# 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.

| Nam         | e of NC from which you are seeking this gran  | t:                 | 4                                     | S                         | ORO                                 |                                 |
|-------------|---|--------------------|---------------------------------------|---------------------------|-------------------------------------|---------------------------------|
| SEC         | CTION I- APPLICANT INFORMATION  | -                  | -                                     |                           |                                     | WHEN SHARMS IN                  |
| 1a)         | Friends of West I A   |                    | 6-1693591<br>deral I.D. II (EINII)    | CA<br>State o             | f Incorporation                     | Date of 501(c)(3)               |
| 16)         | 0410  | ).                 | #1411 L                               | . A.                      | CA                                  | 90064                           |
|             | Organization Mailing Address  | Cit                | y                                     |                           | State                               | Zip Code                        |
| 1c)         | same  |                    |                                       |                           |                                     |                                 |
|             | Business Address (If different)   | Cit                | Y                                     | 100000                    | State                               | Zip Code                        |
| 1d)         | PRIMARY CONTACT INFORMATION: Michael Eveloff  | 310                | -943-1837                             | 7                         | info@for                            | wla ora                         |
|             | Name  |                    | hone                                  |                           | Email                               | ma.org                          |
| 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<br>Attach IRS D       | n-Profit (or<br>eterminat | her than religious i<br>ion Letter  | nstitutions)                    |
| 3) 7        | Name / Address of Affiliated Organization (if applie  | cable)             | City                                  |                           | State                               | 77-0-4                          |
| SECT        | ION II - PROJECT DESCRIPTION  | SECTION .          |                                       | -                         | State                               | Zip Code                        |
| 4) F        | Please describe the purpose and intent of the gr  | rant.              |                                       |                           |                                     |                                 |
| 4 3         | 1st annual Thanksgiving dinner serving tradition<br>ddition we are offering a free Mercado with pant                                | nal mea<br>ry item | I to unhoused as<br>s and fresh veget | well as lo<br>tables as   | ocal under privi<br>well as shoes : | leged families.In and clothing. |
| 5) Ho<br>(G | ow will this grant be used to primarily support or<br>rants cannot be used as rewards or prizes for i                               | or servi           | e a public purpos                     | se and be                 | melit the publi                     | c at-large.                     |
| Tì          | nanksgiving dinner feedling thousands of unhous   | ed and             | low income stak                       | coholdor                  | 01111-11 1 0                        |                                 |

| ou   | may also provide die tranget obtilie   | On a separate energy introduction  | ssary or requested.  |   |
|--|--|--|--|---|
| a)   | Personnel Related Expenses   | THE RESERVE OF THE PARTY OF THE | Requested of NG  | Total Projected Cost<br>\$0.00  |
|  |  |  | \$   | \$  |
|  |  |  | \$   | \$  |
| )  | Non-Personnel Related Expense  | 6  | Requested of NC  | Total Projected Cost  |
| ,  | Food.utensils, aprons, truck rentals   |  | \$5,000.00   | \$35,000.00   |
|  | T Grant and appropriate to the control of the contr |  | \$   | \$  |
|  |  |  | \$   | s separate  |
|  |  | please list names of NCs: 5  | westside,soro,westwood,wiasno,/x   | OLEI MARIMOOD   |
| st   | he implementation of this specific<br>roes or funding? (including NPG  | program or purpose desc  | ribed in Question 4 contin   | es, please describe:  |
|  |  | applications to other NGS  | Amount   | Total Projected Cost  |
|  | Source of Funding  |  | \$5,000.00   | 5   |
| - 1  | od 5.cd11  |  | \$5,000.00   | \$  |
| 1  | Desporate and individual donations   |  | \$17,500.00  | S   |
| -  | you (applicant) have a current o   | r former relationship with   | a Board Member of the N  | IC?   |
| 00   | you (applicant) have a current o<br>No Yes If Yes, p<br>me of NC Board Member  | r former relationship with<br>lease describe below:  |  | IC?   |
| 00   | No ☐ Yes If Yes, p   |  |  |   |
| Na   | No Yes If Yes, p<br>me of NC Board Member  | lease describe below:  | Relations  | hip to Applicant  |
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DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE P. O. BOX 2504 CINCINNATI, OH 45201

Date: JUL 7 8 2014

FRIENDS OF WESTWOOD RECREATIONAL COMPLEX 10940 WILSHIRE SLVD STE 2000 LOS ANGELES, CA 90024 Employer Identification Number: 26-1693591 DLN: 17053072305004 Contact Person: CUSTOMER SERVICE ID# 31954 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: Decmeber 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: May 15,2013 Contribution Deductibility: Addendum Applies:

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 511(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 sequests, 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.

