (877) 829-5500
 Accounting Period Ending:
 December 31
 Public Charity Status:
  170(b)(1)(A)(vi)
 Form 990/990-EZ/990-N Required:
 Yes
 Effective Date of Exemption:
 October 21, 2013
 Contribution Deductibility:
 Yes
 Addendum Applies:
  No
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Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

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Sincerely,

6.11.5 T "amara) CALCULATION OF THE OWNER - . coperaled

Director, Exempt Organizations

m.a.r.y. budget				
Expenses for May to June:				
Advertisement/Banners/Video	395.00			
Advertising/Social media/Marketing	60.00			
Materials	396.00			
Supplies General	235.00			
Printing/Postcard & design/Event signs	220.00			
Tables and chairs rental	50.00			
T-shirts/Design	695.00			
Equipment	269.00			
Prep day	155.00			

TOTAL:

2,475.00