

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) The Conor Lynch Foundation 45-2544512 CA 2010
 Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)

1b) 15244 Magnolia St Sherman Oaks CA 91403
 Organization Mailing Address City State Zip Code

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

1d) **PRIMARY CONTACT INFORMATION:**
Jeri Lynch or Nicola Khan (818) 986-2470 info@inhonorofconor.org
 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 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.
To support our fundraising efforts by helping to offset the cost of mobile bathrooms for our annual 5K Run/Walk. SONC has been our partner on this project for the past 5 years

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)
See above

SECTION III - PROJECT BUDGET OUTLINE

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
None		

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Andy Gump	\$ 748.18	\$ 748.18

- 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: \$ 748.18
- 10a) Start date: _____ 10b) Date Funds Required: by October 1, 2016
- 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

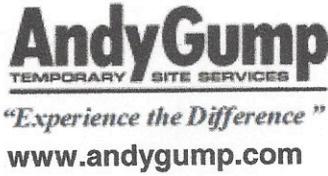
I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read Appendix A, "What is a Public Benefit," and Appendix B "Conflicts of Interest" of this application and affirm that the proposed 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*
Jeri Dye Lynch President/Founder Jeri Dye Lynch 8/18/16
 PRINT Name Title Signature Date
- 12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
Jeri Dye Lynch Secretary Jeri Dye Lynch 8/18/16
 PRINT Name Title Signature Date

* 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

Headquarters Mailing Address:

ANDY GUMP INC.
 26954 Ruether Ave.
 Santa Clarita, CA 91351
 800-992-7755 FAX (661)251-7729



Confirmation
#G82374
1-800-992-7755

Rental Order Number: G82374
Bill To: C04834
 JOHNNY KASSIS
 15244 MAGNOLIA BLVD
 SHERMAN OAKS, CA 91405

Job Number:
Ship To: SHERMAN OAKS PARK
 14201 HUSTON ST
 SHERMAN OAKS, CA 91423
Cross Street: VAN NUYS BLVD
Job Contact: JOHNNY KASSIS
Job Phone: 818-426-3503
Job Access: *PLACE UNITS ON SIDE OF MAGNOLIA*

AG Location: NH-SAN
Job Type: SEA
Eqmt Type: A
Map Page: LA562-B3
Tract #: OCTOBER
Lot #:

Phone: 818-426-3503
Cell Phone:

Cell Phone: 818-426-3503

ORDERED BY	PURCHASE ORDER #	TERMS	Andy Gump Rep	ORDER ENTRY BY	DATE
JOHNNY 818-426-3503		Payable on Receipt	AMY	AMY	08/18/16 08:33 AM

Item No.	QTY	Description	Start Date	End Date	Days Billed	Billing Rate	Estimated Charges
2SE-0008	6	ANDY GUMP DELUXE	10/21/16	10/24/16		85.00/F	510.00
2SE-0016	2	ADA COMPLIANT RESTROOM	10/21/16	10/24/16		174.00/F	348.00
2SE-2006	1	FRIEND DISCOUNT (T)				-171.60	-171.60
2SE-EVENT	1	CONNOR LYNCH FOUNDATION ANNUAL 5K					

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

Subtotal: 686.40
 Damage Waiver: 0.00
 Tax: 61.78
Total: 748.18

Instructions:

10/21/16 (FRI) DELIVER (6) DELUXE UNITS & (2) ADA UNITS.
 CALL JOHNNY @ 818-426-3503 W/1 HR ETA SEE JOHNNY ON SITE FOR EXACT PLACEMENT.
 10/24/16 (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.

Accepted By:
 CUSTOMER
 SIGNATURE _____

Printed Name

Date

Thank you for your order. AMY

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:

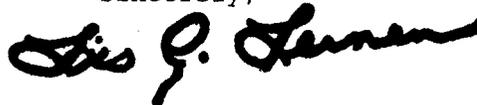
We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive 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)