



**Budget Fiscal Year: 2019-2020**

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$16373.58	\$7839.94	\$8533.64	\$5000.00	\$0.00	\$3533.64

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE GHSNC.OR	06/01/2020	GHSNC email support	General Operations Expenditure	Office	\$108.00
2	PUBLIC STORAGE 67676	06/03/2020	Monthly fee for storage locker.	General Operations Expenditure	Office	\$261.00
3	Concept to Web	05/19/2020	NC WEBSITE WEBMASTER FEES MAY 2020	General Operations Expenditure	Office	\$150.00
4	Concept to Web	05/19/2020	NC WEBSITE WEBMASTER FEES JUNE 2020	General Operations Expenditure	Office	\$150.00
5	Partners in Diversity, Inc.	06/10/2020	MINUTES WRITER FOR NC MEETINGS MINUTES	General Operations Expenditure	Office	\$170.94
6	GRANADA HILLS ROTARY FOUNDATION	05/12/2020	VETERAN'S PARK IS IN THE MIDDLE OF GHSNC AND PROVIDES STAKEHOLDERS A NICE PARK TO USE	Neighborhood Purpose Grants		\$2000.00
7	North Valley Caring Services	06/12/2020	NORTH VALLEY CARING SERVICES SUPPORTS THE NC STAKEHOLDERS WHO NEED FOOD	Neighborhood Purpose Grants		\$5000.00
	<b>Subtotal:</b>					<b>\$7839.94</b>

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	TULSA STREET SCHOOL FOR ADVANCED STUDIES	06/02/2020	TULSA ELEMENTARY SCHOOL IS IN OUR NC BORDERS AND SUPPORT FOR THE SCHOOL WILL BENEFIT THE CHILDREN IN OUR NC	Neighborhood Purpose Grants		\$5000.00
Subtotal: Outstanding						\$5000.00



# Invoice

Invoice number: 3742163503

Google LLC

1600 Amphitheatre Pkwy

Mountain View, CA 94043

United States

Federal Tax ID: 77-0493581

## Bill to

Aaron DeVandry

Granada Hills South Neighborhood Council

5005 Stone Fence Sr

Colorado Springs, CO 80922

United States

## Details

Invoice number .....3742163503

Invoice date .....May 31, 2020

Billing ID .....9930-5897-7673

Domain name .....ghsnc.org

## Google Cloud - G Suite

Total in USD	<b>\$108.00</b>
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## Summary for May 1, 2020 - May 31, 2020

Subtotal in USD	\$108.00
Tax (0%)	\$0.00
Total in USD	\$108.00

You will be automatically charged for any amount due.

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	May 1 - May 31	18	108.00
Subtotal in USD				\$108.00
Tax (0%)				\$0.00
Total in USD				<b>\$108.00</b>

**From:** DoNotReply@Publicstorage.com,  
**To:** davebeauvais@verizon.net,  
**Subject:** Your upcoming storage payments  
**Date:** Tue, May 12, 2020 8:06 am

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## Here is your Monthly Storage Invoice.

Hi David,

Thanks for choosing Public Storage! As a friendly reminder, your storage invoice for rental period 06/01/2020 to 06/30/2020 is now available for payment. If your account is set up for AutoPay, your payment will be automatically processed.

**Make This Payment**

## Your Account Details [Log In](#)

### DAVID BEAUVAIS

<b>ACCOUNT NUMBER:</b>	13943765
<b>PHONE:</b>	(818) 831-2318
<b>EMAIL:</b>	davebeauvais@verizon.net

## Balance Due Details

<b>STORAGE LOCATION:</b>	18175 Chatsworth Ave Granada Hills, CA 91344
	<a href="#">Get Directions</a>

**SPACE NUMBER:** C221  
**SPACE SIZE:** 10x10

<b>MONTHLY CHARGES</b>		<b>CURRENT BALANCE</b>	
Monthly Rate:	\$250.00	Current Balance:	\$0.00
Rent Tax:	\$0.00	(as of 05/11/2020)	
Insurance:	\$11.00	Charges for Rental Term:	\$261.00
		( 06/01/2020 to 06/30/2020)	
<b>Monthly Total:</b>	<b>\$261.00</b>	<b>Total Due:</b>	<b>\$261.00</b>

**TOTAL DUE: \$261.00**

**Make This Payment**

	<b>† PAST DUE/DUE NOW</b>	<b>† DUE NEXT 06/01/2020</b>
RENT	\$0.00	\$250.00
INSURANCE	\$0.00	\$11.00
<b>TOTAL</b>	<b>\$0.00</b>	<b>\$261.00</b>

Glad to have you with us,  
**Your Public Storage Team**

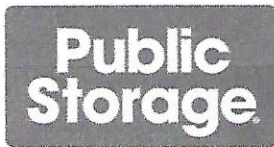
† If you have a past due balance, please contact your location manager, as your property is subject to a lien and enforcement may be imminent.



