

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) Manos Que Sobreviven 82-4042623 California 04-25-2018  
*Organization Name* *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) 3854 Cazador St Los Angeles CA 90065  
*Organization Mailing Address* *City* *State* *Zip Code*

1c) \_\_\_\_\_  
*Business Address (if different)* *City* *State* *Zip Code*

1d) **PRIMARY CONTACT INFORMATION:**  
Alberto Galvan 323-561-5504 alberto@manosqs.com  
*Name* *Phone* *Email*

2) Type of Organization- Please select one:  
 Public School (not to include private schools) Attach Signed letter on School Letterhead or  501(c)(3) Non-Profit (other than religious institutions) 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.

The purpose and intent of the grant is to partially fund our annual Thanksgiving Dinner Event. This event looking to bring hope for all Angelino Families . This year, we're dedicating this family event to all the families, Señors, Individuals, and children who have been affected by ICE. These are very difficult times for our Spanish families, and our Thanksgiving Dinner seeks to bring smiles, love, and unity to our entire community. Our Thanksgiving Dinner is designed for all families who deserve to have their own healthy dinner where family unity and culture, bringing happiness and mental stability.

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)

This event is intended to serve and benefit all those families, Señors, Individuals, and Childrens who have been recently affected by the high cost of rent and essential items like food. A Thanksgiving with out Turkeys is a Thanksgiving without hope. Help us bring happiness and well-being to our Northeast Los Angeles community.

With these funds we plan to cover the costs of Turkeys, and Pumpkins pies. With your funds, we guarantee a unique experience that every family dreams in this difficult times. Remember that the change to happiness is only in our hands and decisions. Be part of this special support and let's lend a hand to those most in need.

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

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Turkey's and Pumpkin Pies	\$ 4,500	\$ 4,500
		\$	\$
		\$	\$

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

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
Atwater Village Neighborhood Council	\$ 4,500	\$ 4,500
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 4,500

10a) Start date: 10 / 07 / 25 10b) Date Funds Required: 10 / 07 / 25 10c) Expected Completion Date: 11 / 15 / 25  
 (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:

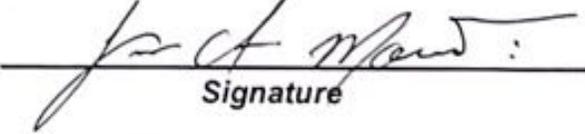
Name of NC Board Member	Relationship to Applicant

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\*

Alberto Galvan CEO & Chief Executive Officer  10-07-25  
 PRINT Name Title Signature Date

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

Andrew Monte Alegre Secretary  10-07-25  
 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](mailto: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 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:  
CUSTOMER SERVICE ID# 31954  
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:  
Yes  
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](http://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.

Letter 947

MANOS QUE SOBREVIVEN HANDS THAT

Sincerely,

*Stephen A. Martin*

Director, Exempt Organizations  
Rulings and Agreements

# INVOICE

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## MANOS QUE SOBREVIVEN

**“Mission-based Sponsorship for:”**

**Thanksgiving Dinner**

**November 26 2025**

Organization Name : **Manos Que Sobreviven**

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

Description	Quantity	Unit Price	Cost
"Mission-based Sponsorship for Thanksgiving Dinner (TGD)- Turkeys	100	\$ 30.00	\$ 3,000.00
"Mission-based Sponsorship for Thanksgiving Dinner (TGD) - Pumpkin Pies	250	\$ 6.00	\$ 1,500.00
		Subtotal	\$ 4,500.00
		Total	\$ 4,500.00

**This fund is designated for Thanksgiving Dinner but not limited to the price or quantity of the product**

**Thank you for your support.**

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**Executive Dir. & Founder: Alberto Galvan**  
Main Office Address: 3854 Cazador St. Los Angeles CA 90065  
Free Food And Resources Consultation Center  
Address: 2930 Fletcher Drive Office #105 LA, CA 90065  
Phone: 323-561-5504  
Email: [alberto@ManosQs.com](mailto:alberto@ManosQs.com)  
[www.ManosQs.com](http://www.ManosQs.com)  
Federal Tax ID No. 82-4042623

### Thanksgiving Dinner (TGD)

#### Spences' budget

Turkeys 100 x 30	Cost: \$3,000
Pumping Pies 250 x 6	Cost: \$1,500
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<b>TOTAL</b>	<b>\$4,500</b>

