



**Canoga Park Neighborhood Council (CPNC)
Special Joint Executive Board Budget Meeting Agenda
May 21, 2021 04:30 PM Pacific Time (US and Canada)**



Zoom webinar.

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/85646237829>

Or One tap mobile :

**US: +16699006833,,85646237829# or
+13462487799,,85646237829#**

Or Telephone:

**Dial(for higher quality, dial a number based on your current
location):**

US: +1 669 900 6833 or +1 346 248 7799

Executive Board

Mary Paterson

President

Community-Based Org. Rep

Public Safety & Prep. Chair

Thema Bryant

Vice President

Racial Equity Officer

Helen Morales

Secretary

Youth Rep.

Leonel Fuentes

Treasurer

Retail/Service Rep

The mission of the Canoga Park Neighborhood Council is to provide an innovative forum for all community stakeholders to contribute to a healthy, vibrant, and inclusive Canoga Park. All of the Board and Committee meetings are open to the public and provide you with an opportunity to speak. The Board procedures are more formal than committee meetings so your time to address the Board is limited. Committee meetings are generally informal, and discussions between participants are commonplace.

1) Welcome

- a) Executive Board Roll Call (*This committee has 4 members, 3 are needed for a quorum*)

2) Available seats

3) Treasurer report

4) Secretary report

5) Discussion of any funding requests

- a) NPG \$5,000 for Boys and Girls Club for beautification (7245, 7240 and 7244 Remmet Ave)
- b) NPG \$5,000 for Overdue for equipment
- c) NPG Motion to purchase \$1,000 of food for One Generation

6) Discussion of any other agenda items or logistics with regard to upcoming meeting

7) GENERAL PUBLIC COMMENT ON NON-AGENDA ITEMS: (10 minutes)

Comments from the public on non-agenda items within the Board's jurisdiction (2 minutes per speaker) totaling 10mn. (limited to 2 minutes per speaker unless otherwise declared by the President or presiding director. The Council is not permitted to take action on items that are not identified on the agenda. Public comment on agendized items will be called as each agenda item is brought forward. Comments are limited to 2 minutes, unless otherwise declared by the President or presiding director.)

8) Any committee reports or executive board announcements

9) ADJOURNMENT

Time allocations for agenda items are approximate and may be shortened or lengthened at the discretion of the Chairperson.



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PUBLIC INPUT AT NEIGHBORHOOD COUNCIL MEETINGS –

The public is requested to fill out a virtual “Speaker Card” by raising your hand in Zoom to address the Board on any agenda item before the Board takes an action on an item. Comments from the public on agenda items will be heard only when the respective item is being considered. Comments from the public on other matters not appearing on the agenda that are within the Board’s jurisdiction will be heard during the General Public Comment period. Please note that under the Brown Act, the Board is prevented from acting on a matter that you bring to its attention during the General Public Comment period; however, the issue raised by a member of the public may become the subject of a future Board meeting. Public comment is limited to 2 minutes per speaker, unless adjusted by the presiding officer of the Board.

PUBLIC ACCESS OF RECORDS – In compliance with Government Code section 54957.5, non-exempt writings that are distributed to a majority or all of the board in advance of a meeting may be viewed at Canoga Park Community Center, 7248 Owensmouth Ave. Canoga Park, 91303 at our website: www.canogaparknc.org or at the scheduled meeting. In addition, if you would like a copy of any record related to an item on the agenda, please contact Michelle Miranda, Board President, at (818) 606-8652 or MaryPaterson@CanogaParkNC.org.

PUBLIC POSTING OF AGENDAS –

CPNC agendas are posted for public review as follows:

www.canogaparknc.org

You can also receive our agendas via email by subscribing to I.A. City’s Early Notification System at

<http://www.lacity.org/government/Subscriptions/NeighborhoodCouncils/index.htm>

THE AMERICAN WITH DISABILITIES ACT –

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services the request at least and activities. Sign language interpreters, assistive listening devices and other auxiliary aids



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and/or services, may be provided upon request. To ensure availability of services, please make the request at least 3 business days (72 hours) prior to the meeting you wish to attend by contacting Mary Paterson, Board President, at (818) 606-8652 or MaryPaterson@CanogaParkNC.org

RECONSIDERATION AND GRIEVANCE PROCESS

For information on the CPNC's process for board action reconsideration, stakeholder grievance policy, or any other procedural matters related to this Council, please consult the CPNC Bylaws. The Bylaws are available at our Board meetings and our website www.canogaparknc.org

SERVICIOS DE TRADUCCION

Si requiere servicios de traducción, favor de avisar al Concejo Vecinal 3 días de trabajo (72 horas) antes del evento. Por favor contacte a Mary Paterson, Presidente de la Mesa Directiva, al (818) 606-8652.