**We've made it easy to do everything you want  
online**

**From:** DoNotReply@Publicstorage.com,  
**To:** davebeauvais@verizon.net,  
**Subject:** Your AutoPay confirmation  
**Date:** Wed, Jun 3, 2020 8:58 am

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Thanks for your AutoPay payment!

Hi David,

We're confirming that a payment in the amount of \$261.00 was made on 06/02/2020 from your Master Card CreditCard account ending in 4397 and entry type is manual.

Your confirmation number for this transaction is 061944.

## Your Account Details [Log In](#)

### DAVID BEAUVAIS

<b>ACCOUNT NUMBER:</b>	13943765
<b>PHONE:</b>	(818) 831-2318
<b>EMAIL:</b>	davebeauvais@verizon.net

## Payment Details

<b>STORAGE LOCATION:</b>	18175 Chatsworth Ave Granada Hills, CA 91344 (818) 296-9184 C221
--------------------------	---

SPACE NUMBER:

SPACE SIZE: 10x10

**PAYMENT AMOUNT:**  
**\$261.00**

	PAST DUE/DUE NOW	DUE NEXT 07/01/2020
RENT	\$0.00	\$252.00
INSURANCE	\$0.00	\$11.00
TOTAL	\$0.00	\$263.00

Glad to have you with us,  
**Your Public Storage Team**

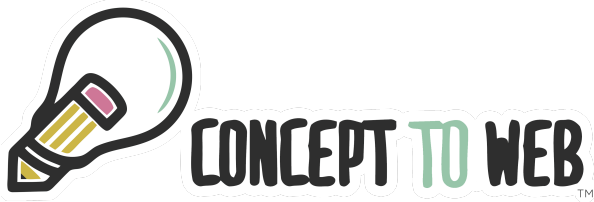
**Public Storage**CONNECT:       **BLOG**

Please do not reply to this email; it will not get through. If you'd like to reach us please contact your location manager or visit [PublicStorage.com](https://www.PublicStorage.com) . Thanks!

The information contained in this email message is confidential and intended only for the recipient to which it was addressed.

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Aaron DeVandry - Concept To Web  
818-613-8261

5005 Stone Fence Dr  
Colorado Springs, Colorado  
80922  
United States

**Billed To**

Brandon Schindelheim  
Granada Hills South Neighborhood Council  
11024 Balboa Blvd., Box 767  
Granada Hills, California  
91344  
United States

**Date of Issue**

05/17/2020

**Invoice Number**

GHSNC92

**Amount Due (USD)**

**\$150.00**

**Due Date**

06/16/2020

**Description**

**Rate**

**Qty**

**Line Total**

Web hosting, SEO, content & social media writing  
May 2020

\$150.00

1

\$150.00

Subtotal

150.00

Tax

0.00

Total

150.00

Amount Paid

0.00

**Amount Due (USD)**

**\$150.00**

**Notes**

Please pay at your earliest convenience. You are welcome to pay with a credit or debit card, as the link is on the invoice.

Please make any check payments out to "Aaron DeVandry - Concept To Web" and list the invoice # on the check. Thank you, GHSNC!

-Aaron





Aaron DeVandry - Concept To Web  
818-613-8261

5005 Stone Fence Dr  
Colorado Springs, Colorado  
80922  
United States

**Billed To**

Brandon Schindelheim  
Granada Hills South Neighborhood Council  
11024 Balboa Blvd., Box 767  
Granada Hills, California  
91344  
United States

**Date of Issue**

05/17/2020

**Invoice Number**

GHSNC93

**Amount Due (USD)**

**\$150.00**

**Due Date**

06/16/2020

Description	Rate	Qty	Line Total
Web hosting, SEO, content & social media writing June 2020	\$150.00	1	\$150.00
Subtotal			150.00
Tax			0.00
Total			150.00
Amount Paid			0.00
Amount Due (USD)			\$150.00

**Notes**

Please pay at your earliest convenience. You are welcome to pay with a credit or debit card, as the link is on the invoice.

