# **Monthly Expenditure Report**



**Reporting Month: December 2022 Budget Fiscal Year: 2022-2023** 

NC Name: Greater Cypress Park Neighborhood Council

Monthly Cash Reconciliation							
Beginning Balance	e Total Spent Remaining Outstan		Outstanding	Commitments	Net Available		
\$36302.28	\$9877.34	\$26424.94	\$0.00	\$0.00	\$26424.94		

Monthly Cash Flow Analysis							
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available		
Office		\$277.34		\$0.00			
Outreach	\$13000.00	\$0.00	\$9546.93	\$0.00	\$9546.93		
Elections		\$0.00		\$0.00			
Community Improvement Project	\$3000.00	\$0.00	\$3000.00	\$0.00	\$3000.00		
Neighborhood Purpose Grants	\$16000.00	\$9600.00	\$5050.00	\$0.00	\$5050.00		
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$4525.73			

Expenditures									
#	Vendor	Date	Description Budg Categ		Sub-category	Total			
1	DNH GODADDY.COM	12/18/2022	Website domain hosting	General Operations Expenditure	Office	\$40.34			
2	STORQUEST-LA/FIGUEROA	12/30/2022	Storage	General Operations Expenditure	Office	\$237.00			
3	Manos Que Sobreviven	11/23/2022	Approval of \$3600 Neighborhood Purpose Grant for Manos Que Sobreviven for Thanksgiving giveaway.	Neighborhood Purpose Grants		\$3600.00			
4	Elysian Valley Arts Collective	11/14/2022	\$3000 Neighborhood Purpose Grant to EV Arts Collective	Neighborhood Purpose Grants		\$3000.00			
5	Instituto de Educacion Popular Del Sur De California	11/22/2022	Approval of \$3000 neighborhood purpose grant for Instituto de Educacion Popular del Sur de California for coats and vaccine information event.	Neighborhood Purpose Grants		\$3000.00			
	Subtotal:					\$9877.34			

	Outstanding Expenditures									
#	Vendor	Date	Description	Budget Category	Sub-category	Total				
	Subtotal: Outstanding	g				\$0.00				

# Receipt

Nº 2410928770

CONTACT US 24/7 1-480-505-8877

DATE: 12/18/2022 CUSTOMER #: 95264529 BILL TO: Ash Kramer 3380 Scarboro St, Los Angeles, California 90065, **United States** Cypress Park NC +213.8401980 PAYMENT: MasterCard •••• 8370 \$40.34 **Previous Balance** \$40.34 **Received Payment** (\$40.34)Balance Due (USD) \$0.00 **Term Product Amount** 2 yrs .COM Domain Renewal \$39.98 CYPRESSPARKNC.COM <sup>1</sup> **Subtotal** \$39.98 Taxes \$0.00 Fees \$0.36 Total (USD) \$40.34

### REFERENCE

about:blank 1/2

\$0.36

\$0.36

**Universal Terms of Service** 

CYPRESSPARKNC.COM

**ICANN** 

1.

about:blank 2/2

StorQuest - Los Angeles / Figueroa 2222 North Figueroa Los Angeles, CA 90065 323-227-0015

## **Payment Receipt**

Transaction Date: Dec 29, 2022
Transaction Number: 1086648184
Account Nam€reater Cypress Park NC
Account Number: 1003575944
Agent: A AP

Greater Cypress Park NC 1150 Cypress Ave

Los Angeles, CA 90065

Charge Date	Item Description	Amount
Dec 29, 2022	Unit 1151 Rent: (Dec 29, 2022 thru Jan 28, 2023)	\$225.00
Dec 29, 2022	Insurance 3,000 coverage: (Dec 29, 2022 thru Jan 28, 2023)	\$12.00

	Та	narges:	\$237.00 \$.00 \$237.00
	To	Payment Summary: Total Tendered: Change:	
	Payment Method	Reference	Amount
Customer Signature	MasterCard	xxxxx8370	\$237.00

