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.

ECTION I- APPLICANT INFORMATION West Valley Boosters	95-48654	21 Ca.		0111
Organization Name	Federal I.D. # (E		f Incorporation	Date of \$01(c)(3) Status (if applicable
b) 6200 Canoga Ave. Si	uite 201 Woodlan	d Hills	Ca.	91367
Organization Mailing Address	City		State	Zip Code
)				
Business Address (If different)	City		State	Zip Code
PRIMARY CONTACT INFORMATION STEPHANIE RIVAS	N: 818-377-22T7	STEPHA	NIERO	GELBGROUP NO
Name	Phone		Email	
Type of Organization- Please select Public School (not to include private	schools) or 501(c)(3	3) Non-Profit (o	ther than religious tion Letter	institutions)
Attach Signed letter on School I	Letterneau Attach			

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

This grant will be used to purchase materials and equipment for the West Valley Community Police Station (which covers Tarzana) not generally supplied by the City of Los Angeles that the officers and staff deem necessary to better perform their job. For example, mandatory annual trainings, station equipment maintenance, and morale building events such as the annual Baker to Vegas run.

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 items purchased will increase the effectiveness and morale of the officers and staff of the West Valley Community Police Station and thus enable them to perform their functions within the Tarzana community more effectively and efficiently. The result will be a better quality of life for the residents of Tarzana.

Non-Personnel Related Expenses	Person	nel Related Expenses	e on a separate sheet if necessary	Requested of NC	Texas :
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re you (applicant) applied to any other Neighborhood Councils requesting funds for this project? No				\$	\$
If Yes, please list names of NCs: No				\$	\$
If Yes, please describe: Source of Funding Amount Total Projected C S S S S S S S S S	140	w yes if yes,	, please list names of NCs:		
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yes, did you request that the board member consult the Office of the City Attorney before filing this applit Yes No *(Please note that if a Board Member of the NC has a conflict of interest and complet reparticipates in the discussion and voting of this NPG, the NC Funding Program will deny the pay rant in its entirety.) ON V - DECLARATION AND SIGNATURE by affirm that, to the best of my knowledge, the information provided herein and communicated other curately stated. I further affirm that I have read the documents "What is a Public Benefit," and "st" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteric project/program and that no conflict of interest exist that would prevent the awarding of the News Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I amplication. I further affirm that if the grant received is not used in accordance with the terms of the here, said funds shall be returned immediately to the Neighborhood Council. Executive Director of Non-Profit Corporation or School Principal - REQUIRED* John Kazanjian President	ON IV - I o you (a	POTENTIAL CONFLICTS pplicant) have a current	he applicant should submit a Pro OF INTEREST or former relationship with a Boa	ject Completion Repo	ort to the Neighborhood
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^{*} 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

DEPARTMENT OF THE TREASURY

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

Date: SEP 2 7 2006

SUPPORT LAW ENFORCEMENT OUT WEST 17547 VENTURA BLVD STE 201 ENCINO, CA 91316

Employer Identification Number: 95-4865421 DLN: 17053224714026 Contact Person: ID# 31309 DEL TRIMBLE Contact Telephone Number:

(877) 829-5500 Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated August 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner Director, Exempt Organizations

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Rulings and Agreements