Please make any check payments out to "Aaron DeVandry - Concept To Web" and list the invoice # on the check. Thank you, GHSNC!

-Aaron





**PARTNERS IN DIVERSITY, INC.**  
A Small Business, Women Owned Enterprise

**Remit to: Partners In Diversity, Inc.**  
P.O. Box 654  
South Pasadena, CA 91031-0654

## INVOICE

**Invoice Amount**

**\$170.94**

**Payment Terms**

Due On Receipt

**Invoice Date**

06/08/2020

**Invoice No.**

36263

**Customer No.**

1352

Neighborhood Council/G.H. South  
Attn to: Accounts Payable  
11024 Balboa Blvd  
Granada Hills, CA 91344

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council/G.H. South	Corporate	1352	Due On Receipt

Description	Type	Units	Rate	Amount
<b>Week ending: 06/07/2020</b>				
Levin, David Minute Taker	Reg	7.00	\$24.42	\$170.94
<b>Total This Week ending:</b>				<b>\$170.94</b>

<b>Reg: 7 OT: 0 DT: 0</b>	<b>Total - This Invoice:</b>	<b>\$170.94</b>
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Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.



**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: Granada Hills South

**SECTION I - APPLICANT INFORMATION**

- 1a) Granada Hills Rotary Foundation 26-1319928 Ca. 05/09/08  
*Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)*
- 1b) P.O. Box 3365 Granada Hills Ca 91394  
*Organization Mailing Address City State Zip Code*
- 1c) \_\_\_\_\_  
*Business Address (If different) City State Zip Code*
- 1d) **PRIMARY CONTACT INFORMATION:**  
Lawrence McLaughlin (818) 667-1401 lawrencemclaughlin@yahoo.com  
*Name Phone Email*
- 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.

The purpose is to beautify and maintain the Veterans' Park at Chatsworth and Zelzah. This includes regular gardening, seasonal planting, walkway and pergola repair, and general maintenance of the grounds.

- 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 Park serves as a community hub, in addition to honoring our war veterans. It is used daily by residents and enhances the beauty of old Granada Hills. It is also used by community groups to celebrate various holidays throughout the year.

**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
Park Beautification and Maintenance	\$2,000	\$6,000
	\$	\$
	\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  
☒ No ☐ Yes If Yes, please list names of NCs: \_\_\_\_\_

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: \$2,000

10a) Start date: 05/01/20 10b) Date Funds Required: 05/01/20 10c) Expected Completion Date: 12/31/20  
 (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\*

Lawrence McLaughlin

President

PRINT Name

Title

[Signature]  
Signature

4-1-2020  
Date

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

Laura Andrews Clemens

Secretary

PRINT Name

Title

[Signature]  
Signature

4-1-2020  
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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form

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

DEPARTMENT OF THE TREASURY

Date: MAY 09 2008

GRANADA HILLS ROTARY FOUNDATION  
17468 CANDIA ST  
GRANADA HILLS, CA 91344

Employer Identification Number:  
26-1319928  
DLN:  
17053348016017  
Contact Person:  
DONNA ELLIOT-MOORE ID# 50304  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
509(a)(2)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
October 3, 2005  
Contribution Deductibility:  
Yes  
Advance Ruling Ending Date:  
June 30, 2010  
Addendum Applies:  
No

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.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

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.

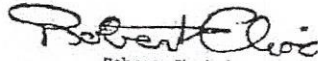
Letter 1045 (DO/CG)

-2-

GRANADA HILLS ROTARY FOUNDATION

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

Sincerely,



Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Publication 4221-PC  
Statute Extension

Letter 1045 (DO/CG)

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Granada Hills Rotary Foundation</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
5 Address (number, street, and apt. or suite no.) <b>po box 3365</b>	Requester's name and address (optional) <b>Dept. of Neighborhood Empowerment 334 B East Second St., Los Angeles 90012</b>
6 City, state, and ZIP code <b>granada hills, ca 91394</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

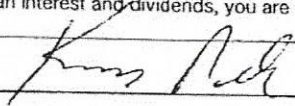
Social security number								
				-				
or								
Employer identification number								
2	6	-	1	3	1	9	9	2 8

