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 Neighborhood Council SECTION I- APPLICANT INFORMATION 12/22/2009 Hope of the Valley Rescue Mission CA 27-2053273 Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable) **1b)** P.O. BOX 7609 Mission Hills 91346 CA Organization Mailing Address City State Zip Code 1c) Business Address (If different) City State Zip Code 1d) PRIMARY CONTACT INFORMATION: 805-279-3055 Ken.Craft@hopeofthevalley.org Ken Craft Phone **Email** Name 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.

Hope of the Valley is seeking a \$822.00 grant to support the purchasing of curtain rods for our Tiny Home Village. HOTV in partnership with our community support purchased curtain rods for the installation of community provided curtains.

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 grant would afford Hope of the Valley Rescue Mission the opportunity to help participants feel more comfortable in their tiny homes and help with their sleep routine. This funding will serve our clients living in Tarzana's Tiny Home Village and help cover their basic essentials. This support would allow for more individualized support for our clients.

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ı m <u>ay also provide the Budget Outline</u> (on a separate sheet if ne	cessary or request	ed.	
Personnel Related Expenses		Requested of NC		Total Projected Cost
		\$		\$
		\$		\$
		\$		\$
Non-Personnel Related Expenses	•	Reques	ted of NC	Total Projected Cost
Curtain Rods		\$ 822.00		\$ 822.00
		\$		\$
		\$		\$
Have you (applicant) applied to any o ☑ No ☐ Yes If Yes, p	other Neighborhood Cou blease list names of NCs		unds for this	s project?
s the implementation of this specific				
sources or funding? (Including NPG	applications to other No			s, please describe:
Source of Funding		Amount		Total Projected Cost
		φ ¢		<u>Φ</u>
		\$		<u>φ</u>
L		I'		
Do you (applicant) have a current o No Yes If Yes, p Name of NC Board Member	r former relationship w lease describe below:			? to Applicant
Ivallie of INC Doard Wember			veiauonsnip	то Аррпсапт
b) If yes, did you request that the boar Yes No *(Please note thor participates in the discussion grant in its entirety.)	at if a Board Member o	of the NC has a co	nflict of int	erest and completes this
	ATURE			
ection V - Declaration and Sign ereby affirm that, to the best of my k d accurately stated. I further affirm erest" of this application and affirm	knowledge, the informate that I have read the that the proposed pro	documents "Wh pject(s) and/or pr	at is a Pub ogram(s) fal	lic Benefit," and "Confli II within the criteria of a
nefit project/program and that no o rposes Grant. I affirm that I am not				
s application. I further affirm that if				
ted here, said funds shall be return				or and appli
2a) Executive Director of Non-Profit (-	_		
Ken Craft	CEO	Ken Craft		10/10/0
				10/12/21
PRINT Name	Title		Signature	Date
2b) Secretary of Non-profit Corporation	on or Assistant School	Principal - REQUIF	RED*	
Rowan Vansleve	CFAO	Rvansleve		10/21/21
PRINT Name		Signature		Date

SECTION III - PROJECT BUDGET OUTLINE

* 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

PAGE 2 NCFP 107 INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: APR 0 6 2010

HOPE OF THE VALLEY RESCUE MISSION C/O KEN CRAFT PO BOX 248 SUN VALLEY, CA 91353

Employer Identification Number: 27-2053273 DLN: 17053084315000 Contact Person: RENEE RAILEY NORTON ID# 31172 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: June 30 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: December 22, 2009 Contribution Deductibility:

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Yes

No

Addendum Applies:

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

HOPE OF THE VALLEY RESCUE MISSION

Sincerely,

Robert Choi

Director, Exempt Organizations

Rulings and Agreements

Enclosure: Publication 4221-PC

Signature: Ken Craft
Ken Craft (Oct 12, 2021 13:28 PDT)

Email: ken.craft@hopeofthevalley.org

Signature: rvansleve rvansleve (Oct 12, 2021 14:32 PDT)

Email: rowan@hopeofthevalley.org

Letter 947 (DO/CG)

TNC Application 3

Final Audit Report 2021-10-12

Created: 2021-10-12

By: Bernice Saavedra (bernicesaav@hopeofthevalley.org)

Status: Signed

Transaction ID: CBJCHBCAABAA2dOLFg6b26cjVYLvpCn9jZ4TtfAwlAXy

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