

"Creating a Better Future for Our Community through Advocacy, Mentorship and Education"

March 12, 2018

Encino Neighborhood Council 4924 Paso Robles Avenue Encino, Ca. 91316

Re: Neighborhood Purposes Grant Board Meeting: March 28, 2018

Dear Encino Neighborhood Council,

Please find attached our application for a Neighborhood Purposes Grant to be used to support the Teen Court program.

It is our desire to bring this request to the attention of your board for consideration at your board meeting on March 28th.

If there is any more information you need or if you have any other questions or comments please do not hesitate to contact me. My cell phone number is 818-943-0163 and my email address is <u>SeymourAmster.pesa@gmail.com</u>.

Sincerely,

Seymour I. Amster Executive Director of PESA

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

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 Neighborhood Council

SECTION I- APPLICANT INFORMATION

	Parents, Teachers/Educators & Students in Action (PESA)	46-2694	430	CALIFOR	NIA	12/01/13
1a)	Organization Name	Federa	I I.D. # (EIN#)	State of	Incorporation	Date of 501(c)(3) Status (if applicable
	18017 CHATSWORTH ST. #337	GRANA	DA HILLS		CA	91344
1b)	Organization Mailing Address	City			State	Zip Code
	8727 VAN NUYS BLVD. #2	GRANA	DA HILLS		CA	91402
1c)	Business Address (If different)	City			State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
	SEYMOUR AMSTER	(800) 894	-7201		SEYMOURAMS	STER.PESA@GMAIL.CC
	Name	Phone			Email	
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Grant Request on School Letterheat		501(c)(3) Nor Attach IRS D		(other than religio	us institutions)
	N/A					
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 purpose and the intent of this grant is to obtain funding as it relates to this Neighborhood Council so that the Teen Court Program can continue have a positive impact in the boundaries of this Neighborhood Council. The Teen Court program impacts the community by reducing crime committed by juveniles, as well as addressing the issue of hate crimes and incidents in the City of Los Angeles. PESA is the non-profit that provides support and funding for the Teen Court Program.

Teen Court diverts youthful offenders from the traditional justice system, and specifically addresses hate crime incidents through its SHADES program. A youthful offender is tried at in front of a jury of high school students and with a real judge presiding. The jury is allowed to ask questions of the youthful offender and his parents. If the jury finds the youthful offender culpable, the jury recommends diversionary terms and the judge imposes diversionary conditions usually following the recommendations of the jury. A judicial officer is designated as a mentor for the offending youth being tried under the SHADES component of the program and is required to do community service specific to his bias.

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)

Youthful offenders are residents who live in the area the Neighborhood Council encompasses. For a youthful offender is not tried at a school he attends but is located near his residence. Thus one of the public purposes the grant will be used for is to sustain the Teen Court program at a location convenient for the residents in the neighborhood council area.

The high school students who participate in the program learn the value of not committing crimes, as well as the consequences of committing a crime. Thus the program helps to enhance public safety by teaching the participants the value of not committing crimes such as vandalism, shoplifting, and assaults.

Each summer there is a week long training program at the Museum of Tolerance, for the SHADES portion of the Teen Court program. The students learn about the values of inter-cultural tolerance. Only jurors who have completed this program can participate in a Teen Court case that involves an incident of hate. Also each summer there is the CAYC annual summit where students go to a college campus for 4 days and interact with students from other parts of California who are involved in Teen Court programs. During the school year the students participate in training sessions and other events where they are assisted in creating presentations and are given the opportunity to present what they have learned to the community. This grant would be used to support the entire Teen Court Program including the Outreach Programs described, as it relates to the boundaries to this Neighborhood Council

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

Personnel Related Expenses	Requested of NC	Total Projected Cost
Support for Teen Court Session, materials and Club & Data Collection	\$ 1,500.00	\$ 45,000
Support for Events and Field Trips & Data Collection	\$ 1,500.00	\$ 55,000
Monitoring Youthful Offenders & Data Collection	\$ 2,000.00	\$ 40,000

Program Fees not included in above	\$ 0.00	\$ 17,000.00
Bus and other Transportation not included in above	\$ 0.00	\$ 7,500.00
Training Materials not included in above	\$ 0.00	\$ 14,000.00

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? No

Yes, please list names of NCs: Most of the other NC as it relates to their boundaries.

