

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: Tarzana

SECTION I - APPLICANT INFORMATION

1a)	<u>YMCA of Metropolitan Los Angeles</u> <i>Organization Name</i>	<u>95-1644052</u> <i>Federal I.D. # (EIN#)</i>	<u>California</u> <i>State of Incorporation</i>	<u>January 1988</u> <i>Date of 501(c)(3) Status (if applicable)</i>
1b)	<u>625 S. New Hampshire Ave.</u> <i>Organization Mailing Address</i>	<u>Los Angeles</u> <i>City</i>	<u>CA</u> <i>State</i>	<u>90005</u> <i>Zip Code</i>
1c)	<u></u> <i>Business Address (if different)</i>	<u></u> <i>City</i>	<u></u> <i>State</i>	<u></u> <i>Zip Code</i>

1d) PRIMARY CONTACT INFORMATION:

<u>Brent Finlay</u> <i>Name</i>	<u>818 668 2600</u> <i>Phone</i>	<u>BrentFinlay@ymcaLA.org</u> <i>Email</i>
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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**

West Valley Family YMCA, 18810 Vanowen Street, Reseda, CA 91335

3)	<u>Name / Address of Affiliated Organization (if applicable)</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
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SECTION II - PROJECT DESCRIPTION

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

The West Valley Family YMCA requests funds to support the continued COVID-19 pandemic response activities, including food and essentials assistance, emergency childcare, and blood drives:

- Food Drives: bi-weekly food drive to community members to help those who are isolated, who may be experiencing food insecurity, or who have reduced access to food due to the national emergency.
- Senior Wellness Checks: calls to seniors to check in on their mental well-being.
- Emergency Childcare: at 2 sites in the San Fernando Valley, for parents working on the frontlines of crisis response at no cost while schools and other facilities are closed.
- Blood Drives: to replenish the blood supply during a time when high schools and colleges have closed, causing over 300 blood drive cancellations, and 200,000 units of blood supply need unmet across LA County.
- Hygiene Center for People who are Unsheltered: In coordination with the Mayor's office and LA City Sanitation, the Y has leveraged and repurposed its facilities to offer free shower and other amenities to families and individuals who are unsheltered. Through this opportunity, the Y is able to re-employ furloughed staff for program management, coordination, and implementation.

Financial support would enable the Y to continue to staff its facilities for emergency programming and enable the Y to reopen, once able, without any hurdles.

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)

Established as a branch of YMCA of Metropolitan Los Angeles in 1954, West Valley Family YMCA exists to empower all people to lead fuller lives. We offer the resources and support to improve the health and wellness of every member in our community. Our youth development programs enable children to develop healthy habits that will carry them throughout their lives.

On an annual basis, we serve over 13,000 program participants. This is accomplished through membership and effective community-partnerships.

In difficult times, the Y pivots in response to community needs, adapting programming and mobilizing resources to offer community-wide solutions. Through its emergency programs, the Y will ensure that the homebound are fed, the homeless have access to showers, families have the infant care supplies they need, hospitals have life-saving blood, and our community's frontline workers can fight the pandemic knowing their children are being safely cared for.

The West Valley Family YMCA has complied with the Mayor's and Governor's order to temporarily close our programs and classes. Given the Y's trusted status within the community and our broad spectrum of programming, the Y has been called on to be a resource during this national crisis and operate outside our regular programming. We have been honored to fill the needed gaps to serve the broader LA community during this generation-defining moment. Financial support would enable the Y to continue to staff the facility for emergency programming mentioned above and enable the Y to reopen, once able, without any hurdles, in order to serve the community members in the San Fernando Valley.

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

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Pop-up food pantry, child care and shower program at the West	\$ 1,000.00	\$ 185,000.00
Valley Family YMCA providing services to community members of Tarzana	\$	\$
	\$	\$

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

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: \$ 1,000

10a) Start date: 06 / 01 / 2020 10b) Date Funds Required: 10 / 01 / 2020 10c) Expected Completion Date: 05 / 31 / 2021
 (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.)**

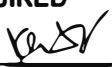
SECTION V - DECLARATION AND SIGNATURE

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*

Brent Finlay Executive Director  8/18/2020
 PRINT Name Title Signature Date

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

Khathy Hoang Assistant Secretary  08/27/2020
 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



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248156166
July 05, 2011 LTR 4168C E0
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YOUNG MENS CHRISTIAN ASSOCIATION
OF METROPOLITAN LOS ANGELES
METROPOLITAN LOS ANGELES
625 S NEW HAMPSHIRE AVE
LOS ANGELES CA 90005-1342

012169

Employer Identification Number: 95-1644052
Person to Contact: MR GALLUPPI
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 23, 2011, 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 January 1988.

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.

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July 05, 2011 LTR 4168C E0
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YOUNG MENS CHRISTIAN ASSOCIATION
OF METROPOLITAN LOS ANGELES
METROPOLITAN LOS ANGELES
625 S NEW HAMPSHIRE AVE
LOS ANGELES CA 90005-1342

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

Sincerely yours,



S. A. Martin, Operations Manager
Accounts Management Operations