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: <u>ENCINO NEIGHBORDHOOD COUNCIL</u>

SEC	TION I- APPLICANT INFORMATION					
4-1	LOS ENCINOS DOCENT ASSOCIATION	95-	-3797624	CALIFORNIA	05/15/10	
1a)	Organization Name	Fed	deral I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable	
1b)	16756 MOORPARK STREET	EN	CINO	CA	91436	
	Organization Mailing Address	City	/	State	Zip Code	
1c)						
	Business Address (If different)	Cit	y	State	Zip Code	
1d)	PRIMARY CONTACT INFORMATION:					
	AMY ZIDELL	818-962-4962		AMY@SaveLosEnd	cinos.org	
	Name	Phone		Email		
2)	Type of Organization- Please select one: ☐ Public School (not to include private schools) Attach Signed letter on School Letterhead	or \(\bigsize 501(c)(3) \) Non-Profit (other than religious institutions) Attach IRS Determination Letter				
3)	Name / Address of Affiliated Organization (if appl	licable)	City	State	Zip Code	

SECTION II - PROJECT DESCRIPTION

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

The Los Encinos Docent Association, a 501(c)3, the cooperating association of Los Encinos State Historic Park, is requesting this grant to help fund what now is a popular, annual special Summer evening event in the community -- a live. al fresco professional Shakespeare performance at the park. In response to positive feedback, two shows over two nights, Saturday, August 8 and Sunday, August 9 at 7:00PM drama "Richard III" and comedy "Love's Labour's Lost"* will entertain on the lawn north of the historic adobe. Grant request expenses for this special event are out of pocket and includes entertainment, portable sanitation, and staffing per special event (event occurs after normal park hours). *Schedule of what show what night to be determined.

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)

This grant significantly helps support the Los Encinos Docent Association continue presenting a well received, well attended special event in the neighborhood serving important public purposes at a special park in Encino (within area 2):

- The widely, effectively marketed event helps with neighborhood park awareness.
- The performance brings high-quality live theatre to the neighborhood, admission free.
- This event is a family-friendly, enjoyable community gathering.
- This event delivers classic arts and literature to all ages under the stars.
- This event has become an annual traditional.

The Encino Neighborhood Council's support of this grant also provides the Encino Neighborhood Council tremendous positive outreach exposure. Event attendance each night is expected to be at least 500.

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	tline on a separate sheet if necessary or	r requeste	d				
Personnel Related Expenses		Request	ed of NC	Total Projected Cost			
Staffing per special event		\$	390.00	\$ 600.00			
		\$		\$			
		\$		\$			
Non-Personnel Related Expenses		Requested of NC		Total Projected Cost			
Entertainment (includes bann	ners, marketing material, promo cards)	\$	3900.00	\$ 6000.00			
Portable Sanitation		\$	640.00	\$ 985.00			
		\$		\$			
☑ No ☐ Yes If Y	any other Neighborhood Councils reques, please list names of NCs:						
-	ecific program or purpose described in NPG applications to other NCs) 🔼 No		_	ent on any other factors o , please describe:			
Source of Funding		Amount		Total Projected Cost			
		\$		\$			
		\$		\$			
		\$		\$			
Start date: $\frac{02}{J} \frac{08}{J} \frac{20}{20}$ 10b (After completion of the projection)) Date Funds Required: 03 / 31 / 20 ct, the applicant should submit a Proje	10c) Exect Comp	pected Con etion Repor	npletion Date: <u></u>			
CTION IV - POTENTIAL CONFLIC	CTS OF INTEREST						
☑ No ☐ Yes If Y							
· _ · · · · <u>-</u> · · · ·				to Applicant			
☑ No ☐ Yes If Y							
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* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or clerk.ncfunding@lacity.org for instructions on completing this form

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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: Effective Date of Exemption: May 15, 2010 Contribution Deductibility: Addendum Applies:

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

Sås P. Clesner

Enclosure: Publication 4221-PC

(Rev. December 2011) Department of the Treas

Request for Taxpayer Identification Number and Certification

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

Interne	Revenue Service							
	Name (as shown on your income tax return)							
page 2.	LOS ENCINOS DOCENT ASSOCIATION							
	Business name/disregarded entity name, if different from above							
	Check appropriate box for federal tax classification:							
ઠ	☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate							
Print or type Specific Instructions on page								
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶							
							투르	✓ Other (see instructions) > Non-Profit, tax exempt 501(c)3
_ €	Address (number, street, and apt. or suite no.)	Requester's name and address	s (optional)					
	16756 Moorpark Street	420						
	City, state, and ZIP code							
8	Encino, CA 91436-1068							
	List account number(s) here (optional)							
- 1	0 de con 10 0 de co 10 m or 3 de co							
Par	Taxpayer Identification Number (TIN)							
	our TIN in the appropriate box. The TIN provided must match the name given on the "Na	me" line Social security num	ber					
	d backup withholding. For individuals, this is your social security number (SSN). However							
	t allen, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For or		1 1-1 1 1 1					
	, it is your employer identification number (EIN). If you do not have a number, see How to							
77N on	page 3.							
	the account is in more than one name, see the chart on page 4 for guidelines on whose							
numbe	to enter.							
		9 5 - 3 7	9 7 6 2 4					
Part	Certification							
Jnder p	penalties of perjury, I certify that:							
. The	number shown on this form is my correct taxpayer identification number (or I am waiting	g for a number to be issued to n	ne), and					
lam	not subject to backup withholding because: (a) I am exempt from backup withholding, or	or (b) I have not been notified b	v the Internal Payanua					
	ice (IRS) that I am subject to backup withholding as a result of a failure to report all inter							
	nger subject to backup withholding, and		The free tribe tribe to the tribe to the tribe to the tribe tribe to the tribe					
lam	a U.S. citizen or other U.S. person (defined below).							
	a c.s. causer or other c.s. person (defined below). ation instructions. You must cross out item 2 above if you have been notified by the IF	3C 4b-4	A A C C C T C C C C C C C C C C C C C C					
	you have failed to report all interest and dividends on your tax return. For real estate tr							
	paid, acquisition or abandonment of secured property, cancellation of debt, contribution							
enerali	y, payments other than interest and dividends, you are not required to sign the certifical	ition, but you must provide you	r correct TIN. See the					
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 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.

your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien,
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- · An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person. and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.