

**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: _____

SECTION I - APPLICANT INFORMATION

1a) _____
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) _____
Organization Mailing Address *City* *State* *Zip Code*

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

1d) **PRIMARY CONTACT INFORMATION:**

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.

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)

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
		\$	\$
		\$	\$

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: \$ _____

10a) Start date: ___/___/___ 10b) Date Funds Required: ___/___/___ 10c) Expected Completion Date: ___/___/___
 (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*

_____ *PRINT Name* _____ *Title* _____ *Signature* _____ *Date*

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

_____ *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

Dear Andrea and Committee,

Thank you for your leadership in these difficult times. I am attaching an updated application from St Joseph Center for your consideration, along with our 501c3 letter. We would also like to respond to the questions we understand were voiced at a previous meeting (please see below), and we are glad to provide any additional information that is needed.

Warmly,

Rebecca Bijur

310-266-3274

Is St Joseph Center a religious institution with access to a religious endowment?

St. Joseph Center is not a religious organization and has no affiliation with any church or organized religious entity. The origins of the agency began when two Sisters of St. Joseph of Carondelet set up a storefront in Venice to serve the neighborhood's poor – hence the name. The agency was established in 1976, and was incorporated in 1982 as a secular 501c3 nonprofit organization to serve “those in need without regard for their religious affiliation or lack thereof.”

As a 501c3 nonprofit, St. Joseph Center operates on a strictly nonprofit basis. All donations and funds raised go to support SJC's 20+ programs that help more than 10,000 people each year. While we are a larger nonprofit agency, we still must raise the funds to keep programs like the Food Pantry operating each year – we have no endowment and the Pantry receives no government funding. That is why your support is so critical: We rely entirely on private donations to fund our food assistance programs like the Food Pantry and Bread & Roses Café.

Since the HQ of St Joseph Center is located outside Mar Vista, how can we ensure that the funding will benefit Mar Vistans?

St Joseph Center has service sites at 9 locations throughout Los Angeles County. The Venice site at Hampton Avenue serves as our administrative headquarters but the scope and reach of the agency extends to the entire County.

For the Food Pantry, we have a designated service area, known as the ‘cachement’.

People who live inside this service area are eligible to come to the SJC Food Pantry – and Mar Vista is within this service area. We currently have a number of Pantry families who are residents of Mar Vista. Your support of the Food Pantry will go toward supporting Mar Vistans in need.

If the Food Pantry is connected to the Westside Food Bank, why does it need additional funds?

St. Joseph Center's relationship with the Westside Food Bank is one of purchaser and supplier. The Westside Food Bank sells St. Joseph Center food for our pantry at a wholesale cost – but we are still responsible for paying the Westside Food Bank for the food and supplies that we offer at the Pantry. We raise funds to purchase the food for the Pantry, and if we are awarded this grant, we will use it for these purposes.

Can you provide more detail about how the funds would be spent?

The funds will be spent to purchase food that will be distributed for free to individuals and families in need who are living on the Westside of Los Angeles. Specifically, we intend to use \$2,000 to buy protein and produce items; \$2,000 to purchase non-perishable items such as masks, pet food, and diapers; and \$1,000 to purchase bags so clients can safely carry their groceries home without entering the Pantry and exposing themselves to others. All of these items are in short supply in the Pantry as they are not typically donated and we must purchase them to make sure that all Pantry clients remain safe during the pandemic, that families with children will have diapers; and that seniors can feed their companion animals without fear.

Can information about accessing the Food Pantry be shared with the Mar Vista neighborhood via their e-newsletter?

Absolutely! St. Joseph Center would welcome the Council sharing information about our services to the Mar Vista Community.

REV. REBECCA BENEFIEL BIJUR

Institutional Giving Manager, Interim | Development & Communications

rbijur@stjosephctr.org | c:310-266-3274

204 Hampton Drive, Venice, CA 90291 | www.stjosephctr.org

Internal Revenue Service

Date: May 10, 2005

ST JOSEPH CENTER
204 HAMPTON DR
VENICE CA 90291-2623 042

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
John C. Crawford 31-08343
Customer Service Representative
Toll Free Telephone Number:
8:30 a.m. to 5:30 p.m. ET
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
95-3874381

Dear Sir or Madam:

This is in response to your request of May 10, 2005, regarding your organization's tax-exempt status.

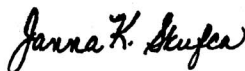
In October 1987 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services