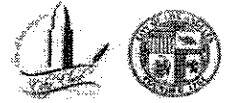


Neighborhood Council Funding Program
APPLICATION for Neighborhood Purposes Grant (NPG)



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: Woodland Hills - Warner Center
Neighborhood Council - Area 7 - Business

SECTION I - APPLICANT INFORMATION

1a) Jewish War Veterans Post 603 95-6055769 CA 11-17-2009 Ref
Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)
SAN Fernando Valley
 1b) 5737 Kanan Rd. Pmb #294 Agoura Hills CA 91301
Organization Mailing Address City State Zip Code
 1c) _____
Business Address (if different) City State Zip Code

1d) PRIMARY CONTACT INFORMATION:

EARL ROTH 818-486-1259 earl45@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

Jewish War Veterans of the USA 1811 R St. NW, Washington, DC 20009
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.

Monthly The purpose of the grant is to give \$150.00 grocery card to three veterans who have been identified by social welfare services VA as having been homeless, sheltered, but with food insecurity.

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)

1. to give these three veterans basic needs of life while living in shelter & not homeless.
2. the public will have fewer people considered homeless.

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
	Three \$150 Groceries Cards per month for month of June	\$450.00	\$450.00
		\$	\$
		\$	\$

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: \$ 450.00

10a) Start date: 06/01/2026 10b) Date Funds Required: 06/01/2026 10c) Expected Completion Date: 06/15/2026
 (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.

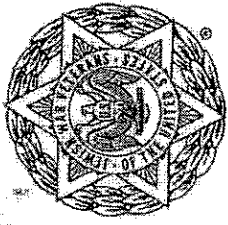
12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED*

EARL ROTH Junior Vice Commodore Earl Roth 05-08-2026
 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



Jewish War Veterans of the United States of America

Chartered By an Act of Congress

1811 R Street, NW • Washington, DC 20009 • (202) 265-6280 • Fax (202) 234-5662 • Email: JWV@jwv.org • www.jwv.org

September 10, 2014

State of California Franchise Tax Board
300 S. Spring Street, Suite 5704
Los Angeles, CA 90013-1265

Re: EIN 53-0226294
Group Exemption #0973

To Whom It May Concern:

This is to inform you that the Jewish War Veterans San Fernando Valley Post 603 is a subsidiary of the Jewish War Veterans of the USA, Inc. under our GEN #0973. This Post's tax identification number is #95-6055769.

This subordinate organization shares a 501 c 4 tax exemption status under our auspices. I have attached a copy of the letter of determination for your convenience.

Please contact me should you have any further questions or concerns.

Sincerely,

Julia Lasher
Accounting Coordinator

OGDEN UT 84201-0038

In reply refer to: 0441721769
Nov. 17, 2009 LTR 4167C E0
53-0226294 000000 00

00034817
BODC: TE

JEWISH WAR VETERANS OF THE UNITED
STATES OF AMERICA INC
1811 R ST NW
WASHINGTON DC 20009-1603

*Tax Exempt
status*

016671

Employer Identification Number: 53-0226294
Group Exemption Number: 0973
Person to Contact: Exempt Organizations
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 05, 2009, request for information about your tax-exempt status.

Our records indicate that you were issued a determination letter in November 1946, and that you are currently exempt under section 501(c)(04) of the Internal Revenue Code.

Based on the information supplied, we recognized the subordinates named on the list you submitted as exempt from Federal income tax under section 501(c)(04) of the Code.

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.

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

Sincerely yours,

Rita A. Leete

Rita A. Leete
Accounts Management II

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <i>Jewish War Veterans of the USA, INC</i> <i>San Fernando Valley Post 603</i></p> <p>2 Business name/disregarded entity name, if different from above.</p> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <i>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</i></p> <p><input checked="" type="checkbox"/> Other (see instructions) <i>Tax Exempt Corporation</i></p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/></p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p> <p>5 Address (number, street, and apt. or suite no.). See instructions. <i>5737 Kanan Rd PMB#294, Agoura Hills, CA 91301</i></p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p> <p style="text-align: right;">Requester's name and address (optional)</p>
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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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
or				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">95</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">-6055</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">76</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">9</td> </tr> </table>	95	-6055	76	9
95	-6055	76	9	

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 <i>Earl Roth</i>	Date <i>05-08-2026</i>
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they