

**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: Van Nuys

SECTION I - APPLICANT INFORMATION

1a) National Council on Alcoholism and Drug Dependence of the 95-3374623 CA 1979
Organization Name San Fernando Valley *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) 6166 Vesper Ave Van Nuys CA 91411
Organization Mailing Address *City* *State* *Zip Code*

1c) _____ _____ _____ _____
Business Address (if different) *City* *State* *Zip Code*

1d) **PRIMARY CONTACT INFORMATION:**
Janelly Juarez 818-997-0414 jjuarez@ncadd-sfv.org
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 Grant Request on School Letterhead Attach IRS Determination Letter

3) _____ _____ _____ _____
Name / Address of Affiliated Organization *City* *State* *Zip Code*
 (if applicable)

SECTION II - PROJECT DESCRIPTION

- 4) **Please describe the purpose and intent of the grant.**
 The purpose of this request is to seek grant funding to facilitate the distribution of COVID-19 resources to the Van Nuys community. With the funding, NCADD-SFV intends to provide accessibility to necessary tools during this global pandemic while also presenting informational resources to bring awareness on the importance of positive coping mechanisms rather than utilizing drugs and alcohol.
- 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)**
 By providing funds for this grant, NCADD-SFV will be capable of providing a resource supply bag which will include items recommended for staying safe during this time of uncertainty. This is beneficial to the community given that many families have lost their mean of income due to job furloughs and layoffs therefore are unable to obtain the items. Additionally, NCADD-SFV will be including bilingual resources on how to stay drug-free during a pandemic, a guide for parents on how to speak to their children regarding substances, and informational cards.

SECTION III - PROJECT BUDGET OUTLINE

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Face masks, hand sanitizer, facial tissue	\$4,000.00	\$4,000.00

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

9) What is the TOTAL amount of the grant funding requested with this application: \$4,000.00

10a) Start date: 5/30/2020 10b) Date Funds Required: 6/15/2020

10c) Expected completion date: 6/30/2020 (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 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**
 Robert T. Dorris, Jr. President Board Dir./CEO [Signature] 5/12/20
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - **REQUIRED***
 Shelley E. Klipp Corporate Secretary [Signature] 5/11/20
 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

CINCINNATI OH 45999-0038

In reply refer to: 0248188043
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NATIONAL COUNCIL ON ALCOHOLISM AND
DEPENDANCE OF THE SAN FERNANDO VL
6166 VESPER AVE
VAN NUYS CA 91411-2851

020326

Employer ID number: 95-3374623
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Oct. 25, 2019, about your tax-exempt status.

We issued you a determination letter in July 1979, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific

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time).

Thank you for your cooperation.

Sincerely yours,



Kim A. Billups, Operations Manager
Accounts Management Operations 1