

Monthly Expenditure Report



Reporting Month: June 2023

Budget Fiscal Year: 2022-2023

NC Name: Greater Cypress Park
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$20225.00	\$13606.70	\$6618.30	\$0.00	\$0.00	\$6618.30

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$13000.00	\$74.78	\$6827.13	\$0.00	\$6827.13
Outreach		\$131.33		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$3000.00	\$9700.59	-\$6700.59	\$0.00	-\$6700.59
Neighborhood Purpose Grants	\$16000.00	\$3700.00	-\$4650.00	\$0.00	-\$4650.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$22916.76	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	SUPER A FOODS NO.7	06/13/2023	Water for meeting and batteries for meeting microphones.	General Operations Expenditure	Office	\$74.78
2	DOMINO'S 8458	06/13/2023	Meeting food	General Operations Expenditure	Outreach	\$131.33
3	Parents, Teachers/Educators & Students in Action (PESA)	05/24/2023	Approval of \$2,500 Neighborhood Purpose Grant to PESA (Parents, Educators/Teachers & Students in Action) for the 2023 summer internship program for youth residing in Greater Cypress Park.	Neighborhood Purpose Grants		\$2500.00
4	City of Los Angeles Treasurer	06/02/2023	Approval of \$10,000 to be spent on a community improvement project for the purchase and maintenance of public trash cans.	Community Improvement Project		\$9700.59
5	El Rio de Los Angeles Veterans Collaborative	05/24/2023	Approval of \$1,200 Neighborhood Purpose Grant for the El Rio de Los Angeles Veterans Collaborative for the maintenance of the veterans memorial site at El Rio de Los Angeles State Park.	Neighborhood Purpose Grants		\$1200.00
Subtotal:						\$13606.70

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

SUPER A FOODS

2925 Division St 90065
Los Angeles, CA
(323) 272-3804 Mgr: Manny
All Sales Final Until Further Notice

GROCERY		3.59	F
NIAGARA DRINKING WTR		1.20	F
CRV GROC 24PK			
HRDWARE			
DURACELL 9VLT BATTY		63.92	T
8 @	7.99 EA		
SUB TOTAL		68.71	
TOTAL TAX		6.07	

BALANCE DUE 74.78
Master Card 74.78
Auth Code = 006326

06/13/2023 18:19:50
MASTERCARD Entry Method: Chip
CARD #: XXXXXXXXXXXX5094
PURCHASE - APPROVED
AUTH CODE:006326

Mode: Issuer
AID: A0000000041010
TVR: 0000008000
IAD: 0110A040012200000000000000000000
000FF
TSI: E800 ARC: 00
TC: 9ABD059F3E7D1D26
MID: 080620 TID: 001 RRN: 027108

Total: USD\$ 74.78

CHANGE 0.00
Total number of items sold = 10

CASHIER NAME: EDWIN
STORE:05407 REGISTER:002 CASHIER:1344
TICKET#:6711 13JUN2023 18:19:51

THANK YOU FOR SHOPPING AT
SUPER A FOODS #7
All Sales Final Until Further Notice



Ash Kramer <ashleyckramer@gmail.com>

Fwd: Your Domino's Order

2 messages

Bryan Kramer <bryan.gcpnc@gmail.com>
To: Ash Kramer <ash.gcpnc@gmail.com>

Tue, Jun 13, 2023 at 8:31 AM

Itemized receipt

----- Forwarded message -----

From: **Domino's Pizza** <confirmation@e-confirmation.dominos.com>
Date: Tue, Jun 13, 2023 at 8:30 AM
Subject: Your Domino's Order
To: <bryan.gcpnc@gmail.com>



[ORDER](#) [MENU](#) [COUPONS](#) [LOCATIONS](#)

Thank you for placing your order at Dominos.com! If you have any questions about your order, please call the store directly at 323-225-1080.

In case the store needs to reach you, we'll call the phone number below. If you do not answer we will be unable to deliver your order.

