

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

SECTION I - APPLICANT INFORMATION

1a) <u>Valley InterCommunity Council</u>	<u>95-265-3387</u>	<u>California</u>	<u>Nov 1970</u>
<small>Organization Name</small>	<small>Federal I.D. # (EIN#)</small>	<small>State of Incorporation</small>	<small>Date of 501(c)(3) Status (if applicable)</small>
1b) <u>13300 Victory Blvd #354</u>	<u>Van Nuys</u>	<u>Ca</u>	<u>91401</u>
<small>Organization Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
1c) <u>5056 Van Nuys Blvd Bldg B</u>	<u>Sherman Oaks</u>	<u>Ca</u>	<u>91403</u>
<small>Business Address (if different)</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
1d) PRIMARY CONTACT INFORMATION:			
<u>Steve Gincig</u>	<u>Director of Development</u>	<u>310 400 2056</u>	<u>sgincig@vic-la.org</u>
<small>Name</small>		<small>Phone</small>	<small>Email</small>
2) Type of Organization- Please select one:			
<input type="checkbox"/> Public School (not to include private schools) <small>Attach Signed letter on School Letterhead</small>		or	<input checked="" type="checkbox"/> 501(c)(3) Non-Profit (other than religious institutions) <small>Attach IRS Determination Letter</small>
3) <u>Name / Address of Affiliated Organization (if applicable)</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>

SECTION II - PROJECT DESCRIPTION

- 4) Please describe the purpose and intent of the grant.
- Food Insecurity and Social Isolation are at epidemic levels, as per the U S Surgeon General, the AMA, the APA, the NIH etc. We launched Project Golden to address these specific issues. Too many Seniors live with the fear of not knowing if they will be able to pay for rent, food, utilities and/or medicines each month. Coupled with the loneliness of being homebound or in any way socially isolated, these at-risk forgotten members of our community are left feeling hopeless, depressed and in despair. 65 Seniors will be removed from our waiting lists via Project Golden!
- 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)
- Meals delivered to homebound seniors will help eliminate their fears and decrease their social isolation. Bringing hope to those who feel hopeless and helpless. The more people we connect with, the less people who are suffering. Their lives still matter.
- Funds will also be used to provide rides for Seniors otherwise homebound, to our 3 Senior Centers, where congregate dining, wellness and exercise classes and a variety of social activities can be enjoyed. Funds will additionally be used for the costs of meals and supplies needed in each Center. Bringing people together also brings our diverse clients and communities closer together. We have been assisting local communities and our aging adults for 60 years. Yet there remain so many many more Seniors who urgently need and look to VIC to uplift them. Your funding WILL have an immediate positive impact in their lives.

SECTION III - PROJECT BUDGET OUTLINE

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

Personal Related Expenses		
	Requested of NC	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$
Non-Personal Related Expenses		
	Requested of NC	Total Projected Cost
Classing	\$ 1500	\$ 24000
<small>Made - 100 seat to 200 seats (27 per week x 2 per week x 20 weeks x 20 weeks)</small>	\$ 2000	\$ 11000
Dining and Activity Supplies for Wellness, Exercise and Other Classes	\$ 500	\$ 5000

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?
 No Yes If Yes, please list names of NCs: Van Nuys, Pacoima, Reseda, Studio City, Encino, Tarzana, Northridge

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

Source of Funding	Amount	Total Projected Cost
Is the funding from NC's that will contribute to the success of Project Goals	\$ 750	\$ 10000
	\$	\$
	\$	\$

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

10a) Start date: 10/01/24 10b) Date Funds Required: 10/21/24 10c) Expected Completion Date: 09/30/24
 (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

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*

Suphanu Ballaway CEO/President [Signature] 10/18/24
 PRINT Name Title Signature Date

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

Noriko Murakawa Secretary [Signature] 10/18/24
 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 for instructions on completing this form



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

SAN FERNANDO VALLEY INTERFAITH
COUNCIL INC
13300 VICTORY BLVD STE 354
VAN NUYS, CA 91401

Date:
05/23/2024
Employer ID number:
95-2653387
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: (877) 829-5500
Accounting period ending:
June 30
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
November 15, 2023
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053541010144

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

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

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements