Department of Neighborhood Empowerment EMPOWER LA **Funding Request Form** NC NAME: Encino **Budget Fiscal Year:** 2016-2017 Patricia Bates Requestor: Request Date: 24-May-17 Vendor: Los Encinos Docent's Association Meeting Date: 5/24/2017 Address: 110756 Moorpork St City: Encino State: CA Agenda Item: Zip Code: 91436 Phone: 8189624962 □ Operations □ Outreach □NC Sponsored Event Neighborhood Purpose Grant Amount:\$ \$ 700 □Contract / Lease ☐ Board Member Reimbursement Community Improvement Project ☐ Out of State ☐ 1099 Expense **☑**One Time Expense Monthly Multiple # of payments __ 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** Purpose is to enhance the front entrance to Los Encinos State Historic Park along Ventura Blvd with planters, plants, and related clean-up Description 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 PLU ELIOT COHEN HOMEOWNERS OF ENCINO GERALD SILVER GLENN BAILEY PUBLIC SAFETY HENRY ESHELMAN AT-LARGE REP IESS WHITEHILL AREA 4 REP AREA 7 REP JIM ESTERLE AREA 3 REP ALT KENNETH SILV M LAVIS WACANT VACANT 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 SAMUEL APIKYAN BUSINESS REP VICTORIA MILLER BUSINESS REP Grand Total (including page 2): NC Quorum: 11 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 Signer's Signature: Print/Type name: Debra George Print/Type name: Patricia Bates Date (mm/dd/yy): Date (mm/dd/yy): □Contract □CIP ☐ Advanced Payment ■Approved Staff Initials *** Tist Level Authorization Code Department Use Only

□ Denied

T2nd Level

>\$2,500 NPG Sponsored Event

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

Vote Count

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Board Member Name		Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
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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.

ENCINO NEIGHBORHOOD COUNCIL Name of NC from which you are seeking this grant: SECTION I- APPLICANT INFORMATION LOS ENCINOS DOCENT ASSOCIATION CALIFORNIA 05/15/10 95-3797624 Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable) 16756 MOORPARK STREET **ENCINO** CA 91436 Organization Mailing Address City State Zip Code **Business Address (If different)** City State Zip Code 1d) PRIMARY CONTACT INFORMATION: **AMY ZIDELL** (818) 962-4962 amy@SaveLosEncinos.org Phone Name Email Type of Organization-Please select one: ☐ Public School (not to include private schools) ■ 501(c)(3) Non-Profit (other than religious institutions) OF Attach IRS Determination Letter Attach Grant Request on School Letterhead Name / Address of Affiliated Organization City Zip Code

SECTION II - PROJECT DESCRIPTION

(If applicable)

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

This grant will help the Los Encinos Docent Association, the 501(c)3 that is the cooperating association of Los Encinos State Historic Park, enhance the front entrance of Los Encinos State Historic Park on Ventura Boulevard with plants and other improvements that will beautify the area.

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)

An improved appearance to the Ventura Boulevard entrance of Los Encinos State Historic Park will benefit the community. A variety of things has impacted this spot include a car that ran the curb and damaged plants. Cleaning up the entrance area will help with park visibility.

City of Los Angeles, Department of Neighborhood Empowerment NPG APPLICATION Page 2

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)	Non-Personnel Related Expense	\$	Requested of NC	Total Projected Cost
	Various plants and related supplies		\$ 700.00	0 \$700.00
	Have you (applicant) applied to a	any other Neighborhood	Councils requesting funds fo	r this project?
	No Yes, please list n	names of NCs:		
	is the implementation of this spe	oifia program or purpos	a described in hex 4 above or	antingant on any other
	factors or sources or funding? (Yes, please describe
	factors or sources of fullding?	including NPG application	ons to other NCs)	Tes, please describe
	Source of Funding		Amount	Total Projected Cost
	Project to be coordinated with State Parks	S		
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	What is the TOTAL amount of the	e grant funding requeste	d with this application:	\$ 00.00
		grant ranning requests		4700.00
	Start date: 05/31/17 10b)	Date Funds Required:	05/31/17	
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	Expected completion date:	10/31/17 (After comp	letion of the project, the appl	licant must submit a
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at (213) 978-1551 for instructions on completing this form

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

Date: MAR 20 2012

LOS ENCINOS DOCENT ASSOCIATION 16756 MOORPARK ST ENCINO, CA 91436

Employer Identification Number: 95-3797624 DLN: 17053006326002 Contact Person: MELISSA D TRUSTY ID# 31657 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 509 (a) (2) Form 990 Required: Yes Effective Date of Exemption: May 15, 2010 Contribution Deductibility: Addendum Applies: Yes

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,

Lois G. Lerner Director, Exempt Organizations

This P. Serner

Enclosure: Publication 4221-PC