DOMINO'S TRACKER® | [CLICK HERE TO TRACK](#)
THE PROGRESS OF YOUR ORDER IN REAL TIME

ORDER PLACED	PREP	BAKE	BOX	DELIVERY
1	2	3	4	5

Customer Information

Name on Order: Ashley Kramer
Callback Phone #: 310-403-0699
Your Domino's Store:
 Domino's #8458
[2933 Division St Los Angeles CA 90065](#)
 323-225-1080
Carryout Time: 6/13/2023 6:15PM

**DON'T FORGET TO CLAIM YOUR REWARDS
POINTS TOWARD FREE PIZZA!**

CLAIM POINTS

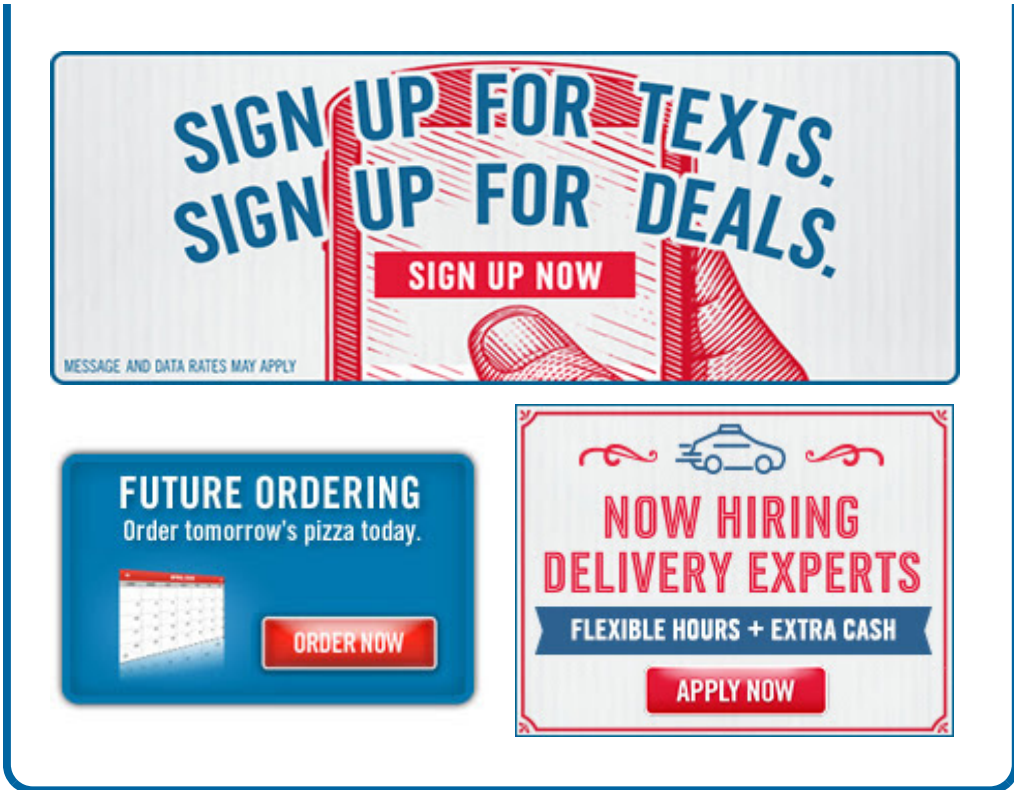
Order Details

Order #: 27
Date: 06/13/2023 8:30AM

The following order is being prepared at your store for Carryout:

Quantity	Description	Amount
	Large (14") Hand Tossed Pacific Veggie	
1	Whole: Robust Inspired Tomato Sauce, Cheese, Mushrooms, Onions, Black Olives, Diced Tomatoes, Spinach, Feta Cheese, Shredded Provolone Cheese	\$19.99
	Large (14") Hand Tossed ExtravaganZZa	
1	Whole: Robust Inspired Tomato Sauce, Cheese, Pepperoni, Ham, Mushrooms, Onions, Green Peppers, Black Olives, Italian Sausage, Beef, Shredded Provolone Cheese	\$19.99
	Large (14") Hand Tossed Cali Chicken Bacon Ranch	
1	Whole: Cheese, Premium Chicken, Bacon, Diced Tomatoes, Shredded Provolone Cheese, Ranch	\$19.99
	Large (14") Hand Tossed Deluxe	
1	Whole: Robust Inspired Tomato Sauce, Cheese, Pepperoni, Mushrooms, Onions, Green Peppers, Italian Sausage, Shredded Provolone Cheese	\$19.99
	Large (14") Hand Tossed Ultimate Pepperoni	
1	Whole: Robust Inspired Tomato Sauce, Cheese, Extra Pepperoni, Shredded Parmesan, Shredded Provolone Cheese	\$19.99
	Large (14") Hand Tossed Wisconsin 6 Cheese Pizza	
1	Whole: Robust Inspired Tomato Sauce, Cheese, Cheddar Cheese Blend, Feta Cheese, Shredded Parmesan, Shredded Provolone Cheese	\$19.99

