

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
	Purchase of complete scoreboard system	\$5000	\$ 7196.30
		\$	\$

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: \$5,000

10a) Start date: 11/1/2024 10b) Date Funds Required: 12/1/2024 10c) Expected Completion Date: 03/30/2024
 (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.)

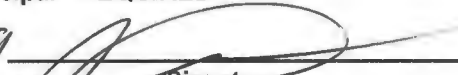
SECTION V - DECLARATION AND SIGNATURE

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*

Peter Dulay President  10/10/2024
 PRINT Name Title Signature Date

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

James Aardahl Secretary  10/10/2024
 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



QUOTATION

106 Max Hurt Drive
Murray KY 42071

Toll-Free: 1-800-323-7745
varsityscoreboards.com

BILL TO:

Peter Dulay | peterdulay@gmail.com | (818) 458-9155
ESO Girls Softball | 17800 Duncan Street Encino, CA 91316

SHIP TO:

Peter Dulay | ESO Girls Softball | (818) 458-9155
17800 Duncan Street
Encino, CA 91316

DETAILS

Quote Number: 895114263 | Prepared By: Charlene Knight | PO Number: | Created On: October 7, 2024

PART #	DESCRIPTION	QTY.	LIST PRICE (\$)	EXTENDED PRICE (\$)
	8' x 5' BASEBALL SCOREBOARD			
	<ul style="list-style-type: none"> • 15" red LED digits • LED digit protective shields • Home/Guest score up to 99, Innings up to 9 			
3312-22	<ul style="list-style-type: none"> • Clock counts down from 99 minutes • 2" Round - Ball, Strike, Out Indicators • Galvanized steel cabinet with powder coat finish • Wireless Remote Control • 5 - Year Limited Warranty 	1	\$4,615.00	\$4,615.00
SPA8-OD	ARCH SPONSOR PANEL 8' OUTDOOR	1	\$635.00	\$635.00
SP8X21-OD	8' Outdoor School/Sponsor Panel	1	\$455.00	\$455.00
	Controller Carrying Case - Large			
	<ul style="list-style-type: none"> • 19" x 16" x 7" 			
CS5	<ul style="list-style-type: none"> • Impact Resistant • Water Proof • Dust Proof 	1	\$150.00	\$150.00

NOTES

Quote valid for 30 days. Installation and electrical work not included. Visa, Mastercard, American Express, personal checks, and ACH Check Forms accepted for your convenience.

Subtotal: \$5,855.00
shipping & handling: \$732.00
CA sales tax (9.25%) based off shipping address: \$609.30

Quote Total:
\$7,196.30

Please review these graphics carefully. Changes requested after acceptance of this quote may result in additional charges. Colors are for proofing only and may vary on different printers, monitors, and finished products.

MODEL - 3312

8 ft



Logo creation fee may apply. If you have any questions concerning this quotation or if there is anything else I can do for you, please give me a call. Thank you for the opportunity to quote on your project.

Sincerely,

CHARLENE KNIGHT, Sales Associate
charlene.knight@varsityscoreboards.com

TEL: 800.323.7745x160



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>San Fernando Valley Girls Softball Association, Inc.</p> <p>2 Business name/disregarded entity name, if different from above.</p> <p>DBA ESO Girls Softball</p> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) 501(c)(3)</p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>PO Box 17682</p> <p>6 City, state, and ZIP code</p> <p>Encino, CA 91416</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid 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 *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
2	7	-	4	7	2	3	7	0	1

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); and
- 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.

