

Neighborhood Council Funding Program  
APPLICATION for Neighborhood Purposes Grant (NPG)



Office of the  
**CityClerk**

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. **Any potential conflicts of interest indicated in Section IV of this application must be addressed with the Office of the City Attorney, Neighborhood Council Advice Division prior to the Neighborhood Council board's vote and consideration of the grant.** 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.

Greater Cypress Park Neighborhood Council

Name of NC from which you are seeking this grant: \_\_\_\_\_

**SECTION I- APPLICANT INFORMATION**

|     |                                                |                             |                               |                                                 |
|-----|------------------------------------------------|-----------------------------|-------------------------------|-------------------------------------------------|
| 1a) | Manos Que Sobreviven                           | 82-4042623                  | California                    | 04-25-2018                                      |
|     | <i>Organization Name</i>                       | <i>Federal I.D. # (EIN)</i> | <i>State of Incorporation</i> | <i>Date of 501(c)(3) Status (if applicable)</i> |
| 1b) | 3854 Cazador St                                | Los Angeles                 | CA                            | 90065                                           |
|     | <i>Organization Mailing Address</i>            | <i>City</i>                 | <i>State</i>                  | <i>Zip Code</i>                                 |
| 1c) |                                                |                             |                               |                                                 |
|     | <i>Business Mailing Address (if different)</i> | <i>City</i>                 | <i>State</i>                  | <i>Zip Code</i>                                 |
| 1d) | <b>APPLICANT POINT OF CONTACT:</b>             |                             |                               |                                                 |
|     | Alberto Galvan                                 | 323-561-5504                | alberto@manosqs.com           |                                                 |
|     | <i>Name</i>                                    | <i>Phone</i>                | <i>Email</i>                  |                                                 |

**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 the IRS Determination Letter and status verification from the State of California** (see "Application Process" under the Applicant Instructions.)

**3) Are you applying as a fiscal sponsor for another organization?**

☒ No

☐ Yes

If yes, please provide:

|                                                           |                      |                       |                          |
|-----------------------------------------------------------|----------------------|-----------------------|--------------------------|
| _____<br><i>Name / Address of Affiliated Organization</i> | _____<br><i>City</i> | _____<br><i>State</i> | _____<br><i>Zip Code</i> |
|-----------------------------------------------------------|----------------------|-----------------------|--------------------------|

## SECTION II - PROJECT DESCRIPTION

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

The purpose and intent of this grant is to partially fund the annual Manos Que Sobreviven Thanksgiving Dinner Event. This event is to help local community members of NorthEast Los Angeles bring hope and a nutritious and delicious holiday meal, especially for those who are experiencing financial hardship in these difficult times. Our Thanksgiving Dinner is designed for all families and individuals who deserve to have their own healthy dinner, with dignity and respect for their own culture and traditions; a dinner to bring happiness and hope to their family.

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 the families, elderly and disabled, individuals and children who have been affected with the high cost of rent and essentials, especially in the recent rise in costs and taxes. A Thanksgiving without a Turkey is a Thanksgiving without Hope. Help us bring hope and happiness, health and well-being to our North East LA community. With the funds from this grant, we plan to cover the cost of Turkeys. With this grant, we offer a unique experience, giving families a chance to fulfill a dream of a full table during these difficult times.

## SECTION III - PROJECT BUDGET OUTLINE

Please provide a detailed Project Budget Outline below. You may also provide a Project Budget Outline on a separate sheet if necessary or requested. (Note: Administrative costs of the organization or admission fees cannot be funded through a Neighborhood Purposes Grant.)

| 6) Project Expenses | Requested of NC | Total Projected Cost |
|---------------------|-----------------|----------------------|
| Turkeys             | \$1500          | \$1500               |
|                     | \$              | \$                   |
|                     | \$              | \$                   |
|                     | \$              | \$                   |
|                     | \$              | \$                   |
|                     | \$              | \$                   |

7a) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project within the last 18 months?

☒ No ☐ Yes

If Yes, please describe below:

| Neighborhood Council(s) | Date Submitted to NC | Amount Requested | Amount Awarded |
|-------------------------|----------------------|------------------|----------------|
|                         |                      | \$               | \$             |
|                         |                      | \$               | \$             |
|                         |                      | \$               | \$             |

7b) Have you (applicant) applied to any other Neighborhood Councils requesting funds for any project within the last 18 months?

☐ No ☒ Yes

If Yes, please describe below:

| Neighborhood Council(s) | Date Submitted to NC | Amount Requested | Amount Awarded |
|-------------------------|----------------------|------------------|----------------|
| GCPNC                   | 02-10-26             | \$4069.59        | \$2269.59      |
|                         |                      | \$               | \$             |
|                         |                      | \$               | \$             |

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 below:

| Source of Funding | Amount | Total Projected Cost |
|-------------------|--------|----------------------|
|                   | \$     |                      |
|                   | \$     |                      |
|                   | \$     |                      |

9) What is the TOTAL amount of the grant funding requested with this application: \$ 1500

10a) Start date: 10 / 14 / 26

10b) Date Funds Required: 11 / 11 / 26

10c) Expected Completion Date\*: 11 / 25 / 26

10d) Expected Completion Date\*: 11 / 25 / 26

*\*After completion of the project, the applicant **must** submit a Project Completion Report to the Neighborhood Council to update the Board of your project successes and challenges and for consideration of future grant requests.*

#### SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11) 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 |
|-------------------------|---------------------------|
|                         |                           |
|                         |                           |
|                         |                           |

12) If Yes, did you request that the board member consult the Office of the City Attorney before filing this application?

☐ No

☐ Yes

If Yes, provide the date you made the request to the board member. \_\_\_\_\_

\*(Please note that if a Board Member of the NC has a conflict of interest and completes this form, participates in the discussion and voting of this NPG, or signs the Board Action Certification Form (BAC), the NC Funding Program may 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

10-08-26

PRINT Name

Title

Signature

Date

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

Lenni Lara

Secretary

10-08-26

PRINT Name

Title

Signature

Date

\* If a current NC Board Member holds any board position or is employed in the organization, 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.

MANOS QUE SOBREVIVEN HANDS THAT

Sincerely,

*Stephen A. Martin*

Director, Exempt Organizations  
Rulings and Agreements



**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

Thanks Giving Dinner Wednesday November 25

**Expenses budget**

|                   |       |
|-------------------|-------|
| Turkeys 50 X \$30 | 1,500 |
|-------------------|-------|

|  |       |
|--|-------|
|  | 1,500 |
|--|-------|

TOTAL

Form **W-9** (Rev. 3-2024)