Food & Bev Total: \$119.94**Tax:** \$11.39**Total: \$131.33****Payment Details****Payment Method:** Credit Card \$131.33**Drivers carry less than \$20 in change and checks are NOT accepted for online orders.*



LEGAL STUFF ▶ Domino's Pizza LLC

This message is systematically generated. Please do not attempt to reply or send e-mail to this account as it is not a managed e-mail account. For questions concerning your order please contact the store at which your order was placed. For all other inquiries please visit the Customer Service section on www.dominos.com.

Ash Kramer <ash.gcpnc@gmail.com>
To: Bryan Kramer <bryan.gcpnc@gmail.com>

Tue, Jun 13, 2023 at 8:59 AM



Ash Kramer (she/her)
213-840-1980
Treasurer
Greater Cypress Park Neighborhood Council
Meetings: 2nd Tuesday, 7pm
We're back in-person at the Cypress Park Rec Center!
Agendas and documents: cypressparknc.com

[Quoted text hidden]

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
	Office Skills and Civic Engagement Workshops	\$ 1,500.00	\$ 3,000.00
	Financial Literacy Workshops	\$ 1,500.00	\$ 3,500.00
	High School and College Readiness Workshops	\$ 1,000.00	\$ 1,400.00

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Materials	\$ 500.00	\$ 750.00
		\$	\$
		\$	\$

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

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
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 5,000.00

10a) Start date: 06 / 15 / 2023 10b) Date Funds Required: 06 / 15 / 2023 10c) Expected Completion Date: 09 / 01 / 2023
 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

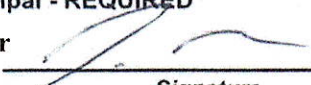
11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?
 No Yes If Yes, please describe below:

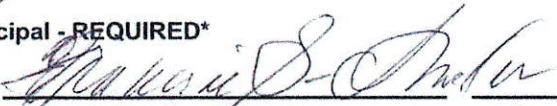
Name of NC Board Member	Relationship to Applicant

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*
 Seymour Amster Chief Executive Officer  5/02/23
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
 Francine Amster Secretary  5/02/23
 PRINT Name Title Signature Date

* 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.

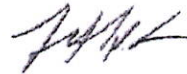
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third 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
Oct.-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

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Parents, Educators/Teachers & Students in Action	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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. <input checked="" type="checkbox"/> Other (see instructions) ▶ Non-Profit Corporation exempt under 501 (c)(3)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 18017 Chatsworth Street #337	Requester's name and address (optional)
6 City, state, and ZIP code Granada Hills, Ca. 91344	
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). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													
or													
Employer identification number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> </tr> </table>	4	6	-	2	6	9	4	4	3	0			
4	6	-	2	6	9	4	4	3	0				

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. citizen or other U.S. person (defined below); and
 - 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 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 ▶ 4/27/23
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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.



CITY OF LOS ANGELES
 Office of Finance
 P.O. Box 53200
 Los Angeles CA 90053-0200

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

ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002893373-0001-4	L049	Professions / Occupations	03/01/2016	Active

I PARENTS, EDUCATORS / TEACHERS & STUDENTS IN ACTION
S
S
U 18017 CHATSWORTH STREET UNIT #337
E GRANADA HILLS, CA 91344-5608
D
T 14500 ROSCOE BLVD FLOOR #4TH
O PANORAMA CITY, CA 91402-4190


DIRECTOR OF FINANCE

"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."



