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		
SEC	TION I- APPLICANT INFORMATION			
1a)	Imagine Los Angeles, Inc. Organization Name	20-4637089 Federal I.D. # (EIN#)	CA State of Incorporation	11/2/2006 Date of 501(c)(3) Status (if applicable)
1b)	672 S. Lafayette Park Pl. Ste 28	Los Angeles	CA	90057
	Organization Mailing Address	City	State	Zip Code
1c)				
	Business Address (If different)	City	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:			
	Brian Rosenbaum, Community Engagement Director	323.505.4357	brian@imagine	la.org
	Name	Phone	Email	
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead		-Profit (other than religious etermination Letter	institutions)
3)	Name / Address of Affiliated Organization (if application	able) City	State	Zip Code
SEC	TION II - PROJECT DESCRIPTION			

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

The purpose of the grant is to support the programs of Imagine LA. A substantial portion of their costs is for social workers and other professional staff who directly work with their clients to enable them to remain housed.

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)

LA has the nation's largest homeless population: 66,436 people. One-third are families and young adults. Many have repeat episodes of homelessness and are mired in generational poverty. Imagine LA prevents first-time and repeat homelessness and equips families to maintain housing stability and thrive long-term. Imagine LA works with newly housed families, 89% of whom are woman-led, and families at risk of experiencing homelessness. 10% of the families they work with are in the San Fernando Valley

CTION III - PROJECT BUDGET OUTLINE may also provide the Budget Outline on a separate sheet i	f necessary or requested.	
Personnel Related Expenses	Requested of NC	Total Projected Cost
Staff salaries	\$ 1000	\$ 1000
	\$	\$
	\$	\$
Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? If Yes, please list names of NCs: O No Yes

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) IN Ves If Yes, please describe:

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

s 1000 9) What is the TOTAL amount of the grant funding requested with this application:

6	30	. 202

10a) Start date:		,1	<u>1</u> ²⁰²¹	10b) Date Fund	ds Required:	5,	1	2021	10c) Expected	I Completion	Date: _	6 <u>,</u> 30	<u>1²⁰²¹</u>
(After com	pletic	on of	the pr	oject, the appli	icant should	subm	it a P	roject	Completion F	Report to the	Neighb	orhood	Council

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?

No Yes If Yes, please describe below:	
lame 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? *(Please note that if a Board Member of the NC has a conflict of interest and completes this form, Yes No 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 Dire	ector of Non-Profit C	orporation or School Pri		7				
Jill Bauman	1	President & CEO	C hill F)aman	4/14/21			
PR	INT Name	Title	Signature		Date			
12b) Secretary of Non-profit Corporation or Assistant School Principal REQUIRED*								
BRIAN R	OSENBAUM	COMMUNITY ENGA	GEMENT DIRECTOR	TAP	4/20/21			
PR	INT Name	Title	Signature	AU	Date			

* 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

DEPARTMENT OF THE TREASURY

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

Date: NOV U 2 2006

IMAGINE LOS ANGELES INC C/O MARY ERICKSON 16133 VENTURA BLVD STE 700 ENCINO, CA 91436

Employer Identification Numbe 20-4637089	er:	
DLN:		
17053261072026		
Contact Person:		
GLENN W COLLINS	ID#	31392
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 16, 2006		
Contribution Deductibility: Yes		
Advance Ruling Ending Date: December 31, 2010		

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. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

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IMAGINE LOS ANGELES INC

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We have sent a copy of this letter to your representative as indicated in your power of attorney.

tio g. Jem Sincerely,

Lois G. Lerner Director, Exempt Organizations Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3) Statute Extension

Letter 1045 (DO/CG)