### **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.

of NC from which you are seeking this grant	G t: _	reaters Cypress	Park Neighborhood	I Council
TION I- APPLICANT INFORMATION		City of File (1989)		
Manos Que Sobreviven	8	82-4042623	California	04/25/2018
Organization Name	- 7	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable)
3854 Cazador St,	1	Los Angeles	CA	90065
Organization Mailing Address	- 7	City	State	Zip Code
			18 10 11 45	
Business Address (If different)	- 7	City	State	Zip Code
PRIMARY CONTACT INFORMATION:				
	323-	-561-5504	alberto@ma	anosqs.com
Name		Phone	Email	
Type of Organization- Please select one:  Public School (not to include private schools) Attach Signed letter on School Letterhead	or			institutions)
Name / Address of Affiliated Organization (if app	licabl	(e) City	State	Zip Code
	Manos Que Sobreviven  Organization Name  3854 Cazador St,  Organization Mailing Address  Business Address (If different)  PRIMARY CONTACT INFORMATION: Alberto Galvan  Name  Type of Organization- Please select one:  Public School (not to include private schools) Attach Signed letter on School Letterhead	TION I- APPLICANT INFORMATION  Manos Que Sobreviven  Organization Name  3854 Cazador St,  Organization Mailing Address  Business Address (If different)  PRIMARY CONTACT INFORMATION: Alberto Galvan  323-  Name  Type of Organization- Please select one:  Public School (not to include private schools) Attach Signed letter on School Letterhead	TION I- APPLICANT INFORMATION  Manos Que Sobreviven  82-4042623  Organization Name  3854 Cazador St,  Los Angeles  Organization Mailing Address  City  Business Address (If different)  PRIMARY CONTACT INFORMATION:  Alberto Galvan  Type of Organization- Please select one:  Public School (not to include private schools) Attach Signed letter on School Letterhead	Manos Que Sobreviven  Manos Que Sobreviven  Sederal I.D. # (EIN#)  State of Incorporation  State of Incorporation  State of Incorporation  State  CA  Organization Mailing Address  City  State  Business Address (If different)  City  State  PRIMARY CONTACT INFORMATION:  Alberto Galvan  Name  Phone  Email  Type of Organization- Please select one:  Public School (not to include private schools)  Attach Signed letter on School Letterhead  Page 1501(c)(3) Non-Profit (other than religious Attach IRS Determination Letter

### SECTION II - PROJECT DESCRIPTION

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

The holiday season is a very important time of the year. This season we continue to suffer from the high prices of food, thousands of families will not be able to bring a plate of food to their homes this Thanks Giving. But this holiday season MQS wants to invite you to join this cause by supporting us with funds to be able to provide food to 300 families in November 23. This holiday season let's help families in our community to bring food to their homes, let's make the change today to have a better future tomorrow. Help us meet our goal.

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)

MQS always focuses on low-income families, our priority is always our community. That is why we are asking for the opportunity to support us in this funding proposal. Your help will change the lives of many families this season, help me bring hope to their lives.

)	FION III - PROJECT BUDGET OUTLI nay also provide the Budget Outline o	n a separate sheet if necess	sary or requested.	
	Personnel Related Expenses		Requested of NC	Total Projected Cost
	Budget are attach	ned in this email	\$5,000	\$15,000
			\$	\$
			\$	\$
	Non-Personnel Related Expenses	and the same	Requested of NC	Total Projected Cost
	Thanks Giving Dinne	er for 300 Families	\$5,000	\$15,000
			\$	\$
			\$	\$
	ave you (applicant) applied to any ot I No  If Yes If Yes, potthe implementation of this specific			
so	urces or funding? (Including NPG a	pplications to other NCs)		s, please describe:
	Source of Funding Glassell Park Neigh	thorhood Council	S 5,000	Total Projected Cost \$ 15,000
	Silver Lake Neight	orhood Council	\$5,000 \$5'000	\$ 15,000 \$ 15,000
	Silver Lake Weight	zornoba Courion	\$ 5 5 5 5 5	\$
	Do you (applicant) have a current or ■ No □ Yes If Yes, pl	r former relationship with a lease describe below:	Board Member of the NC	?
_	Name of NC Board Member	ease describe below.	Relationship	to Applicant
Ì				
Ţ				
- 1	If yes, did you request that the boar	rd member consult the Offi	ce of the City Attorney bef	ore filing this applicatio
h) Ì	☐ Yes ☐ No *(Please note that	at if a Board Member of th	e NC has a conflict of int	erest and completes th
(		and veting of this NDC t	he NC Funding Program	
ِ و	or participates in the discussion	and voting of this NPG, t	ne No runding rrogram	will deny the paymen
9	grant in its entirety.)		ne No Funding Frogram	will deny the paymen
( )	grant in its entirety.) FION V - DECLARATION AND SIGNA	ATURE		
Ci	grant in its entirety.) ION V - DECLARATION AND SIGNA by affirm that, to the best of my k	ATURE	n provided herein and co	mmunicated otherwise
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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 <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form

