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

Name of Neighborhood Council you are seeking the grant f	10111.	chest / F	Vaya Della
	Neighborhood Coun	cil Name /	
The Apple Orchard BBA PGS 4 1A) Organization Name Fed	<u> Z · 58 330 </u> leral I.D. # (EIN#)	Incorporation D	9 · · 0 Z ate of 501(c)(3) tatus (if applicable)
1B) 246/ S Robertson BIVD Acity Organization Mailing Address	os Angeles.	State 9	0035 Zip Code
1C) Business Address (If different) City	′	State	Zip Code
1D) Address of Affiliated Organization (If applicable) City		State	Zip Code
Name and address of person designated to receive office. 2) 246/S. Robertson BIVD Little	4	me: YVETTE <u>CA</u> 9 State	0035 Zip Code
3) Type of Organization- Please select one: (Organization Public School (not to include private schools) or Attach Letterhead	ons must be located with 501(c)(3) Non-profits (oth	her than religious institutio	
SECTION II - PROJECT DESCRIPTION			
4) Please describe the Neighborhood Improvement Project Graffiti removal guffer cleaning.	et for which the grant is inter	item p	ick up
How will this grant be used to primarily support or serve public at-large. Community Beauty Safety by removing 24 hours, removal			

TION III - PROJECT BUDGET OUTLINE- Please outline the project to Personnel Related Expenses		
P P	Requested of NC	Total Projected Cos
NH	\$	\$
	\$	\$
	\$	\$
	\$	\$
Non-Personnel Related Expenses	Requested of NC	Total Dusing to J. Co.
		Total Projected Cos
Paint, supplies, insurance, Stoffing	\$ 4,00000	7000
00	\$ -	\$
	\$	\$
	\$	\$
s the implementation of this specific program or purpose describe factors or sources or funding? Yes, please describe below Source of Funding	No	
	Amount \$	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$
PROJECT PRIMARY AND SECONDARY CONTACT INFOR Provide the name, telephone number, fax and e-mail address (if ap the funds and program(s) listed in Section II of this application.		
TION IV - PROJECT PRIMARY AND SECONDARY CONTACT INFOR Provide the name, telephone number, fax and e-mail address (if ap	MATION plicable) of the persor	
Provide the name, telephone number, fax and e-mail address (if ap the funds and program(s) listed in Section II of this application. Veffe First Name 310 413 4424 Telephone Number Fax Number Last Name Crist Name Last Name	MATION plicable) of the person Vef	n(s) responsible for M M E & www p
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SECTION VI - 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 Two signatures required

A) Executive Director of Non-Pro	it Corporation or School Princip	oal ,	/ ^	
Vette New	4 Found	er/CED	40a	4.24
PRINT First Name/ Last Name	Title		Signature	Date
Secretary of Non-profit Corpor	ation or Assistant School Princi	ipal		\wedge
Dirta Man	Mel Coning.	tam 1	Valala News) 1/
PRINT Rirst Name/ Last Name	Title	tan 1	Signatura	Dota
21 Secretaria de 219 econocidades de actividades por 100 esta en 1	1100		-igrature	Date 1
CTION VII - FOR DEPARTMENT C	F NEIGHBORHOOD EMPOWER	MENT USE ONLY		
Date Received				
		Application	☐ Complete ☐	Incomplete
Reviewer Name	Date Reviewed			meompiete
REVEIWER'S NOTES				
THE TENER OF THE T				
Date submitted to Funding Unit				
Method: ☐ In-person ☐	E-mail	artmental mail		
NPG #		f		
Application □ Complete	☐ Incomplete			
Funding Unit Notes:				
	1			
		\		
		D	ONE Date Stamp Receip	t

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201 DEPARTMENT OF THE TREASURY

Date: MAY 1 8 2007

APPLE ORCHARD 3347 MOTOR AVE STE 100 LOS ANGELES, CA 90034 Employer Identification Number:
42-1583301
DLN:
17053097798197
Contact Person:
GREGORY S PAJDA ID# 31533
Contact Telephone Number:
(877) 829-5500

Public Charity Status: 170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated OCTOBER 2003, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

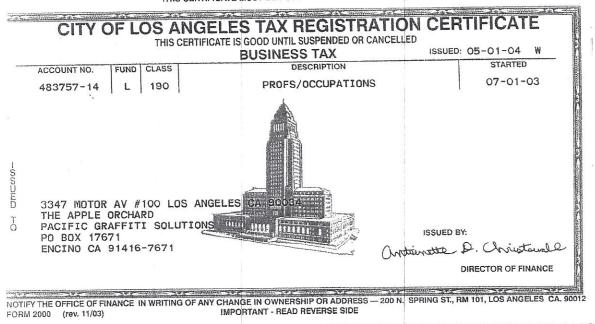
Please keep this letter in your permanent records.