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ <b>5-1-17</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**approves an NPG in the amount of \$2,000 to the Granada Hills Rotary Foundation for maintenance of Granada Hills Veteran's Memorial Park.**

☐ Board Member Reimbursement

**Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.**

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Carlos Amador	Member	X					
Dave Beauvais	President	X					
Mike Benedetto	Vice-President	X					
Bette Biers	Member	X					
Bonnie Marie Bursk	Member	X					
Julie Carson	Secretary	X					
Maria Fisk	Member	X					
John Horn	Member	X					
Sally Kolstad	Member	X					
Emayatzy Oliver	Member	X					
Mark Morris	Member	X					
Abbey Ronquillo	Member	X					
Brandon Schindelheim	Treasurer				X		
Brad Smith	Member	X					
Colleen Toumayan	Member	X					
SarahTran	Member					X	
Ross Turmell	Member	X					
<b>Board Quorum: 9</b>	<b>Total:</b>	15	0	0	1	1	0

**Total:**

**Authorized Signature:**

Print/Type Name:

**Dave Beauvais, President**

Date: 5-7-20

**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.

Granada Hills South

Name of NC from which you are seeking this grant: \_\_\_\_\_

**SECTION I - APPLICANT INFORMATION**

1a)	North Valley Caring Services	95444561	CA	02/1996
	<i>Organization Name</i>	<i>Federal I.D. # (EIN#)</i>	<i>State of Incorporation</i>	<i>Date of 501(c)(3) Status (if applicable)</i>
1b)	15453 Rayen Street	North Hills	CA	91343
	<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1c)				
	<i>Business Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1d)	<b>PRIMARY CONTACT INFORMATION:</b>			
	Laura Rathbone	747-254-0873	Lrathbone@nvcsinc.org	
	<i>Name</i>	<i>Phone</i>	<i>Email</i>	
2)	<b>Type of Organization- Please select one:</b>			
	<input type="checkbox"/> Public School (not to include private schools) Attach Signed letter on School Letterhead	or	<input checked="" type="checkbox"/> 501(c)(3) Non-Profit (other than religious institutions) 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.

Your support will allow us to:

1. Acquire personal protective equipment and other necessary program supplies for our team to perform their work safely and efficiently.
2. Hire additional staff to oversee our existing food pantry and meal outreach programs and also our new elderly meal outreach and children's toy distribution services developed in response to the pandemic. Purchase of non perishable food items.

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)

NVCS' Food Pantry is not only open but we have expanded its services in light of the epidemic. This month, our Food Pantry served 1,600 families within a week, a growth of 1,200 families from our weekly average of 400 families, and we have increased the frequency of our Meal Outreach program to twice a week, doubling the number of meals distributed to homeless families living in motels and in encampments. It is important to note that our Food Security Program also serves as a gateway for clients who need more intensive case management, referrals, and assistance. Because of this we are also expecting a significant increase in the number of clients receiving services to homeless case management, mental, dental, primary health, substance abuse, and other wraparound services through our referrals system and various partnerships and community-based collaborations.

**SECTION III - PROJECT BUDGET OUTLINE**

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
		\$	\$
		\$	\$
		\$	\$

6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	non perishable food, safety materials, staffing	\$ 5000	\$ 75,000
		\$	\$
		\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  
☐ No ☒ Yes If Yes, please list names of NCs: grana hills north, north hills east, west, van nuys, pacoima, etc

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:

<b>Source of Funding</b>	<b>Amount</b>	<b>Total Projected Cost</b>
county emergency aid	\$ 20,000	\$
North Hills East Emergency funding	\$ 2498	\$
	\$	\$ 75,000

9) What is the TOTAL amount of the grant funding requested with this application: \$ 5000

10a) Start date: 5 / 20 / 20 10b) Date Funds Required: 5 / 20 / 20 10c) Expected Completion Date: 8 / 1 / 20  
 (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:

<b>Name of NC Board Member</b>	<b>Relationship to Applicant</b>

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\*

Manny Flores  
 PRINT Name

Exe. Director  
 Title

[Signature]  
 Signature

05/08/2020  
 Date

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

Martha Nava  
 PRINT Name

Office Admin  
 Title

[Signature]  
 Signature

05/08/2020  
 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](mailto: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: 0248153327  
Feb. 10, 2014 LTR 4170C 0  
95-4444561 000000 00

00017356

BODC: TE

NORTH VALLEY CARING SERVICES  
15435 RAYEN ST  
NORTH HILLS CA 91343



011298

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

Dear Taxpayer:

This is in response to your request of Jan. 30, 2014, regarding the tax-exempt status of North Valley Caring Services.