Signature

Title

PRINT Name

## INVOICE

## **Holliday Season (Thanks Giving Dinner)**

Company Name: Manos Que Sobreviven

Address: 3854 Cazador St, Los Angeles, CA 90065 Phone Number: 3235615504

Description	Quantity	Un	it Price	Cost	
Turkey	300	\$	19.99	\$ 5,997.00	
Pumkin Pie	300	\$	7.00	\$ 2,100.00	
Russet Potatoes	300	\$	3.99	\$ 1,197.00	
Fresh Celery	300	\$	1.89	\$ 567.00	
Baguette	300	\$	1.97	\$ 591.00	
Stuffing Mix	300	\$	3.28	\$ 984.00	
Cranberry Juice	300	\$	3.89	\$ 1,167.00	
Fresh Carrot Bag	300	\$	1.92	\$ 576.00	
Fresh Onions Bag	300	\$	1.92	\$ 576.00	
Apple Bag	300	\$	4.15	\$ 1,245.00	
		Subtotal .		\$15,000.00	
		Tota	al	\$15,000.00	

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

Date: APR 25 2018

MANOS QUE SOBREVIVEN HANDS THAT SURVIVE 3854 CAZADOR ST LOS ANGELES, CA 90065-0000 Employer Identification Number: 82-4042623 DLN: 26053506006178 Contact Person: ID# 31954 CUSTOMER SERVICE Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990/990-EZ/990-N Required: Effective Date of Exemption: February 13, 2018 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.



THANKSGIVING DINNER EVENT

Line Begins at 8:00 A.M. Please Wear A Face Mask. No Eligibility Requiere



**WEDNESDAY / NOVEMBER 23** 

We will have turkeys for the first 300 families



## FREE TURKEY GIVEAWAY

10:00 A.M. Until The Pantries Run Out At Irving S.T.E.A.M. Magnet School Address: 3010 Estara Ave. Los Angeles CA, 90065



The key is to incorporate habits that accompany us every day and that allow us to maintain a healthy diet. For Kands That Survive, feeding our communities is the most important thing.





Office of the City Clerk						<i>(</i> )	
Administrative Services Division						See Settlebes (	S 105 AbG
Neighborhood Council (NC) Funding Progr	am					Air Colle	
Board Action Certification (BAC) Form			<u> </u>			City	OLADED 113
NC Name:			Meeting Date:				
Budget Fiscal Year: Board Motion and/or Public Benefit			Agenda Item No	0:			
Statement (CIP and NPG):							
Method of Payment: (Select One)	☐ Check		☐ Credit Card		☐ Board	d Member Reimb	ursement
Decreed Decred Mancher	manust loons the veem will		e Count	* "a*		ha wata ia aamuul	-t-a
Board Member's First and Last Name	s must leave the room pri Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
board iviember 5 First and Last Name	Board Position	res	NO	ADStain	Absent	ineligible	Recused
Board Quorum:	Total:						
We, the authorized signers of the above r			at the information	n presented on	this form is accu	rate and comple	te, and that a public
meeting was held in accordance with all I meeting where a quorum of the Board was	aws, policies, and proced						
Authorized Signature			Authorized Sign	ature 1			
Print/Type Name:			Print/Type Nam	ie:			
Date:			Date:	Ash Kra	mer		
			11/22/2	.2			



# 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 (<u>click here</u>) 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.

	of NC from which you are seeking this grant	:			
1a)	Organization Name	Fed	leral I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
1b)					
	Organization Mailing Address	City	/	State	Zip Code
1c)					
	Business Address (If different)	City	/	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:				
	Name	PI	hone	Email	
2)	Type of Organization- Please select one:  ☐ Public School (not to include private schools)  Attach Signed letter on School Letterhead	or		n-Profit (other than religious a etermination Letter	institutions)
3)	Name / Address of Affiliated Organization (if appl	icable)	City	State	Zip Code

