## **FUNDING MOTION**

## TITLE: LA Parks Foundation NPG for the Mar Vista Recreation Center

PURPOSE: To reaffirm the vote taken to provide "\$6,400 to refinish, strip, clean, and wax the floor of the small gym and stage at the Mar Vista Recreation Center" for the correct applicant of LA Parks Foundation instead of Mar Vista Recreation Center.

### BACKGROUND:

Original Background Information:

The Mar Vista Recreation Center is public property that benefits and serves our community and the surrounding neighborhoods. They have two indoor gyms. The larger one recently had its floors refinished through the generosity of the Clippers. The smaller gym was not included.

The smaller gym has a stage and a junior basketball court. Staff was queried as to when the floors had been refinished. More than a decade for the basketball court, and a staff member (of over twenty years) states the stage has not been refinished during their tenure.

The smaller gym is used for town halls, educational events and forums, public meetings, holiday events, and other community activities which are free and open to the public. There are also seasonal camp programs during the winter, sprint, and supper with ages from 3 to 12 years and youth teams which use the facility for basketball training and games.

The Mar Vista Recreation Center is one of a handful of Recreation Centers within Los Angeles that must bring in the money it spends; whether for staff, equipment, repairs, maintenance, and other costs.

Without these funds, the floors will remain in the disrepair as they are today. The funds will be used to improve public property that benefits the entire community and the public at large.

The NC Funding Office requested that the expenditure be funded before determining it to be a Neighborhood Purpose Grant (NPG) which requires the attached form or a Community Improvement Project (CIP) which does not have a form.

Additional Background Information:

During the February 16, 2022 Board meeting, before hearing Agenda Item 7.3, our Neighborhood Empowerment Advocate (NEA) publicly noted that the Applicant on the NPG was incorrect. It read, "Mar Vista Recreation Center" instead of the "LA Parks Foundation". As all of the supporting documents (e.g., Letter of Determination, 990 Form) were for the LA Parks Foundation, and it was publicly noted that while the funds would go to

## **FUNDING MOTION**

the LA Parks Foundation, the \$6,400 would go to "refinish, strip, clean, and wax the floors of the small gym and stage in the Mar Vista Recreation Center" discussion was held and a vote taken.

Additionally, the actual MVCC Motion was, "Approval of an NPG for \$6,400 to refinish, strip, clean, and wax the floors of the small gym and stage in the Mar Vista Recreation Center." (See documentation: <u>https://www.marvista.org/ncfiles/viewCommitteeFile/28510</u>). It was discussed for 40 minutes and approved 8-7-0.

The Board Action Certification (BAC) form was signed by the Chair and submitted by the Treasurer with the Agenda Item description instead of the actual motion. While to the MVCC, this is a clerical error, both the Department of Neighborhood Empowerment and the City Clerk's Neighborhood Council Funding offices requested that NPG be added to the March board agenda with the correct applicant and recipient, i.e., LA Parks Foundation.

### THE MOTION:

The NPG Applicant is the LA Parks Foundation. The MVCC reaffirms the February 16, 2022, vote count for Agenda Item 7.3. The motion was, "Approval of an NPG for \$6,400 to refinish, strip, clean, and wax the floors of the small gym and stage in the Mar Vista Recreation Center." Approved 8-7-0.

### ACTION/VOTE COUNT:

Blakey: No Greenwald: No Honda: Yes Laferriere: No Marton: Yes Myhra: No Paul: No Rafeedie: Yes Rodriguez: Yes Rubin: Yes Ruesch: No Samiley: Yes Sharma: No Tilson: Yes Wheeler: Yes

### 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

SEC	TION I- APPLICANT INFORMATION				
10)	LA Parks Foundation	95-600	)0 Ca	lifornia	08/12/2008
1a)	Organization Name	Federal I.D. #	(EIN#) State	of Incorporation	Date of 501(c)(3) Status (if applicable)
1b)	2650 N. Commonwealth Avenue	Los Ar	ngeles	CA	90027
	Organization Mailing Address	City		State	Zip Code
1c)	same as above				
	Business Address (If different)	City		State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:				
	Elisa White	310-398-598	2 elisa	.white@laci	ity.org
	Name	Phone		Email	
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead		c)(3) Non-Profit ( ch IRS Determin	other than religious	s institutions)
	Carolyn Ramsay, 2650 N. Comm	onwealth Ave	e. Los An	geles CA	90027
3)	Name / Address of Affiliated Organization (if app	olicable)	City	State	Zip Code
SEC	TION II - PROJECT DESCRIPTION				

#### 4) Please describe the purpose and intent of the grant.

The Mar Vista Recreation Ceter has two indoor gyms. The grant is for the smaller gym to have it's floors refinished. The smaller gym includes a junior basketball court and stage.

