

The following are required from all organizations/entities seeking a NPG from a Neighborhood Council:

- NPG Application**
- W-9 Form**
- Los Angeles Business Tax Registration Certificate**
- Project Budget**
- 501(c)3 Non-Profit**
 - **IRS Determination Letter**
- ~~**Public Schools**~~
 - **Letter from Public School Official School Letterhead**

Applicants must submit the abovementioned items to the respective Neighborhood Council for consideration. The Neighborhood Council will evaluate all grant applications in a public meeting, deciding whether to approve or disapprove the proposed grant. If the application is approved, it must then be forwarded to the Department. If all documents are in compliance, the Neighborhood Council Funding Unit will process a check to the grant recipient.

Grants Up to \$5,000

Through the Neighborhood Purposes Grant (NPG), Neighborhood Councils will now have the legal authority to issue grants of public funds in amounts up to \$5,000 without a written contract.

Grants of \$5,001 and Above

Grants for amounts of \$5,001 and above will require valid contracts executed by the Department, on behalf of the NC. The contract will be drafted by the Department and approved by the Office of the City Attorney, to meet City contracting standards. Neighborhood Councils *do not have the legal authority* to enter into contracts.

Grants for amounts above \$20,000 will also require the approval of the Board of Neighborhood Commissioners.

Posting Grants on the Department's Website

Grants issued by Neighborhood Councils will be posted on the Department's website so that stakeholders can monitor the progress of the Program.

Apply Now!

If you meet the criteria as explained above, fill out the attached application and submit it to your local Neighborhood Council.

If you have any questions please contact the Department of Neighborhood Empowerment Funding Program at (213) 978-1551 or toll free at 3-1-1 or by email at done.funding@lacity.org.

NEIGHBORHOOD PURPOSE GRANT APPLICATION

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. The Neighborhood Council, upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

Name of Neighborhood Council you are seeking the grant from: ENCINO Neighborhood Council
Neighborhood Council Name

SECTION I - APPLICANT VERIFICATION INFORMATION

1A) Autism & Sensory Integration Foundation 45-3046244 CA 3/3/12
Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)

1B) 17412 Ventura Blvd #32 Encino CA 91316
Organization Mailing Address City State Zip Code

1C) 17440 Burbank Blvd. #102 Encino CA 91316
Business Address (if different) City State Zip Code

1D) NONE
Address of Affiliated Organization (if applicable) City State Zip Code

Name and address of person designated to receive official/legal notices: Name: Mia Howard-Rubinstein

2) 17412 Ventura Blvd. #32 Encino CA 91316
Street City State Zip Code

3) Type of Organization- Please select one: (Organizations must be located within the City of Los Angeles)
 Public School (not to include private schools) or 501(c)(3) Non-profits (other than religious institutions)

Attach Letterhead

Attach IRS Determination Letter

SECTION II - PROJECT DESCRIPTION

4) Please describe the Neighborhood Improvement Project for which the grant is intended.

ASIF is having a fundraiser /community event to help families deal with Autism, Sensory Integration Disorders (high-functioning exclusively), ADD/ADHD, Dyslexia and other related disorders by providing therapists with potential solutions, an inclusive event with all kids, free legal aid and a chance to just have fun.

5) How will this grant be used to primarily support or serve a non-discriminatory, public purpose and benefit the public at-large.

This grant will help pay for the location, t-shirts and some advertising for this event. Last year's event was a huge success and this year we are attempting to reach a larger audience because there are so many people here in the Valley in need of services and support.

SECTION III - PROJECT BUDGET OUTLINE-Please outline the project budget below.

6A) Personnel Related Expenses	Requested of NC	Total Projected Cost
0 N/A	\$ 0	\$ 0
	\$	\$
	\$	\$
	\$	\$

6B) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Banners	\$ 0	\$ 100
Raffle Prizes for Attendees	\$ 0	\$ 200
Advertising	\$ 0	\$ 250
T-Shirts	\$ 600	\$ 600

7) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? Yes, please describe below No

Source of Funding	Amount	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$
	\$	\$

8) What is the TOTAL amount of the grant funding requested with this application: \$ 600

9) What is the expected completion date? 11/9/2013 (mm/dd/yyyy) (required)

SECTION IV - PROJECT PRIMARY AND SECONDARY CONTACT INFORMATION

Provide the name, telephone number, fax and e-mail address (if applicable) of the person(s) responsible for the funds and program(s) listed in Section II of this application.