SECTION 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)

PAGE 1 NCFP 107

		Requested of NC	Total Projected Cost
Personnel Related Expenses		\$	\$
		\$	\$
		\$	\$
Non-Personnel Related Expens	ses	Requested of NC	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$
Have you (applicant) applied to an ☐ No ☐ Yes If Ye	y other Neighborhood Councies, please list names of NCs:	s requesting funds for th	is project?
Is the implementation of this spec			
sources or funding? (Including NF	PG applications to other NCs)		s, please describe:
Source of Funding		Amount	Total Projected Cost
		<u>Ψ</u> \$	\$ \$
		<u> </u>	\$ \$
			?
□ No □ Yes If Yes Name of NC Board Member	s, please describe below:	Relationship	o to Applicant
	s, please describe below:	Relationship	
	s, please describe below:	Relationship	
Name of NC Board Member  b) If yes, did you request that the b  ☐ Yes ☐ No *(Please note or participates in the discussi	poard member consult the Office that if a Board Member of th	ce of the City Attorney be	o to Applicant  fore filing this applicatio terest and completes th
Name of NC Board Member  b) If yes, did you request that the b  ∨es ∨elease note or participates in the discussi grant in its entirety.)	poard member consult the Office that if a Board Member of th on and voting of this NPG, t	ce of the City Attorney be	o to Applicant  fore filing this applicatio terest and completes th
Name of NC Board Member  b) If yes, did you request that the b  Yes □ No *(Please note or participates in the discussi grant in its entirety.)  ECTION V - DECLARATION AND SIGN ereby affirm that, to the best of many and accurately stated. I further affiterest" of this application and affitenefit project/program and that n	coard member consult the Office that if a Board Member of the on and voting of this NPG, to the consult the Office that if a Board Member of the one and voting of this NPG, to the consult that I have read the docing that the proposed project to conflict of interest exist the proposed project to the project to the proposed project to the projec	ce of the City Attorney being the NC has a conflict of interest he NC Funding Program on provided herein and couments "What is a Public to and/or program(s) fathat would prevent the a	fore filing this application terest and completes the will deny the payment of the payment of the payment of the payment of the Neighland of the Neighland in the criteria of the Neighland in the criteria of the Neighland in the
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Name of NC Board Member    Name of NC Board Member	coard member consult the Office that if a Board Member of the on and voting of this NPG, to an	ce of the City Attorney begon to the NC Funding Program on provided herein and comments "What is a Publics) and/or program(s) fathat would prevent the acoff the Neighborhood Comments with the contract of the Neighborhood Council.	fore filing this application terest and completes the will deny the payment of the Benefit," and "Contain within the criteria of awarding of the Neighlouncil to whom I am sulpose to the
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PAGE 2 NCFP 107

ID# 31454

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

DateSEP 2 5 2011

ELYSIAN VALLEY ARTS COLLECTIVE C/O TRACY STONE 2041 BLAKE AVE LOS ANGELES, CA 90039 Employer Identification Number: 35-2346243
DLN: 17053144344031
Contact Person:

KEVIN W PAYTON

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

August 18, 2008

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Lois G. Lerner

Director, Exempt Organizations

Enclosure: Publication 4221-PC



PO Box 1286 Rancho Cordova CA 95741-1286

ELYSIAN VALLEY ARTS COLLECTIVE TRACY STONE 2041 BLAKE AVE LOS ANGELES CA 90039

04.13.12 Date:

Case:

26050481015971860 Case Unit: 26050481015971863

In reply refer to: 760:GC:F120

Regarding

: Tax-Exempt Status

Organization's Name

: Elysian Valley Arts Collective

CCN

: 3160130

Purpose R&TC §

: Charitable

Form of Organization

:23701d : Affirmation Incorporated

Accounting Period Ending

: 12/31

Tax-Exempt Status Effective

: 08/18/2008

### **Exempt Acknowledgement Letter**

We have received your federal determination letter that shows tax exemption under Internal Revenue Code (IRC) Section (§) 501(c)(3). Under California law, Revenue and Taxation Code (R&TC) §23701d(c)(1) provides that an organization is exempt from taxes imposed under Part 11 upon submission of the federal determination letter approving the organization's tax-exempt status.

