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: Sherman Oaks Neighborhood Council

SEC	TION I- APPLICANT INFORMATION				
4 \	Los Angeles Responsible Pit Bull Owners, Inc		-2563118	California	09/14/2020
1a)	Organization Name	Fed	leral I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
1b)	1812 W Burbank Blvd., #917	В	urbank	CA	91506
	Organization Mailing Address	City	′	State	Zip Code
1c)					
	Business Address (If different)	City	′	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:				
	Sammi Maon	310-382	2-0079	sammi@L/	ARPBO.org
	Name	PI	none	Email	
2)	Type of Organization- Please select one: ☐ Public School (not to include private schools) Attach Signed letter on School Letterhea			n-Profit <i>(other than religious</i> Determination Letter	institutions)
3)	Name Address of Affiliated Organization (if a	applicable)	City	State	Zip Code

SECTION II - PROJECT DESCRIPTION

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

Dog beds and grooming supplies for East Valley Animal Shelter.

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)

A well-rested and groomed dog has better chances of getting adopted.

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CTION III - PROJECT BUDGET OU may also provide the Budget Outli	ne on a separate sheet if necessa	ry or requested.	
Personnel Related Expenses	·	Requested of NC	Total Projected Cos
		\$	\$
		\$	\$
		\$	\$
Non-Personnel Related Expen	ses	Requested of NC	Total Projected Cos
Dog beds and	grooming supplies	\$500.00	\$500.00
		\$	\$
		\$	\$
	s, please list names of NCs: Var	Nuys	
Is the implementation of this spec sources or funding? (Including NF	_		gent on any otner tacto s, please describe:
Source of Funding		Amount	Total Projected Cos
		\$	\$
		\$	\$
		his application: \$500	\$
a) Do you (applicant) have a currer ■ No □ Yes If Ye	nt or former relationship with a <mark>l</mark> s, please describe below:	Board Member of the NC	?
Name of NC Board Member		Relationship	to Applicant
b) If yes, did you request that the b Yes No *(Please note or participates in the discussi grant in its entirety.)	that if a Board Member of the	NC has a conflict of int	erest and completes
ECTION V - DECLARATION AND Sinereby affirm that, to the best of noid accurately stated. I further afterest" of this application and aff	ny knowledge, the information firm that I have read the docu	uments "What is a Pub	lic Benefit," and "C
enefit project/program and that r urposes Grant. I affirm that I am i is application. I further affirm tha ated here, said funds shall be ret	no conflict of interest exist the not a current Board Member o at if the grant received is not	at would prevent the a f the Neighborhood Co used in accordance wit	warding of the Neiguncil to whom I am s
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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

Title

PRINT Name

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Signature

Date

Date: SEP 2 2 2014

LARPBO LOS ANGELES RESPONSIBLE PIT BULL OWNERS INC 16633 VENTURA BLVD STE 600 ENCINO, CA 91436 Employer Identification Number: 46-2563118 DLN: 17053128336014 Contact Person: CUSTOMER SERVICE ID# 31954 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 509(a)(2) Form 990 Required: Yes Effective Date of Exemption: February 21, 2013 Contribution Deductibility: 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.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Director, Exempt Organizations