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.

ame	of NC from which you are seeking this grant	:						
SEC	TION I- APPLICANT INFORMATION							
1a)	Organization Name	Fed	leral I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3)			
1b)					Status (if applicable)			
,	Organization Mailing Address	City	/	State	Zip Code			
1c)								
	Business Address (If different)	City	/	State	Zip Code			
1d)	PRIMARY CONTACT INFORMATION:							
	Name	PI	hone	Email				
2)	Type of Organization- Please select one: ☐ Public School (not to include private schools) Attach Signed letter on School Letterhead	or	☐ 501(c)(3) Non-Profit (other than religious institutions) Attach IRS Determination Letter					
3)	Name / Address of Affiliated Organization (if appl	icable)	City	State	Zip Code			

SECTION II - PROJECT DESCRIPTION

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

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)

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Personnel Related Expenses			
	Requested	of NC	Total Projected Co
	\$		\$
	\$		\$
	\$		\$
Non-Personnel Related Expenses	Requested	of NC	Total Projected Co
	\$		\$
	\$		\$
	\$		\$
ve you (applicant) applied to any other Neighborhood Councils red No	in Question 4	continge	ent on any other fact
ources or funding? (Including NPG applications to other NCs) $oldsymbol{\square}$ No		If Yes	, please describe:
Source of Funding	Amount		Total Projected Cos
	\$ e		\$ e
	φ \$		\$ \$
			Į *
o you (applicant) have a current or former relationship with a Boa No 🔲 Yes If Yes, please describe below:			
Name of NC Board Member	Rela	tionship	to Applicant
☐ Yes ☐ No <u>*(Please note that if a Board Member of the NC</u>	has a confli	ct of inte	erest and completes
☐ Yes ☐ No *(Please note that if a Board Member of the NO or participates in the discussion and voting of this NPG, the N	has a confli	ct of inte	erest and completes
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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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ersonnel Related Expenses		\$	\$
	THE RESIDENCE OF THE PARTY OF T	\$	\$
	TO SEE SHIPPING TO AND THE PARTY	\$	\$
Non-Personnel Related Expen	nses	Requested of NC	Total Projected Cos
Need funding for part of the plants, in	rrigation and supplies	\$2,500	\$6,500
		\$	\$
		\$	\$
you (applicant) applied to an No	es, please list names of NCs:		
ces or funding? (Including NF		s) No Ves If Ye	s, please describe:
Source of Funding		Amount	Total Projected Cos
arent Donations will cover most of these costs.		\$4,000	\$ 6,500
		Φ	\$
		ith this application: \$2,5	
you (applicant) have a currer	nt or former relationship wit	h a Board Member of the NC	?
No ☐ Yes If Yes	nt or former relationship wit s, please describe below:		? o to Applicant
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INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, DH 45201

DEPARTMENT OF THE TREASURY

ID# 31209

Date:

OCT 27 2006

FRIENDS OF LANAI BOOSTER PO BOX 250585 ENCINO, CA 91426

Employer Identification Number: 02-0592638 DLN:

17053273795076

Contact Person: SHAREN J LOCKLEAR Contact Telephone Number: (877) 829-5500

Public Charity Status: 170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated June 2002, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted. you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms. (800) 829-3676. Information is also available on our Interpet Web Site at

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours.

Lois G. Lerner

Director, Exempt Organizations

Rulings and Agreements