

**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

SECTION I - APPLICANT INFORMATION

1a)	About My Family Business Homeless O	83-4398730	CA	05/23/2019
	<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)	7210 Jordan Ave #C-61	Canoga Park	CA	91303
	<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1c)				
	<i>Business Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1d)	PRIMARY CONTACT INFORMATION:			
	Pastor Kathy Huck	(805) 428-2881	kathy.huck@aboutmyfb.org	
	<i>Name</i>	<i>Phone</i>	<i>Email</i>	
2)	Type of Organization- Please select one:			
	<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>	
	Attach Signed letter on School Letterhead		Attach IRS Determination Letter	
	SFV Community Fridges		same as above	
3)	<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.
 Each season AMFB assesses the needs of the unhoused and food insecure residents in the West San Fernando Valley, providing both outreach and our subsidiary/affiliate community fridge services: nonperishable food and water, our bag of supplies (socks, t-shirts and sack lunches), dental and personal hygiene kits, monthly pop-up hot meals, and perishable food in community fridges. We supply PPE to unhoused and food insecure residents and AMFB volunteers. We contribute to cleanup efforts with CD3/CD12 and Sanitation and provide trash bags to encampments for weekly pickup.
- 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 grant benefits the community naturally by providing sustenance to the food insecure, housed and unhoused residents through Community Fridges and AFMB outreach respectively. Funding will also provide temporary shelter and bedding, dental/personal hygiene and PPE for protection. Intangible benefits are: enhanced self-esteem from providing humanely compassionate and respectful treatment, helping the unhoused to becoming contributing neighbors and community members, sustaining their health and well-being, reducing uncomfortable pandering and solicitation. It will help us to make an impact on unsightly/unhealthy garbage on the streets and put the focus on social services in encampments.3

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
	0	\$ 0	\$ 0
		\$	\$
		\$	\$
6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	3-month supply of non-perishable food	\$ 1,000	\$ 1,000
	3-month supply of dental/personal hygiene kits	\$ 600	\$ 600
	PPE (hand sanitizer, masks, rubber gloves)	\$ 400	\$ 400

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: \$ 2,000

10a) Start date: ___/___/___ 10b) Date Funds Required: ___/___/___ 10c) Expected Completion Date: ___/___/___
 (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*
 Kathy Huck Executive Director  2-14-21
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
 Vanisha Miles-Walker Executive Secretary  2-14-21
 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

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

DEPARTMENT OF THE TREASURY

Date: **MAY 23 2019**

ABOUT MY FATHERS BUSINESS HOMELESS
OUTREACH MINISTRY
C/O KATHY HUCK
5218 BIRCHCROFT ST
SIMI VALLEY, CA 93063-0000

Employer Identification Number:
83-4398730
DLN:
26053530002299
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
April 2, 2019
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

ABOUT MY FATHERS BUSINESS HOMELESS

DEPARTMENT OF THE TREASURY

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

ABOUT MY FATHERS BUSINESS HOMELESS
STEPHEN A. MARTIN
1215 G ST. N.W.
WASHINGTON, D.C. 20540

Exempt Status
1740-0112000

Yes
Effective Date of Ruling
April 2, 2012
Expiration of Ruling
Yes
Applicable Section
No

We're pleased to tell you we withdrew your 990-BE because it was not correct under Internal Revenue Code Section 513(b)(1). You can also qualify for special tax treatment regarding, but not restricted to, gifts and Section 501(c)(3), 501(c)(29), and other rules that help resolve the status of your exempt status. Please keep it for your records.

Organizations exempt under the Section 501(c)(3) and 501(c)(29) are either public charities or private foundations. Regarding you're a charity under the law, Section 501(c)(3) or the law of this letter.

If we indicated at the top of this letter that you're required to file Form 990-BE, you should have been notified by mail or by email. Information regarding Form 990-BE can be found on the IRS website. If you don't have a regular computer access to the IRS website, you should have been notified by mail.

If we indicated at the top of this letter that an advisory opinion was required, you should have been notified by mail or by email.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. You can also find information on the IRS website for more information on the rules that apply to your organization, including, but not limited to, requirements for annual reporting, recordkeeping, and disclosure requirements.

**Request for Taxpayer
Identification Number and Certification**

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

► Go to 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.

2 Business name/disregarded entity name, if different from above
About My Father's Business Homeless Outreach Ministry

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**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) 501(c)(3)
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. Requester's name and address (optional)
20555 Devonshire Street #143

6 City, state, and ZIP code
Chatsworth, CA 91311

7 List account number(s) here (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 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

8	3	-	4	3	9	8	7	3	0
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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 for Part II, later.

Sign Here Signature of U.S. person ► *[Signature]* Date ► 11-27-2019

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.

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-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.