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

SEC	TION I- APPLICANT INFORMATION					
1 -)	LOS ENCINOS DOCENT ASSOCIATION	95	5-3797624	CALIFO	RNIA	05/15/10
1a)	Organization Name	Fe	ederal I.D. # (EIN#)	State of Inco	orporation	Date of 501(c)(3) Status (if applicable
1b)	16756 MOORPARK STREET	El	NCINO	C	A	91436
	Organization Mailing Address	Ci	ity	s	itate	Zip Code
1c)						
	Business Address (If different)	Ci	ity	s	tate	Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
	AMY ZIDELL	818	3-962-4962	project221	1@LosEnc	cinos.org
	Name		Phone	Em	ail	
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead	or	⊠ 501(c)(3) Nor Text Attach IRS D			nstitutions)
3)	Name / Address of Affiliated Organization (if appli	icable,) City		State	Zip Code
	Name / Address of Affiliated Organization (if appli	icable,) City		State	Zip Code

SECTION II - PROJECT DESCRIPTION

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

This grant will help 501(c)3, Los Encinos Docent Association (LEDA), cooperating association of Los Encinos State Historic Park, fund a professional live Shakespeare show at the park - well received and well attended by the community previously. Shakespeare's iconic 'Romeo and Juliet' performance will be on the lawn north of the historic adobe, Friday, July 15th, 2022 at 7:00PM. This grant request helps cover special event expenses including, but not limited to, entertainment, generator, PPE, park plywood, portable sanitation, marketing, supplies and special event staffing. *Note that State Park waives estimated permit fees of \$3,750 for cooperating association.

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 helps support the Los Encinos Docent Association renew presenting a special open-air event serving important public purposes at a special park in Encino (within area 2):

- The event helps with neighborhood park awareness.
- The performance brings high-quality live theatre to the neighborhood, admission free.
- This event is an enjoyable, family-friendly, diverse gathering.
- This event delivers classic arts and literature to all ages under the stars.
- This event introduces and reintroduces Angelenos to the park encouraging return visits.

- Marketing to the area will be informative and neighborhood outreach.

The ENC's support of this grant offers the ENC outreach exposure on marketing and event table. Outdoor event attendance is estimated to be approximately 500, with event capacity limit of 750.

	ION III - PROJECT BUDGET OUTLINE		
You m	ay also provide the Budget Outline on a separate sheet if necessary o		
6a)	Personnel Related Expenses	Requested of NC	Total Projected Cost
-	Special event State Park monitors and maintenance	\$ sum total 4,960.	\$ 2,475.
	See attached detail	\$	\$ 100.
		\$	\$
6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Entertainment, generator, PPE, park plywood, supplies	\$ sum total 4,960.	\$ 4,600.
	Portable sanitation	\$ sum total 4,960.	\$ 1,338.
	See attached detail	\$	\$ 2,389.

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?

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Amount	Total Projected Cost
\$	\$
\$ 4,088.	\$
\$ 1,854.	\$ 10,902.

9) What is the TOTAL amount of the grant funding requested with this application: \$ 4,960.

10a) Start date: <u>05 / 16 / 22</u> 10b) Date Funds Required: <u>06 / 01 / 22</u> 10c) Expected Completion Date: <u>07 / 15 / 22</u> (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?

🛛 No	🖵 Yes	If Yes, please describe below:	
Name	of NC Board Me	mber	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, or participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment of this grant in its entirety.)</u>

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 CREQUIRED*

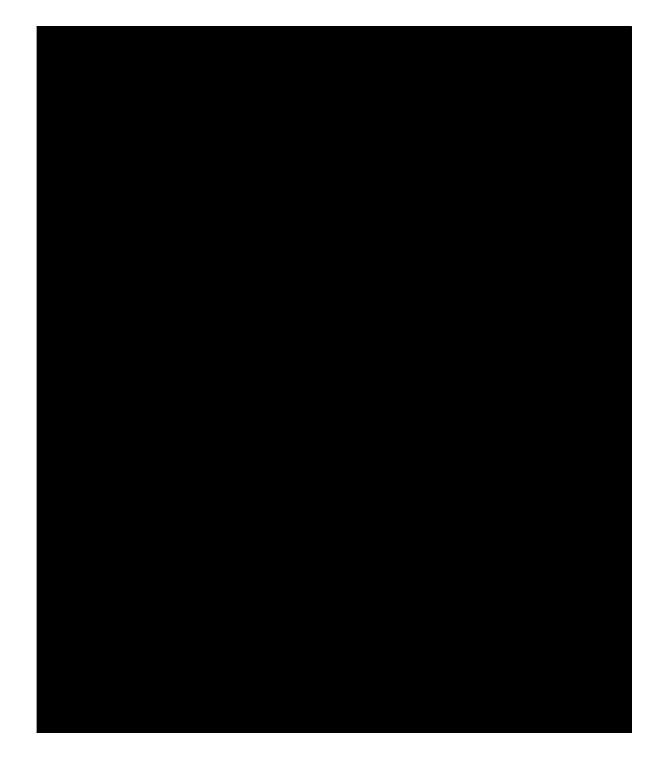
Amy Zidell	President	m	Sal	05/16/22
PRINT Name	Title	Signat	ure	Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*

Walter Nelson	VP / Secretary	unren 05/	16/22
PRINT Name	Title	Signature	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 <u>clerk.ncfunding@lacity.org</u> for instructions on completing this form

Los Encinos Docent Association NPG Live Shakespeare Detailed Projected Budget



DEPARTMENT OF THE TREASURY

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: Yes 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,

Ses P. Clesner

Lois G. Lerner Director, Exempt Organizations

Enclosure: Publication 4221-PC

(Rev. December 2011) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

	Name (as shown on your income tax return)					
s on page 2.	LOS ENCINOS DOCENT ASSOCIATION					
	Business name/disregarded entity name, if different from above					
	Individual and a classification S Corporation Partnership Trust/estate					
Print or type c instructions	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)					
ĒË	✓ Other (see instructions) ► Non-Profit, tax exempt 501(c)3					
E - SE	Address (number, street, and apt. or suite no.)	Requester's name and address (opti-	onal)			
2	16756 Moorpark Street					
5	City, state, and ZIP code					
Я,	Encino, CA 91436-1068					
	List account number(s) here (optional)					
Par	t I Taxpayer Identification Number (TIN)					
	your TIN in the appropriate box. The TIN provided must match the name given on the "Nar Id backup withholding. For individuals, this is your social security number (SSN). However,		· · · · · · · · · · · · · · · · · · ·			
eside	nt allen, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other the sole of the part of the sole of the	ner -	-			

TIN on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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#### Certification Part II

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Here	U.S. person ►	11
Gene	al Instructi	77

Signature of

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

#### Purpose of Form

Sign

Here

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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Date > 5/23/12

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.