

**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 (NC), upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

Name of NC from which you are seeking this grant: Encino Neighborhood Council

**SECTION I - APPLICANT INFORMATION**

1a) Hope Mill, Inc. 80-0188464 CA 03/27/08  
**Organization Name** **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**

1b) 16133 Ventura Blvd., Suite 650 Encino CA 91436  
**Organization Mailing Address** **City** **State** **Zip Code**

1c) Same as above \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
**Business Address (If different)** **City** **State** **Zip Code**

**1d) PRIMARY CONTACT INFORMATION:**

Pearl Huber (818) 201-9464 pearl@hopemill.com  
**Name** **Phone** **Email**

**2) Type of Organization- Please select one:**

- Public School (not to include private schools) **or**  501(c)(3) Non-Profit (other than religious institutions)  
**Attach Grant Request on School Letterhead** **Attach IRS Determination Letter**

3) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
**Name / Address of Affiliated Organization** **City** **State** **Zip Code**  
*(If applicable)*

**SECTION II - PROJECT DESCRIPTION**

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

Our organization is all volunteer. We assemble and distribute CarePacks for the homeless – both on the streets, and to shelters, food pantries, churches, temples, and other organizations with a homeless outreach (such as L.A. Dept. of Mental Health and LAUSD). Our CarePacks are sturdy backpacks, filled with food, water, clothing, blanket, and many essential personal care items, such as washcloth, shampoo, soap, toilet paper, lip balm, lotion, toothpaste, toothbrush, and much more.

This program is conducted year-round. The purpose of this grant is to give the Encino Neighborhood Council the opportunity to participate in this valuable program by providing funding for approximately 90 complete CarePacks for our homeless neighbors.

**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)**

100% of this grant money will be used to purchase the items needed for the CarePacks. We are very careful to shop around for the best possible prices, and to try to get discounts for bulk ordering. Each CarePack is to be given to the homeless men, women and children on the streets. Often, our CarePacks are used to establish a relationship of trust. From there, the hope is to help connect the CarePack recipient with the help needed to get them off the streets. Our belief is that while permanent housing is critical, we must also address the basic needs of the here and now.

**SECTION III - PROJECT BUDGET OUTLINE**

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
None (All volunteer)		

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Funding for approx. 90 CarePacks which includes blankets, backpacks, food, water, clothing, personal care items and more.	\$ 2,495.00	2495

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  
 No  Yes, please list names of NCs: \_\_\_\_\_

8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs)  No  Yes, please describe:

Source of Funding	Amount	Total Projected Cost

9) What is the TOTAL amount of the grant funding requested with this application: \$ 2,495.00

10a) Start date: 01/19/17      10b) Date Funds Required: 04/30/17

10c) Expected completion date: 05/22/17 (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)

**SECTION IV - POTENTIAL CONFLICTS OF INTEREST**

11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC?  
 No  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 Department 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 Appendix A, "What is a Public Benefit," and Appendix B "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 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\*

Pearl Huber      Executive Director      *Pearl Huber*      1/20/17  
 PRINT Name      Title      Signature      Date

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

Nick Huber      Secretary      *Nick Huber*      1.20.17  
 PRINT Name      Title      Signature      Date

\* If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form

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

DEPARTMENT OF THE TREASURY

Date: JAN 29 2009

HOPE MILL INC  
4551 DE CELIS PL  
ENCINO, CA 91436-3245

Employer Identification Number:  
80-0188464  
DLN:  
17053303357028  
Contact Person:  
TRACY P DORNETTE ID# 31330  
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:  
March 27, 2008  
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.

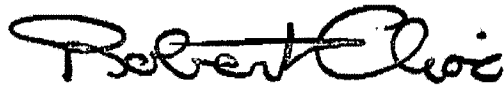
Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

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)

HOPE MILL INC

Sincerely,

A handwritten signature in black ink that reads "Robert Choi". The signature is written in a cursive style with a large, prominent initial "R".

Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Publication 4221-PC

Letter 947 (DO/CG)