NEIGHBORHOOD PURPOSES GRANT APPLICANT PACKET

EMPOWER LA

Department of
NEIGHBORHOOD EMPOWERMENT

City of Los Angeles, Department of Neighborhood Empowerment 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, 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			
SEC	CTION I- APPLICANT VERIFICATION INFORMATION		od Council Name	
1A)	VARNER AVENUE FOUNDATION Organization Name	95-4072053 Federal I.D. # (EIN#)	State of Incorporation	SEP 1986 Date of 501(c)(3) Status (if applicable)
1B)	Organization Mailing Address	Los ANGELE	State State	9002 Y Zip Code
1C)	Business Address (If different)	City	State	Zip Code
1D)	Address of Affiliated Organization (If applicable)	City	State	Zip Code
	Name and address of person designated to receive	ve official/legal notices:	Name:	Bucksbaum
2)	Street AVE	Los Avgece	State	90027 Zip Code
3)	Type of Organization- Please select one: (Organia Public School (not to include private schools) Attach Letterhead	or 🕦 501(c)(3) Non-p	cated within the City profits (other than religious in termination Letter	
4) Please describe the Neighborhood Improvement Project for which the grant is intended. The Namer Avenue Foundation is upgrading the technology in the classrooms of Warner Ave Elementary school. To upgrade the classroom, the foundation is purchasing laptop computers, document readers, and computer carts for each classroom. In addition, the foundation installed wireless internet nouters throughout the school. 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 teaching resources of the				
	the school through the interactions will be able to and research resources or students learning expensions of the opportunity who live in the school of	ence. As a ity to bene	sasis to exh	col, the

CHI)	ON III - PROJECT BUDGET OUTLINE- Pleas	e outline the project budget		PG APPLICATION Page 2
) <u> </u> P	ersonnel Related Expenses		ested of NC	Total Projected Cost
		\$		\$
		\$		\$
L		\$		\$
		\$		\$
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N	on-Personnel Related Expenses	Retuil	ested of NC	Total Projected Cost
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	OMPUTERS	Ψ \$		\$ 33 01 3
1 ~	locument readers			\$ 76,504
	Wireless internet equipm	ear (MS)Q()	20.20	\$ 5,015
L	Computer carts son clas	scooms \$ E	000	\$ 8,400
	41		4 -14!	
	the implementation of this specific program			gent on any other
fa	ictors or sources or funding? Yes, pl	ease describe below	No	
6	ource of Funding			Total Projected Cost
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\vdash		\$ \$		\$
		\$		\$
		\$		\$
L				
	rovide the name, telephone number, fax and the funds and program(s) listed in Section II o			,
۱) <i>Fi</i>	irst Name	Last Name		
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Ţ.	310) 753-6465 310 YL elephone Number Fax Number	16901	71110 tree	man beauty, c
76	elephone Number Fax Num	ber l	E-mail	1
1	Andrew	Horn		
3) <i>Fi</i>	rst Name	Last Name		
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(3	10) 247-3056 (30)	859-9619	ahorne c	25(26)2012
Te	10) 247-3056 (310) elephone Number Fax Numb	ber l	E-mail	
	•			
	ON VI - AFFILIATIONS			
) Do	oes anyone in your organization have a forn	ner or existing relationship w	vith any of the NC	board members?
12.				
Na	ame of Organization		Status	
Ex	cample: XYZ Non-profit Corporation		Executive Dire	ector
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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

12A) Executive Director of Non-Profit Corporation or School Principal

JILL Bucksbaum	President	_ <i>X</i> W	3/3/11
PRINT First Name/ Last Name	Title	(Sighatling	Date
12B) Secretary of Non-profit Corporation or Assis	stant School Principal	V	
Wendy Whoniskey PRINT First Name/Last Name	Sene tary Title	(Mont Old) Signatyre	3 3 1) Date

SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY

<u> </u>			••	
Date Received				
		Application	☐ Complete	☐ Incomplete
Reviewer Name	Date Reviewed			
REVEIWER'S NOTES				
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	<u>- 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 19</u>			
Date submitted to Funding Unit				
Method: ☐ In-person ☐ E-m	all D Foy D later done	description and		
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NPG #				
	☐ Incomplete			
Funding Unit Notes:				
1				

Internal Revenue SA ce

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

MUNY



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

DEBRA BOWEN
Secretary of State

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

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

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 I 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 /3, 2006

Marybeth Enwards, President

Amy Hølms, Secretary

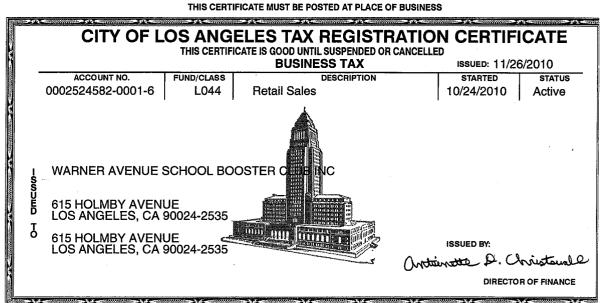




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WARNER AVENUE SCHOOL BOOSTER CLUB INC 615 HOLMBY AVE LOS ANGELES CA 90024-2535

615 HOLMBY AVENUE LOS ANGELES, CA 90024-2535



Form (Rev. October 2007) Department of the Treasury Internal Revenue Service

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)			
ر د	Warner Avenue Foundation			
500	Business name, if different from above			
Print or type See Specific Instructions on	Check appropriate box: Individual/Sole proprietor Corporation Partnership Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership Other (see instructions)	>	Exempt payee	
	Address (number, street, and apt. or suite no.) Reques	er's name and	me and address (optional)	
	615 Holmby Ave			
	City, state, and ZIP code			
	List account number(s) here (optional)			
Pa	Taxpayer Identification Number (TIN)			
bac alie	er your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid skup withholding. For individuals, this is your social security number (SSN). However, for a resident n, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is ir employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3		curity number	
			Employer identification number	
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.			4072053	
Pa	art II Certification			
Und	der 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 n	ımber to be	issued to me), and	
	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).			
	tification instructions. You must cross out item 2 above if you have been notified by the IRS that you holding because you have failed to report all interest and dividends on your tax return. For real estate			

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 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,