Sign Here Signature of U.S. person Date **10-15-2024**

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

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

DEPARTMENT OF THE TREASURY

Date: SEP 15 2011

SAN FERNANDO VALLEY GIRLS SOFTBALL
ASSOCIATION INC
PO BOX 17682
ENCINO, CA 91416

Employer Identification Number:
27-4723701
DLN:
17053223339001
Contact Person:
JEFFERY A CULLEN ID# 31215
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
August 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
January 28, 2011
Contribution Deductibility:
Yes
Addendum Applies:
No

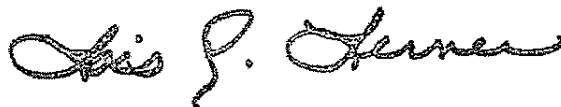
Dear Applicant:

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.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

YOUR RETURN MAILING ADDRESS

NAME: PETER DULAY
ADDRESS: 17800 DUNCAN STREET
CITY: ENCINO STATE: CA ZIP CODE: 91316

2024178484



FILED
8/23/2024

EXPIRES
8/23/2029

DEAN C. LOGAN, REGISTRAR-RECORDER/COUNTY CLERK

Electronically signed by CORTNEY MAFFITT

FICTITIOUS BUSINESS NAME STATEMENT

The following person(s) is (are) doing business as:

1. ESO GIRLS SOFTBALL 2. ENCINO SHERMAN OAKS GIRLS SOFTBALL
Fictitious Business Name(s)
17301 OXNARD STREET
Street address of principal place of business
ENCINO CA 91316 LOS ANGELES
City State Zip COUNTY
Articles of Incorporation or Organization Number (if applicable): AI #ON 3346360

REGISTERED OWNER(S):

1. SAN FERNANDO VALLEY GIRLS SOFTBALL ASSN., INC.
Full Name/Corp/LLC (if Corp/LLC must be registered in CA) 17301 OXNARD STREET PO BOX 17682
Business Mailing Address (if Corp. or LLC enter the physical address of the Corp./LLC)
ENCINO CA 91416
Business Mailing City Business Mailing State Business Mailing Zip
CA
If Corporation or LLC - Print State of Incorporation/Organization

IF MORE THAN TWO REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

THIS BUSINESS IS CONDUCTED BY: (Check one)

- an Individual
- an Unincorporated Association other than a Partnership
- a Married Couple
- a General Partnership
- Joint Venture
- State or Local Registered Domestic Partners
- a Limited Partnership
- a Corporation
- a Trust
- Copartners
- a Limited Liability Company
- a Limited Liability Partnership

The date registrant commenced to transact business under the fictitious business name or names listed above on 12/2011
(Insert N/A above if you haven't started to transact business)

I declare that all information in this statement is true and correct.

(A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000)).

REGISTRANT/CORP/LLC NAME (PRINT) SAN FERNANDO VALLEY GIRLS SOFTBALL ASSN., INC. TITLE PRESIDENT

REGISTRANT SIGNATURE [Signature] IF CORP OR LLC, PRINT NAME PETER DULAY

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.
This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.

NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. EFFECTIVE JANUARY 1, 2014, THE FICTITIOUS BUSINESS NAME STATEMENT MUST BE ACCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE)

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.
VERIFIABLE BY GOING TO LAVOTE.GOV/FBN/CERTIFY TO SEARCH BY COPY NUMBER 3000087202

BY: CORTNEY MAFFITT, Deputy

P.O. BOX 1208, NORWALK, CA 90651-1208

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK

FILED
in the office of the Secretary of State
of the State of California

JAN 28 2011



ARTICLES OF INCORPORATION

I.

The name of the corporation is:
SAN FERNANDO VALLEY GIRLS SOFTBALL ASSN., INC.

II.

This corporation is a nonprofit **Public Benefit Corporation** and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for **charitable** purposes.

The specific purpose of this corporation is to:
Facilitate softball games and tournaments through a girl's softball league.

III.

The name and address in the State of California of this corporation's initial agent for service of process is:

ROBERT G. PASTIRJAK
4218 Costello Avenue
Sherman Oaks, CA 91423


IV.

This corporation is organized and operated exclusively for **charitable** purposes within the meaning of Internal Revenue Code section 501(c)(3).

No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

V.

The property of this corporation is irrevocably dedicated to **charitable** purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for **charitable** purposes and which has established its tax exempt status under Internal Revenue Code section 501(c)(3).



ROBERT G. PASTIRJAK
Incorporator

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SAN FERNANDO VALLEY GIRLS SOFTBALL ASSN., INC.

FILE NUMBER: C3346360
FORMATION DATE: 01/28/2011
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of November 22, 2016.

ALEX PADILLA
Secretary of State