Yes

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

Letter 947

#### FRIENDS OF WESTWOOD RECREATIONAL

#### ADDENDUM

Based on the information submitted with your application, we approved your request for religitatement under Revenue Procedure 2014-11. Your effective date of exemption, as shown in the heading of this letter, is retroactive to the date of revocation.

Letter 947

### **Neighborhood Council Funding Program**

## **APPLICATION for Neighborhood Purposes Grant (NPG)**



South Robertson Neighborhoods Council



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.

|     | TION I- APPLICANT INFORMATION  World Harvest Charities & Family Services  | 39-20   | 64653       |  | 08-28-2014                              |
|-----|---|---------|-------------|--|---|
| 1a) | -   |         | D. # (EIN#) | State of Incorporation                                       | Date of 501(c)(3) Status (if applicable |
| 1b) | 3100 Venice Blvd  | Los A   | ngeles      | CA   | 90019                                   |
|     | Organization Mailing Address  | City    |             | State  | Zip Code                                |
| 1c) |   |         |             |  |   |
|     | Business Address (If different)   | City    |             | State  | Zip Code                                |
| 1d) | PRIMARY CONTACT INFORMATION:  |         |             |  |   |
|     | Glen Curado 626-757-2345 Glei   | n@world | harvestf    | oodbank.org  |   |
|     | Name  | Phone   |             | Email  |   |
| 2)  | Type of Organization- Please select one:  ☐ Public School (not to include private schools)  Attach Signed letter on School Letterhead |         |             | n-Profit <i>(other than religious</i><br>etermination Letter | institutions)                           |
| 3)  | Name / Address of Affiliated Organization (if appli   | icable) | City        | State  | Zip Code                                |

#### SECTION II - PROJECT DESCRIPTION

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

World Harvest Charities & Family Services is asking for support from the South Robertson Neighborhoods Council to help us continue and expand our services to families facing food insecurity in Los Angeles. The purpose of this grant is to help us purchase a sprinter van to pick up donations that exceed our current capabilities.

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, World Harvest Food Bank feeds 75,000 families. Our mission is to end hunger in Los Angeles and serve as many families as we can. Starting in 2020, the California Department of Motor vehicles begin compliance verification to ensure that vehicles subject to the California Air Resources Board's (CARB) Truck and Bus Regulation meet the requirements prior to obtaining DMV registration. Our current donation pick-up truck is a 2000 Intl 4700 and on January 1, 2020, no longer meets the regulatory requirements.

PAGE 1 NCFP 107

|  | N III - PROJECT BUDGET OUTLINE<br>also provide the Budget Outline on a sepa  | rate sheet if necessary or  | requeste   | ed.  |  |
|--|--|---|--|--|--|
| -  | ersonnel Related Expenses  |   | The second secon | ed of NC   | Total Projected (  |
| Γ  |  |   | \$   |  | \$   |
| Г  |  |   | \$   |  | \$   |
|  | a de la A  |   | \$   |  | \$   |
| N  | on-Personnel Related Expenses  |   | Request  | ed of NC   | Total Projected (  |
| C  | commercial Sprinter Van w/ Hightop   |   | \$5,000  |  | \$65,000   |
| -  | 9  |   | \$   |  | \$   |
|  |  |   | \$   |  | \$   |
| 1  | you (applicant) applied to any other Neig  | names of NCs:   |  |  |  |
|  | e implementation of this specific program<br>ces or funding? (Including NPG application  |   |  |  | gent on any otner to<br>s, please describe:  |
| -  | ource of Funding   |   | Amount   |  | Total Projected (  |
| _  | e are asking other NC's to help us complete our goal   |   | \$5,000  |  | \$65,000   |
|  |  |   | \$   |  | \$   |
|  |  |   | \$   |  | \$   |
| Aí   | ter completion of the project, the applica   |   | ect Comp   | xpected Co<br>letion Repo  | ort to the Neighbor  |
| (Ai  | ON IV - POTENTIAL CONFLICTS OF INTER   | REST  |  | letion Repo  | ort to the Neighbor  |
| (Ai  | ON IV - POTENTIAL CONFLICTS OF INTER   | REST<br>relationship with a Boar  |  | letion Repo  | ort to the Neighbor  |
| (Al  | on IV - POTENTIAL CONFLICTS OF INTER you (applicant) have a current or former No □ Yes If Yes, please des  | REST<br>relationship with a Boar  | d Membe  | er of the NC   | ort to the Neighbor  |
| (Af  | ON IV - POTENTIAL CONFLICTS OF INTER   | REST<br>relationship with a Boar  | d Membe  | er of the NC   | ort to the Neighbor  |
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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 <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form

