



**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
		\$	\$0.00
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Food,utensils,aprons,truck rentals,equipment rentals	\$5,000.00	\$35,000.00
		\$	\$
		\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  
 No  Yes If Yes, please list names of NCs: westside,soro,westwood,wlasnc,north westwood8) 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
County Supervisors office	\$4,000.00	\$
ed 5,0211	\$4,000.00	\$
Corporate and individual donations	\$7,500.00	\$

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

10a) Start date: 11/27/24 10b) Date Funds Required: 10/15/24 10c) Expected Completion Date: 11/29/24  
 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)**SECTION IV - POTENTIAL CONFLICTS OF INTEREST**

1a) 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

b) 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 true 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 Council Proposes 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 provided here, said funds shall be returned immediately to the Neighborhood Council.

a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED\*

<u>Michael Eveloff</u>	<u>E.D.</u>	<u>Michael Eveloff</u>	<u>18/09/24</u>
PRINT Name	Title	Signature	Date

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

<u>Geralyn Goodman</u>	<u>Secretary</u>	<u>Geralyn Goodman</u>	<u>26/09/24</u>
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

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

DEPARTMENT OF THE TREASURY

Date: JUL 7 8 2014

FRIENDS OF WESTWOOD RECREATIONAL  
COMPLEX  
10940 WILSHIRE BLVD 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:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
May 15, 2013  
Contribution Deductibility:  
Yes  
Addendum Applies:  
Yes

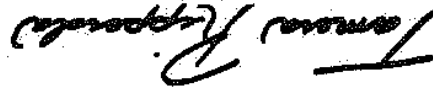
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from 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 requests, 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](http://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 reinstatement 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)**



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: South Robertson Neighborhoods Council

**SECTION I - APPLICANT INFORMATION**

1a)	<u>World Harvest Charities &amp; Family Services</u> <i>Organization Name</i>	<u>39-2064653</u> <i>Federal I.D. # (EIN#)</i>	<u>State of Incorporation</u>	<u>08-28-2014</u> <i>Date of 501(c)(3) Status (if applicable)</i>
1b)	<u>3100 Venice Blvd</u> <i>Organization Mailing Address</i>	<u>Los Angeles</u> <i>City</i>	<u>CA</u> <i>State</i>	<u>90019</u> <i>Zip Code</i>
1c)	<u>Business Address (if different)</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>

1d) **PRIMARY CONTACT INFORMATION:**  
Glen Curado 626-757-2345 Glen@worldharvestfoodbank.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.**  
 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.

**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>
		\$	\$
		\$	\$
		\$	\$
6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	Commercial Sprinter Van w/ Hightop	\$5,000	\$65,000
		\$	\$
		\$	\$

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>
We are asking other NC's to help us complete our goal	\$5,000	\$65,000
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$5,000

10a) Start date: 06/04/2024    10b) Date Funds Required: 11/01/2024    10c) Expected Completion Date: 12/01/2024  
 (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\*

Glen Curado                      Founder & CEO                      [Signature]                      06/25/2024  
 PRINT Name                      Title                      Signature                      Date

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

Alicia Romero                      Secretary                      [Signature]                      06/25/2024  
 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



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

DEPARTMENT OF THE TREASURY

Date: **AUG 28 2014**

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

Employer Identification Number:  
39-2064653  
DLN:  
17053097312044  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
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:  
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 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](http://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,

*Tamara Rippanda*

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.

Name of NC from which you are seeking this grant: \_\_\_\_\_

**SECTION I - APPLICANT INFORMATION**

1a)	Our Big Kitchen Los Angeles	84-4370166	CA	05/15/20
	<i>Organization Name</i>	<i>Federal I.D. # (EIN#)</i>	<i>State of Incorporation</i>	<i>Date of 501(c)(3) Status (if applicable)</i>
1b)	8657 W. Pico Blvd	Los Angeles	CA	90035
	<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1c)				
	<i>Business Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1d)	<b>PRIMARY CONTACT INFORMATION:</b>			
	Yossi Segelman	310-299-6769	yossi@obkla.org	
	<i>Name</i>	<i>Phone</i>	<i>Email</i>	

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
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**SECTION II - PROJECT DESCRIPTION**

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

Our Big Kitchen Los Angeles (OBKLA) is a Los Angeles based 501c3 that fights hunger and builds community by engaging over 13,000 volunteers to prepare nutritious restaurant-quality meals for individuals and families experiencing food insecurity in Los Angeles. We believe that everyone deserves access to fresh, nutritious food.

By partnering with 33 local community-based organizations such as The People Concern, Pico Union Project, Mercy Housing, JFS, Tomchei Shabbos, Wisdom Circle and others, we fill a gap in services for individuals and families whose basic needs are not being met and who do not have access to healthy meals.

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 grant of \$5,000 will fund three volunteer sessions which will result in more than 1100 fresh meals and 1250 packs of baked goods being delivered predominantly to SORO residents in need

*In addition hundreds of volunteers come to our address on Pico Blvd each week, many of whom dine and shop on Pico and in the SORO area after they have volunteered at OBKLA.*



**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
	Cost of chef and assistant to supervise volunteer sessions & distribution of meals	\$ \$1,000	\$ \$1,000	\$ \$1,000
		\$	\$	\$
		\$	\$	\$
6b)	Non-Personnel Related Expenses		Requested of NC	Total Projected Cost
	Cost of ingredients/packaging to produce the fresh meals	\$ \$4,000	\$ \$4,000	\$ \$4,000
		\$	\$	\$
		\$	\$	\$

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: \$ \$5,000

10a) Start date: <sup>10 / 01 / 24</sup> 10 / 01 / 24 10b) Date Funds Required: <sup>10 / 01 / 24</sup> 10 / 01 / 24 10c) Expected Completion Date: 12/31/24  
 (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.)

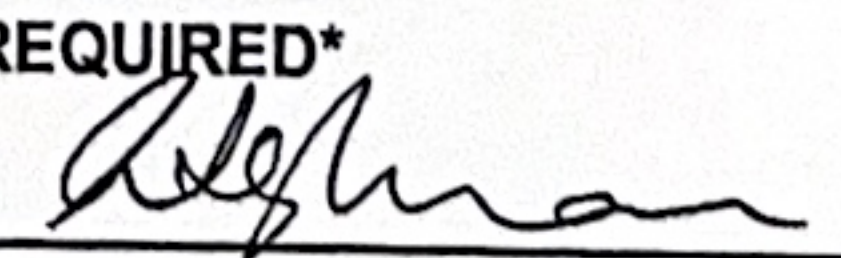
**SECTION V - DECLARATION AND SIGNATURE**

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\*

Yossi Segelman Executive Director  02/22/2024  
 PRINT Name Title Signature Date

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

Chaya Segelman Secretary  02/22/2024  
 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



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

DEPARTMENT OF THE TREASURY

Date:

**MAY 15 2020**

OUR BIG KITCHEN LOS ANGELES  
9190 W OLMPIC BLVD  
BEVERLY HILLS, CA 90212-3540

Employer Identification Number:  
84-4370166  
DLN:  
29053129304040  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
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:  
Yes  
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](http://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

Letter 947





**CITY OF LOS ANGELES**  
 Office of Finance  
 P.O. Box 53200  
 Los Angeles CA 90053-0200

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  
**8657 W PICO BLVD**  
**LOS ANGELES, CA 90035-2316**

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

*[Signature]*  
**DIRECTOR OF FINANCE**

\*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.\*



**PLEASE READ ALL INFORMATION CAREFULLY**

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 1<sup>st</sup> 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.

————— STATE BOARD OF EQUALIZATION —————

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.