

**Neighborhood Council Funding Program
APPLICATION for Neighborhood Purposes Grant (NPG)**



Office of the
CityClerk

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. **Any potential conflicts of interest indicated in Section IV of this application must be addressed with the Office of the City Attorney, Neighborhood Council Advice Division prior to the Neighborhood Council board's vote and consideration of the grant.** 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

SECTION I- APPLICANT INFORMATION

1a) Sherman Oaks Chamber Foundation 46-3144630 CA 5/28/2015
Organization Name Federal I.D. # (EIN) State of Incorporation Date of 501(c)(3) Status (if applicable)

1b) 4933 Balboa Blvd Encino CA 91316
Organization Mailing Address City State Zip Code

1c) _____
Business Mailing Address (if different) City State Zip Code

1d) APPLICANT POINT OF CONTACT:

Vicki Nussbaum 310-985-8284 VickiCarrNussbaum@gmail.com
Name Phone 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 the IRS Determination Letter and status verification from the State of California** (see "Application Process" under the Applicant Instructions.)

3) **Are you applying as a fiscal sponsor for another organization?** **No** **Yes**

If yes, please provide:

Name / Address of Affiliated Organization City State Zip Code

SECTION II - PROJECT DESCRIPTION

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

The funding is to help graffiti proof exclusively the Encino utility boxes and keep them clean. We will use the funding to monitor the Encinco utility boxes only and remove any graffiti we find for 13 months. 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 is branded LETS PAINT ENCINO. The boxes not only beautify our streets but also create a sense of community.

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 specifically be used to help keep Encino clean from graffiti on the painted utility boxes. The boxes create a sense of community and give our community prominence. This signature program has been a model for other Council Districts and has been featured on KABC news and in VENTURA BLVD Magazine.

SECTION III - PROJECT BUDGET OUTLINE

Please provide a detailed Project Budget Outline below. You may also provide a Project Budget Outline on a separate sheet if necessary or requested. **(Note: Administrative costs of the organization or admission fees cannot be funded through a Neighborhood Purposes Grant.)**

6) Project Expenses	Requested of NC	Total Projected Cost
Graffiti proofing 20 utility boxes at \$50/box	\$ \$500	\$ \$1,000
Graffiti remover solution @\$125 per gallon-2 gallons	\$ \$150	\$ \$300
Graffiti proof paint \$260 per 96 oz - we need 3	\$ \$390	\$ \$780
Paint brushes, rollers, supplies	\$ \$125	\$ \$250
Monthly inspection and cleaning of 20 boxes. This costs \$7.50/box/month for 13 months = \$1950	\$ \$1800	\$ \$1950

7a) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project within the last 18 months?

No Yes

If Yes, please describe below:

Neighborhood Council(s)	Date Submitted to NC	Amount Requested	Amount Awarded
		\$	\$
		\$	\$
		\$	\$

7b) Have you (applicant) applied to any other Neighborhood Councils requesting funds for **any** project within the last 18 months?

No Yes

If Yes, please describe below:

Neighborhood Council(s)	Date Submitted to NC	Amount Requested	Amount Awarded
		\$	\$
		\$	\$
		\$	\$

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 below:

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

9) What is the TOTAL amount of the grant funding requested with this application: \$2,965

10a) Start date: 4/30/26

10b) Date Funds Required: 6/30/26

10c) Expected Completion Date*: 6/30/27

After completion of the project, the applicant **must submit a Project Completion Report to the Neighborhood Council to update the Board of your project successes and challenges and for consideration of future grant requests.*

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11) 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

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								
-									

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
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DRAFT - DO NOT FILE

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Registrant Details

Entity type: Corporate Class as registered with the Secretary of State or based on founding & registration documents.

Organization Name:	SHERMAN OAKS CHAMBER FOUNDATION	IRS FEIN:	463144630
Entity Type:	Charitable or nonprofit corporation	SOS/FTB Corporate/Organization Number:	3580984

Registry Status:	Current	Renewal Due/Exp. Date:	5/15/2026
RCT Registration Number:	CT0220351	Issue Date:	6/5/2015
Record Type:	Charity Registration	Effective Date:	6/5/2015
Date of Last Renewal:	12/30/2025	DBA:	

Mailing Address

Street:	4933 BALBOA BLVD
Street Line 2:	
City, State Zip:	ENCINO CA 91316

Filings & Correspondence

Legacy Document	Returned check - Returned check
Founding Documents	Founding Documents
Legacy Document	Confirmation of Registration Letter - Confirmation of Registration Letter
Renewal Filing	2024
Renewal Filing	2023
Renewal Filing	2022
Renewal Filing	2021
Renewal Filing	2020
Renewal Filing	2019
Renewal Filing	2018

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