



**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
N/A	\$	\$
	\$	\$
	\$	\$

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: \$1,500

10a) Start date: 3 / 13 / 21 10b) Date Funds Required: 3 / 1 / 2021 10c) Expected Completion Date: 5 / 15 / 21  
 (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\*

Rosie Taylor CEO [Signature] 1-23-21  
 PRINT Name Title Signature Date

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

Ashley Warr Secretary [Signature] 1-23-21  
 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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form

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

DEPARTMENT OF THE TREASURY

Date: **OCT 30 2018**

THE BLIND SMILE  
P O BOX 512484  
LOS ANGELES, CA 90051-0000

Employer Identification Number:  
83-1771615  
DLN:  
26053684002448  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
September 17, 2018  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

HOMELESS OUTREACH COLLABORATION

COST BREAKDOWN

Estimated to have approximately 300 Warm Heart Bags for each of the events.

	MARCH	APRIL	MAY	TOTAL
Hats	\$125	\$125		\$250
Wash Cloths	\$ 50	\$ 50	\$ 50	\$150
Gloves	\$ 50	\$ 50	\$ 50	\$150
Socks	\$100	\$100	\$100	\$300
Masks	\$ 50	\$ 50	\$ 50	\$150
Hand Sanitizer	\$ 30	\$ 30	\$ 30	\$ 90
Hygiene Kits	\$ 50	\$50	\$ 50	\$150
Blankets	\$ 75	\$ 75	\$ 75	\$225
Baggies	\$ 20	\$ 20	\$ 20	\$ 60
Grand Total	\$550	\$550	\$425	\$1,525

## Harbor Gateway North Neighborhood Council Funding Form for Outreach Projects-Fiscal Year 2020-2021

**Our mission** is to promote more public participation in government by HGNNC stakeholders and to improve government responsiveness to local needs.

**Our goals** are: 1) Community Beautification, 2) Public Safety, 3) Youth Engagement, 4) Civic Engagement, 5) Homelessness, and 6) Workforce Development

\*A 'Request for Funding' Proposal must be presented to the HGNNC Finance Committee at least (90) days in advance of an event/project in order to be considered. Funding may be used for public purposes only.

Name and Contact information of requesting Organization/ District:

Outreach Committee, Homeless Committee and non-profit organization 'The Blind Smile'

Name of proposed project:

Homeless Outreach within HGN

Dates of project duration

Start: March 13, 2021

End: May 15, 2021

Describe the proposed project:

3 events at different outdoor locations to address the needs of stakeholders as well as the homeless population within the HGN service area.

In partnership with Homeless Free America, St. Joseph's Center, The Blind Smile, HOPICS (Homeless Outreach Program Integrated Care System)

- 1) Ralph's Market (120th and Vermont) - Letter of authorization pending approval of project
- 2) Imperial Highway and Broadway
- 3) Gardena Blvd.

Amount requested: 1,500 (500 per event)

Is the proposed project for a: Single district in HGNNC\_\_\_\_ Non-profit 501C 3\_\_X\_\_ HGNNC as a whole\_X\_\_

Itemized Budget plan for proposed project:

Warm heart bags (includes hats, gloves, scarves, wash cloths, blankets, socks, hygiene kits).

Total Projected Cost 1,500 (500 per event)

Does the project primarily benefit one of the eight Districts of HGNNC? No, all districts.

If yes, which one and how? Offering resources to the homeless population within the HGN boundaries.

Does the project contribute to one of the five HGNNC goals? (see above)

2, 4, 5

How will the success of this project be measured? By the number of participants receiving goods and services per signing sheets.

How will HGNNC be acknowledged to bring awareness to the stakeholders of our work?

Photos or testimonials for the HGN website and report presented at the general board meeting

## Harbor Gateway North Project Application Rating Sheet.

**HGNNC goals: Youth; Safety; Homelessness:**

**Applicant:** *The Blind Smile*

**Name of project:** *Homeless Outreach Events (3 events)*

Rate items below on a 1-5 scale with 0 being the worst and 5 being the best possible. The ratings points and comments are a way of eliciting individuals' perceptions to be used as a basis for Finance Committee discussion. Total Points = 45 except Beautification where total points = 50 (due to additional sustainability rating)

Proposal element	Rating	Comments
Conformity with Harbor Gateway North NC goals	5	The project provides supplies and outreach services to homeless individuals
Does the project primarily benefit Harbor Gateway North NC stakeholders?	5	Yes, any resources that can be used to address homelessness needs within the HGNNC boundaries is a benefit to all stakeholders.
Stakeholders, groups, Districts which would benefit from the project	5	Events are planned to address groups of homeless individuals in Districts 1, 6 and 7
Will the project help build the HGNNC community and add to the stakeholder database?	3	The Election committee also plans to have Election flyers available for distribution at the events
Is the budget realistic and supported by documentation of the requested amounts?	5	The items for the 300 Warm Heart Bags have/will be purchased in bulk at a deeply discounted price.
Applicant's experience and ability to carry out the project	5	The Blind Smile has been assisting the local homeless population for more than 2 years. The other organizations involved in the events, Homeless Free America, St. Joseph's Center and HOPICS, are well-established and have sponsored or participated in a number of homeless outreach events.
Plan of implementation-- is it well thought out	4	The challenge to the events is getting homeless individuals to come to the event sites to take advantage of the services offered in conjunction with the events.
Feasibility - are there other needed funders, are permits needed? Is the timeline realistic?	5	According to Outreach Committee Chairperson, Janet Mitchell, no permits are needed; however, permission to use the Ralphs Markets premises for the first event must be obtained.
Sustainability/life span (for beautification projects only)	N/A	
At completion of the project, how will it be evaluated? Metrics?	4	The Blind Smile will be asked to provide information of how the effectiveness of the events will be measured since they have done this type of event in the past.
<b>Total</b>	<b>41</b>	