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.

lame	of NC from which you are seeking this grant	: Grea	ater Cypress Par	k Neighborhood Cound	cil					
SEC	TION I- APPLICANT INFORMATION	5.475 N								
1a)	Parents, Educators/Teachers & Students in A Organization Name		46-2694430 leral I.D. # (EIN#)	Ca. State of Incorporation	12/20/13 Date of 501(c)(3) Status (if applicable					
1b)	14500 Roscoe Blvd 4th Floor, Room 18	P	anorama City	Ca.	91402					
	Organization Mailing Address	City		State	Zip Code					
1c)										
	Business Address (If different)	City		State	Zip Code					
1d)	PRIMARY CONTACT INFORMATION:									
	Seymour Amster	818-943-0613 Phone		Seymour.Am	ister@pesa-edu.org					
	Name			Email	and the second s					
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead	or		(3) Non-Profit (other than religious institutions) IRS Determination Letter						
3)	Name / Address of Affiliated Organization (if appli	icable)	City	State	Zip Code					
SEC	TION II - PROJECT DESCRIPTION	and a star								

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

2023 SUMMER INTERNSHIP PROGRAM FOR YOUTH RESIDING IN THE GREATER CYPRESS PARK NEIGHBORHOOD COUNCIL

Parents, Educators/Teachers & Students in Action (PESA) is a non-profit that provides opportunities to youth. PESA provides services to youth referred to it by schools, law enforcement, and parents.

 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 purpose of this grant would be to provide an internship opportunity for youth residing in this Neighborhood Council District. The internship would be composed of educating youth on basic office skills that they can use for future employment, Financial Literacy Workshops, Civic Engagement Workshops and College Readiness Workshops. They would also engage in a community project that they could practice utilizing the skills they have been taught.

