

**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: MVNC

**SECTION I - APPLICANT INFORMATION**

1a) Pacific Area Boosters Association      95-3971193      CA      1973  
*Organization Name*      *Federal I.D. # (EIN#)*      *State of Incorporation*      *Date of 501(c)(3) Status (if applicable)*

1b) P.O. Box 2895      Venice      CA      90294  
*Organization Mailing Address*      *City*      *State*      *Zip Code*

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

1d) **PRIMARY CONTACT INFORMATION:**  
Diane Barretti      310.529.1294      sbpress7@aol.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.

Pacific Area Police Station Holiday Toy Giveaway - new format Grab-n-Go

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)

Each year Pacific Area Police Station gives away hundreds of toys to the families in need in this community.

**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
Toys and Food Baskets	\$ 1200.	\$
	\$	\$
	\$	\$

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

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: \$ 1200.

10a) Start date: 10/31/20 10b) Date Funds Required: 12/20/20 10c) Expected Completion Date: 12/20/20  
 (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\*  
Diane Barretti President *Diane Barretti* 10/27/20  
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*  
Donna Lasman Secretary *Donna Lasman* 10/27/20  
 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

You've almost finished your Neighborhood Purposes Grant application!

One last item, it's an important item that holds equal weight as we review and evaluate grant requests. How will the community learn about your project and your NCWP award that helped make it possible? How will you recognize the Neighborhood Council of Westchester/Playa? As you know, your project must offer a community benefit, improvement and/or enhancement. Please be thoughtful and creative about recognizing the NCWP, your funding partner.

**How would you recognize your Neighborhood Council of Westchester/Playa, if awarded a grant?**

The Pacific Area Boosters will post on social media which we are always updating with photos and news and sponsor info.

Highlighting Mar Vista Neighborhood Council on our list of sponsors on our website.

We will also be including Mar Vista Neighborhood Council in our email blasts.

Plans are being made for how to do this giveaway of toys and food baskets.

Hoping to have signage at the Grab-N-Go with our sponsor names.

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INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
2 CUPANIA CIRCLE  
MONTEREY PARK, CA 91754

DEPARTMENT OF THE TREASURY

Date: ~~JUN 02 1998~~

Employer Identification Number:  
95-3971193

Contact Person:  
TYRONE THOMAS

Contact Telephone Number:  
(213) 725-0164

Our Letter Dated:  
March 1, 1989

Addendum Applies:  
No

PACIFIC AREA BOOSTERS ASSOCIATION  
12312 CULVER BLVD  
LOS ANGELES, CA 90066-6222

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).


Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Michael J. Quinn  
District Director

Letter 1050 (DO/CG)