

**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. **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.

Name of NC from which you are seeking this grant: Tarzana Neighborhood Council

SECTION I- APPLICANT INFORMATION

1a) Touch of Kindness, Inc. 75-3002144 CA 5/9/2002
Organization Name *Federal I.D. # (EIN)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) 345 N. La Brea Ave, suite 208 Los Angeles CA 90036
Organization Mailing Address *City* *State* *Zip Code*

1c) _____
Business Mailing Address (if different) *City* *State* *Zip Code*

1d) APPLICANT POINT OF CONTACT:

Esther Mintz 323-851-1000 ext 314 emintz@touchofkindness.org
Name *Phone* *Email*

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:

Name / Address of Affiliated Organization *City* *State* *Zip Code*

TNC TOUCH OF KINDNESS NPG 5-9-2002

SECTION II - PROJECT DESCRIPTION

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

The purpose of this grant is to sustain and expand the Tomchei Shabbos Food Program, which provides weekly Food assistance and critical support services to individuals and families experiencing food insecurity across the Greater Los Angeles area, many of which reside in the Tarzana area.

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 will be used to provide large-scale food assistance and supportive services to many local individuals and families across the Greater Los Angeles community including the Tarzana area, improving public health, stability, and overall well-being.

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
Food Program	\$2,500	\$9,200,000.00
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

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
Encino Neighborhood Council	04/29/2025	\$2500	\$NA
		\$	\$
		\$	\$

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
Private Donors and Foundations	\$9,197,500	9,200,000
	\$	
	\$	

9) What is the TOTAL amount of the grant funding requested with this application: \$ 2,500

10a) Start date: 5 / 7 / 26

10b) Date Funds Required: 5 / 7 / 26

10c) Expected Completion Date*: 12 / 1 / 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.)**

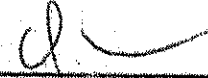
SECTION V - DECLARATION AND SIGNATURE

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***

Schneur Braunstein	Executive Director		05/07/2026
<i>PRINT Name</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i>

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

Chaim Freeman	Secretary		05/07/2026
<i>PRINT Name</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i>

*** 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 for instructions on completing this form.**

Re: Tarzana NPG Application

From: Esther Mintz (emintz@touchofkindness.org)
To: tnc@tarzananc.org; harveygoldberg@sbcglobal.net
Cc: sbraunstein@tomcheila.org; l.shaffer@tarzananc.org
Date: Monday, May 11, 2026 at 10:04 AM PDT

Good morning,

The following are answers to the below questions:

1. We have 370 Tarzana residents (85 families) on our Food Program.
2. In the past year, our Food Program assisted 6500 individuals. 370 of them reside in Tarzana.
3. \$4,140,000 has been received to date. These funds have all been received in the last 12 months.

Thank you!

All the best,
Mrs. Mintz



TOMCHEILA
תומכי שבת

345 North La Brea, Suite 208

Los Angeles, CA 90036

ph. 323.851.1000 ex.314

fx. 323.406.1900

emintz@touchofkindness.org

www.tomcheila.org

Touch of Kindness, Inc. d.b.a. Tomchei Shabbos is a California Non-Profit Tax Exempt 501(c) (3) organization, ID #75-3002144

CONFIDENTIALITY NOTICE: This e-mail, and any attachments thereto, is intended only for use by the addressee(s) named herein and may contain confidential information. If you are not the intended recipient of this e-mail, you are hereby notified that any dissemination, distribution or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please permanently delete the original and any copy of any e-mail and any printout thereof. Thank you for your compliance.

From: Harvey Goldberg <harveygoldberg@sbcglobal.net>

Sent: Friday, May 8, 2026 11:40 AM

To: tnc@tarzananc.org <tnc@tarzananc.org>; Esther Mintz <emintz@touchofkindness.org>

Cc: Schneur Braunstein <sbraunstein@Tomcheila.org>; l.shaffer@tarzananc.org <l.shaffer@tarzananc.org>

Subject: Re: Tarzana NPG Application

Ms. Mintz,

I have received your NPG request for a grant of \$2,500. In order to consider your request at the next Budget Committee meeting scheduled for May 20th, we would need the following information submitted by Wednesday, May 13th.

