

**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: Westchester / Playa

**SECTION I - APPLICANT INFORMATION**

1a) SOFESA 26-1454148 CA 11/2007  
 Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)

1b) 8726 S Sepulveda Blvd Los Angeles CA 90045  
 Organization Mailing Address City State Zip Code

1c) \_\_\_\_\_  
 Business Address (if different) City State Zip Code

1d) PRIMARY CONTACT INFORMATION:

Jess Echeverry 310 957 2995 jess@sofesa.org  
 Name Phone Email

2) Type of Organization- Please select one:  
 Public School (not to include private schools) Attach Signed letter on School Letterhead or  501(c)(3) Non-Profit (other than religious institutions) Attach IRS Determination Letter

3) \_\_\_\_\_  
 Name / Address of Affiliated Organization (if applicable) City State Zip Code

**SECTION II - PROJECT DESCRIPTION**

4) Please describe the purpose and intent of the grant.  
Outreach costs for our Emergency Outreach Program.

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)

To cover costs for emergency shelter, food and other living essential items for homeless parents with children. This service shelters those in need, helps SOFESA begin the relationship building process and helps our community in regards to healing homelessness.

**SECTION III: PROJECT BUDGET OUTLINE**

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

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	See attached	\$ 1500.00	\$
		\$	\$
		\$	\$

6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	See attached	\$	\$
		\$	\$
		\$	\$

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:

<b>Source of Funding</b>	<b>Amount</b>	<b>Total Projected Cost</b>
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 1500.00

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:

<b>Name of NC Board Member</b>	<b>Relationship to Applicant</b>
Alexandra Reynolds	Known thru local moms group

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  
 Jessica Echeverry Exec. Dir. [Signature] 5/12/23  
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*  
 Rose M. Heffernan Secretary [Signature] 5/12/2023  
 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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form



# SOFESA

## Outreach Program Projected Monthly Costs

### Service Category

### Amount per Family

#### Low

#### High

Shelter (Motels)	\$3,000	\$6,000
Food & Grocery	\$100	\$400
Bill payment*	\$50	\$200
Gas for Vehicle	\$50	\$50
Clothing	\$100	\$500
Documents	\$35	\$200

**Totals: \$3,335 \$7,350**

### Personnel Expenses

Mission Coordinator	\$600	monthly
Family Advocates (3)	\$1,800	monthly
Gas for Vehicles	\$250	monthly

**Total: \$2,650**

### Outreach Data to date (5/12/2023)

#### Month

#### New Intakes

#### Previous Intakes\*\*

January	2	0
February	3	0
March	2	2
April	2	1
May	1	1

**Totals: 10**

\*cellphone, car insurance, etc

\*\*families back on street after initial intake and placement

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

DEPARTMENT OF THE TREASURY

Date:

DEC 05 2008

SORE FEET SAVIORS  
PO BOX 45559  
LOS ANGELES, CA 90045-0000

Employer Identification Number:  
26-1454148  
DLN:  
608331008  
Contact Person:  
ELIZABETH L HOFACRE ID# 31387  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
November 19, 2007  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)