



City of Los Angeles - Office of the City Clerk
 Neighborhood Council Funding Program
 Encumbrance Request Form - Fiscal Year 2019-2020



Neighborhood Council: WOODLAND HILLS WARNER CENTER

To encumber NC funds, please provide the following information and follow the instructions below:

Vendor Name	Purpose of the encumbered funds	Amount
1. Wish upon an Angel Foundation	Funding Senior Center	\$ 1,000.00
2. New Freind Homelees Center	funding homeless help	\$ 800.00
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Total		\$ 1,800.00

BOARD AFFIRMATION:

THE NC BOARD AFFIRMS THAT SERVICES/PROJECTS RELATED TO THE ENCUMBRANCES LISTED ABOVE ARE INTENDED TO BE IN PLACE THIS CURRENT FISCAL YEAR OR HAVE BEEN AGREED UPON WITH THE VENDOR TO BEGIN WITHIN A REASONABLE TIME PERIOD DEPENDING ON COVID-19 PUBLIC HEALTH CIRCUMSTANCES.

Paul Lawler

06/29/2020

NC President or Treasurer Name

Signature

Date

Instructions:

No later than Tuesday, June 30, 2020, please submit the following via email to Clerk.NCFunding@lacity.org:

1. Encumbrance Request Form, completed and signed
2. Payment request document from vendors listed, i.e., invoice, estimate, completed NPG application, etc.
3. The Board Action Certification (BAC) Form approving the Encumbrance Request Form

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Office of the City Clerk Administrative Services Division Neighborhood Council (NC) Funding Program
Board Action Certification Form

NC Name: Woodland Hills Warner Center

Budget 2019-2020

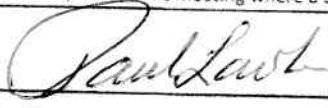
Board Motion and/or Public Benefit Statement (CIP and NPG): 20-028 Funding for Wish Upon and Angel Foundation \$1000 funding will support the Canoga Park Senior Citizens Center per Empower LA this funding can be taken from the General Outreach budget and does not require an NPG and support Documents

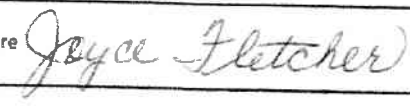
Method of Payment: (Select One) Check Board Member Reimbursement

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused Notes
Aaron Quantz	Resid Rep. Area 1.	X					
Karen DiBiase	Biz Rep. Area 1 SEC	X					
Komalpreet Kaur Bhatti	CBO Rep. Area 1				X		
TAMARA JOHNSON	Area 1 Alternate				X		
Brian Drapkin	Residential Rep. Area 2				X		
Paul Lawler	Business Rep. Area 2. Treas				X		
Sean McCarthy	CBO Rep. Area 2	X					
Ray Cole (Eates) (Eaton) (Eaton)	Alternate. Area 2				X		
Nancy McLean	Residential Rep. Area 3				X		
Angela Dawson	Business Rep. Area 3	X					
John Sandy Campbell	CBO Rep. Area 3	X					
Alex Farassati	Alternate. Area 3				X		
Don Patterson	Residential Rep. Area 4	X					
William Anderson	Business Rep. Area 4				X		
MARTIN LIPKIN	CBO Rep. Area 4	X					
DENA WEISS	Alternate. Area 4	X					
Jason Green	Residential Rep. Area 5				X		
Vacant	Business Rep. Area 5						
Peter Fletcher	CBO Rep. Area 5	X					
Vacant (Eaton) (Eaton) (Eaton)	Alternate. Area 5				X		
H.D. "Pat" Patton	Residential Rep. Area 6				X		
Gilbert Yablou	Business Rep. Area 6				X		
Heath Kline	CBO Rep. Area 6	X					
Lauren Coffman (Eaton) (Eaton)	Alternate. Area 6	X					
Ginny Sand	Res Rep. Area 7				X		
Joyce Fletcher	Biz Rep. Area 7. Pres	X					
HOUTON HORMOZIAN	CBO Rep. Area 7	X					
Tim Root (Eaton) (Eaton) (Eaton)	Alternate. Area 7					X	Ineligible (not complete training)
Sheppard Kaufman	At-Large Rep.	X					
Gina Thornburg	At-Large Alt					X	Ineligible (Alternate)
Ved Kulkarni (Eaton) (Eaton) (Eaton)	Youth Rep				X		Ineligible (Age)
Totals		14	0	0			

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer 
 Paul Lawler

Second Signer's Signature 
 JOYCE FLETCHER

Office of the City Clerk Administrative Services Division Neighborhood Council (NC) Funding Program
Board Action Certification Form

NC Name: **Woodland Hills Warner Center** 02-10-2020
 BUDGET 2019-2020 ITEM 20-012

Board Motion and/or Public Benefit Statement (CIP and NPG):
Funding for New Friends Homeless Center NPG FOR \$800