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Secretary of State

ARTS-PB-
501(c)(3)

Articles of Incorporation of a Nonprofit Public Benefit Corporation

IMPORTANT — Read Instructions before completing this form.

Filing Fee — \$30.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00

Note: A separate California Franchise Tax Board application is required to obtain tax exempt status. For more information, go to ftb.ca.gov.

FILED

Secretary of State
State of California

4730178

Filing Number

04/08/2021

Filing Date

This Space For Office Use Only

1. Corporate Name (Go to www.sos.ca.gov/business/be/name-reservations for general corporate name requirements and restrictions.)

The name of the corporation is OVERDUE Cleanup Crew

2. Business Addresses (Enter the complete business addresses. Item 2a cannot be a P.O.Box or "in care of" an individual or entity.)

| | | | |
|---|---|-------------|-------------------|
| a. Initial Street Address of Corporation - Do not enter a P.O. Box 21021 Erwin St, APT315 | City (no abbreviations) Woodland Hills | State CA | Zip Code 91367 |
| b. Initial Mailing Address of Corporation, if different than Item 2a | City (no abbreviations) | State | Zip Code |

3. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL — Complete Items 3a and 3b only. Must include agent's full name and California street address.

| | | | |
|---|---|---------------------|-------------------|
| a. California Agent's First Name (if agent is not a corporation) Maxwell | Middle Name | Last Name Suwaki | Suffix |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 21021 Erwin St, APT315 | City (no abbreviations) Woodland Hills | State CA | Zip Code 91367 |

CORPORATION — Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 3a or 3b

Item 4a: One or both boxes **must** be checked.

4. Purpose Statement

Item 4b: If "public" purposes is checked in Item 4a, or if you intend to apply for tax-exempt status in California, you **must** enter the specific purpose in Item 4b.)

- a. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for: ☒ public purposes. ☒ charitable purposes.
- b. The specific purpose of this corporation is to clean up community and restore the beauty of public environment

5. Additional Statements (See Instructions and Filing Tips.)

- a. This corporation is organized and operated exclusively for the purposes set forth in **Article 4** hereof within the meaning of Internal Revenue Code section 501(c)(3).
- b. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.
- c. The property of this corporation is irrevocably dedicated to the purposes in **Article 4** hereof and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person.
- d. Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for **charitable, educational and/or religious** purposes and which has established its tax-exempt status under Internal Revenue Code section 501(c)(3).

6. Read and Sign Below (This form must be signed by each incorporator. See Instructions. Do not include a title.)

Signature Maxwell Suwaki

Maxwell Suwaki

Type or Print Name

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: **Canoga Park**

SECTION I - APPLICANT INFORMATION

1a) **ONEgeneration** **95-406979** **CA** **1978**
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) **17400 Victory Blvd.** **Van Nuys** **CA** **91406**
Organization Mailing Address *City* *State* *Zip Code*

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

1d) PRIMARY CONTACT INFORMATION:

Sue Sexton **818-708-4756** **ssexton@onegeneration.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 Signed letter on School Letterhead **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.

ONEgeneration would like to request the Canoga Park Neighborhood Council's support in provide access to food for our local families who are facing food insecurity. Funds will support the direct distribution of both perishable and non-perishable food which is given out on weekly basis. Food/groceries will also be delivered to the homes of isolated/homebound seniors who are unable to access the food bank due to a disability.

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)

Currently, ONEgeneration's food bank programs are fully dependent on donations and volunteers. Over 250,000lbs of food is received and redistributed every month to over 2,000 households, including those living in Canoga Park. Funds to support ONEgeneration's food efforts will benefit the public at-large as anyone who is facing food insecurity can received food at no cost and can continue to receive support as long as it is needed.