CITY OF LOS ANGELES

INVOICE

Customer Number	Dept.	Invoice Number	Date Printed	Date Due
VC0000048522	74	WO230000243	06-01-23	07-01-23
Customer Name				Amount Due
Greater Cypress Park Neighborhood				\$9,700.59

For any questions about this invoice, please contact: Eden Austria 213-978-0905

Invoice Charges

Line No.	Description	Service Date From	Service Date To	Charges/Credits
1	20ea 60-Gallon Black Public Litter Containers and Freight charge	05-01-23	05-31-23	\$9,700.59

Total Invoice Charges \$9,700.59

Credit Payments Applied	-	\$0.00
Total Amount Due		\$9,700.59

If payment has already been made, please disregard this notice.

Period covered: May 2023
Attn: Ramona Barajas

Return this portion with your payment.

INVOICE



CITY OF LOS ANGELES

Customer Number	Dept.	Invoice Number	Date Printed
VC0000048522	74	WO230000243	06-01-23
Customer Name			Date Due
Greater Cypress Park Neighborhood			07-01-23
Amount Due		Amount Enclosed	
\$9,700.59		\$	

Please write Invoice Number on check or money order.
DO NOT MAIL CASH

Bill To:

Please make checks payable to: CITY OF LOS ANGELES, DEPARTMENT OF PUBLIC WORKS

Remit To:

Greater Cypress Park Neighborhood
1150 Cypress Ave
Cypress Park CA 90065

CITY OF LOS ANGELES TREASURER
PO BOX 102595
PASADENA CA 91189-2595

102595 74 W0230000243 0000000000970059 0

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

1a) EL RIO DE LOS ANGELES VETERANS COLLABORATIVE 82-3465113 CALIFORNIA APR 24,2018
Organization Name *Federal I.D. #(EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) 4433 EAGLE ROCK BL. #127 LOS ANGELES CA 90041
Organization Mailing Address *City* *State* *Zip Code*

1c) _____
Business Address (If different) *City* *State* *Zip Code*

1d) **PRIMARY CONTACT INFORMATION:**

TOM ATKINS 3235061837 tomatkins317@gmail.com
Name *Phone* *Email*

2) **Type of Organization- Please select one:**

- Public School (not to include private schools) or 501(c)(3) Non-Profit (other than religious institutions)
 Attach Signed letter on School Letterhead Attach IRS Determination Letter

3) _____ _____ _____ _____
Name / Address of Affiliated Organization (if applicable) *City* *State* *Zip Code*

SECTION II - PROJECT DESCRIPTION

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

Maintain Veterans Memorial site at El Rio de Los Angeles State Park, 1900 San Fernando Rd., L.A., CA. 90065. To include: Maintenance of Veterans Mural; United States of America Flag (Storm Category); City of Los Angeles Flag (Storm Category); Los Angeles County Flag (Storm Category).

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 El Rio de Los Angeles Veterans Memorial located El Rio de Los Angeles State Park is the ONLY Veterans Memorial located in a State Park other than the State Capitol in Sacramento, CA. The Grant will be used to maintain and keep our Memorial as a central part of the El Rio de Los Angeles State Park. It is visited by the Cypress Park Community daily. It is a constant reminder of the sacrifices Veterans everywhere have made for our Flag and our Freedom.

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
		\$ -0-	\$ -0-
		\$ -0-	\$ -0-
		\$ -0-	\$ -0-
6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	ALL WEATHER STORM FLAGS (U.S.A.; L.A. CITY; L.S. COUNTY;	\$ 1200	\$ 1400
	POIW; UPKEEP OF MURALS;	\$	\$
		\$	\$

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

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
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 1200

10a) Start date: 5 / 1 / 23 10b) Date Funds Required: 5 / 1 / 23 10c) Expected Completion Date: 5 / 26 / 23
 (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

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*
Tom Atkins President/Chairman Tom Atkins 4/4/23
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
Robert Ramirez PROJECT MANAGER Robert Ramirez 4/4/23
 PRINT Name Title Signature Date

* 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

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

DEPARTMENT OF THE TREASURY

Date:

APR 24 2018

EL RIO DE LOS ANGELES VETERANS
COLLABORATIVE
2332 RIDGEVIEW AVENUE
LOS ANGELES, CA 90041-2932

Employer Identification Number:

82-3465113

DLN:

26053451003708

Contact Person:

JOSEPH R KENNEDY

ID# 31647

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:

March 26, 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.

EL RIO DE LOS ANGELES VETERANS

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