Method of Payment: (Select One) CHECK Credit Card Board Member Reimbursement

Vote Count
 Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused-Notes
Aaron Quantz	Resid Rep. Area 1,	x					
Karen DiBiase	Biz Rep. Area 1 SEC	x					
Komalpreet Kaur Bath	CBO Rep. Area 1				X		
TAMARA JOHNSON	Area 1 Alternate	X					
Brian Drapkin	Residential Rep. Area 2				x		
Paul Lawler	Business Rep. Area 2, Treas	x					
Sean McCarthy	CBO Rep. Area 2	x					
Ray Cole (Votes If Absent Above)	Alternate, Area 2	x					
Nancy McLean	Residential Rep. Area 3	X					
Angela Dawson	Business Rep. Area 3				X		
John Sandy Campbell	CBO Rep. Area 3				X		
Alex Farassati	Alternate, Area 3	x					
Don Patterson	Residential Rep. Area 4				X		
William Anderson	Business Rep. Area 4	x					
MARTIN LIPKIN	CBO Rep. Area 4	x					
DENA WEISS	Alternate, Area 4	X					
Jason Green	Residential Rep. Area 5				X		
Vacant	Business Rep. Area 5						
Peter Fletcher	CBO Rep. Area 5	x					
Vacant (Votes If Absent Above)	Alternate, Area 5						
H.D. "Pat" Patton	Residential Rep. Area 6				x		
Gilbert Yablon	Business Rep. Area 6	x					
Heath Kline	CBO Rep. Area 6	x					
Lauren Coffman (Votes If Absent Abv)	Alternate, Area 6	X					
Ginny Sand	Res Rep. Area 7	x					
Joyce Fletcher	Biz Rep. Area 7, Pres	x					
HOUTON HORMOZIAN	CBO Rep. Area 7	x					
	Alternate, Area 7						
Sheppard Kaufman	At-Large Rep,	x					
Gina Thornburg	At-Large Alt						
Ved Kulkarbi (Can't Vote Financial Items)	Youth Rep				X		Ineligible (Age)
Totals		19	0	0			

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer's Signature *Paul Lawler* Second Signer's Signature *Joyce Fletcher*
 Print/Type Name: **Paul Lawler** JOYCE FLETCHER
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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 Neighborhood Council

SECTION I - APPLICANT INFORMATION

1a) New Friends Homeless Center (operated by Maria Miguel Mendez) 45-0569831 California Jan 13, 2008
Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)

1b) 21781 Ventura Boulevard #337 Woodland Hills CA 91364
Organization Mailing Address City State Zip Code

1c) 21777 Ventura Boulevard #239 Woodland Hills CA 91364
Business Address (if different) City State Zip Code

1d) **PRIMARY CONTACT INFORMATION:**

April Belt 818-887-1109 newfriendshomeless@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

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.**

The intent of this grant request is to gain financial support for food supply expenses required for feeding the homeless and food insecure population in the West San Fernando Valley. New Friends Homeless Center currently operates meal services on Friday evenings in Woodland Hills and on Tuesday and Sunday evenings in Encino. Any funds received as part of this grant will be used exclusively for food supplies for an estimated 2,000 meals provided at New Friends Homeless Center gatherings between February 15, 2020 and April 10, 2020. This includes regular meal services on Tuesday, Friday and Sunday evenings. □

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)**

New Friends Homeless Center is dedicated to feeding the homeless and food insecure in our community. We offer a place of respite, sanctuary and home for those who have no place to call home themselves. When our guests enter through the doors they are made to feel welcome and are shown they are loved by a warm and kind staff of volunteers.

Every Tuesday, Friday and Sunday evening New Friends Homeless Center provides its guests with a free nutritious four course meal and on each Monday evening we provide a light meal. In addition to meals, we offer our guests free clothing, hygiene kits, pet food, water and extra food packs. We are staffed by a group of over 50 volunteers from the community who provide personal attentive services designed to bring encouragement into the lives of the less fortunate. □

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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 supplies for providing 2,000 meals to food bank and food insecure guests at New French Business Center	\$ 5000	\$ 5000
	\$	\$
	\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?
 No Yes If Yes, please list names of NCs: Enclave Neighborhood Council

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: \$ 500

10a) Start date: 2 / 14 / 20 10b) Date Funds Required: 2 / 13 / 20 10c) Expected Completion Date: 4 / 10 / 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*

April Belt President April Belt 10.10.2020
 PRINT Name Title Signature Date

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

William K. Arnold Vice President-Secretary William Arnold 10/10/2020
 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



Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank.
 Miracle Handed Ministries 3

2 Business name/disregarded entity name, if different from above
 New Friends Homeless Center

3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶

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) _____
 (Apply to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
 21771 Ventura Blvd #337

6 City, state, and ZIP code
 Woodland Hills CA 91364

7 List account number(s) here (optional)

Requester's name and address (optional)

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 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

45	-	0569831
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Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

Sign Here Signature of U.S. person ▶ April Belt

Date ▶ 11-12-2019

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

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

DEPARTMENT OF THE TREASURY

Date: JAN 13 2008

MIRACLE MINDED MINISTRIES 3
C/O APRIL BELT
4201 MANSON AVE
WOODLAND HILLS, CA 91364

Employer Identification Number:
45-0569831
DLN:
17053344001037
Contact Person:
JOAN C KISER ID# 31217
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
July 06, 2007
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2011
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. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

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 1045 (DO/CG)

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