Neither floor has been refinished in over a decade. No one remembers the stage floor ever being refinished which would mean over two decades.

## 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)

The smaller gym is used for town hall meetings, educational events and forums, public meetings, holiday events, and other community activities which are free and open to the public. There are also seasonal camp programs during the winter, spring and summer with ages 3-12 years old and younger teams which use the facility for basketball training and games.

The grant will be used to improve public property that benefits the entire community and public at large.

#### 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	<b>Total Projected Cost</b>
		\$	\$
		\$	\$
		\$	\$
6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
6b)	Non-Personnel Related Expenses Refinish stage flooring	Requested of NC           \$2,800.00	Total Projected Cost\$2,800.00
6b)		•	

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? ✓ No □ Yes If Yes, please list names of NCs: N/A

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) 2 No 2 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: \$6,400.00

10a) Start date	<u>, 11 , 04 , 11 ,</u>	<sup>2022</sup> 10b) Da	te Funds Requ	uired: <u>04_/0</u> *	/ <sup>2022</sup> 1	10c) Expected C	ompletion Date	<u>, 04 <sub>/</sub>15 </u>	/ <sup>2022</sup>
(After con	npletion of t	he project, th	e applicant sh	nould submit a	Project	<b>Completion Rep</b>	port to the Neig	hborhood (	Council

### **SECTION IV - POTENTIAL CONFLICTS OF INTEREST**

11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?

Mo Yes If Yes, please describe below: Name of NC Board Member	Relationship to Applicant
N/A	

11b) If ves, did you request that the board member consult the Office of the City Attorney before filing this application? Yes □ No <u>\*(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.)</u>

### **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\*

Carolyn Ramsay	Executive Director	Carolyn Ramsay	02/16/2022
PRINT Name	Title	Signature	Date
12b) Secretary of Non-profit Corpora	tion or Assistant School Princ	ipal - REQUIRED*	
Estafany Salas	Acting Secretary	Cathor Fritz	02/16/2022
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 <u>clerk.ncfunding@lacity.org</u> for instructions on completing this form

Roy's Flooring Inc

## 13654 Victory Blvd. #395 Van Nuys, CA 91401

## PROPOSAL

 Date
 Estimate #

 1/28/2022
 2021-131

Name / Address				Ship To				
CITY O Rec & P GSD-Pip 555 Ram Los Ang		11430	WOO	A REC DDBIN LES,CA	ΕAV	Έ		
LSBE/MBE/WBE/	SBE # 2004299	DUN # 0	03580	411	DIR # 10	00007245	STAT	E LIC# 637480
ltem	Descriptio	on		Q	ty	Rate		Total
LINE 6 = 30161702 LINE 12= 301617 LINE 6 = 30161702	SERVICE,REPAIR COST FOR ITEMS,REGULAR TIME (HAR INSTALLER) REFINISH STAC SERVICE,STRIPING,GYM FLO SMALL GYM SERVICE,REPAIR COST FOR ITEMS,REGULAR TIME (HAR INSTALLER) CLEAN ,AND W	rime Ty		40 3,750 30		70.00 0.40 70.00	2,800.00 1,500.00 2,100.00	
				1	Tot	al		\$6,400.00

Phone # Fax #		E-mail	Web Site		
818.982.8394	747.500.9944	royflooringinc@gmail.com	www.royflooringinc.com		





Depa	October 2018) rtment of the Treasury al Revenue Service	cation st information.		requ	lester.	n to the Do not e IRS.					
		on your Income tax return). Name is required on this line; do not leave this line blank.									
		PARKS FOUNDATION									
	2 Business name/disregarded entity name, if different from above										
Print or type. See Specific Instructions on page 3.	2650 NORTH CC 6 City, state, and ZI LOS ANGELES,	proprietor or  C Corporation S Corporation Partnership Company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnershi a appropriate box in the line above for the tax classification of the single-member own is classified as a single-member LLC that is disregarded from the owner unless the ow at is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single from the owner should check the appropriate box for the tax classification of its owner uctions) ► 501(C)3 NONPROFIT street, and apt. or suite no.) See instructions. MMONWEALTH AVENUE Code CALIF. 90027	Certain entities, not individuals; se instructions on page 3): Exempt payee code (if any) mer. Do not check where of the LLC is incrementer LIC that code (if any)				porting				
	7 List account numb	rr(s) nere (optional)									
Par		er Identification Number (TIN)					. <u></u>				
		opriate box. The TIN provided must match the name given on line 1 to avoid	d Social sec	urity numbe			·}				
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>											
		nore than one name, see the instructions for line 1. Also see What Name and	Or Employer is	dentification	. mu mas la	07					
Numb	er To Give the Requ	ester for guidelines on whose number to enter.									
			2 6 -	235	8	3 3	8				
Part	II Certifica	tion									
Inder	nensities of neriun/	Lootibuthat									

ar penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because; (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting Is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Ciam		-/-/-	<u>A</u> _	 		
Sign	Signature of	Alla				
Sign Here	U.S. person 🕨	Nha	Ne Ne	 Date ►	DIDI	12019
		1 N		Date P	01701	Lail
-		V.				

