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:		Sherman Oaks Neighborhood Council					
SEC	TION I- APPLICANT INFORMATION						
1a)	North Valley Caring Services	95	4444561	ca		02/1996	
.ω,	Organization Name	Fee	deral I.D. # (EIN#)	State of	Incorporation	Date of 501(c)(3) Status (if applicable)	
1b)	15453 Rayen St	Ν	North Hills		CA	91343	
	Organization Mailing Address	Cit	У		State	Zip Code	
1c)							
	Business Address (If different)	Cit	У		State	Zip Code	
1d)	PRIMARY CONTACT INFORMATION:						
	Alycia Monroy	818	-929-2972	2 amo	onroy@i	nvcsinc.org	
	Name	P	hone		Email		
2)	Type of Organization- Please select one:						
·	☐ Public School (not to include private schools) Attach Signed letter on School Letterhead	or	or = 501(c)(3) Non-Profit (other than religious in Attach IRS Determination Letter			institutions)	
3)	Name / Address of Affiliated Organization (if appli	cable)	Citv		State	Zin Code	

SECTION II - PROJECT DESCRIPTION

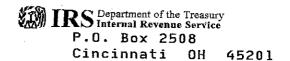
4) Please describe the purpose and intent of the grant.

Your Support will allow us to:

- 1. Aquire PPE (Personal Protective Equipment) and other necessary program supplies for our team to perform their work safely and effeciently
- 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)
 - NVCS food pantry is not only open but we have expanded our services in light of the pandemic. We now serve up to 3500 families every week as well as support 3 other food pantries. We deliver hot meals to 300 families living in motels, as well as deliver food boxes to seniors and families that are unable to leave their houses due to the pandemic. We have also opened our campus to provide childcare and online distance learning for 30 students from grades pre k to 12th using our agencies wi-fi and three classrooms, with staff and volunteers as support.

	N III - PROJECT BUDGET OUTLIN	lE			
#	also provide the Budget Outline or			2004/2004/05 (1885-18 MA)	and the second of
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6b) N	on:Personnelikelandulamonses	enneggeneer. voormaggingeringer	Tage Translation	ning iish Projesed San	
	Safety supplies, food containers	. program supplies and cost	\$2000	\$75000	**************************************
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	/ L A B L A				
7) Have	you (applicant) applied to any oth	ier Neighborhood Councils ease list names of NCs: <u>14 ne</u>			
	•	 -			
	e implementation of this specific p ces or funding? (Including NPG ap			-	or
	aucoro/Paradag	phications to other NCs)	Amount	If Yes, please describe:	
\$ 100 miles	north hills east, lake balboa, arleta, sylmar, grana	ida hills, northridge neighborhood councils	\$12929	\$	onai.
	city and emerg	ency aid	\$26000	\$	
<u> </u>	misc gran	ıts	\$8000	\$75000	
9) Wha	t is the TOTAL amount of the gran	at funding requested with th	io application:	\$ 2000	
	N IV - POTENTIAL CONFLICTS OF you (applicant) have a current or t No ☐ Yes If Yes, ple		oard Member of	the NC?	
	me of NC Board Member	ase describe below.	Relat	ionship to Applicant	·
				P	
441-15					
	es, did you request that the board Yes			ney before filing this application <u>at of interest and completes thi</u>	
	<u></u>	nd voting of this NPG, the	VC IIas a Collina	<u>a or interest and completes thi</u>	a farm
or i	participated iii tiic discussioli di		NC Funding P	rogram will deny the payment	is form, of this
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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



In reply refer to: 0248153327 Feb. 10, 2014 LTR 4170C 0 95~4444561 000000 00

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NORTH VALLEY CARING SERVICES 15435 RAYEN ST NORTH HILLS CA 91343



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Person to Contact: Ms. Espelage Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Jan. 30, 2014, regarding the tax-exempt status of North Valley Caring Services.

Our records indicate that a determination letter was issued in February 1996, granting this organization exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate this organization is not a private foundation within the meaning of section 509(a) of the Code because it is described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to this organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to the organization or for its use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

If you have any questions, please call us at the telephone number shown above.

0248153327 Feb. 10, 2014 LTR 4170C 0 95-4444561 000000 00 00017357

NORTH VALLEY CARING SERVICES 15435 RAYEN ST NORTH HILLS CA 91343

Sincerely yours,

Susan M. d'Neill Susan M. O'Neill, Department Mgr. Accounts Management Operations