



City of Los Angeles, Department of Neighborhood Empowerment Neighborhood Council Funding Program





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

| | Name of Neighborhood Council you are seeking the g | grant from: <u>Vest vertices Neighborho</u> | DOOD NeiGH B Dood Council Name | De HOOD Counc |
|-----|--|--|--|--|
| SEC | TION I- APPLICANT VERIFICATION INFORMATION | | | |
| 1A) | Organization Name | 95-4072053 Federal I.D. # (EIN#) | State of Incorporation | Date of 501(c)(3) Status (if applicable) |
| 1B) | Organization Mailing Address | City Anset | State | 90024 Zip Code |
| 1C) | Business Address (If different) | City | State | Zip Code |
| 1D) | Address of Affiliated Organization (If applicable) | City | State | Zip Code |
| 2) | Name and address of person designated to receive LIS HOUNRY AK | e official/legal notices: Los Anxeres City | Name: Juli | 30c+sBAVM 90024 Zip Code |
| | Type of Organization- Please select one: (Organial Public School (not to include private schools) Attach Letterhead | or ' ' 501(c)(3) Non- | cated within the City profits (other than religious ins termination Letter | |

4) Please describe the Neighborhood Improvement Project for which the grant is intended.

WARDER AVENUE FOUNDATION IS PROVIDING WARDER AND ELEMENTARY SCHOOL THE TOOLS TO IMPLEMENT LAUSD'S NEW LITERATURE CONFREHENSION PROGRAM. UNDER LAUSDY NEW PROGRAM, TEACHERS ARE REQUIRED TO TEST AND RECORD THE RESULT OF MANDATED TESTING USING A NEW COMPUTER PLOGRAM CALLED PUBBLES, THE PROGRA REQUIRES THE USE OF HARDWARE WITH A FINEER OR STYLUS TOUCHPAD, OUR CURRENT CEMPUTERS USE A MOUSE, WHICH CANNOT OPERATE THE PROGRAM. ALTHOUGH THE TEACHER ARE DECURED TO PERFORM AND RECORD THE TESTING, THE DISTRICT DOES NOT PROVIDE THE HARDWARE FOR IT.

5) How will this grant be used to primarily support or serve a non-discriminatory, public purpose and benefit the

public at-large.

THE GRANT WILL BE USED TO IMPROVE THE EDUCATIONAL RESOURCES THE TEACHERS WILL USE THESE TOOLS TO LEARNING EXPERIENCE OF THE STUDENTS AS A PUBLIC SCHOOL, THE PROJECT HAS THE OPPORTUNITY TO BENEFIT ALL OF THE CHILDREN WHO LIVE IN THE SCHOOL DISTRICT

| ON III - PROJECT BUDGET OUTLINE- Please outline the p | roject budget below. | - |
|---|----------------------------|-------------------------|
| ersonnel Related Expenses | Requested of No | liotal Projected Cost |
| | \$ | \$ |
| | \$ | |
| | \$ | \$ |
| | \$ | \$ |
| lon-Resonnel Related Expenses | Requested of No | TOER Professed Cost |
| | | ijotani-tojectedicost |
| TARLET READER (30) | \$ 5,000 | \$ 5,400 |
| | <u> </u> | 3 |
| | \$ \$ | \$ \$ |
| | | |
| s the implementation of this specific program or purpose of actors or sources or funding? | | contingent on any other |
| ource of Funding | Amount | Total Projected Cost |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| ne funds and program(s) listed in Section II of this applica | | |
| irst Name Last Na | rs84vm me | MI |
| 810)753-6465 (210)446-930) Telephone Number Fax Number | J.L.E. E-mail | FLEEMAN BEAUTY; L |
| ANDREW Ho | | |
| irst Name Last Na | me | MI |
| (310)247-3056 (310)\$59_9616 elephone Number Fax Number | 7 A Hoen E-mail | OBCARS, DRG |
| ON VI - AFFILIATIONS | | |
| Does anyone in your organization have a former or existing | g relationship with any of | the NC board members? |
| lame of Organization | Status | |
| Example: XYZ Non-profit Corporation | Execu | tive Director |
| SOUS . | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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 Two signatures required

| rwo signatures required | | | |
|--|----------------------|-------------------|-----------|
| 12A) Executive Director of Non-Profit Corporation | or School Principal | | |
| JIII Bucksham | Co-president | À- | 10/24/201 |
| PRINT First Name/ Last Name | Title • | d ignature | Date' |
| 12B) Secretary of Non-profit Corporation or Assist | ant School Principal | | |
| WENDY WHORISKEY PRINT First Name/Last Name | SECRETARY Title | Signature 3 | Jolzs/i/ |

SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY

| THE REPORT OF THE PERSON OF TH | | | |
|--|--------------------------------|---|--------------|
| Date/Received | | | |
| | | Application Complete | ☐ Incomplete |
| R eviewer(Jame | Date Reviewed 🕡 | | |
| REVEWERS NOTES | | | The state of |
| | | | |
| | | | |
| | and we was the first to a | | |
| | | | |
| | | | |
| | | | |
| | | The second of the second of | |
| | | Elizabeth Contraction | |
| | | Zenasa za | |
| | | | |
| | | | |
| Date submitted to Funding Units | | | |
| Method: Diperson 2 12 12 17 17 | | risonal meil | |
| 1/1-01/00:38/8-3-3111/19900000000000000000000000000000000 | ALIBERTANIES POR LA CONTROL DO | | |
| NPG # | _ | | |
| | ☐ Incomplete | | |
| Funding Unit Notes: | | | |
| - | | | |
| | | | |
| | | | |
| |) | | |
| 2010-11 | | DONE Date Stamp I | Receipt |

Internal Revenue Sacce

District Director

Warner Avenue School Booster Club, Inc. 1541 North Bundy Drive Los Angeles, CA 90049-1520 Department & a Treasury

300 N. Los Angeles St. MS 7043 Los Angeles, CA 90012

Person to Contact: L. Barragan

Telephone Number: 213-894-2336

Refer Reply to: EO (07) 97

Date: July 16, 1997

EIN:95-4072053

Dear Taxpayer:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal Income Tax in September 1986 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the Code, because it is an organization described in Section 170(b)(1)(A)(vi).

The exempt status for the determination letter issued in September 1986 continues to be effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,

L. Barragan

Disclosure Assistant



State of California Secretary of State

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of _____ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

FEB 1 5 2007

Jena Bowen

DEBRA BOWEN Secretary of State

CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION OF WARNER AVENUE SCHOOL BOOSTER CLUB, INC.

ENDORSED - FILED In the office of the Secretary of State of the State of California

FEB 1 3 2007

The undersigned certify that:

- 1. They are the president and the secretary, respectively, of Warner Avenue School Booster Club, Inc., a California not for profit corporation.
- 2. Article 1 of the Articles of incorporation of this corporation is amended to read as follows:

The name of this corporation is Warner Avenue Foundation (herein called the "Corporation").

- 3. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.
- 4. The foregoing amendment of Articles of Incorporation has been duly approved by the required vote of the members.

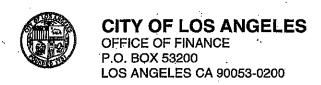
We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct and of our own knowledge.

Dated: November 13, 2006

Marybeth Enwards, President

Amy Holms, Secretary



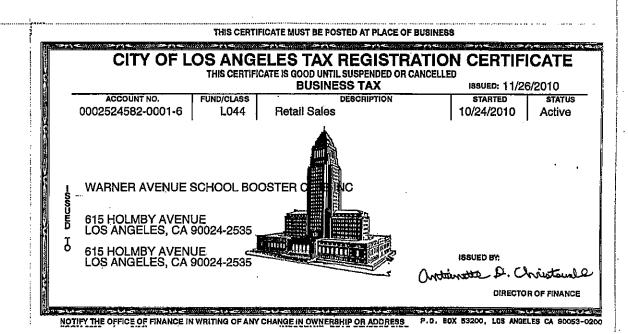


06 100-004313 1012 1

WARNER AVENUE SCHOOL BOOSTER CLUB INC 615 HOLMBY AVE LOS ANGELES CA 90024-2535

615 HOLMBY AVENUE LOS ANGELES, CA 90024-2535

1. 1.



Form W-9 (Rev. October 2007) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

| | Name (as shown on your income tax return) | | | |
|---|---|---|---|------------------------|
| Print or type Specific Instructions on page 2. | Warner Avenue Foundation | | | |
| | Business name, if different from above | | | |
| | Check appropriate box: ☐ Individual/Sole proprietor ☑ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=ps ☐ Other (see instructions) ► | rtnership) 🕨 | | Exempt payee |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) | | ind address (optional) |
| <u>a. 5</u> | 615 Holmby Ave | | | |
| ecii | City, state, and ZIP code | | | |
| | Los Angeles, CA 90024 | | | |
| See | List account number(s) here (optional) | | | |
| Part I Taxpayer Identification Number (TIN) | | | | |
| backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3. | | | Social security number | |
| | | | or | |
| | | | Employer identification number 95 4072053 | |
| Par | II Certification | | | |
| الممامة | apposition of populary I postific that | | | |

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).

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 falled 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 on page 4.

Sign Here

Signature of U.S. person ▶

Date + 3 3 2011

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,