1. How many residents of Tarzana are part of the Tomchei Shabbos Food Program?
2. How many people received food assistance in the past year? How many lived in Tarzana?
3. Of the \$9,200,000 in funding you plan to receive, how much has been received to date? Of the amount received, how much has been received in the last 12 month?

Please respond by Wednesday, May 13th, in order for this NPG to be considered in the current fiscal year.

Thank you.

Harvey

Harvey Goldberg
818-343-8270
Cell 818-903-3600

On Thursday, May 7, 2026 at 12:15:48 PM PDT, Esther Mintz <emintz@touchofkindness.org> wrote:

Good afternoon,

Please see the following attached:

- 1-NPG Application
- 2-IRS Letter of Determination
- 3-California Status Verification

Please confirm receipt. Thank you!

All the best,
Mrs. Mintz



TOMCHEILA
תומכי שבת

345 North La Brea, Suite 208
Los Angeles, CA 90036
ph. 323.851.1000 ex.314

TOUCH OF KINDNESS

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

DEPARTMENT OF THE TREASURY

Date: MAY 29 2002

TOUCH OF KINDNESS
C/O STEVEN STROLL
4929 WILSHIRE BLVD STE 245
LOS ANGELES, CA 90010-0000

Employer Identification Number:
75-3002144
DLN:
17053057082002
Contact Person:
RICHIE HEIDENREICH ID# 75891
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Foundation Status Classification:
509(a) (1)
Advance Ruling Period Begins:
February 8, 2002
Advance Ruling Period Ends:
December 31, 2006
Addendum Applies:
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

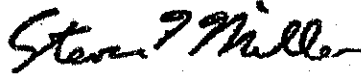
Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

TOUCH OF KINDNESS

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Steven T. Miller
Director, Exempt Organizations

Enclosure(s):
Form 872-C

TOUCH OF KINDNESS

that you exceed the \$25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Form **872-C**

Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

OMB No. 1545-0066

(Rev. September 1998)

Department of the Treasury
Internal Revenue Service

(See instructions.)

To be used with
Form 1023. Submit
in duplicate.

Under section 5501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

TOUCH OF KINDNESS

(Exact legal name of organization as shown in organizing document)

353 1/2 N. LA BREA AVE, LOS ANGELES, CA 90036

(Number, street, city or town, state, and ZIP code)

} and the

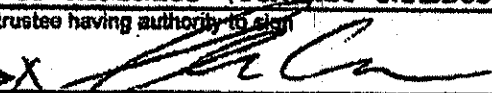

District Director of
Internal Revenue, or
Assistant
Commissioner
(Employee Plans and
Exempt Organizations)

consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

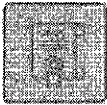
Ending date of first tax year 12/31/02

(Month, day, and year)

Name of organization (as shown in organizing document)	Date
TOUCH OF KINDNESS (TOMCHEI SHABBOS)	5/7/02
Officer or trustee having authority to sign	Type or print name and title
Signature 	YONA LANDAU PRESIDENT
For IRS use only	
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)	Date
	5-29-02

By 

For Paperwork Reduction Act Notice, see page 7 of the Form 1023 Instructions.



Request
Certificate

<i>Initial Filing Date</i>	02/08/2002
<i>Status</i>	Active
<i>Standing - SOS</i>	Good
<i>Standing - FTB</i>	Good
<i>Standing - Agent</i>	Good
<i>Standing - VCFCF</i>	Good
<i>Formed In</i>	CALIFORNIA
<i>Entity Type</i>	Nonprofit Corporation - CA - Religious
<i>Principal Address</i>	345 NORTH LA BREA AVE STE 208 LOS ANGELES, CA 90036
<i>Mailing Address</i>	345 NORTH LA BREA AVE STE 208 LOS ANGELES, CA 90036
<i>Statement of Info Due Date</i>	02/28/2028
<i>Agent</i>	Individual Schneur Braunstein 345 NORTH LA BREA AVE STE 208 LOS ANGELES, CA 90036