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: Neighborhood Council of Westchester/Playa

SEC	TION I- APPLICANT INFORMATION							
1a)	YMCA of Metropolitan Los Angeles	s 95-	95-1644052 Ca		ornia	January 1988		
	Organization Name	Feder	al I.D. # (EIN#	State of	Incorporation	Date of 501(c)(3) Status (if applicable		
1b)	4301 W. 3rd St.		Los Angeles		CA	90020		
	Organization Mailing Address		City		State	Zip Code		
1c)	8015 South Sepulveda Boulevard		Los Angeles		CA	90045		
	Business Address (If different)	City			State	Zip Code		
1d)	PRIMARY CONTACT INFORMATION:							
	John Loussararian	310 98	1 5347	johnlou	ussarariar	n@ymcaLA.org		
	Name	Pho	ne		Email			
2)	Type of Organization- Please select one: ☐ Public School (not to include private schools) Attach Signed letter on School Letterhead ☐ 501(c)(3) Non-Profit (other than religious institutions) Attach IRS Determination Letter							
	Westchester Family YMCA / 8015 South Sep	ulveda B	oulevard L	os Ang	eles CA	90045		
3)	Name / Address of Affiliated Organization (if appl	icable)	C	ity	State	Zip Code		

SECTION II - PROJECT DESCRIPTION

4) Please describe the purpose and intent of the grant.

The Westchester Family YMCA requests funds to support the continued COVID-19 pandemic response activities of providing a hygiene program for individuals and families experiencing homelessness, as well as providing daily essentials to these community members such as food and meals, clothing, towels and toiletries.

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)

Financial support would enable the Westchester Family YMCA staff to continue providing this emergency programming in response to COVID-19. On average, our Y provides essentials to 200 individuals who are experiencing homelessness who utilize our hygiene program every week.

6a)	Personnel Related Expenses		Reque	sted of NC	Total Projected Cost		
	Staffing to implement the continued COVI	D-19 pandemic response activities	\$2,500		\$37,000		
	to provide neighbors who are experiencing	g homelessness with essentials	\$		\$		
	such as food, toiletries, towels, and suppli	es.	\$		\$		
6b)	Non-Personnel Related Expenses		Reque	sted of NC	Total Projected Cost		
			\$		\$		
			\$		\$	1	
			\$		\$	7	
8) Is	ive you (applicant) applied to any other No Yes If Yes, plea the implementation of this specific prources or funding? (Including NPG ap	ase list names of NCs: ogram or purpose described	in Quest	ion 4 conting	ent on any other factors of	 or	
SO	Source of Funding	plications to other NCs) • No	Amour		, please describe: Total Projected Cost		
	Source of Fullding		¢	IL	¢ cost	4	
			\$		\$	┨	
			\$		\$	┪	
11a) l	Do you (applicant) have a current or fo	ormer relationship with a Boa	rd Memb	per of the NC?			
_	□ No □ Yes If Yes, please describe below:			Deletionship to Applicant			
	Name of NC Board Member			Relationship to Applicant			
	Ted (biose		westchester Far	nily YMCA Board of Managers Member	\exists	
	f yes, did you request that the board ☐ Yes ☐ No <u>*(Please note that</u> or participates in the discussion an grant in its entirety.)	if a Board Member of the NC	has a c	onflict of inte	erest and completes this	for	
	TION V - DECLARATION AND SIGNAT		i al a al la	anain and ass		. 4	
and a	eby affirm that, to the best of my kno accurately stated. I further affirm t	hat I have read the docume	ents "W	hat is a Publ	ic Benefit," and "Confli	icts	
bene Purp this a	est" of this application and affirm th fit project/program and that no col oses Grant. I affirm that I am not a c application. I further affirm that if th d here, said funds shall be returned	nflict of interest exist that current Board Member of the grant received is not use	would p e Neigh ed in acc	revent the average borhood Court or with the court of the	warding of the Neighbon Incil to whom I am subn	rhoo nittir	
12a	Executive Director of Non-Profit Cor	poration or School Principal	- REQUI	RED*			
	John Loussararian	Executive Director			9/14/2020)	
	PRINT Name	Title		Signature	Date	_	
12b) Secretary of Non-profit Corporation	or Assistant School Principa	- REQU	IRED*			
	Khathy Hoang	Senior Director of Development		K. Sh	9/11/2020)	
	PRINT Name	Title		Signature	Date	_	

SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

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^{*} 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

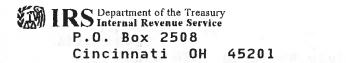
You've almost finished your Neighborhood Purposes Grant application!

One last item, it's an important item that holds equal weight as we review and evaluate grant requests. How will the community learn about your project and your NCWP award that helped make it possible? How will you recognize the Neighborhood Council of Westchester/Playa? As you know, your project must offer a community benefit, improvement and/or enhancement. Please be thoughtful and creative about recognizing the NCWP, your funding partner.

How would you recognize your Neighborhood Council of Westchester/Playa, if awarded a grant?

The Westchester Family YMCA recognizes our donors and community partners through a number of ways, including social media posts, recognition on our donor wall prominently placed in the YMCA's Courtyard which is updated annually, and invitation to our Donor Recognition Social hosted annually in May, just to name a few.





In reply refer to: 0248156166 July 05, 2011 LTR 4168C E0 95-1644052 000000 00

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BODC: TE

YOUNG MENS CHRISTIAN ASSOCIATION
OF METROPOLITAN LOS ANGELES
METROPOLITAN LOS ANGELES
625 S NEW HAMPSHIRE AVE
LOS ANGELES CA 90005-1342



012169

Employer Identification Number: 95-1644052
Person to Contact: MR GALLUPPI
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 23, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in January 1988.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248156166 July 05, 2011 LTR 4168C E0 95-1644052 000000 00 00015661

YOUNG MENS CHRISTIAN ASSOCIATION
OF METROPOLITAN LOS ANGELES
METROPOLITAN LOS ANGELES
625 S NEW HAMPSHIRE AVE
LOS ANGELES CA 90005-1342

If you have any questions, please call us at the telephone number shown in the heading of this letter.

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Sincerely yours,

S. A. Martin, Operations Manager

S. A. Martin, Operations Manager Accounts Management Operations

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