10A) First Name Mia Last Name Howard-Rubinstein MI MI
 Telephone Number (818) 922-4136 Fax Number (877) 389-6814 E-mail Mia@ASI-F.org

10B) First Name _____ Last Name _____ MI _____
 Telephone Number _____ Fax Number _____ E-mail _____

SECTION V - AFFILIATIONS

11) Is there a former or existing relationship between your organization and a NC board member? Yes No

11A) If yes, did you and/or the board member consult the Office of the City Attorney? Yes No

Type of Relationship	Board Member Name
Example: Former board member	So Conflicted
Mia Howard-Rubinstein - former Board Member	(No conflict per LACA)
Current Board Member	Alicia Herring (must recuse herself on issue per LACA)

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) AUTISM & SENSORY INTEGRATION FOUNDATION	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input checked="" type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 17412 VENTURA BLVD. #32		Requester's name and address (optional)
City, state, and ZIP code ENCINO, CA 91316		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
Employer identification number									
4	5	-	3	0	4	6	2	4	4

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>6/10/2013</u>
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



CITY OF LOS ANGELES
 Office of Finance
 P.O. Box 53200
 Los Angeles CA 90053-0200

AUTISM & SENSORY INTEGRATION FOUNDATION

MIA HOWARD-RUBINSTEIN
 17412 VENTURA BOULEVARD #32
 ENCINO, CA 91316-3827

17412 VENTURA BOULEVARD
 #32
 ENCINO, CA 91316-3827

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS
CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE
 THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED
BUSINESS TAX ISSUED: 06/28/2013

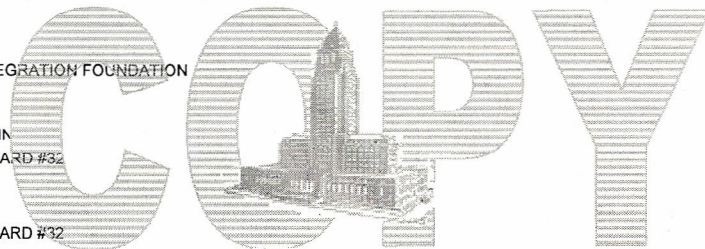
ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002689483-0001-2	L049	Professions/Occupations	06/28/2013	Active

ISSUED TO

AUTISM & SENSORY INTEGRATION FOUNDATION

MIA HOWARD-RUBINSTEIN
 17412 VENTURA BOULEVARD #32
 ENCINO, CA 91316-3827

17412 VENTURA BOULEVARD #32
 ENCINO, CA 91316-3827



ISSUED BY:

Christine P. Christensen
 DIRECTOR OF FINANCE

ISSUED FOR TAX COMPLIANCE PURPOSES ONLY
 NOT A LICENSE, PERMIT, OR LAND USE AUTHORIZATION

Autism Sensory Integration Foundation (ASIF)
Day of Fun Fundraiser
August 24, 2013

Banners (2): ASIF, Event with sponsor names	\$ 100.00
Raffle Prizes	\$ 200.00
Advertising	\$ 250.00
T-SHIRTS: 50@\$12, logo w/colors, sponsors	\$ 600.00
TOTAL	\$ 1,150.00

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

DEPARTMENT OF THE TREASURY

Date: **MAR 03 2012**

AUTISM & SENSORY INTEGRATION
FOUNDATION
C/O MIA HOWARD RUBINSTEIN
17440 BURBANK BLVD STE 102
ENCINO, CA 91316

Employer Identification Number:
45-3046244
DLN:
17053018311032
Contact Person:
REGINA M PARKER ID# 31274
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:
July 25, 2011
Contribution Deductibility:
Yes
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. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

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 947 (DO/CG)

AUTISM & SENSORY INTEGRATION

Sincerely,

A handwritten signature in blue ink that reads "Lois G. Lerner". The signature is written in a cursive style with a large initial "L".

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)