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: _____

SECTION I- APPLICANT INFORMATION

1a) 1b)	Organization Name	Fed	eral I.D. # (EIN#)	State of Incorpora	ation	Date of 501(c)(3) Status (if applicable
,	Organization Mailing Address	City	,	State		Zip Code
1c)						
	Business Address (If different)	City	,	State		Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
	Name	Pł	one	Email		
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead	or		Profit (other than released in the termination Letter		nstitutions)
3)	Name / Address of Affiliated Organization (if appl	icable)	City		State	Zip Code
SEC	TION 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)

SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a)	Personnel Related Expenses	Requested of NC	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$
6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
6b)	Non-Personnel Related Expenses	Requested of NC \$	Total Projected Cost \$
6b)	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?

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) \Box No \Box Yes If Yes, please describe:

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

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

10a) Start date: ___/___ 10b) Date Funds Required: ___/___ 10c) Expected Completion Date: ___/___/ (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	ember	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 - REQUIRED*

PRINT Name	Title	Signature	Date

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

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

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

Date: JAN 1 3 2008

MIRACLE MINDED MINISTRIES 3 3 and 40 C/O APRIL BELT 21871 VENTURA BLVD #337 WOODLAND HILLS, CA 91364 -or assistance you may call us a 1-800-829-6933

DEPARTMENT OF THE TREASURY PHILENAL REVENUE SERVICE PHILADELPHIA PA 19255-0023

Employer Identification Number: 45-0569831 DLN: 17053344001037 Contact Person: ID# 31217 JOAN C KISER Contact Telephone Number: (877) 829-5500 14 03001 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required Yes Effective Date of Exemption: July 06, 2007 Contribution Deductibility: REALISTICTION NUMBER Advance Ruling Ending Date: December 31, 2011 Addendum Applies: novel neve streeters

NO

When filling tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete all and ess exactly as shown above on all federal lax forms, payments and retraction and dence. Any variation may cause a delay in processing, result in incorrect information in you 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 period, you will be dete of your exemption and ends with advance ruling begins with the effective date of the letter ending date shown in the heading of the letter.

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

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Please see enclosed full information about your responsibilities as an Charities, for some helpful information about your responsibilities as an exempt organization. top of the natice and send it along with your latter. Thank you for your

Letter 1045 (DO/CG)

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE PHILADELPHIA PA 19255-0023

MIRACLE MINDED MINISTRIES 3 X APRIL L BELT 21781 VENTURA BLVD #337 WOODLAND HILLS CA 91364

Date of this notice: 08-21-2007 Employer Identification Number: 45-0569831

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us a 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-0569831. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account. and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023 or Form 1024, Application for Recognition of Exemption and send to: requiring your exampt status, you should ke

Internal Revenue Service PO Box 192 Covington, KY 41012-0192

Publication 557, Tax Exempt for Your Organization, is available at most IRS offices or you can download this Publication from our Web site at www.irs.gov. This Publication has details on how you can apply.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records.

Use this EIN and your name exactly as they appear above on all your federal ¥ tax forms.

Slide * Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.

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