may also provide the budget Guinne	on a separate sheet if nec	essary or requested.	
Personnel Related Expenses		Requested of NC	Total Projected Cos
Office Skills and Civic Engager	nent Workshops	\$ 1,500.00	\$ 3,000.00
Financial Literacy Workshops		\$ 1,500.00	\$ 3,500.00
High School and College Readi	ness Workshops	\$ 1,000.00	\$ 1,400.00
Non-Personnel Related Expenses	var spakeren a ver	Requested of NC	Total Projected Cos
Materials		\$ 500.00	\$ 750.00
		\$	\$
		\$	\$
ave you (applicant) applied to any o No DYes If Yes, p the implementation of this specific ources or funding? (Including NPG	please list names of NCs: program or purpose des	cribed in Question 4 contin	
	applications to other NC	Amount	Total Projected Cos
Source of Funding		S	\$
		\$	\$
		\$	\$
Do you (applicant) have a current o	or former relationship wit	n a Board Member of the N	C?
Do you (applicant) have a current o			C? ip to Applicant
	or former relationship wit		
Do you (applicant) have a current of No Yes If Yes, p Name of NC Board Member If yes, did you request that the board	or former relationship with please describe below:	Relationsh ffice of the City Attorney be	ip to Applicant
Do you (applicant) have a current of No Yes If Yes, p Name of NC Board Member If yes, did you request that the board Yes No *(Please note the	or former relationship with please describe below: ard member consult the O nat if a Board Member of	Relationsh ffice of the City Attorney be the NC has a conflict of in	ip to Applicant efore filing this applica
Do you (applicant) have a current of No Yes If Yes, possible No	or former relationship with please describe below: ard member consult the O nat if a Board Member of	Relationsh ffice of the City Attorney be the NC has a conflict of in	ip to Applicant efore filing this applica
Do you (applicant) have a current of No Yes If Yes, p Name of NC Board Member If yes, did you request that the board Yes No *(Please note the or participates in the discussion grant in its entirety.)	or former relationship with please describe below: and member consult the O lat if a Board Member of and voting of this NPG	Relationsh ffice of the City Attorney be the NC has a conflict of in	ip to Applicant efore filing this applica
Do you (applicant) have a current of No Yes If Yes, possible No	or former relationship with please describe below: and member consult the Onat if a Board Member of and voting of this NPO ATURE knowledge, the information that I have read the on that the proposed projudent of interest exists a current Board Member of the grant received is a current source.	Relationsh ffice of the City Attorney be the NC has a conflict of it, the NC Funding Program and comments "What is a Puect(s) and/or program(s) for that would prevent the er of the Neighborhood Conot used in accordance w	efore filing this applicant efore filing this applicanterest and completes m will deny the payments communicated otherwiblic Benefit," and "Communicated otherwible Benefit," and "Commun
Do you (applicant) have a current of No Yes If Yes, possible Name of NC Board Member If yes, did you request that the board Yes No *(Please note the or participates in the discussion grant in its entirety.) TION V - DECLARATION AND SIGN eby affirm that, to the best of my accurately stated. I further affirm that it of this application and affirm effit project/program and that no coses Grant. I affirm that I am not application. I further affirm that it ed here, said funds shall be return to be executive Director of Non-Profit of the possible of the pos	or former relationship with please describe below: and member consult the One of an and voting of this NPG ATURE knowledge, the information that I have read the one of the theorem of the the grant received is the grant received is the dimmediately to the National Proportion of School Proportion of Sc	Relationsh ffice of the City Attorney be the NC has a conflict of in the NC Funding Progra tion provided herein and of documents "What is a Pu- ect(s) and/or program(s) if t that would prevent the er of the Neighborhood C not used in accordance w leighborhood Council. incipal - REQUIRED*	efore filing this applicant efore filing this applicant erest and completes m will deny the payment of the management of the Neigouncil to whom I am with the terms of the applicant in the terms of the terms of the terms of the terms of the applicant in the terms of the
Do you (applicant) have a current of No Yes If Yes, power of NC Board Member If yes, did you request that the board Yes No *(Please note the or participates in the discussion grant in its entirety.) TION V - DECLARATION AND SIGN eby affirm that, to the best of my accurately stated. I further affirm that it of this application and affirm effit project/program and that no coses Grant. I affirm that I am not application. I further affirm that it ed here, said funds shall be return a Executive Director of Non-Profit of Seymour Amster	or former relationship with please describe below: and member consult the Onat if a Board Member of and voting of this NPO ATURE knowledge, the information that I have read the on that the proposed project of interest exists a current Board Member of the grant received is the dimmediately to the Normation or School Prochief Executive Off	Relationsh ffice of the City Attorney by the NC has a conflict of in the NC Funding Progration fiction provided herein and of documents "What is a Purect(s) and/or program(s) if that would prevent the er of the Neighborhood Conot used in accordance we leighborhood Council. incipal - REQUIRED* icer	efore filing this applicant efore filing this applicant erest and completes m will deny the payment of the management of the Neigouncil to whom I am with the terms of the applicant erests.
Do you (applicant) have a current of No Yes If Yes, possible Name of NC Board Member If yes, did you request that the board Yes No *(Please note the or participates in the discussion grant in its entirety.) TION V - DECLARATION AND SIGN eby affirm that, to the best of my accurately stated. I further affirm that it of this application and affirm effit project/program and that no coses Grant. I affirm that I am not application. I further affirm that it ed here, said funds shall be return to be executive Director of Non-Profit of the possible of the pos	or former relationship with please describe below: and member consult the One of an and voting of this NPG ATURE knowledge, the information that I have read the one of the theorem of the the grant received is the grant received is the dimmediately to the National Proportion of School Proportion of Sc	Relationsh ffice of the City Attorney be the NC has a conflict of in the NC Funding Progra tion provided herein and of documents "What is a Pu- ect(s) and/or program(s) if t that would prevent the er of the Neighborhood C not used in accordance w leighborhood Council. incipal - REQUIRED*	efore filing this applicant efore filing this applicant erest and completes m will deny the payment of the management of the Neigouncil to whom I am with the terms of the applicant in the terms of the terms of the terms of the terms of the applicant in the terms of the
Do you (applicant) have a current of No Yes If Yes, power of NC Board Member If yes, did you request that the board Yes No *(Please note the or participates in the discussion grant in its entirety.) TION V - DECLARATION AND SIGN eby affirm that, to the best of my accurately stated. I further affirm that it of this application and affirm effit project/program and that no coses Grant. I affirm that I am not application. I further affirm that it ed here, said funds shall be return a Executive Director of Non-Profit of Seymour Amster	or former relationship with please describe below: and member consult the Onat if a Board Member of and voting of this NPO ATURE knowledge, the information that I have read the on that the proposed project of interest exists a current Board Member if the grant received is indeed immediately to the Normation or School Proposed Executive Off Title	Relationsh ffice of the City Attorney be the NC has a conflict of in the NC Funding Program of the NC Funding Program (s) for the NC Funding Program (s) for the Weighborhood Control used in accordance wheighborhood Council. incipal - REQUIRED* icer Signature	efore filing this applicant efore filing this applicant erest and completes m will deny the payment of the management of the Neigouncil to whom I am with the terms of the applicant erests.
Do you (applicant) have a current of No Yes If Yes, possible No Yes If Yes, possible Name of NC Board Member If yes, did you request that the board Yes No *(Please note the or participates in the discussion grant in its entirety.) TION V-DECLARATION AND SIGN eby affirm that, to the best of my accurately stated. I further affirm the est" of this application and affirm effit project/program and that no coses Grant. I affirm that I am not application. I further affirm that ited here, said funds shall be return to be expected to the extension of	or former relationship with please describe below: and member consult the Onat if a Board Member of and voting of this NPO ATURE knowledge, the information that I have read the on that the proposed project of interest exists a current Board Member if the grant received is indeed immediately to the Normation or School Proposed Executive Off Title	Relationsh ffice of the City Attorney be the NC has a conflict of in the NC Funding Program of the NC Funding Program (s) for the NC Funding Program (s) for the Weighborhood Control used in accordance wheighborhood Council. incipal - REQUIRED* icer Signature	efore filing this applicant efore filing this applicant erest and completes m will deny the payment of the payment of the Neighbor of the Neighbor of the terms of the 15/02

^{*} 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



OGDEN UT 84201-0029

In reply refer to: 4077591934 Oct. 28, 2015 LTR 4168C 0 46-2694430 000000 00

00030922

BODC: TE

PARENTS EDUCATORS-TEACHERS & STUDENTS IN ACTION 18017 CHATSWORTH ST GRANADA HILLS CA 91344-5608



007650

Employer Identification Number: 46-2694430
Person to Contact: Ms. Wiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 05, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 2013.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 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/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.

