

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. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

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

SECTION I - APPLICANT INFORMATION

1a) New Friends Homeless Center (Operated by Miracle Minded Ministries 3) 45-0569831 California Jan. 13, 2008
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) 21781 Ventura Boulevard #337 Woodland Hills CA 91364
Organization Mailing Address *City* *State* *Zip Code*

1c) 21777 Ventura Boulevard #239 Woodland Hills CA 91364
Business Address (if different) *City* *State* *Zip Code*

1d) **PRIMARY CONTACT INFORMATION:**
April Belt 818-887-1109 newfriendshomeless@gmail.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 Signed letter on School Letterhead **Attach IRS Determination Letter**

3) Name / Address of Affiliated Organization (if applicable) City State Zip Code

SECTION II - PROJECT DESCRIPTION

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

The intent of this grant request is to gain financial support for food supply expenses required for feeding the homeless and food insecure population in Encino. New Friends Homeless Center currently operates meal services on Friday evenings in Woodland Hills and on Tuesday and Sunday evenings at 17114 Ventura Blvd. in Encino. Any funds received as part of this grant will be used exclusively for food supplies for an estimated 500 meals provided at New Friends Homeless Center for the upcoming weeks. This includes regular meal services on Tuesday, Friday and Sunday evenings..

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)

New Friends Homeless Center is dedicated to feeding the homeless and food insecure in our community. We offer a place of respite, sanctuary and home for those who have no place to call home themselves. When our guests enter through the doors they are made to feel welcome and are shown they are loved by a warm and kind staff of volunteers.

Every Tuesday, Friday and Sunday evening New Friends Homeless Center provides its guests with a free nutritious four course meal and on each Monday evening we provide a light meal. In addition to meals, we offer our guests free clothing, hygiene kits, pet food, water and extra food packs. We are staffed by a group of over 50 volunteers from the community who provide personal attentive services designed to bring encouragement into the lives of the less fortunate.

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
Food supplies for providing 500 meals to feed homeless and food insecure guests at New Friends Homeless Center	\$ 1000	\$ 1000
	\$	\$
	\$	\$

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

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: \$ 1000

10a) Start date: 05 / 01 / 21 10b) Date Funds Required: 05 / 01 / 21 10c) Expected Completion Date: 06 / 30 / 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*

 PRINT Name Title Signature Date

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

 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: JAN 13 2008

MIRACLE MINDED MINISTRIES 3
C/O APRIL BELT
21871 VENTURA BLVD #337
WOODLAND HILLS, CA 91364

Employer Identification Number:
45-0569831
DLN:
17053344001037
Contact Person: JOAN C KISER ID# 31217
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 06, 2007
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2011
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. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

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 1045 (DO/CG)