

**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: Mar Vista Community Council

SECTION I - APPLICANT INFORMATION

1a) Westside Food Bank 95-3685875 CA 06/02/1983
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) 1710 22nd Street Santa Monica CA 90404
Organization Mailing Address *City* *State* *Zip Code*

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

1d) **PRIMARY CONTACT INFORMATION:**
Aviva Kraus, Development Manager (310) 828-6016 x.16 aviva@wsfb.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 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.**
 Westside Food Bank (WSFB) requests a \$5000 grant to support food purchases for local food assistance programs. WSFB is the primary food bank provider for virtually all the non-profit social service agencies with food assistance programs on the Westside of LA County, including several in Mar Vista. Through our extreme efficiency, funds from the NPG will allow WSFB to purchase an additional 25,000 pounds of food for distribution to our member agencies and local partners, including fresh produce, high-protein items, and pantry staples. This food will bolster our supply, ensuring that we can continue providing food uninterrupted to programs that serve residents of Mar Vista, and that our member agencies can adequately support the low-income people who turn to them for help.

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)
 A \$5,000 grant will allow Westside Food Bank to purchase enough food to supply a full day's meals for nearly 7,000 low-income residents in Mar Vista and its surrounding neighborhoods during Fiscal Year 2020-2021. Our food reaches more than 260,000 hungry people of all ages and backgrounds, nearly half of whom are children, and an increasing number of whom live within the Mar Vista Community Council's district. Among those who receive our food in Mar Vista are families who benefit from the MV Family Center's after-school meals program, and residents who access free groceries from the food pantries at Westside Vineyard Church, St. Mark Church and Nourish LA, all of which are new distributions started to address the need due to the COVID-19 crisis and which are each now receiving several thousand pounds of food each week. Our food helps nourish these local people who otherwise lack funds or access to adequate consistent nutritious food. It also acts as a homeless prevention tool by enabling people to put more of their budget toward remaining housed.

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
	Food Purchases	\$ 5,000	\$
		\$	\$
		\$	\$

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: \$ 5,000

10a) Start date: 07/01/2020 10b) Date Funds Required: 06/30/2021 10c) Expected Completion Date: 06/30/2021
 (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.)**

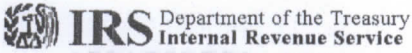
SECTION V - DECLARATION AND SIGNATURE

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*
Bruce Rankin Executive Dir.  5/6/21
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
Aviva Kraus Development Mgr.  5/6/21
 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**



P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077956534
Mar. 20, 2018 LTR 4168C 0
95-3685875 000000 00
00024796

BODC: TE

WEST SIDE FOOD BANK A NON-PROFIT
CORPORATION
1710 22ND ST
SANTA MONICA CA 90404-3921

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CORPORATION
1710 22ND ST
SANTA MONICA CA 90404-3921

042930

Employer ID Number: 95-3685875
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Jan. 30, 2018, regarding your tax-exempt status.

We issued you a determination letter in June 1983, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

In reply refer to: 4077956534
Mar. 20, 2018 LTR 4168C 0
95-3685875 000000 00
00024797

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ADD: TE
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CORPORATION
1710 22ND ST
SANTA MONICA CA 90404-3921

WEST SIDE FOOD BANK A NON-PROFIT
CORPORATION
1710 22ND ST
SANTA MONICA CA 90404-3921

Sincerely yours,

Employer ID Number: 95-3685875
Form 990 required: Yes
Stephen A. Martin

Stephen A. Martin
Director, EO Rulings & Agreements

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For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-5676).
If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m. local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).