

**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. The Neighborhood Council (NC), upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

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

**SECTION I - APPLICANT INFORMATION**

1a) \_\_\_\_\_  
*Organization Name*                                  *Federal I.D. # (EIN#)*    *State of Incorporation*                  *Date of 501(c)(3) Status (if applicable)*

1b) \_\_\_\_\_  
*Organization Mailing Address*                                  *City*                                  *State*                                  *Zip Code*

1c) \_\_\_\_\_  
*Business Address (If different)*                                  *City*                                  *State*                                  *Zip Code*

1d) **PRIMARY CONTACT INFORMATION:**

\_\_\_\_\_

<i>Name</i>	<i>Phone</i>	<i>Email</i>
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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 Grant Request on School Letterhead**                  **Attach IRS Determination Letter**

3) \_\_\_\_\_  
*Name / Address of Affiliated Organization*                                  *City*                                  *State*                                  *Zip Code*  
*(If applicable)*

**SECTION II - PROJECT DESCRIPTION**

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

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)

**SECTION III - PROJECT BUDGET OUTLINE**

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

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

8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs)  No  Yes, please describe:

Source of Funding	Amount	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

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

10a) Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 10b) Date Funds Required: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

10c) Expected completion date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)

**SECTION IV - POTENTIAL CONFLICTS OF INTEREST**

11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC?  
 No  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 Department 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 Appendix A, "What is a Public Benefit," and Appendix B "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 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\*  
 \_\_\_\_\_  
*PRINT Name Title Signature Date*      Jeri Dye Lynch      6/30/17

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*  
 \_\_\_\_\_  
*PRINT Name Title Signature Date*      Jeri Dye Lynch      6/30/17

\* If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form

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

DEPARTMENT OF THE TREASURY

Date: **OCT 20 2011**

CONOR LYNCH FOUNDATION  
C/O STEVEN GROSSINGER  
16217 KITTRIDGE ST  
VAN NUYS, CA 91406

Employer Identification Number:  
45-2544512  
DLN:  
17053258307041  
Contact Person:  
LISA M VAN DER SLUYS ID# 95264  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
January 31  
Effective Date of Exemption:  
February 7, 2011  
Addendum Applies:  
No

Dear Applicant:

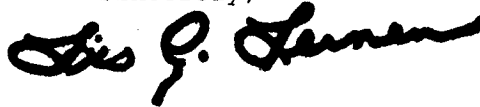
We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive 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. We determined that you are a private foundation within the meaning of section 509(a) of the Code. You are required to file Form 990-PF annually.

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

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

Sincerely,



Lois G. Lerner  
Director, Exempt Organizations

Enclosure: Publication 4221-PF

Letter 1076 (DO/CG)

Headquarters Mailing Address  
**Andy Gump Inc.**  
 26954 Ruether Ave.  
 Santa Clarita, CA, 91351  
 800-992-7755 FAX (661) 251-7729



www.andygump.com

**Rental Agreement**

**G96450**

**Order**

**1-800-992-7755**

**Contract No.** G96450

**Job No.**

**Location Code** NH-SAN

Bill To: C04834  
 CONNER LYNCH FOUNDATION  
 15244 MAGNOLIA BLVD  
 SHERMAN OAKS, 91403  
 CA  
 United States

Ship To:  
 SHERMAN OAKS PARK  
 14201 HUSTON ST  
 SHERMAN OAKS, 91423  
 CA  
 United States

Job Type: SEA  
 Eqmt Type A  
 Map Page LA562-B3  
 Tract No.  
 Lot No.  
 Geo Code 34.1599273,-118.4421766

Billing Phone No.

Phone No. 818-943-0142

Cell Phone No.

Cross Street VAN NUYS BLVD

Job Contact NICOLA KHAN

Job Phone No. 818-943-0142 Job Cell No.

Job Access \*PLACE UNITS ON SIDE OF MAGNOLIA\*

Order By	Purchase Order No.	Terms	Andy Gump Rep	Order Taken By	Date
NICOLA KHAN 818-943-0142		ON RECEIPT	AMY 661-977-3836	AGVAMY	7/10/2017 3:09 PM

Item No.	QTY	Description	Start Date	End Date	Days Billed	Amount	Line Amount
2SE-0008	6	ANDY GUMP DELUXE	10/20/17	10/23/17	4	\$85.00	\$510.00
2SE-0016	2	ADA COMPLIANT RESTROOM	10/20/17	10/23/17	4	\$174.00	\$348.00
2SE-2006	1	CHARITABLE EVENT DISCOUNT (T)				(\$171.60)	(\$171.60)
2SE-EVENT	1	CONNER LYNCH FOUND ANNUAL 5K: OCT 22, 2017 (SUN)					

subtotal \$686.40

CUSTOMER TO PAY BY 10/13/17

Damage Waiver \$0.00

Tax \$61.78

Total \$748.18

Payment \$ \_\_\_\_\_ Ck# \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card Approval # \_\_\_\_\_

**Service Instructions**

10/20/17 (FRI) DELIVER (6) DELUXE UNITS & (2) ADA UNITS.

\*CALL NICOLA @ 818-943-0142 W/1 HR ETA\* SEE NICOLA ON SITE FOR PLACEMENT.

10/23/17 (MON) PICK-UP (6) DELUXE UNITS & (2) ADA UNITS.

**Cancellation Policy**

All orders cancelled 72 hrs. prior to the delivery date are subject to a 10% cancellation fee.

**Deposits Policy**

All orders over \$1000.00 will require a 50% deposit with signed quote. Deposit less the 10% cancellation fee will be refunded if order is cancelled within 72 hrs.

**Customer**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_