

**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: Sherman Oaks Neighborhood Council

**SECTION I - APPLICANT INFORMATION**

1a) Sherman Oaks Friends of the Library 51-0162023 California 03/23/1976  
*Organization Name* *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) 14245 Moorpark Street Sherman Oaks CA 91423  
*Organization Mailing Address* *City* *State* *Zip Code*

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

1d) **PRIMARY CONTACT INFORMATION:**  
Donna Gallagher 310-271-5063 irishwizards@msn.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 of the Neighborhood Purposes Grant (NPG) is to enable the Sherman Oaks Friends of the Library (SOFOTL) to create 300 hygiene kits. These hygiene kits will be available at Sherman Oaks Library and distributed to unhoused and other needy members of our community. The hygiene kits will help these individuals improve their hygiene and health and maintain their sense of dignity. The proposed items to be included in the hygiene kits are listed on the attachment to this Application for the NPG.

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 Sherman Oaks Library provides information and services to our community. The Library is often one of the first places an unhoused or needy member of our community may visit to get information about support services that may be available for them. Providing a hygiene kit, as requested, would be a welcoming and supportive gesture to individuals who are often ignored. Use of the hygiene kit may improve their self-image, confidence, and willingness to interact with Library staff and others.

An additional benefit of this hygiene kit project would be that library youth volunteers will be assembling the hygiene kits as part of their community service. Their participation will generate secondary benefits of awareness of and empathy for the challenges and needs of the unhoused and needy in our community.

**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>
	N/A	\$	\$
		\$	\$
		\$	\$

6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	Backpacks and hygiene items -- See attachment	\$ 1,500.00	\$ 1,500.00
		\$	\$
		\$	\$

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

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>
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 1,500.00

10a) Start date: 01 / 25 / 24 10b) Date Funds Required: 02 / 25 / 24 10c) Expected Completion Date: 06 / 30 / 24  
 (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
Jeffrey Hartsough	Donor to the Sherman Oaks Friends of the Library
David Silverman	Member, Sherman Oaks Friends of the Library

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\*  
Donna Gallagher    President    Donna Gallagher    1/29/24  
 PRINT Name    Title    Signature    Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*  
Edward Shanahan    Recording Secretary    [Signature]    1/29/24  
 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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form

**Sherman Oaks Friends of the Library**

Application for Neighborhood Purposes Grant (NPG)  
 Submitted to the Sherman Oaks Neighborhood Council (SONC)

**Attachment for Item 6b) Non-Personnel Related Expenses**

Items to be purchased for the proposed hygiene kits:

Item	Quantity to Purchase	Quantity per Purchase Unit	Approx Cost per Purchase Unit	Total Cost	Hygiene Kit Count
Backpacks	300	100	65.99	197.97	1
Socks	600	100	53.99	323.94	2
Wipes	900	100	17.49	157.41	3
Sunscreen	300	100	20.17	60.51	1
Lip Balm	300	100	57.49	172.47	1
Toothbrush/Toothpaste	300	100	40.99	122.97	1
Deodorant Wipes	600	200	30.99	92.97	2
Emory Boards	300	100	26.99	80.97	1

Sub-Total	1209.21
Tax (9.5%)	114.87
Estimated Shipping (10%)	120.92
Total	1445.01
Round to \$100	1500.00

Address any reply to:

P.O. Box 2350, Los Angeles, Calif. 90053

**Department of the Treasury**

LA-EO-76-424

**District Director**

**Internal Revenue Service**

Date:

MAR 23 1976

In reply refer to:

L-178, Code ~~434~~ EOG2:D:PS

Determination Section (213) 688-4553

▷ Sherman Oaks Friends of the Library  
14245 Moorpark  
Sherman Oaks, California 91423

Purpose: Charitable  
Accounting Period Ending: April 30

Gentlemen:

Based on information 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(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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.

If your purposes, character, or method of operation is changed, please let us know so we can consider the effect of the change on your exempt status. Also, you should inform us of all changes in your name or address.

(Over)

Form L-178 (Rev. 8-73)



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If your gross receipts each year are normally more than \$5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file a return on time.

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

Please keep this determination letter in your permanent records.

Sincerely yours,

*W. H. Connett*

District Director