Our records indicate that a determination letter was issued in February 1996, granting this organization exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate this organization is not a private foundation within the meaning of section 509(a) of the Code because it is described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to this organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to the organization or for its 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](http://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.

If you have any questions, please call us at the telephone number shown above.

0248153327  
Feb. 10, 2014 LTR 4170C 0  
95-4444561 000000 00  
00017357

NORTH VALLEY CARING SERVICES  
15435 RAYEN ST  
NORTH HILLS CA 91343

Sincerely yours,

*Susan M. O'Neill*

Susan M. O'Neill, Department Mgr.  
Accounts Management Operations



15453 Rayen Street  
North Hills, CA 91343  
(818) 891-0481  
nvcsinc.org

Dear Granada Hills South Neighborhood Council,

Thank you so much for the council's interest in supporting North Valley Caring Services (NVCS) during this critical time. I am so appreciative of this opportunity to share with you a short overview of NVCS and the community we serve, our response to the overwhelming food insecurity caused by the COVID-19 epidemic, and our request for financial support to meet this need.

From its founding in 1978 as a soup kitchen, North Valley Caring Services (NVCS) has become the largest food distribution center in the San Fernando Valley. NVCS serves individuals in the Northeast San Fernando Valley area who are homeless, low-income, or experiencing food insecurity. According to Los Angeles Homeless Service Authority's 2019 survey, about 7,730 people in the community are homeless. Many clients of NVCS are undocumented immigrants who lack health insurance and struggle with existing health complications. The Los Angeles County Department of Health found in 2018 that 54% of our residents were living below 200% of the Federal Poverty level and that 83% of our public school students were eligible for state-issued food assistance programs. In addition, 23% of adults were found to be obese, 16% diabetic, and 205 out of every 100,000 people were dying from cardiovascular disease.

With the outbreak of COVID-19, NVCS has become an emergency responder, expanding our services exponentially at the request of the Mayor's Office to meet the increased nutritional needs of our community. We have already seen food insecurity skyrocketing in our community and more people becoming homeless, resulting in an unprecedented demand for our Food Pantry and Meal Outreach services that we expect will not only continue but grow in the upcoming months. We kindly ask that you take a moment to view this short video highlighting our COVID-19 response:

<https://youtu.be/tN-x0hhOUKw>

As seen in the video, NVCS' Food Pantry is not only open but we have expanded its services in light of the epidemic. This month, our Food Pantry served 1,600 families within a week, a growth of 1,200 families from our weekly average of 400 families, and we have increased the frequency of our Meal Outreach program to twice a week, doubling the number of meals distributed to homeless families living in motels and in encampments. It is important to note that our Food Security Program also serves as a gateway for clients who need more intensive case management, referrals, and assistance. Because of this we are also expecting a significant increase in the number of clients receiving services to homeless case management, mental, dental, primary health, substance abuse, and other wraparound services through our referrals system and various partnerships and community-based collaborations. Despite the expansion of services and impact we have achieved thus far, we are struggling to keep up with the urgent and overwhelming demand and are in desperate need of funding to finance the additional resources to sustain our services.

We would like to humbly ask for the council's consideration in financially supporting NVCS' to allow us to grow our programs sustainably while upholding our high-level of quality care and service during this crisis. Your support will allow us to:

1. Acquire personal protective equipment and other necessary program supplies for our team to perform their work safely and efficiently
2. Hire additional staff to oversee our existing Food Pantry and Meal Outreach programs and also our new elderly meal outreach and children's toy distribution services developed in response to the epidemic
3. Expand our storage facility so that we can secure more food to serve the growing needs of the food insecure community in the North Valley, purchase non perishable food items.

Thank you so much in advance for the council's consideration. Should you have any questions, please do not hesitate to reach me at (747) 254-0873

Warm regards,

Laura Rathbone

[LRathbone@nvcsinc.org](mailto:LRathbone@nvcsinc.org)

North Valley Caring Services

Safe Parking Coordinator

NPG in the amount of \$5,000 to North Valley Caring Services.

☐ Board Member Reimbursement

**Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.**

Board Quorum: 9	Total:	15	0	0	1	1	0
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Date: 6-4-20