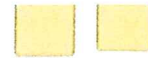


**Neighborhood Council Funding Program
APPLICATION for Neighborhood Purposes Grant (NPG)**



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: Northridge West Neighborhood Council

SECTION I - APPLICANT INFORMATION

1a) Hope of the Valley Rescue Mission 27-2053273 CA April 6, 2010
Organization Name **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**

1b) PO Box 7609 Mission Hills CA 91346
Organization Mailing Address **City** **State** **Zip Code**

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

1d) PRIMARY CONTACT INFORMATION:

Ken Crall 818-392-0020 805-279-3055 cell ken.crall@hopeofthevalley.org
Name **Phone** **Email**

2) Type of Organization- Please select one:
 Public School (not to include private schools) Attach Signed letter on School Letterhead or 501(c)(3) Non-Profit (other than religious institutions) 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.

* See Attached

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)

* See Attached

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 & Food Supplies for Northridge shelter for the Month of May	\$ 1,500	\$ 10,800
		\$	\$
		\$	\$

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: \$ 1,500

10a) Start date: 5/1/20 10b) Date Funds Required: 5/20/20 10c) Expected Completion Date: 5/31/20
 (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*
Ken CRAFT CEO [Signature] 5-9-20
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
Joyce G. Rite Sec. [Signature] 5-9-20
 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

Neighborhood Council Funding Program – Northridge West

Submitted by: Hope of the Valley Rescue Mission

Date: 5-10-20

Section II:

Project Description and Intent of the Grant:

Hope of the Valley is currently operating a 36-bed Covid-19 emergency shelter at the Northridge Rec Center. The design of this shelter is to get people experiencing homelessness off of the streets and into a safe place where they can be monitored and cared for during the pandemic. Each client will receive 3 meals per day along with snacks.

Hope of the Valley is requesting a \$1,500 grant to help defer the expense of food procurement, preparation and transportation for all clients.

How will this grant be used to primarily support or serve a public purpose and benefit the public at large:

To prevent a further outbreak of the Coronavirus, it is essential that people experiencing homelessness have a physical place to “shelter at home”. The emergency shelter provides temporary housing for the homeless which in turn benefits the community and local neighborhoods by removing people from the street and the potential spread of the virus.

Providing housing for 36 people comes with unique challenges that include health care, hygiene, security and food services.

In advance, Hope of the Valley thanks you for considering our request to assist the Mission with food procurement, preparation and transportation during the month of May.

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

DEPARTMENT OF THE TREASURY

Date: APR 06 2010

HOPE OF THE VALLEY RESCUE MISSION
C/O KEN CRAFT
PO BOX 248
SUN VALLEY, CA 91353

Employer Identification Number:
27-2053273
DLN:
17053084315000
Contact Person:
RENEE RAILEY NORTON ID# 31172
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
December 22, 2009
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.

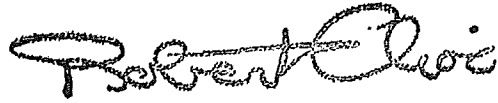
Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

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 OF THE VALLEY RESCUE MISSION

Sincerely,

A handwritten signature in cursive script that reads "Robert Choi". The signature is written in black ink and is positioned above the typed name and title.

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC