# 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:

Sherman Oaks Neighborhood Council

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### SECTION I- APPLICANT INFORMATION

	Hope Mill, Inc.		80-0188464 CA			03/27/08	
1a)	Organization Name	Fe	deral	I.D. # (EIN#)	State of	Incorporation	Date of 501(c)(3) Status (if applicable
	16133 Ventura Blvd., Suite 650	En	cino			CA	91436
1b)	Organization Mailing Address	Ci	ty			State	Zip Code
	Same as above			_			
1c)	Business Address (If different)	Ci	ty			State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:						
	Pearl Huber	(818	(818) 201-9464			pearl@hopemill.com	
	Name	Pho	ne			Email	
2)	Type of Organization- Please select one:						
	Public School (not to include private schools)	or		501(c)(3) No	n-Profit	(other then religio	ous institutions)
	Attach Grant Request on School Letterhead			Attach IRS I	Determin	ation 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.

Our organization is all volunteer. We assemble and distribute CarePacks for the homeless. Our CarePacks are sturdy backpacks, filled with food, water, clothing, blanket, and many essential personal care items, such as washcloth, shampoo, soap, toilet paper, lip balm, lotion, toothpaste, toothbrush, and much more.

Our program is conducted year-round. The purpose of this grant is to give the Sherman Oaks Neighborhood Council the opportunity to participate in this much needed program by providing funding for 500 backpacks, which we will then fill with the essential survival items for the area's homeless men and women.

### 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)

Our CarePack program partners with numerous agencies and organizations working to provide homeless individuals the resources needed to help them take the steps needed to get off the streets. Our CarePacks are used to not only provide a "survival kit" filled with essential items to fill immediate needs, but they also help to draw individuals into the homeless resource events where service providers can ascertain what their needs are and work to get them connected with needed services – with a goal of getting people off the streets. One of the agencies we partner with is the Dept. of Mental Health, SB82 Mobile Triage Team, SA2, which includes the Sherman Oaks area. This team goes out into the field to locate and work with the homeless in the hope of getting them off the streets. The Mobile Triage Team uses our CarePacks to help establish a relationship of trust and caring. City of Los Angeles, Department of Neighborhood Empowerment NPG APPLICATION Page 2

(ongoing)

SECTION III -	PROJECT	BUDGET	OUTLINE
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6a)	Personnel Related Expenses	Requested of NC	Total Projected Cost
	None (All volunteer)		
6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Funding for approx. 500 backpacks, which will then be filled with food, water,		
	clothing, and essential personal care items.	\$ 2,500.00	

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

No Yes, please list names of NCs: Encino Neighborhood Council approved an NPG Application early 2017.

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 Ves, please describe:

Source of Funding	Amount	Total Projected Cost
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9) What is the TOTAL amount of the grant funding requested with this application:

\$ 2,500.00

10a) Start date:

10b) Date Funds Required:

10c)	Expected completion date:	(After completion of the project, the applicant must submit a	
	follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)		
SECT	ON IV - POTENTIAL CONFLICTS OF IN	ITEREST	

11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC?

No Q 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 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\*
 9/2 z /18

 Pearl Huber
 Executive Director
 9/2 z /18

 PRINT Name
 Title
 Signature
 9/2 z /18

 12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*
 9/2 z /18
 Date

 Nick Huber
 Secretary
 Secretary
 9/2 z /18

 PRINT Name
 Title
 Signature
 9/2 z /18

 Date
 Date
 Date
 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

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DEPARTMENT OF THE TREASURY

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

Date: JAN 2 9 2009

HOPE MILL INC 4551 DE CELIS PL ENCINO, CA 91436-3245

80-0188464	er:	
DLN:		
17053303357028		
Contact Person:		
TRACY P DORNETTE	ID#	31330
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: March 27, 2008		
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)

HOPE MILL INC

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Sincerely,

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Robert Choi Director, Exempt Organizations. Rulings and Agreements

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Enclosures: Publication 4221-PC

Letter 947 (DO/CG)