DEPARTMENT OF THE TREASURY

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

Date: AUG 2 8 2014

WORLD HARVEST CHARITIES & FAMILY SERVICES 1014 W VENICE BLVD LOS ANGELES, CA 90015

Employer Identification Number: 39-2064653 DLNt 17053097312044 Contact Person: CUSTOMER SERVICE ID# 31954 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(±)(A)(v1) Form 990 Required: Yes Effective Date of Exemption: May 15, 2013 Contribution Deductibility: Yes Addendum Applies: Yes

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 Pederal 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

# 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.

|     | e of NC from which you are seeking this gran   | t:   |  |                                     |
|-----|--|--|--|-------------------------------------|
| SEC | TION I- APPLICANT INFORMATION  |  |  |                                     |
|     | Our Big Kitchen Los Angeles  | 84-4370166   | CA   | 05/15/20                            |
| 1a) | Organization Name  | Federal I.D. # (EIN#)  | State of Incorporation   | Date of 501(c)(3)                   |
| 1b) | 8657 W. Pico Blvd  | Los Angeles  | CA   | Status (if applicable)              |
|     | Organization Mailing Address   | City   | State  | Zip Code                            |
| 1c) |  |  |  |                                     |
|     | Business Address (If different)  | City   | State  | Zip Code                            |
| 1d) | PRIMARY CONTACT INFORMATION: Yossi Segelman  | 310-299-6769   | yossi@obkla.org  |                                     |
|     | Name   | Phone  | Email  |                                     |
| 3)  | Public School (not to include private schools) Attach Signed letter on School Letterhead   | Attach IRS De  | -Profit (other than religious in<br>etermination Letter                                | stitutions)                         |
|     | Name / Address of Affiliated Organization (if appli  | cable) City  | State  | Zip Code                            |
|     | TION II - PROJECT DESCRIPTION  Please describe the purpose and intent of the g   | rant.  |  |                                     |
|     |  |  |  |                                     |
|     | Our Big Kitchen Los Angeles (OBKLA) is a Los An engaging over 13,000 volunteers to prepare nutrition experiencing food insecurity in Los Angeles. We be By partnering with 33 local community-based organ Housing, JFS, Tomchei Shabbos, Wisdom Circle and Pour Big Kitchen Los Angeles (OBKLA) is a Los | ous restaurant-quality mea<br>elieve that everyone deser-<br>nizations such as The Peo | ls for individuals and family ves access to fresh, nutrition ble Concern. Pico Union F | lies<br>lous food.<br>Project Mercy |

| may also provide the Budget Outline on a sepa  | rate sheet if necessary or   | requested.   | y-17   |
|--|--|--|--|
| - Aperises   |  | THE SECRETARY OF PARTY AND ASSESSMENT OF THE PARTY | Total Projected Cost   |
| Cost of chef and assistant to supervise volunteer se   | essions & distribution of meals  | \$ \$1,000   | \$ \$1,000   |
|  |  | \$   | \$   |
|  |  | \$   | \$   |
| Non-Personnel Related Expenses   |  | Requested of NC  | Total Projected Cost   |
| Cost of ingredients/packaging to produce the fresh me  | eals   | \$ \$4,000   | \$ \$4,000   |
|  |  | \$   | g 44,000   |
|  |  | \$   | •  |
| Ave you (applicant) applied to any other Neighbor No   | or purpose described in  | Ouastian 4 continu   |  |
| Are adding NFG application   | ns to other NCs) \( \simega \) No  |  | , please describe:   |
| Source of Funding  |  | mount  | Total Projected Cost   |
|  | \$   |  | \$   |
|  | \$   |  | \$   |
| hat is the TOTAL amount of the grant funding   | \$   | 3.4  | \$   |
| o you (applicant) have a current or former re  | ST<br>elationship with a Board   |  |  |
| No Pes If Yes, please desc   | ST<br>elationship with a Board   | Member of the NC?  |  |
| No Pes If Yes, please desc   | ST<br>elationship with a Board   |  |  |
| No Pes If Yes, please desc   | ST<br>elationship with a Board   | Member of the NC?  |  |
| No Pes If Yes, please described No Board Member  | elationship with a Board ribe below:   | Member of the NC?  | to Applicant   |
| No Yes If Yes, please described NC Board Member  yes, did you request that the board member  | elationship with a Board cribe below:  | Member of the NC?  Relationship to   | to Applicant  re filing this application?  |
| yes, did you request that the board member  Yes   If Yes, please description    Yes   If Yes, please d | elationship with a Board cribe below:  | Relationship to the City Attorney before a conflict of into  | re filing this application   |
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<sup>\*</sup> If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form

