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.

SEC	TION I- APPLICANT INFORMATION						
la)	Organization Name	Fed	leral I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable		
lb)							
	Organization Mailing Address	City	′	State	Zip Code		
lc)							
	Business Address (If different)	City	′	State	Zip Code		
1d)	PRIMARY CONTACT INFORMATION:						
	Name	Phone Ema		Email			
2)	Type of Organization- Please select one: ☐ Public School (not to include private schools) Attach Signed letter on School Letterhead	or 501(c)(3) Non-Profit (other than religious institutions) Attach IRS Determination Letter					
3)	Name / Address of Affiliated Organization (if appl	icable)	City	State	Zip Code		

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)

PAGE 1 NCFP 107

Personnel Related Expenses			
	Requested	of NC	Total Projected Co
	\$		\$
	\$		\$
	\$		\$
Non-Personnel Related Expenses	Requested	of NC	Total Projected Co
	\$		\$
	\$		\$
	\$		\$
ve you (applicant) applied to any other Neighborhood Councils red No	in Question 4	continge	ent on any other fact
ources or funding? (Including NPG applications to other NCs) $oldsymbol{\square}$ No		If Yes	, please describe:
Source of Funding	Amount		Total Projected Cos
	\$ e		\$ e
	φ \$		\$ \$
			Į *
o you (applicant) have a current or former relationship with a Boa No 🔲 Yes If Yes, please describe below:			
Name of NC Board Member	Rela	tionship	to Applicant
☐ Yes ☐ No <u>*(Please note that if a Board Member of the NC</u>	has a confli	ct of inte	erest and completes
☐ Yes ☐ No *(Please note that if a Board Member of the NO or participates in the discussion and voting of this NPG, the N	has a confli	ct of inte	erest and completes
☐ Yes ☐ No *(Please note that if a Board Member of the NO or participates in the discussion and voting of this NPG, the N grant in its entirety.)	has a confli	ct of inte	erest and completes
or participates in the discussion and voting of this NPG, the N	c has a confliction of the confl	n and cor s a Publ am(s) fall nt the av ood Cou	mmunicated otherwic Benefit," and "Cl within the criteria warding of the Neignacil to whom I am
Yes No *(Please note that if a Board Member of the NO or participates in the discussion and voting of this NPG, the N grant in its entirety.) CTION V - DECLARATION AND SIGNATURE reby affirm that, to the best of my knowledge, the information pro accurately stated. I further affirm that I have read the documerest" of this application and affirm that the proposed project(s) a efit project/program and that no conflict of interest exist that poses Grant. I affirm that I am not a current Board Member of the application. I further affirm that if the grant received is not use	c has a confliction of the confl	ot of inter- Program and core s a Puble am(s) fall am(s) fall ood Cou ance with cil.	mmunicated otherwic Benefit," and "Cl within the criteria warding of the Neignacil to whom I am
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* 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

PAGE 2 NCFP 107

Internal Revenue Service P.O. Box 2508 Cincinnati, Ohio 45201

Date: FEB 0 2 2009

GIRL SCOUTS OF GREATER LOS ANGELES 101 WHEELER AVENUE ARCADIA, CA 91006 Department of the Treasury

Person to Contact - ID#:

JOE KENNEDY - ID# 31-08655

Contact Telephone Numbers:

877-829-5500 Phone

Federal Identification Number:

95-1644033

Dear Sir or Madam:

By our determination dated March 1958, you were held to be exempt from Federal Income Tax under the provisions of section 501(c)(3) of the Internal Revenue Code.

You recently furnished us information that Girl Scout Council of Greater Long Beach (EIN: 95-2233090), Angeles Girl Scout Council (EIN: 95-2368810), San Fernando Valley Girl Scout Council (EIN: 95-1756406), and Girl Scouts - Spanish Trails Council, Inc. (EIN: 95-1953759) merged with Girl Scouts - Mt. Wilson Vista Council (EIN: 95-1644033) on December 1, 2008. Girl Scouts - Mt. Wilson Vista Council has since changed its name to Girl Scouts of Greater Los Angeles. Based on the information submitted, we have determined that the merger and name change do not affect your exempt status. Girl Scouts of Greater Los Angeles will continue using Employer Identification Number 95-1644033.

Please let us know about any further changes in your character, purposes, method of operation, name or address.

If you have any questions regarding this matter, please contact the person whose name and telephone number appear in the heading of this letter.

Sincerely,

Robert Choi

Director, Exempt Organizations Rulings and Agreements