Sincerely yours,

Director, Exempt Organizations

Rulings and Agreements

Letter 1050 (DO/CG)



Change of Address: 246/S. Robertson LA CA 90035 Was Submitted 4.14.14

HAME WHE NOTES BIVD ADDRESS 2461 S. ADDRESS AND 185 STATE CA

STATE Ca ZIP CODE 90035



Dawn C. Logari. Registrar - Recordat/County Clerk

Electronically signed by Gahriel Perez

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING	AND FILING FEE (Check one)
Onginal- \$26.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)	
New (Amended) Filing: \$26.00 [CHANGES IN FACTS FIROM CHIGHAR, FILITIO: REQUIRES	5 Pt/8, "41 ON)
Refile- \$26.00 (NO CHANGES IN THE FACTS FROM OPIGALAL FILLIDS) \$5.00, FOR EACH CONTROLAL RUSHIESS NAME BUSD OF SAME STATEMENT, DOUGD BUS HIS	SS AT THE SAME LOCATION \$5.00 FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE DIMER !
TO THE TAX ADMINISTRATION OF THE PROPERTY OF T	
· Pacific Graffati Solutions	n(s) is (are) doing business as: 22
- 244 5 ROBERTSON BIVE	ilious Rusiness Name(s)
Street address of principal place of business	Mailing address if different
City State Zip COUNTY	City State 74p
Articles of Incorporation or Organization Number of applicable; AL#ON	390
*** REGISTERED OWNER(S):	
1. The Apple Ore Ivant Full Name/Cord/LE IP O Box pol accepted)	Pull Name/Com/LLC (P.O. Box not accepted)
2461 S. Robertson BIVD	Residence Address
Lis Hagles (a 90035	residence reduieds
City State Zip	City State Zip
If Corporation or LLC – Print State of Incorporation/Organization	If Corporation or LLC - Print State of Incorporation/Organization
3.	Full Name/Corp/LLC (P.O. Box not accepted)
Full Name:Corp?LLC (P.O. Box not accepted)	
Residence Address	Residence Address
Caγ State Z _i p	City State Zip
If Corporation or LLC - Print State of Incorporation/Organization	If Corporation or LLC - Print State of Incorporation/Organization
	H ADDITIONAL SHEET SHOWING OWNER INFORMATION
**** THIS BUSINESS IS CONDUCTED BY: (Check one)	
	mited Partpership G a Limited Liability Company
an Unincorporated Association other than a Partnership	a Corporation a a Trust a Copartners
a Married Couple	Registered Domestic Partners 🔠 a Limited Liability Partnership
- A -	1 2 47
***** The date registrant commenced to transact business under the fictition	is business name of names listed above of you haven't started to transact business
declare that all information	in this statement is true and correct.
18 registrant who disclares as true any material matter put	suant to Section 17913 of the Business and Professions Code that punishable by a fine not to exceed one thousand dollars (\$1,000)).
7 1 Dockerd	T do = 1.7
REGISTRANTICORPALIC NAME (PRINT) The Apple Oro hard	TITLE TOUNDER TOU
	PORLLC, PRINT NAME VIII TE PE A
f corporation, also print corporate title of officer. INLLC, also his statement was filed with the County Clerk of LOS ANSELES on the date indicated by the file	ri distriminiha hiner non tamec
IOTICE – IN ACCORDANCE WITH SUBDIVISION (BY DESECTION 1792), A FICTITIOUS NAN VHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER TH ICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. EL ICCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM	ME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE TEARS FROM THE DATE ON I SUBDIVISION (b) OF SECTION 17920. WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE HAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FFECTIVE JANUARY 1, 2014, THE FICTICIOUS BUSINESS NAME STATEMENT MUST BE
HE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS ST INDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AI I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE O	
DEAN C LOGAN, LOS ANGELES COUNTY CLERK	BY Deputy

This is a true and certified copy of the record in it bears the seat, imprinted in purple ink, of the Registrar-Recorder/County Clerk

MAR 27 2014

GEORGE COUNTY, CAUFORNIA

