

**Department of Neighborhood Empowerment  
Funding Request Form**



**NC NAME:** Encino  
**Budget Fiscal Year:** 2016-2017  
**Request Date:** 24-May-17  
**Meeting Date:** 5/24/2017  
**Agenda Item:** \_\_\_\_\_

**Requestor:** Patricia Bates  
**Vendor:** America's Healthy Kids  
**Address:** 638 Stephen Road  
**City:** Burbank **State:** CA  
**Zip Code:** 91504 **Phone:** 8185009800  
**Amount:\$** 1,250.00  
**# of payments** 1

- Operations     Outreach     NC Sponsored Event     Neighborhood Purpose Grant  
 Contract / Lease     Board Member Reimbursement     Community Improvement Project  
 Out of State     1099 Expense     One Time Expense     Monthly     Multiple

**If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:**

**Public Benefit Description** Grant will be used by America's Healthy Kids to bring the Kids Fitness Challenge to Encino as a free health and wellness fitness event. The grant will fund a portion of the costs of the event, a joint venture with Lake Balboa Neighborhood Council (LBNC). Funding of the event, contingent on participation of the LBNC, in the amount of up to \$1,850 was approved at the March 26, 2017 meeting of the Encino Neighborhood Council. This NPG comprises a portion of the previously approved amount.

**Vote Count** (Continued on page 2 if more than 20 Board Members)

**\*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
ANNIE KEUSSEYAN	RELIGIOUS REP						
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: <u>11</u>	<b>Grand Total (including page 2):</b>						

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.

<b>Treasurer's Signature:</b>		<b>Signer's Signature:</b>	
<b>Print/Type name:</b>	Patricia Bates	<b>Print/Type name:</b>	Debra George
<b>Date (mm/dd/yy):</b>		<b>Date (mm/dd/yy):</b>	
<b>Department Use Only</b>	<input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	<b>Staff Initials</b> _____ _____	<b>1st Level</b> _____ <b>2nd Level</b> _____ <b>Authorization Code</b> _____



**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.

Name of NC from which you are seeking this grant: Encino

**SECTION I - APPLICANT INFORMATION**

1a) <u>America's Healthy Kids</u>	<u>46-3646356</u>	<u>CA</u>	<u>03/23/14</u>
<b>Organization Name</b>	<b>Federal I.D. # (EIN#)</b>	<b>State of Incorporation</b>	<b>Date of 501(c)(3) Status (if applicable)</b>
1b) <u>638 Stephen Rd</u>	<u>Burbank</u>	<u>CA</u>	<u>91504</u>
<b>Organization Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
1c) _____	_____	_____	_____
<b>Business Address (if different)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
1d) <b>PRIMARY CONTACT INFORMATION:</b>			
<u>David Cain</u>	<u>(818) 500-9800</u>	<u>americashealthykids@gmail.com</u>	
<b>Name</b>	<b>Phone</b>	<b>Email</b>	
2) <b>Type of Organization- Please select one:</b>			
<input type="checkbox"/> <b>Public School</b> <i>(not to include private schools)</i>		<input checked="" type="checkbox"/> <b>501(c)(3) Non-Profit</b> <i>(other than religious institutions)</i>	
<b>Attach Grant Request on School Letterhead</b>		<b>Attach IRS Determination Letter</b>	
3) _____			
<b>Name / Address of Affiliated Organization (if applicable)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

**SECTION II - PROJECT DESCRIPTION**

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

Grant will be used by America's Healthy Kids to bring The Kids Fitness Challenge to Encino Neighborhood Council as a free health and wellness fitness event.

The purpose and intent of the grant is to allow free entrance to children and their families, this grant will also cover a portion of the costs of the event i.e. insurance and labor costs. America's Healthy Kids is donating the use of our equipment to make this event happen.

**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 primary purpose of this grant is to allow low and moderate income families free access to The Kids Fitness Challenge a physical fitness and activities community event in the fight against childhood obesity.

By allowing low income children and their families the opportunity to have a full day of exercise we are taking the first major step in turning the tide against childhood obesity. As the economy continues to push more and more people into poverty, with many unable to afford the fees associated with organized sports, the need for free fitness programs has never been greater. Working together we can create an ongoing fitness program that's free to all residents through the City of Los Angeles. Our goal is to have The Kids Fitness Challenge in every neighborhood in the city within the next year, thereby allowing anyone the opportunity to have a free fitness program.

Partnering with the Neighborhood Councils sends a loud and clear message to sponsors, city officials and most importantly to the community that we care about our children and their well-being. The City of Los Angeles has 441,589 overweight children, the time has come to do something about this epidemic that has taken hold of our children!

**SECTION III - PROJECT BUDGET OUTLINE**

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
Staff	\$ 525.00	\$ 1,050.00

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Truck Rental, Fuel, Event Prep, Event Strike	\$ 300.00	\$ 600.00
Insurance	\$ 250.00	\$ 500.00
Admin, Meetings, Site Visits, publicity	\$ 175.00	\$ 800.00

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?

No  Yes, please list names of NCs: Lake Balboa

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
Lake Balboa Neighborhood Council	\$ 1,700.00	\$ 2,950.00

9) What is the TOTAL amount of the grant funding requested with this application: \$ 1,250.00

10a) Start date: 06/17/17 10b) Date Funds Required: 06/17/17

10c) Expected completion date: 07/05/17 (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\*

David Cain Executive Director [Signature] 5/10/17  
PRINT Name Title Signature Date

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

Nora Montoya Recording Secretary [Signature] 5/10/17  
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  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 23 2014**

AMERICAS HEALTHY KIDS  
107 W MOUNTAIN ST APT F  
GLENDALE, CA 91202-1927

Employer Identification Number:  
46-3646356  
DLN:  
17053312338043  
Contact Person:  
RENEE RAILEY NORTON ID# 31172  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
May 3 2013  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

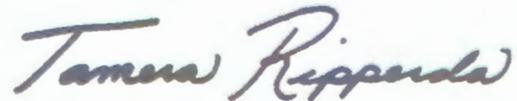
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947