

**City of Los Angeles
Office of the City Clerk
Neighborhood Council Funding Program**

Neighborhood Purposes Grants

Neighborhood Purposes Grants (NPGs) provide NCs opportunities to develop partnerships with local 501(c)(3) nonprofits and public schools to build community and enhance neighborhoods in the City of Los Angeles. Projects and activities supported by NPGs vary widely and can include, but are not limited to:

- The Arts
- Beautification
- Community Support
- Education
- Community Improvements

NPG-funded projects and activities must be for a **public benefit** and purpose, **open**, **accessible**, and **free of charge** to stakeholders.

Grants approved by NCs exceeding \$5,000 involve further review and possible City contract by the Office of the City Clerk.

Visit the NC Funding Program website page on NPGs ([click here](#)) to find out more details about how 501(c)(3) nonprofits and public schools serving NC areas can apply. There are two NPG Information Packets; One for prospective applicants to help guide them in the application process, and one for NC board members outlining considerations and factors to keep in mind while evaluating NPG requests.

A “Project Completion Report” template is also provided to help ensure accountability in the use of Grant funds and help demonstrate how NCs and their partners are supporting L.A. communities and stakeholders. NCs and NPG recipients are strongly encouraged to work together to complete and submit the Report at the conclusion of the project.

Any questions you may have with the NPG process, please contact us at the NC Funding Program:

- Clerk.NCFunding@lacity.org
- (213) 978-1058

**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)	_____	46-3144630	_____	5/28/2015
	<i>Organization Name</i>	<i>Federal I.D. # (EIN#)</i>	<i>State of Incorporation</i>	<i>Date of 501(c)(3) Status (if applicable)</i>
1b)	4933 Balboa Avenue	Encino	CA	91316
	<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1c)	_____	_____	_____	_____
	<i>Business Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

1d) PRIMARY CONTACT INFORMATION:

_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Email</i>

2) Type of Organization- Please select one:
 Public School (not to include private schools) **or** 501(c)(3) Non-Profit (other than religious institutions)
 Attach Signed letter on School Letterhead **Attach IRS Determination Letter**

3) _____	_____	_____	_____
<i>Name / Address of Affiliated Organization (if applicable)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

SECTION II - PROJECT DESCRIPTION

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

This funding is to help graffiti proof the Encino utility boxes and keep them clean. We will also use the funding to onitor the boxes and remove all graffiti. we have now painted over 120 boxes in Sherman Oaks and Encino - one of the most extensive and well maintained programs such as this in the City of LA. Each box will be branded LETS PAINT ENCINO. The boxes only only beautify our streets but also create a sense of community. This signature program has been a model for other Council Districts and has been featured on KABC news and in VENTURA BLVD magazine.

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 funding will be specifically used to help keep Encino clean from graffiti on the painted utility boxes. The boxes create a sense of community and we get lots of positive feedback on them.

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
	Graffiti proofing 20 utility boxes at \$50 per box	\$ 500	\$ 1,000
	Monthly inspection and cleaning of the utility boxes	\$ 1800	\$ 3,600
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Graffiti proof paint: \$260 per 96 oz - we need 3	\$ 390	\$ 780
	Graffiti remover solution \$125 per gallon - 2 gallons	\$ 125	\$ 250
	Supplies - rags, papertowels, stencils, brushes	\$ 150	\$ 300

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

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) No Yes If Yes, please describe:

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

9) What is the TOTAL amount of the grant funding requested with this application: \$ **2965**

10a) Start date: 8 / 1 / 25 10b) Date Funds Required: 04 / 30 / 26 10c) Expected Completion Date: 06 / 30 / 26
 (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 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?
 Yes No ***(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.)**

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 *Fran Kerzner* Signature Date

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

 PRINT Name Title *Vicki Nussbaum* 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 clerk.ncfunding@lacity.org for instructions on completing this form

Form **W-9**
(Rev. January 2026)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, on page 2.

See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietorship or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) 501c6	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 4): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. 4933 Balboa Blvd	Requester's name and address (optional)	
	6 City, state, and ZIP code Encino, CA 91316		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). Do not report the employer identification number (EIN) of a sole proprietorship or disregarded entity. For a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your EIN. If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-			-		
or									
Employer identification number									
4	6	-	3	1	4	4	6	3	0

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct; and
5. I am exempt from information reporting as a U.S. digital asset broker within the meaning of Regulations section 1.6045-1(g)(4)(i)(A)(1) (other than a registered investment adviser). I claim exempt status under Regulations section 1.6045-1(c)(3)(i)(B)(12).

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 for Part II, later.

Sign Here	Signature of U.S. person	<i>Vicki Nussbaum</i>	Date	02 / 19 / 2026

DRAFT - DO NOT FILE

DRAFT - DO NOT FILE

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

DEPARTMENT OF THE TREASURY

Date: **MAY 28 2015**

SHERMAN OAKS CHAMBER FOUNDATION
14827 VENTURA BLVD SUITE 207
SHERMAN OAKS, CA 91403-0000

Employer Identification Number:
46-3144630
DLN:
26053546003905
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
June 17, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

SHERMAN OAKS CHAMBER FOUNDATION

Sincerely,

Tamera Ripperda

Director, Exempt Organizations