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) Yes, please describe: No

Source of Funding	Amount	Total Projected Cost					

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

10b)

\$ 5,000.00

\$ 45,000.00 \$ 55,000.00 \$ 40,000.00

10a) Start date: 03/01/18

05/01/18 **Date Funds Required:**

06/01/18 10c) Expected completion date: (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? 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 □ No *(Please note that if a Board Member of the NC has a conflict of filing this application? □ Yes 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 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*

SEYMOUR AMSTER	EXECUTIVE DIREC	TOR	3/12/18
PRINT Name	Title	Signature	Date
12b) Secretary of Non-profit Corporation	or Assistant Scho	of Principal REQUIRED*	
FRANCINE AMSTER	SECRETARY	Marine Maler	3/1-117
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



OGDEN UT 84201-0029

In reply refer to: 4077591934 Oct. 28, 2015 LTR 4168C 0 46-2694430 000000 00 00030922 BODC: TE

PARENTS EDUCATORS-TEACHERS & STUDENTS IN ACTION 18017 CHATSWORTH ST GRANADA HILLS CA 91344-5608

007650

Employer Identification Number: 46-2694430 Person to Contact: Ms. Wiles Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 05, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 2013.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 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/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077591934 Oct.-28, 2015 LTR 4168C 0 46-2694430 000000 00 00030923

PARENTS EDUCATORS-TEACHERS & STUDENTS IN ACTION 18017 CHATSWORTH ST GRANADA HILLS CA 91344-5608

If you have any questions, please call us at the telephone number shown in the heading of this letter.

and the second second

Sincerely yours,

UM/

Jeffrey I. Cooper Director, ED Rulings & Agreement



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

PARENTS EDUCATORS / TEACHERS & STUDENTS IN ACTION

18017 CHATSWORTH STREET SUITE #337 GRANADA HILLS, CA 91344-5608 18017 CHATSWORTH STREET STITE #337 GRANADA HILLS, CA 91344-5608

	ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
	0002893373-0001-4	L049	Professions/Occupations	02/29/2016	Active
-SSUED TO	PARENTS EDUCATORS / TEA 18017 CHATSWORTH STREE GRANADA HILLS, CA 91344-56 18017 CHATSWORTH STREE		Source of the second seco	COMPLIANCE PURPOSI COMPLIANCE PURPOSI COMPLIANCE SUBJECT OF SUBJ	UTHORIZAT

Form	W.	-9
(Rev. D	ecembe	ar 2014)
Departr	nent of ti Revenue	he Treasury Service

*

+ Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) · Form 1099-B (stock or mutual fund sales and certain other transactions by

Form 1099-S (proceeds from real estate transactions)

· Form 1099-K (merchant card and third party network transactions)

