

**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)	<u>Parents, Educators/Teachers &amp; Students in Action</u>	<u>46-2694430</u>	<u>California</u>	<u>12/2013</u>
	<i>Organization Name</i>	<i>Federal I.D. # (EIN#)</i>	<i>State of Incorporation</i>	<i>Date of 501(c)(3) Status (if applicable)</i>
1b)	<u>18017 Chatsworth Street #337</u>	<u>Granada Hills</u>	<u>Ca.</u>	<u>91344</u>
	<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1c)	<u>14500 Roscoe Blvd., Fourth Floor -Room 18</u>	<u>Panorama City</u>	<u>Ca. 91402</u>	
	<i>Business Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1d)	<b>PRIMARY CONTACT INFORMATION:</b>			
	<u>Seymour Amster</u>	<u>818-943-0613</u>	<u>Seymour.Amster@pesa-edu.org</u>	
	<i>Name</i>	<i>Phone</i>	<i>Email</i>	
2)	<b>Type of Organization- Please select one:</b>			
	<input type="checkbox"/> Public School <i>(not to include private schools)</i>	or	<input checked="" type="checkbox"/> 501(c)(3) Non-Profit <i>(other than religious institutions)</i>	
	<b>Attach Signed letter on School Letterhead</b>		<b>Attach IRS Determination Letter</b>	
3)	<u></u>	<u></u>	<u></u>	<u></u>
	<i>Name / Address of Affiliated Organization (if applicable)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**SECTION II - PROJECT DESCRIPTION**

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

PROJECT: EDUCATIONAL AND MENTAL HEALTH SUPPORT FOR YOUTH RESIDING IN THE NORTHRIDGE WEST NEIGHBORHOOD COUNCIL FOR FISCAL YEAR 2021-2022

Parents, Educators/Teachers & Students in Action (PESA) is a non-profit organization dedicated to helping youth. PESA provides a variety of services to youth including tutoring/mentoring, empowerment workshops and mental health counseling. These services are designed to meet the needs of the youth in a holistic way. We are currently providing these services to youth in your NC area.

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)

The youth in our community have suffered from distance learning. They have regressed both emotionally as well as academically. This grant will serve an important public purpose by allowing us to help the youth who reside in the Northridge West Neighborhood Council district to receive the academic and mental health support they need to counteract the effects of the pandemic. Our program has a 95% success rate of transforming youth who participate in our comprehensive program. We receive many referrals from youth who tell their friends about us due to the positive experience they have had with us. We are providing much needed support at a time when youth in our community need this support. We were named a non-profit of the year by the California Legislature because of the transformative services we provide the community.

All funding under this NPG will only be used for youth who reside within your neighborhood council area. The Northridge West Neighborhood Council will receive recognition on materials distributed in your area.

**SECTION III - PROJECT BUDGET OUTLINE**

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	Tutoring and Mentoring Services	\$ 1,500.00	\$ 5,000.00
	Mental Health and Counseling Services	\$ 1,500.00	\$ 5,000.00
	Workshops	\$ 1,000.00	\$ 5,000.00
6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	Social Media Outreach	\$ 500.00	\$ 750.00
	Flyers and Distribution Material	\$ 500.00	\$ 500.00
	Training Materials not included in above	\$ 0.00	\$ 1,000.00

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: \$ 5,000.00

10a) Start date: 03 / 01 / 22 10b) Date Funds Required: 03 / 01 / 22 10c) Expected Completion Date: 08 / 01 / 22  
 (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:

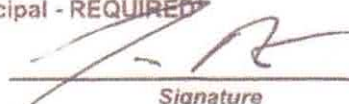
Name of NC Board Member	Relationship to Applicant

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.)**

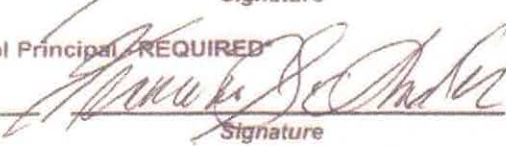
**SECTION V - DECLARATION AND SIGNATURE**

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\***

Seymour Amster	President		2/06/22
<i>PRINT Name</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i>

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

Francine Amster	Secretary		2/06/22
<i>PRINT Name</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i>

\* 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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form



**CITY OF LOS ANGELES**

OFFICE OF FINANCE  
P.O. BOX 53200  
LOS ANGELES CA 90053-0200

14500 ROSCOE BLVD #18  
PANORAMA CITY, CA 91402-4190



\*\*\*\*\*ALL FOR AADC 913 18  
PARENTS, EDUCATORS / TEACHERS & STUDENTS IN ACTION 6538  
14500 ROSCOE BLVD # 18  
PANORAMA CITY CA 91402-4190

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

**CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE**  
THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED

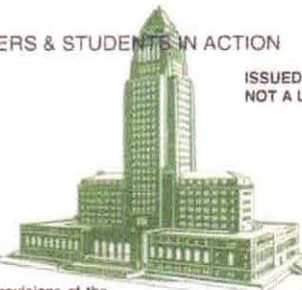
BUSINESS TAX			ISSUED 8/4/2020	
ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002893373-0001-4	L049	PROFESSIONS / OCCUPATIONS	3/1/2016	ACTIVE

PARENTS, EDUCATORS / TEACHERS & STUDENTS IN ACTION  
14500 ROSCOE BLVD # 18  
PANORAMA CITY CA 91402-4190

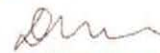
ISSUED FOR TAX COMPLIANCE PURPOSES ONLY  
NOT A LICENSE, PERMIT, OR LAND USE AUTHORIZATION

ISSUED TO

14500 ROSCOE BLVD #18  
PANORAMA CITY, CA 91402-4190



ISSUED BY:

  
 DIRECTOR OF FINANCE

\*No registration certificate or permit issued under the provisions of the Business Tax ordinances of the LAMC, or the payment of any tax required under the provisions of the Business Tax ordinances of the LAMC shall be construed as authorizing the conduct or continuance of any illegal business or of a legal business in an illegal manner.\*

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Parents, Educators/Teachers & Students in Action**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC       C Corporation       S Corporation       Partnership       Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **Non-Profit Corporation exempt under 501 (c)(3)**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

**18017 Chatsworth Street #337**

6 City, state, and ZIP code

**Granada Hills, Ca. 91344**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.  
See Specific Instructions on page 3.

### 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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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OR

Employer identification number

4	6		-	2	6	9	4	4	3	0
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### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶

*1/07/22*

### 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](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

OGDEN UT 84201-0029

In reply refer to: 4077591934  
Oct. 28, 2015 LTR 4168C 0  
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00030922  
BODC: TE

PARENTS EDUCATORS-TEACHERS &  
STUDENTS IN ACTION  
18017 CHATSWORTH ST  
GRANADA HILLS CA 91344-5608



007650

Employer Identification Number: 46-2694430  
Person to Contact: Ms. Wiles  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 05, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 2013.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

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Oct. 28, 2015 LTR 4168C 0  
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PARENTS EDUCATORS-TEACHERS &  
STUDENTS IN ACTION  
18017 CHATSWORTH ST  
GRANADA HILLS CA 91344-5608

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Jeffrey I. Cooper  
Director, EO Rulings & Agreement