SECTION III - PROJECT BUDGET OUTLINE

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

| | | | |
|-----|----------------------------|-----------------|----------------------|
| Ga) | Personnel Related Expenses | Requested of NC | Total Projected Cost |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

| | | | |
|-----|--------------------------------|-----------------|----------------------|
| 6b) | Non-Personnel Related Expenses | Requested of NC | Total Projected Cost |
| | Perishable and non-perishable | \$ 1,000.00 | \$ 1,000 |
| | | \$ | \$ |
| | | \$ | \$ |

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

[☐ No ☒ **ii Yes** If Yes, please list names of NCs: _____

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) ☐ **iii No** ☐ **Yes** If Yes, please describe:

| Source of Funding | Amount | Total Projected Cost |
|-------------------|--------|----------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

8) What is the TOTAL amount of the grant funding requested with this application: \$ 1,000.00

10a) Start date: 10b) Date Funds Required: 5/30/2021 10c) Expected Completion Date: 6/30/2021

(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?

☒ **iii No** ☐ **Yes** If 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 NC Funding Program will deny the payment of this grant in its entirety.)

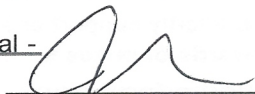
SECTION V - DECLARATION AND SIGNATURE

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 -

Jenna Hauss, MSW

President & CEO



4/29/21

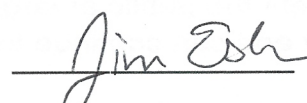
12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*

Jim Esterle

Board Secretary

PRINT Name

Title



4/29/21

* 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@city.org for instructions on completing this form

Date of this notice: 03-24-2021

Employer Identification Number:
86-2819165

Form: SS-4

Number of this notice: CP 575 E

OVERDUE CLEANUP CREW
% MAXWELL SUWAKI
21021 ERWIN ST APT 315
WOODLAND HLS, CA 91367

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-2819165. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is OVER. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 7-2007)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 E

999999999999

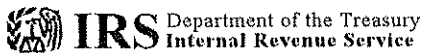
Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 03-24-2021
EMPLOYER IDENTIFICATION NUMBER: 86-2819165
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

A barcode consisting of vertical bars of varying heights, used for document tracking or identification.

OVERDUE CLEANUP CREW
% MAXWELL SUWAKI
21021 ERWIN ST APT 315
WOODLAND HLS, CA 91367



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248653327
May 27, 2010 LTR 4168C E0
95-4066979 000000 00
00018938
BODC: TE

ONEGENERATION
VALLEY SENIOR SERV & RESOURCES CTR
17400 VICTORY BLVD
VAN NUYS CA 91406-5349

006466

Employer Identification Number: 95-4066979
Person to Contact: Ms. Espelage
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 18, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1991.

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.

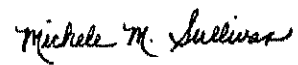
Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

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

0248653327
May 27, 2010 LTR 4168C E0
95-4066979 000000 00
00018939

ONEGENERATION
VALLEY SENIOR SERV & RESOURCES CTR
17400 VICTORY BLVD
VAN NUYS CA 91406-5349

Sincerely yours,



Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

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: _____

SECTION I - APPLICANT INFORMATION

1a) _____
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) _____
Organization Mailing Address *City* *State* *Zip Code*

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

1d) **PRIMARY CONTACT INFORMATION:**

_____ *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 Signed letter on School Letterhead **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.

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)

SECTION III - PROJECT BUDGET OUTLINE

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

| | | | |
|-----|-----------------------------------|------------------------|-----------------------------|
| 6a) | Personnel Related Expenses | Requested of NC | Total Projected Cost |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

| | | | |
|-----|---------------------------------------|------------------------|-----------------------------|
| 6b) | Non-Personnel Related Expenses | Requested of NC | Total Projected Cost |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

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:

| | | |
|--------------------------|---------------|-----------------------------|
| Source of Funding | Amount | Total Projected Cost |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

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

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:

| | |
|--------------------------------|----------------------------------|
| 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 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*

PRINT Name Title Signature Date

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

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 for instructions on completing this form