Generally, the effective date of an organization's California tax-exempt status is the same date as the federal tax-exempt status under IRC §501(c)(3).

To retain tax-exempt status, the organization must be organized and operating for nonprofit purposes within the provisions of the above R&TC section. An inactive organization is not entitled to tax-exempt status.

In order for us to determine any effect on the tax-exempt status, the organization must immediately report to us any change in:

- Operation
- Character
- Purpose
- Name
- Address

Office of the City Clerk							
Administrative Services Division						<b>ا</b> کرستار سال	
Neighborhood Council (NC) Funding Prog	ram					¥ .	
Board Action Certification (BAC) Form						YEAR	
NC Name: Greater Cypress Park			Meeting Date:	9/13/22			
Budget Fiscal Year: 2022-2023			Agenda Item N	lo: 7.1			
Board Motion and/or Public Benefit Statement (CIP and NPG):	\$3000 Neighbo	orhood Pu	rpose Gra	nt to EV A	rts Collect	ive	
Method of Payment: (Select One)	☐ Check		☐ Credit Card		☐ Board	Member Reimb	ursement
· Recused Board Member	s must leave the room pr		te Count ssion and may no	ot return to the r	oom until after t	he vote is compl	ete.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Romana Barajas	Chair	X					
Lizette Montes	Co-Chair	X					
Ash Kramer	Treasurer				Х		
Teresa Roman	At Large		_		X		
Bryan Kramer	At Large	Х					
Mack Hill	At Large	Х					
Javier Lopez	At Large	X					
Rebecca Trotzky-Sirr	At Large				Х	4	
vacant	At Large				Х		
						- `	

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Total:

Board Quorum: 5

Authorized Signature	Authorized Signature:
Print/Type Name: Mack Hill	Print/Type Name: ASSA Kranue
<sup>Date:</sup> 10/16/22	Date: 10/10/22

NCFP 101 BAC Rev020118

1/1/2



### 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 (<u>click here</u>) 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: Greater Cypress Park Neighborhood Council

SECTION I- APPLICANT INFORMATION 95-443-1992 California 07/01/1994 Instituto de Educacion Popular del Sur de California Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable) 1b) 1565 W 14th Street 90015 Los Angeles CA

	Organization Mailing Address	City	State	Zip Code
1c)				
	Business Address (If different)	City	State	Zip Code

1d) PRIMARY CONTACT INFORMATION:

Guadalupe Garcia	323.481.9587	guadalupe@idepsca.org	
Name	Phone	Email	

- 2) Type of Organization- Please select one:
  - ☐ Public School (not to include private schools) Attach Signed letter on School Letterhead

■ 501(c)(3) Non-Profit (other than religious institutions) **Attach IRS Determination Letter** 

٠.					
3)	Name / Address of Affiliated Organization (if applicable)	City	State	Zip Code	

or

### SECTION II - PROJECT DESCRIPTION

- 4) Please describe the purpose and intent of the grant.
  - IDEPSCA operates the Cypress Park Community Job Center, which is one of five day laborer centers IDEPSCA operates in the City of L.A. The center provides employment support and other essential services to day laborers and community members. Since the pandemic hit, the center has prioritized covid19 education and PPE distribution and has noticed the financial and emotional impact that day laborers and community members have been facing for the last -almost-three years. It has became more challeging to have access to basic needs, as clothing and as the winter is approaching IDEPSCA is partnering with CCHC (Comprehensive Community Health Centers) to host a "Free Coat drive & covid education" event on December 15th at the Cypress Park Community Job Center.
- 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)
  - IDEPSCA is requesting \$3,000.00 to be able to purchase winter clothes that will be distributed amongst day laborers and community members, the population's age is majority on their 40s, 50s and 60s.
  - The grant will be also used to purchase supplies for educational materials about covid19 and other health resources that will be distributed during the event.