4077591934 0ct.-28, 2015 LTR 4168C 0 46-2694430 000000 00 00030923

PARENTS EDUCATORS-TEACHERS & STUDENTS IN ACTION 18017 CHATSWORTH ST GRANADA HILLS CA 91344-5608

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Jeffrey I. Cooper

Director, EO Rulings & Agreement

Form **W-9**

(Rev. October 2018) Department of the Treasury Internal Revenue Service

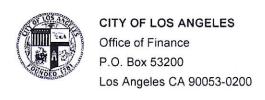
Request for Taxpayer Identification Number and Certification

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

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

921 - Tale - School	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.	4								
	Parents, Educators/Teachers & Students in Action										
Print or type. Specific Instructions on page 3.	2 Business name/disregarded entity name, if different from above										
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	ation Partnership Trust/estate				Exempt payee code (if any)					
울읥	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶										
Print or type. c Instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			Exemption from FATCA reporting code (if any)							
Ę.	Other (see instructions) ► Non-Profit Corporation exempt under 501 (c)(3)					(Applies to accounts maintained outside the U.S.)					the (IS)
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	exempt under 501 (Requeste	er's i	name a						
8	18017 Chatsworth Street #337		***************************************								
ீ	6 City, state, and ZIP code										
	Granada Hills, Ca. 91344										
	7 List account number(s) here (optional)			-							
Par	Taxpayer Identification Number (TIN)										
Entery	Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social security number										
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other					1		1				
	s, it is your employer identification number (EIN). If you do not have a ni		ta								
TIN, la	ter.		C	or					100		
Note:	If the account is in more than one name, see the instructions for line 1.	Also see What Name	and	Em	ployer	Identii	fication	num	ber		
Numbe	er To Give the Requester for guidelines on whose number to enter.		ſ	4	6 .	- 2	6 9	4	4	3	0
				7	9		9	4	4	3	<u> </u>
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 											
	a U.S. citizen or other U.S. person (defined below); and										
		t from FATCA reportin	a ie corre	act							
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been patitive by the IDS that you are currently subject to begin withholding because								ACOUSE.			
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 ▶		Date ▶	4	1/2	-7	12	3			
	neral Instructions	Form 1099-DIV (div funds)	vidends, i	incl	uding	those	from s	tock	s or I	mutu	al
Section references are $\stackrel{\xi}{\text{o}}$ the Internal Revenue Code unless otherwise noted.		Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)									
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.		Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)									
		Form 1099-S (proceeds from real estate transactions)									
Purp	oose of Form	Form 1099-K (merchant card and third party network transactions)									
informa	vidual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 									
identifi	cation number (TIN) which may be your social security number	• Form 1099-C (canceled debt)									
taxpay	individual taxpayer identification number (ITIN), adoption er identification number (ATIN), or employer identification number	 Form 1099-A (acquisition or abandonment of secured property) 									
(EIN), t	o report on an information return the amount paid to you, or other treportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.									
	include, but are not limited to, the following. 1099-INT (interest earned or paid)	If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,									

later.



PARENTS, EDUCATORS / TEACHERS & STUDENTS IN ACTION

18017 CHATSWORTH STREET UNIT #337 GRANADA HILLS, CA 91344-5608

14500 ROSCOE BLVD FLOOR #4TH PANORAMA CITY, CA 91402-4190

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED Business TAX ISSUED:08/15/2022

 Business TAX
 ISSUED:08/15/2022

 ACCOUNT NO.
 FUND/CLASS
 DESCRIPTION
 STARTED
 STATUS

 0002893373-0001-4
 L049
 Professions / Occupations
 03/01/2016
 Active

PARENTS, EDUCATORS / TEACHERS & STUDENTS IN ACTION

18017 CHATSWORTH STREET UNIT #337 GRANADA HILLS, CA 91344-5608

SSUED

14500 ROSCOE BLVD FLOOR #4TH PANORAMA CITY, CA 91402-4190

"No registration certificate or permit issued under the provisions of the Business Tax ordinances of the LAMC, or the payment of any tax required under the provisions of the Business Tax ordinances of the LAMC shall be construed as authorizing the conduct or continuance of any illegal business or of a legal business in an illegal manner."

ISSUED FOR TAX COMPLIANCE PURPOSES ONLY
NOT A LICENSE, PERMIT, OR LAND USE AUTHORIZATION
ISSUED BY:

DIRECTOR OF FINANCE