

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: North Hills West Neighborhood Council

SECTION I - APPLICANT INFORMATION

1a)	<u>New Horizons: Serving Individuals with Special Needs</u> <i>Organization Name</i>	<u>95-1862084</u> <i>Federal I.D. # (EIN#)</i>	<u>California</u> <i>State of Incorporation</i>	<u>N/A</u> <i>Date of 501(c)(3) Status (if applicable)</i>
1b)	<u>15725 Parthenia Street</u> <i>Organization Mailing Address</i>	<u>North Hills</u> <i>City</i>	<u>CA</u> <i>State</i>	<u>91434</u> <i>Zip Code</i>
1c)	<u>N/A</u> <i>Business Address (if different)</i>	<u>N/A</u> <i>City</i>	<u>N/A</u> <i>State</i>	<u>N/A</u> <i>Zip Code</i>
1d)	PRIMARY CONTACT INFORMATION:			
	<u>Daryl Rubin</u> <i>Name</i>	<u>818-894-7422</u> <i>Phone</i>	<u>drubin@newhorizons-sfv.org</u> <i>Email</i>	
2)	Type of Organization- Please select one: <input type="checkbox"/> Public School <i>(not to include private schools)</i> or <input checked="" type="checkbox"/> 501(c)(3) Non-Profit <i>(other than religious institutions)</i> Attach Signed letter on School Letterhead Attach IRS Determination Letter			
3)	<u>N/A</u> <i>Name / Address of Affiliated Organization (if applicable)</i>	<u>N/A</u> <i>City</i>	<u>N/A</u> <i>State</i>	<u>N/A</u> <i>Zip Code</i>

SECTION II - PROJECT DESCRIPTION

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

The purpose of intent for the grant being requested is to help sponsor the New Horizons Holiday Festival where we will be opening our gates to the community providing Holiday Music and festivities here in North Hills, CA. In the past, New Horizons has hosted an event called Holiday Cheer with upwards of 200 participants in attendance. We are deciding to include more festivities and accommodate for an even larger community attendance and celebrate the holiday season.

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)

The grant, if approved, will provide entertainment. Entertainment will mainly be in the form of holiday music from multiple cultures and holiday traditions. We will be hiring local chorus groups amongst other musical performers from the community to perform.

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
Budget attached	\$ N/A	\$ N/A
	\$	\$
	\$	\$

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

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

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
N/A	\$ N/A	\$ N/A
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 2,500

10a) Start date: 12 / 08 / 19 10b) Date Funds Required: 11 / 30 / 19 10c) Expected Completion Date: 12 / 08 / 19
(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
N/A	N/A

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***

<u>John C. Brauer</u>	<u>President and CEO</u>		<u>10/11/19</u>
<i>PRINT Name</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i>

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

<u>Glenn Baker</u>	<u>Secretary</u>		<u>10/11/19</u>
<i>PRINT Name</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i>

* 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

2019 Holiday Cheer Festival Budget	2019 Budget
REVENUE	
Grants	5,000.00
Games	350.00
Photo Booth	300.00
Food/Refreshments	1,500.00
Vendor Booths (face painters, workshops)	1,200.00
TOTAL	8,350.00
REVENUE TOTAL	8,350.00
EXPENSES	2019 Budget
Food/Refreshments	500.00
Vendors (face painting, balloon twisters etc)	1,500.00
Entertainment	2,500.00
Photo Booth	750.00
Total	4,750.00
DECORATIONS & PRIZES	
Holiday lights & Decorations	450.00
Christmas Trees	350.00

Total	800.00
PRINTING & POSTAGE	
Design & Printing (artwork for invites, banners, signage)	1,500.00
Postage	500.00
Total	2,000.00
MISCELLANEOUS EVENT EXPENSE -Other	
Office & Art Supplies	450.00
Misc	100.00
Total	550.00
TOTAL EXPENSE	8,100.00
	2019 Budget
Gross Revenue	8,350.00
Expenses	8,100.00
	250.00

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) NEW HORIZONS: Serving Individuals with Special Needs	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) 15725 PARTHENIA ST.	Requester's name and address (optional)
City, state, and ZIP code NORTH HILLS, CA 91343	
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number
9 5 7 1 8 6 2 0 8 4

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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 on page 4.)

Sign Here

Signature of U.S. person ▶



Date ▶

7/1/18

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: November 14, 2013

Person to Contact:
Mrs. Day #0110209
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
95-1862084

**NEW HORIZONS: SERVING INDIVIDUALS WITH
SPECIAL NEEDS
15725 PARTHENIA ST
SEPULVEDA CA 91343-4913**

Dear Sir or Madam:

This is in response to your October 31, 2013 request for information regarding your tax-exempt status.

Our records indicate you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in April 1957.

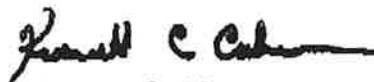
Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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/charities for information regarding filing requirements. Specifically, note that section 6033(j) of the Code automatically revokes the tax-exemption of any organization that fails to satisfy its filing requirement for three consecutive years. The automatic revocation of exemption is effective as of the due date of the third required annual filing or notice. The IRS maintains a list of organizations whose tax-exempt status was automatically revoked at IRS.gov.

If you have any questions, please call the phone number in the heading of this letter.

Sincerely,



Kenneth Corbin
Acting Director,
Exempt Organizations