**NCFP 107** PAGF 1

ou may also provide the Budget Outlii	ne on a separate sheet if necess:	ary or requested.	
Personnel Related Expenses		Requested of NC	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$
Non-Personnel Related Expens	ses	Requested of NC	Total Projected Cost
71 Polar Fleece Jackets		\$ 2,485.00	\$ 2,485.00
Covid printing materials	_	\$ 215.00	\$ 215.00
Admin cost 10%		\$ 300.00	\$ 300.00
Haye you (applicant) applied to an  ☑ No ☐ Yes If Ye	y other Neighborhood Councils s, please list names of NCs:	s requesting funds for thi	is project?
Is the implementation of this spec			-
sources or funding? (Including NP	'G applications to other NCs)		s, please describe:
Source of Funding		Amount	Total Projected Cost
		\$	\$
		\$	\$
		\$	Ф
(After completion of the project,  CTION IV - POTENTIAL CONFLICT	S OF INTEREST		
a) Do you (applicant) have a curren		Board Member of the NC	?
✓ No ☐ Yes If Yes  Name of NC Board Member	s, please describe below:	Polotionohis	o to Applicant
Name of NC Board Member		Relationship	o to Applicant
b) If yes, did you request that the b	oard member consult the Offic	e of the City Attorney be	fore filing this application?
	that if a Board Member of the		
or participates in the discussion	<u>on and voting of this NPG, th</u>	ne NC Funding Program	n will deny the payment of
grant in its entirety.)			
CTION V - DECLARATION AND SIG			
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rposes Grant. I affirm that I am n		-	•
s application. I further affirm tha			
ted here, said funds shall be retu			
2a) Executive Director of Non-Prof	fit Corporation or School Princ	inal - REOURED*	
Maegan Ortiz	Executive Director	70 E G 1-	
		1 Caegar C. Utts	<u> 10/21/2</u>
PRINT Name	Title	Signature	Date
2b) Secretary of Non-profit Corpor	ation or Assistant School Princ	cipal - REQUIRED*	
		XIW	10 / 25 / 2
	<del></del>		
PRINT Name	Title	Signature	Date

**SECTION III - PROJECT BUDGET OUTLINE** 

\* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form

PAGE 2 NCFP 107

Board Quorum:  Total:  We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and the meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act complimenting where a quorum of the Board was present.  Authorized Signature  Authorized Signature:								
Neighborhood Council (NG) Frunding Program Board Action Certification (BAC) Form NC Name:   Meeting Date:							· · · ·	
Board Action Certification (BAC) Form    Meeting Dake:							No sugar	
Metitod of Payment: [Select One)		am					FG C	
Agenda Item No:    Agenda Item No:	Board Action Certification (BAC) Form			1			Cay	The o
Board Morton and/or Public leanefit Statement (CP and NPG):    Check								
Method of Payment: (Select One)   Check   Credit Card   Board Member Reimbursement: Vote Count    Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.				Agenda Item No	0:			
Vote Count  Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.  Board Member's First and Last Name Board Position Yes No Abstain Absent Ineligible Recuse  Ineligible Recuse  Recused Member's First and Last Name Board Position Yes No Abstain Absent Ineligible Recuse  Ineligible Recuse  Board Position Yes No Abstain Absent Ineligible Recuse  Recused Member's First and Last Name Board Position Yes No Abstain Absent Ineligible Recuse  Board Quorum Yes No Abstain Absent Ineligible Recuse  Board Quorum Yes No Abstain Absent Ineligible Recuse  Board Quorum Yes No Abstain Absent Ineligible Recuse  First Type Name: Abstramer  Authorized Signature  Authorized Signature  Abstramer  Abstramer								
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Board Member's First and Last Name  Board Position  Yes  No  Abstain  Absent  Ineligible  Recuse  Recuse Recuse  Recuse  Recuse  Recuse  Recuse  Recuse  Recuse  Recuse  Recuse  Recuse Recuse  Recuse Recuse Recuse Recuse Recuse Recuse Recuse Recus				e Count				
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meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliance meeting where a quorum of the Board was present.  Authorized Signature:  Print/Type Name:  Ash Kramer				at the information	n presented on	this form is accu	ırate and comple	ete, and that a public
Print/Type Name:  Print/Type Name:  Ash Kramer	meeting was held in accordance with all I	aws, policies, and proced						
Print/Type Name:  Print/Type Name:  Ash Kramer	Authorized Signature > /   /   /   /			Authorical C	atura. /	1//		
l Ash Kramer	1/00/9/190				<u> </u>	the same		
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Date: Date: 11/22/22	Date:			Date: 11/22/2	2			