

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

Name of NC from which you are seeking this grant: Woodland Hills/Warner Center

SECTION I- APPLICANT INFORMATION

1a)	Serrania Charter for Enriched Studies	95-6001908	CA	
	Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable)
1b)	5014 Serrania Avenue	Woodland Hills	CA	91364
	Organization Mailing Address	City	State	Zip Code
1c)	Business Address (if different)	City	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:			
	Sibyl Sperber	818-340-6700	ssper1@lausd.net	
	Name	Phone	Email	
2)	Type of Organization- Please select one:			
	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 Grant Request on School Letterhead		Attach IRS Determination Letter	
	FRIENDS of SERRANIA (FOS)		5014 Serrania Ave. Woodland Hills, CA	
3)	Name / Address of Affiliated Organization (if applicable)	City	State	Zip Code
				91364

SECTION II - PROJECT DESCRIPTION

- 4) **Please describe the purpose and intent of the grant.**
 Our students at Serrania love to read! We are a Pre-kindergarden through 5th grade school. We value our diverse student populations in all aspects of their cultural, learning, and social diversity. We work daily to challenge and excite our kids. Helping them want to come to school and be educated, is our primary goal.
- We have found an additional way to make reading and learning even better. Our school would like to buy, "Inchy the Bookworm, Vending Machine." This full-size vending machine would sit in our front office, for all to see. Newcomers to our school would see Serrania values reading and learning. "Inchy" is filled with books. It's a full-size vending machine filled with BOOKS!! Students would receive "gold coins" throughout their school day, which would be redeemed by placing a gold coin in "Inchy" and choosing a book to own.
- Our purpose is to encourage positive and responsible student behavior, both in and out of the classroom, allowing students to earn their gold coins. Once students have earned their coins, they would be able to choose a book to recognize that reading can take them to places far beyond their own imagination.
- 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)**
- This grant will allow us to buy Inchy the Bookworm Vending Machine. The purpose is to excite and energize our students to read, learn about themselves, and learn about others. As a member of society, the more we learn to embrace others not exactly the same as ourselves, the more we welcome new thoughts and value ideas. Inchy the Bookworm will give kids the opportunity to explore the world through literacy. As our students grow and develop, it is through literacy and excitement of education, that we build our future of acceptance and recognize the empowerment education provides.

SECTION III - PROJECT BUDGET OUTLINE

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
None		

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Inchy the Bookworm Vending Machine	4395	5,290.00
Delivery	895	

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?

No Yes, please list names of NCs: _____

8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs) No Yes, please describe:

Source of Funding	Amount	Total Projected Cost
Friends of Serrania, FOS will be responsible for 3 years of initial and then replenishr	2,000	
Serrania CES will share responsibility for 3 years to purchase books thru an LAUSD	20,290	
NPG to purchase Inchy the Bookworm Vending Machine	5,000	

9) What is the TOTAL amount of the grant funding requested with this application:

5,000

10a) Start date: May 1, 2022

10b) Date Funds Required: 06/01/22

10c) Expected completion date: _____ (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC?

No Yes - Please describe below:

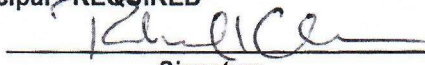
Name of NC Board Member	Relationship to Applicant

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 Department 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 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 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 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*

Rasheed Khan Principal  04/06/22
 PRINT Name Title Signature Date

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

Nancy Farish Assistant Principal  4-7-22
 PRINT Name Title Signature Date

* If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form

Global Vending Group, Inc.

3000 N. Bailey Ave, Suite 1E
Amherst, NY 14226 US
716 674 2820
nfo@globalvendinggroup.com



GLOBAL VENDING GROUP
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Pro-forma invoice

ADDRESS
Sibyl Sperber
Serrania Charter for Enriched Studies
5014 Serrania Ave.
Woodland Hills, CA 91364

SHIP TO
Sibyl Sperber
Serrania Charter for Enriched Studies
5014 Serrania Ave.
Woodland Hills, CA 91364

PRO-FORMA 11428
INVOICE
DATE 04/06/2022

SALESPERSON ID
KB

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	INCHY BW NEW 2021 V4	INCHY BW NEW 2021 V4	1	4,395.00	4,395.00
	LG	Shipping: Lift Gate delivery to the door	1	895.00	895.00
SUBTOTAL					5,290.00
TAX					0.00
TOTAL					\$5,290.00

Accepted By

Accepted Date



OGDEN UT 84201-0034

In reply refer to: 0427543672
Feb. 28, 2020 LTR 858C 0
95-4291588 201912 10

00012960
BODC: TE

FRIENDS OF SERRANIA INC
% RYAN SANTOS
PO BOX 784
WOODLAND HLS CA 91365

Taxpayer Identification Number: 95-4291588
Tax Period(s): Dec. 31, 2019

Form: 940

Dear Taxpayer:

We received your Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, for the tax period(s) indicated above.

You are not required to file Form 940 because you have been determined to be an exempt organization under section 501(c)(3) of the Internal Revenue Code; therefore, you are exempt from paying federal unemployment tax. Please destroy any Form 940 returns you may have received. Do not make tax deposits for federal unemployment tax.

We will send you a refund for your payments for the current year. You may request refunds for payments made in previous years by filing a Form 843 claim. You must file a claim for refund within three years from the return due date, or within two years from the date you paid the tax, whichever is later.

Even though you are not liable for the federal tax, you could be liable for the state tax. States establish and operate their own systems. Therefore, you should contact your state to find out whether you are required to make contributions under the state unemployment compensation law.

If you do not owe any other taxes, we will refund the money you paid with your return or by federal tax deposit in six to eight weeks.

If you need more information about unemployment tax, please see the enclosed Circular E, Employer's Tax Guide.

If you need forms, schedules or publications to respond to this letter, you can obtain them by visiting the IRS website at www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

990EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

- Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

Name of organization: FRIENDS OF SERRANIA INC
Number and street (or P. O. box, if mail is not delivered to street address): PO BOX 784
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: WOODLAND HILLS, CA 91365

D Employer identification number: 95-4291588
E Telephone number: (818) 340-6700
F Group Exemption Number

Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Website: N/A
Tax-exempt status (check only one) - [X] 501(c)(3) [] 501(c)() (insert no.) [] 4947(a)(1) or [] 527

Form of organization: [X] Corporation [] Trust [] Association [] Other
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$165,734

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Line number, Description, Amount. Includes rows for Contributions (163,541), Total revenue (165,734), Total expenses (175,414), and Net assets at end of year (206,421).

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
1 Cash, savings, and investments	216,101	22 206,421
2 Land and buildings		23
3 Other assets (describe in Schedule O)		24
4 Total assets	216,101	25 206,421
5 Total liabilities (describe in Schedule O).		26
6 Net assets or fund balances (line 27 of column (B) must agree with line 21)	216,101	27 206,421

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
RAISING FOR EDUCATIONAL PROGRAMS FOR PUBLIC ELEMENTARY SCHOOL

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Additional Data Table	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> See Additional Data Table	28a
Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> See Additional Data Table	29a
Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> See Additional Data Table	30a
Other program services (describe in Schedule O) Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
Total program service expenses (add lines 28a through 31a)	32 118,059

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RIANA CABEZAS	1.00	0		
Insurance				
LIAN MAMMONE	1.00	0		
Secretary				
COLE	1.00	0		
President				
FEDER	1.00	0		
President				
AKRTI POLOWY	2.00	0		
President				