

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

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

Arthuro WATTS 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 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. 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 500 Warm Heart Bags for each of the events.

	MARCH	APRIL	MAY	TOTAL
<u>Hats</u>	<u>\$125</u>	<u>\$125</u>		<u>\$250</u>
<u>Wash Cloths</u>	<u>\$ 50</u>	<u>\$ 50</u>	<u>\$ 50</u>	<u>\$150</u>
<u>Gloves</u>	<u>\$ 50</u>	<u>\$ 50</u>	<u>\$ 50</u>	<u>\$150</u>
<u>Socks</u>	<u>\$100</u>	<u>\$100</u>	<u>\$100</u>	<u>\$300</u>
<u>Masks</u>	<u>\$ 50</u>	<u>\$ 50</u>	<u>\$ 50</u>	<u>\$150</u>
<u>Hand Sanitizer</u>	<u>\$ 30</u>	<u>\$ 30</u>	<u>\$ 30</u>	<u>\$ 90</u>
<u>Hygiene Kits</u>	<u>\$ 50</u>	<u>\$50</u>	<u>\$ 50</u>	<u>\$150</u>
<u>Blankets</u>	<u>\$ 75</u>	<u>\$ 75</u>	<u>\$ 75</u>	<u>\$225</u>
<u>Baggies</u>	<u>\$ 20</u>	<u>\$ 20</u>	<u>\$ 20</u>	<u>\$ 60</u>
 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



NEIGHBORHOOD COUNCIL EVENT APPROVAL REQUEST FORM



Office of the City Clerk – Neighborhood Council Funding Program
200 N. Spring Street, Rm 224, Los Angeles, CA 90012 ☎ (213) 978-1058 or Toll-Free 3-1-1
E-mail: Clerk.NCFunding@LACity.org ☎ www.Clerk.LACity.org

Events are great opportunities for Neighborhood Councils to interact with their stakeholders. There are, however, liability and permitting issues that must be handled prior to the event. The Office of the City Clerk, Administrative Services Division, NC Funding Program Section must approve all Neighborhood Council sponsored events before any payments can be processed.

Please complete, sign, and submit this form at least 30 days prior to your event. Missing or incomplete required information or documents will delay review.

Neighborhood Council: Harbor Gateway North (HGNNC)

The Neighborhood Council is the ☐ Main Sponsor or ☒ Co-Sponsor for the event.

Main sponsor: HGNNC

Contact Person: Janet Mitchell

Phone: (323) 424-5550 Email: outreach@harbortownnorth.org

Co-Sponsor (if applicable): The Blind Smile

Contact Person: Rosie Taylor

Phone: (323) 402-5487 Email: _____

Event Information

Event Title and Description: Homeless Outreach Collaboration - 3 Events

Event includes professional outreach services and health/comfort kit giveaway

Date: 3/13, 4/10, 5/15/21 Time Frame: 3 hours Est. number of attendees: 50 Event Budget: \$ 1,500 (500 ea)

Venue Name: Outdoor sites - Ralphs Market as well as Imperial Hwy & Broadway, Gardena Blvd.

Venue Address: 120th and Vermont

Contact Person: _____

Phone: _____ Email: _____

Please note: If the venue for the event is at a City or public facility, e.g. park, school, the venue approval may be easier and at little or no cost. If the venue for the event is not a City facility, a separate contract may be needed and can take up to 60 days to complete.

Please scan the following documents and email to Clerk.NCFunding@lacity.org for approval PRIOR to event:

- ☐ Neighborhood Council Event Approval Form – Signed by Treasurer, 2nd Signer or Event Chair
- ☐ Board Action Request (BAC) Form – Completed and signed by Treasurer and 2nd Signer, or Alternate Signer
- ☐ Itemized Detailed Event Budget – Total budget with funding categories (food, entertainment, flyers, permits, etc.) and with specific vendors if available.

If a bank card credit limit increase will be necessary to pay for expenditures for this event, please contact your Funding Program Representative to submit a request to increase applicable limits.