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- · Form 1099-K (merchant card and third party network transactions)
- · Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- . Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

## Date: AUG 1 2 2008

LOS ANGELES PARKS FOUNDATION C/O ERIC CHO LATHAM & WATKINS LLP 633 W 5TH ST STE 4000 LOS ANGELES, CA 90071 DEPARTMENT OF THE TREASURY

Employer Identification Number: 26-2358338 DLN: 17053155039018 Contact Person: WINNIE W LEE ID# 31208 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: February 26, 2008 Contribution Deductibility: Yes Advance Ruling Ending Date: December 31, 2012 Addendum Applies: No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

LOS ANGELES PARKS FOUNDATION

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

Sincerely,

and.

Robert Choi Director, Exempt Organizations Rulings and Agreements

Enclosures: Publication 4221-PC Statute Extension

Letter 1045 (DO/CG)

Form	1023 (Rev. 6-2008) Name: Los Angeles Parks Found	ation	EIN: 26 - 23	58338	Page 11		
Pai	t X Public Charity Status (Continued)						
e f	509(a)(4)—an organization organized and operated exclu 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for operated by a governmental unit.			owned or			
g	g 509(a)(1) and 170(b)(1)(A)(v)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.						
h	509(a)(2)—an organization that normally receives not mo investment income and receives more than one-third o fees, and gross receipts from activities related to its exe	f its financial support from contril	outions, mem	gross bership			
ĩ	A publicity supported organization, but unsure if it is des decide the correct status.	cribed in 5g or 5h. The organizati	on would like	the IRS to			
6	If you checked box g, h, or i in question 5 above, you must selecting one of the boxes below. Refer to the instructions	t request either an advance or a de to determine which type of ruling y	finitive ruling ou are eligibie	by to receive.			
2	Request for Advance Ruling: By checking this box and the Code you request an advance ruling and agree to ex- excise tax under section 4940 of the Code. The tax will at the end of the 5-year advance ruling period. The asse years to 8 years, 4 months, and 15 days beyond the end the extension to a mutually agreed-upon period of time of Assessment Period, provides a more detailed explanation you make. You may obtain Publication 1035 free of char toll-free 1-800-829-3676. Signing this consent will not do otherwise be entitled. If you decide not to extend the sta- ruling.	tend the statute of limitations on apply only if you do not establish ssment period will be extended f d of the first year. You have the ri or issue(s). Publication 1035, Exten n of your rights and the conseque ge from the IRS web site at www earlye you of any appeal rights to	the assessm public suppo or the 5 adva ght to refuse inding the Ta ences of the c.irs.gov or by which you w	ent of ort status ince ruling or limit x choices r calling rould	2		
	Consent Fuing Reriod of Limitations Upon Assessme	n oʻzar Unda Stenorsbilloj	the Internali	- V (111) 20			
	(Signature of Officer, Director, Trustee, or other (Typ authorized official) Ch	rry A. Sanders e or print name of signer) airman, President, Director e or print title or authority of signer)	(Date)	y 73	2008		
	For IRS Use Only For IRS Use Only IRS Director, Exempt Organizations		AL (Date)	IG 12	2008		
b	Request for Definitive Ruling: Check this box if you have you are requesting a definitive ruling. To confirm your pu g in line 5 above. Answer line 6b(ii) if you checked box h answer both lines 6b(i) and (ii).	blic support status, answer line 6	b(l) if you che	ecked box			
	<ul> <li>(i) (a) Enter 2% of line 8, column (e) on Part IX-A. States</li> <li>(b) Attach a list showing the name and amount contrigits totaled more than the 2% amount. If the ansition of the states of the</li></ul>	buted by each person, company,		on whose			
	(ii) (a) For each year amounts are included on lines 1, 2, Expenses, attach a list showing the name of and answer is "None," check this box.	amount received from each disqu	alified perso	on. If the			
	(b) For each year amounts are included on line 9 of F a list showing the name of and amount received fit payments were more than the larger of (1) 1% of Expenses, or (2) \$5,000. If the answer is "None," (	rom each payer, other than a disc line 10, Part IX-A. Statement of R	rualified perse	s, attach on, whose			
	Did you receive any unusual grants during any of the yea Revenues and Expenses? if "Yes," attach a list including amount of the grant, a brief description of the grant, and	the name of the contributor, the	t of date and	🗌 Yes	No No		

Form 1023 (Rev. 6-2006)