

**Department of Neighborhood Empowerment  
Funding Request Form**



NC NAME: Encino  
 Budget Fiscal Year: 2016-2017  
 Request Date: 24-May-17  
 Meeting Date: 5/24/2017  
 Agenda Item: 5.B.16

Requestor: Patricia Bates  
 Vendor: Los Encinos Docent's Association  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Amount: \$ 300.00  
 # of payments     

- Operations     Outreach     NC Sponsored Event     Neighborhood Purpose Grant  
 Contract / Lease     Board Member Reimbursement     Community Improvement Project  
 Out of State     1099 Expense     One Time Expense     Monthly     Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit Description: Purpose is byuying soil to be used to revitalize the demonstration gardens at Los Encinos State Historic Park

**Vote Count** (Continued on page 2 if more than 20 Board Members)

\*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	X					
CAROL LEVIN	ENCINO PROPERTY OWNERS						
DEBRA GEORGE	PARK ADVOCATE						
DIANE ROSEN	AREA 5 REP						
ALEX GARAY	AT LARGE REP ALT						
ELIOT COHEN	PLU						
GERALD SILVER	HOMEOWNERS OF ENCINO						
GLENN BAILEY	PUBLIC SAFETY						
HENRY ESHELMAN	AT-LARGE REP						
JESS WHITEHILL	AREA 4 REP						
JIM ESTERLE	AREA 7 REP						
KENNETH SILK M. DAVIS	AREA 3 REP ALT						
<del>LAURA SNOVLOWSKY</del> Vacant	AREA 1 REP					X	
LAURIE KELSON	AREA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM.						
PATRICIA BATES	VOLUNTEER SERVICE						
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
SAMUEL APIKYAN	BUSINESS REP						
VICTORIA MILLER	BUSINESS REP						
NC Quorum: 11	Grand Total (including page 2):	19				2	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: [Signature]      Signer's Signature: [Signature]  
 Print/Type name: Patricia Bates      Print/Type name: Debra George  
 Date (mm/dd/yy): 5/24/17      Date (mm/dd/yy): 5/24/17

**Department Use Only**

Contract     CIP     Advanced Payment     Approved     Staff Initials     1st Level     Authorization Code  
 >\$2,500     NPG     Sponsored Event     Denied     2nd Level



**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) LOS ENCINOS DOCENT ASSOCIATION 95-3797624 CALIFORNIA 05/15/10  
**Organization Name** **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**

1b) 16756 MOORPARK STREET ENCINO CA 91436  
**Organization Mailing Address** **City** **State** **Zip Code**

1c) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
**Business Address (if different)** **City** **State** **Zip Code**

1d) **PRIMARY CONTACT INFORMATION:**  
AMY ZIDELL (818) 962-4962 amy@SaveLosEncinos.org  
**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.**  
 This grant will help the Los Encinos Docent Association, the 501(c)3 that is the cooperating association of Los Encinos State Historic Park, revitalize the raised gardening beds in the vegetable garden by replacing the soil in the beds. This will enable new plants to be grown in the vegetable garden, which sits west of the two-story Gamier building that historically housed a kitchen.

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)**  
 At the core of Los Encinos State Historic Park is its historic roots as a rancho. A variety of crops were grown on the rancho for commerce purposes and also to feed the families, workers, and visitors to the property. A living vegetable garden connects the community to this fundamental part of the park's heritage.



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

DEPARTMENT OF THE TREASURY

Date: **MAR 20 2012**

LOS ENCINOS DOCENT ASSOCIATION  
16756 MOORPARK ST  
ENCINO, CA 91436

Employer Identification Number:  
95-3797624  
DLN:  
17053006326002  
Contact Person:  
MELISSA D TRUSTY ID# 31657  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a)(2)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
May 15, 2010  
Contribution Deductibility:  
Yes  
Addendum Applies:  
Yes

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)