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

Date:

MAY 1 5 2020

OUR BIG KITCHEN LOS ANGELES 9190 W OLMPIC BLVD BEVERLY HILLS, CA 90212-3540 Employer Identification Number: 84-4370166 DLN: 29053129304040 Contact Person: ID# 31954 CUSTOMER SERVICE Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990/990-EZ/990-N Required: Effective Date of Exemption: July 15, 2019 Contribution Deductibility: Yes Addendum Applies: No

#### Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part 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.

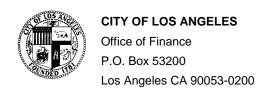
Letter 947

#### OUR BIG KITCHEN LOS ANGELES

Sincerely,

stephen a. martin

Director, Exempt Organizations Rulings and Agreements



**OUR BIG KITCHEN LOS ANGELES** 

9190 W OLYMPIC BLVD #263 BEVERLY HILLS, CA 90212-3540

8657 W PICO BLVD LOS ANGELES, CA 90035-2316

# THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED Business TAX ISSUED:02/03/2023

 ACCOUNT NO.
 FUND/CLASS
 DESCRIPTION
 STARTED
 STATUS

 0003225154-0002-5
 L049
 Professions / Occupations
 11/25/2020
 Active

OUR BIG KITCHEN LOS ANGELES

9190 W OLYMPIC BLVD #263 BEVERLY HILLS, CA 90212-3540

S

8657 W PICO BLVD LOS ANGELES, CA 90035-2316

"No registration certificate or permit issued under the provisions of the Business Tax ordinances of the LAMC, or the payment of any tax required under the provisions of the Business Tax ordinances of the LAMC shall be construed as authorizing the conduct or continuance of any illegal business or of a legal business in an illegal manner."

ISSUED FOR TAX COMPLIANCE PURPOSES ONLY
NOT A LICENSE, PERMIT, OR LAND USE AUTHORIZATION
ISSUED BY:

DIRECTOR OF FINANCE

| PLEASE READ ALL INFORMATION CAREFULLY   |
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| Sections 21.08(b) / 21.7.6(4) Los Angeles Municipal Code "This business tax registration certificate (and/or) Transient Occupancy Registration Certificate signifies that the person named on the face hereof has fulfilled the requirements of Article 1 of Chapter II of the Los Angeles Municipal Code (and/or) the Uniform Transient Occupancy Tax Ordinance, by registering with the Director of Finance for the purpose of paying business tax for the classification of business for which this certificate is issued (and/or) collecting from transients the Transient Occupancy Tax and remitting said tax to the Director of Finance. This certificate does not authorize the person to conduct any unlawful business or to conduct any lawful business in an illegal (or) unlawful manner or to conduct within the City of Los Angeles the business for which this certificate has been issued, nor to operate a hotel, without strictly complying with all the provisions of the ordinances of said City (or) all local applicable laws, including but not limited to those requiring a permit from any board, commission, department or office of the City. THIS BUSINESS TAX REGISTRATION CERTIFICATE (AND/OR) CERTIFICATE DOES NOT CONSTITUTE A PERMIT. Any failure to comply with the requirements of Article 1 of Chapter II of the Los Angeles Municipal Code shall constitute grounds for suspension of this certificate." |
| This certificate is void upon any change of ownership or location. Annual taxes are due and payable January 1st each year and delinquent if not paid on or before the last day of February each year. Quarterly taxes are due and payable on the first day of January, April, July, and October of each year, and delinquent if not paid on or before the last day of the month due.  |

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular

business by writing to the nearest State Board of Equalization office.