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:

Encino Neighborhood Council

TION I- APPLICANT INFORMATION				
Hope Mill, Inc.	8	30-0188464	CA	03/27/08
Organization Name	Fed	eral I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
16133 Ventura Blvd., Suite 650	E	Incino	CA	91436
Organization Mailing Address	City		State	Zip Code
Business Address (If different)	City	/	State	Zip Code
PRIMARY CONTACT INFORMATION:				
Pearl Huber	(818) 201-9464		pearl@hopemill.com	
Name	Phone		Email	
Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead	or 301(c)(3) Non-Profit (other than religious institutions) Attach IRS Determination Letter			
Name / Address of Affiliated Organization (if app	olicable)	City	State	Zip Code
	Organization Name 16133 Ventura Blvd., Suite 650 Organization Mailing Address Business Address (If different) PRIMARY CONTACT INFORMATION: Pearl Huber Name Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead	Hope Mill, Inc. E Organization Name Fed 16133 Ventura Blvd., Suite 650 E Organization Mailing Address City Business Address (If different) City PRIMARY CONTACT INFORMATION: Pearl Huber Pearl Huber (818) 20 Name Ph Type of Organization- Please select one: Organization- Please select one:	Hope Mill, Inc. 80-0188464 Organization Name Federal I.D. # (EIN#) 16133 Ventura Blvd., Suite 650 Encino Organization Mailing Address City Business Address (If different) City PRIMARY CONTACT INFORMATION: (818) 201-9464 Name Phone Type of Organization- Please select one: Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead or	Hope Mill, Inc. 80-0188464 CA Organization Name Federal I.D. # (EIN#) State of Incorporation 16133 Ventura Blvd., Suite 650 Encino CA Organization Mailing Address City State Business Address (If different) City State PRIMARY CONTACT INFORMATION: Pearl Huber (818) 201-9464 pearl@hopemill.com Name Phone Email Type of Organization- Please select one: Organization Please select one: Organization School Letterhead Organization School Letterhead Organization Letter Mattach IRS Determination Letter

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

Our organization is all volunteer. We assemble and distribute CarePacks for the homeless. Our CarePacks are sturdy backpacks, filled with food, water, clothing, blanket and many essential personal care items, such as washcloth, shampoo, soap, toilet paper, lip balm, lotion, toothpaste, toothbrush, and much more. Our program is conducted year-round. The purpose of this grant is to give the Encino Neighborhood Council the opportunity to participate in this much needed program by providing funding for 400 backpacks, which we will then fill with the essential survival items for the area's homeless men and women.

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)

Our CarePack program partners with numerous agencies and organizations working to provide homeless individuals the resources needed to help them take the steps needed to get off the streets. Our CarePacks are used to not only provide a "survival kit" filled with essential items to fill immediate needs, but they also help to draw individuals into the homeless resource events where service providers can ascertain what their needs are and work to get them connected with needed services - with a goal of getting people off the streets. One of the agencies we partner with is the Dept. of Mental Health Homeless Services Team, SA2, which includes the Encino area. This team goes out into the field to locate and work with the homeless in the hope of getting them off the streets. This team uses our CarePacks to help establish a relationship of trust and caring.

SECTION III - PROJECT BUDGET OUTLINE You may also provide the Budget Outline on a separate sheet if necessary or requested. **Requested of NC Total Projected Cost** Personnel Related Expenses 6a) None (all volunteers) \$ \$ \$ \$ \$ \$ Non-Personnel Related Expenses Requested of NC **Total Projected Cost** 6b) Funding for approx 400 backpacks, which will then be \$ \$ filled with food, water, clothing, essential personal care \$ \$ items and information regarding resources. \$ 2.000.00 \$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? No Ö Yes If Yes, please list names of NCs: 2017: Encino; 2018: Sherman Oaks

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) 2 No 2 Yes If Yes, please describe:

Source of Funding	Amount	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$2,000.00

10a) Start date: __6_/_1_/_2019 10b) Date Funds Required: __6/_1_/2019 10c) Expected Completion Date: 8/31/19_ (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?

XNo Yes If 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 <u>*(Please note that if a Board Member of the NC has a conflict of interest and completes this form,</u> 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*

Pearl Huber	Executive Director	Dearthuber	4/23/19
PRINT Name	Title	Signature	Date
12b) Secretary of Non-profit Corpora	tion or Assistant School Principa		
Nick Huber	Secretary	Acu	4/23/19
PRINT Name		Signature	

* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <u>clerk.ncfunding@lacity.org</u> for instructions on completing this form

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

Date: JAN 2 9 2009

HOPE MILL INC 4551 DE CELIS PL ENCINO, CA 91436-3245

Employer Identification Number:
80-0188464
DLN:
17053303357028
Contact Person:
TRACY P DORNETTE ID# 31330
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:
March 27, 2008
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.

HOPE MILL INC

Sincerely,

live

Robert Choi Director, Exempt Organizations Rulings and Agreements

Enclosures: Publication 4221-PC

Letter 947 (DO/CG)