Request for Taxpayer Identification Number and Certification

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

	1 Name (as shown on your income tax return). Name is required on this	line: do not lemin this line black									
	Parents, Educators/Teachers & Students in Action	and do not leave this line Diank.									
N	2 Business name/disregarded entity name, if different from above										
page											
đ	3 Check appropriate box for federal tax classification; check only one of	tha falla									
ns on	single-member LLC	poration Partnership	Trust	/estate	1 61	ertain	entit	AS DI	nt inc	122/11/11	only tals; se
ty,	Limited liability company. Enter the tax classification (C=C corporation	on S-S companying D			E	istruct xempt	Ons	on pa	ige 3	#: 	
Print or type Specific Instructions		C check the appropriate have	nib) 🕨 💷								
Insi		-o, oneok the appropriate box in	the line ab	iove for		ode (if			AIC	A repo	orting
4 2	Other (see instructions) ►				1		24	-			the U.S
eci.	5 Address (number, street, and apt. or suite no.)	1	Requester	's name	and	addre	es lo	otion	sail)	outrade	e mæ (4.3
8	8017 Chatsworth Street, Suite 337 City, state, and ZIP code							, a con	carj		
-	ranada Hills, Ca. 91344 List account number(s) here (optional)										
-	ast account number(s) nere (optional)				-				****		
Part	Terror the second se										
backup	ur TIN in the appropriate box. The TIN provided must match the withholding. For individuals, this is generally your social country	name given on line 1 to avoid	d Se	ocial se	Curit		hor				
resident	alien, sole proprietor, or diagaged at the starty your social security	number (SSN). However, for	a (TT	7		T	7	<u>г</u>		
entities,	it is your employer identification number (EIN). If you do not have age 3.	a number see How to get				-		-			
						L			L		
quideline	the account is in more than one name, see the instructions for lin is on whose number to enter.	e 1 and the chart on page 4		nployer	iden	tificat	tion	a unit			······7
3	o on whose number to enter.	and that on page 4		TT	1		T	T	ber		
Part II	A		4	6	- 2	2 6	9	4	4	3	0
			l				1				
Jilder pe	nalties of perjury, I certify that:				-	····					
i. ine ni	umber shown on this form is my correct taxpayer identification no ot subject to backup withholding because (a) to an an an	umber for I am waiting for a	01 100 h av 1								
Service no lon	ot subject to backup withholding because: (a) I am exempt from e (IRS) that I am subject to backup withholding as a result of a fa ger subject to backup withholding; and	backup withholding, or (b) I I ailure to report all interest or c	have not	been n	otific	ed by	the	Inter	nall	Reve	nue
B. Iama	U.S. citizen or other U.D.			, (u)			001	Oune		e ma	at i an
The FA	U.S. citizen or other U.S. person (defined below); and										
ertificat	TCA code(s) entered on this form (if any) indicating that I am exer ion instructions. You must cross out time 0 actions that I am exer	mpt from FATCA reporting is	correct.								
ecause y	tion instructions. You must cross out item 2 above if you have by you have failed to report all interest and dividends on your tax ret ald, acquisition or abandonment of secured property, cancellation payments other than interest and dividends, you are not required is on page 3.	een notified by the IRS that)	you are c	urrently	y sut s not	bject t appl nt arri	to bi y. Fi	acku or me men	p wi ortga t (IR	thhol ige A), ai	lding nd
.g.,	Signature of				y		0110	UL II	N. 3	e in	18
lere	U.S. person >		10	1.1	1		-		******		
		Date >		126	1	46					
iction refe	al Instructions rences are to the Internal Revenue Code unless otherwise noted.	 Form 1098 (home mortgag (tuition) 	je interest)	, 1098-1	E (stu	ident l	oan i	ntere	st), 1	098-1	г.
		· Form 1099-C (canceled de									
legislation	a enacted after we release it) is at www.irs.gov/fw9.	Form 1099-A (acquisition of a second se	or abandor	mento	fser	Iren -	where	and a			
urpose	of Form	Use Form W-9 only if you a provide your correct TIN.	are a U.S.	person	(incia	iding a	a res	ident	alien), to	
ich may b	or entity (Form W-9 requester) who is required to file an information the IRS must obtain your correct taxpayer identification number (TIN) e your social security our hose (Social Justice Content of the security our hose (TIN)	If you do not return Form V to backup withholding. See V	N-9 to the Nhat is be	request	er wi	th a Ti	IN, ye	ou mi	ght b	e sub	joct
mber (ITIN	adoption taxonary number (SSN), individual taxpayer identification	by signing the filled-out for	m, you:								
I, or other	amount reportable on an information return the amount paid to	1. Certify that the TIN you a	are giving	is correc	ct (or	you a	re w	aiting	for a	num	har
irns incluc	te, but are not limited to the following:	••							in a	114731	001
orm 1099-	INT (interest earned or paid)	 Certify that you are not s Claim exemption from b. 	subject to i	backup	withf	olding	g, or				
orm 1099-	DIV (dividends, including those from stocks or mutual funds)	3. Claim exemption from be applicable, you are also certif	eckup with fying that e	nolding Is a U.S	if yo	u are	a U.S	. exe	mpt	payer	o. If

3. 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Cat. No. 10231X