

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>ONEgeneration</u> <i>Organization Name</i>	<u>95406979</u> <i>Federal I.D. # (EIN#)</i>	<u>CA</u> <i>State of Incorporation</i>	<u>1978</u> <i>Date of 501(c)(3) Status (if applicable)</i>
1b) <u>17400 Victory Blvd.</u> <i>Organization Mailing Address</i>	<u>Van Nuys</u> <i>City</i>	<u>CA</u> <i>State</i>	<u>91406</u> <i>Zip Code</i>
1c) _____ <i>Business Address (if different)</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>
1d) PRIMARY CONTACT INFORMATION:			
<u>Niambi Cooper</u> <i>Name</i>	<u>818-708-6618</u> <i>Phone</i>	<u>ncooper@onegeneration.org</u> <i>Email</i>	
2) Type of Organization- Please select one:			
<input type="checkbox"/> Public School <i>(not to include private schools)</i> Attach Signed letter on School Letterhead		or <input checked="" type="checkbox"/> 501(c)(3) Non-Profit <i>(other than religious institutions)</i> Attach IRS Determination Letter	
3) _____ <i>Name / Address of Affiliated Organization (if applicable)</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>

SECTION II - PROJECT DESCRIPTION

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

ONEgeneration would like to request the Tarzana Neighborhood Council's participation for our 13th annual outdoor Senior Symposium on Saturday, May 14th, 2022. This event will allow for a Covid-friendly opportunity to engage with local community vendors who provide access to resources and services for the older adult community and their caregivers. In these challenging times, we need your support more than ever to assist us with the cost of renting canopies, tables and chairs (for the vendors only) which will be used for this walk-up experience.

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 year more than ever, the health and wellness of our senior community is of the utmost importance. Our goal is to keep our older adult population, many who are lonely and isolated, connected and informed. Due to the pandemic and to keep everyone safe, the symposium will be an outdoor event at ONEgeneration's Soccer Field located at 17400 Victory Blvd., Van Nuys, CA 91406. Vendor booths will set up so seniors and their caregivers can pass by safely to stop for a bit to pick up information and resources. Resources include information about ONEgeneration's Mobile Food Bank, senior homebound meal delivery, transportation, Care Management, Supportive Services and virtual health & wellness programs. Participating Neighborhood Councils will have access to a vendor space during this event.

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
	Rental costs of canopies, tables and chairs	\$ 1,000.00	\$ 14,000.00
		\$	\$
		\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?
 No Yes If Yes, please list names of NCs: Reseda, Canoga Park, Encino, Northridge East, Northridge South, Lake Balboa, Winnetka, Van Nuys, West Hills, Woodland Hills

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: 05 / 14 / 22 10b) Date Funds Required: 05 / 14 / 22 10c) Expected Completion Date: 05 / 14 / 22
 (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*

<u>Jenna Hauss</u>	<u>President & CEO</u>	<u>Jenna Hauss</u>	<u>02/22/2022</u>
PRINT Name	Title	Signature	Date

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

<u>Jim Esterle</u>	<u>Board Secretary</u>	<u>Jim Esterle</u>	<u>02/22/2022</u>
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



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248653327
May 27, 2010 LTR 4168C E0
95-4066979 000000 00

00018938
BODC: TE

ONEGENERATION
VALLEY SENIOR SERV & RESOURCES CTR
17400 VICTORY BLVD
VAN NUYS CA 91406-5349



006466

Employer Identification Number: 95-4066979
Person to Contact: Ms. Espelage
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 18, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1991.

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.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

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

0248653327
May 27, 2010 LTR 4168C E0
95-4066979 000000 00
00018939

ONEGENERATION
VALLEY SENIOR SERV & RESOURCES CTR
17400 VICTORY BLVD
VAN NUYS CA 91406-5349

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I