

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: Mar Vista Community Council

SECTION I - APPLICANT INFORMATION

1a) Westside Pacific Villages 80-0348830 CA Sept 2009
Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)

1b) 8939 S. Sepulveda Blvd, Suite 100 Los Angeles CA 90045
Organization Mailing Address City State Zip Code

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

1d) **PRIMARY CONTACT INFORMATION:**
Carol Kitabayashi 310-695-7030 carol@thewpv.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

N/A

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.
 Please see Attachment A submitted with this application.

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)

Please see Attachment A submitted with this application

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
	Volunteer/Client Services Coordinator	\$1000.00	\$4275.00
	Volunteer screening, training and other program coordination	\$1000.00	\$3375.00
	Volunteer background check cost	\$0	\$500.00
6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Special weekly meals and other care package contents	\$1500.00	\$3150.00
	Office and other supplies	\$ 1000.00	\$ 2250.00
	Marketing/advertising efforts	\$500.00	\$1000.00

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?
 No Yes If Yes, please list names of NCs: _____

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: \$ 5000.00

10a) Start date: 05 / 01 / 20 10b) Date Funds Required: 05 / 15 / 20 10c) Expected Completion Date: 06 / 30 / 20
 (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*

Carol Kitabayashi Executive Direct  5-7-2020
 PRINT Name Title Signature Date

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

Heather Martillo Board Vice Chair  5/7/20
 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

Neighborhood Council Funding Program

Westside Pacific Villages Application for Neighborhood Purpose Grant

Attachment A

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

In response to the COVID-19 public health crisis and L.A. County's Safer at Home Order, Westside Pacific Villages (WPV) developed the WPV CARES (COVID-19 Action Response for Elder Support) program. The program is to support older adults age 65+ and those most vulnerable to the virus who must shelter at home. This program is being offered FREE to the public. Seniors and others who must shelter at home may sign up for the program through WPV's website or by simply calling the WPV office. Once in our system, they may then contact the WPV office for help as described in #5 below. WPV volunteers are vetted through WPV's normal background, screening process, provided training, and scheduled for assignments through the WPV office system. This grant is to request funding to support this FREE program to residents of the Mar Vista community, that includes over 5000 individuals age 65+.

5) How will this grant be used to primarily support or serve a public purpose and benefit the public at-large.

WPV has a nearly 10 year history of supporting older adults who want to age in the homes and communities they love. As a result, WPV was able to quickly adapt and offer its existing infrastructure to help those most impacted by the COVID-19 pandemic. Through our WPV CARES program, WPV is providing the following at no cost: 1) contactless pickup and delivery of groceries and essentials by vetted volunteers (not online ordering); 2) regular social support phone calls; 3) training on how to use technology to expand social connectivity options; 4) complementary care packages and meal deliveries to brighten an isolated person's week; 5) Wellness @ Home program with tips, activities and encouragement to stay physically and mentally fit while sheltering at home. WPV has supported many parts of Council District 11 including the Mar Vista area. We currently have both volunteers and clients of our services and would like to ensure all residents of the area are aware of this FREE program which we anticipate running for through at least the end of June, if not longer based on L.A. County Public Health guidelines. While the City of Los Angeles offers similar services, WPV provides an additional option and has been able to respond quickly to the needs of community members. WPV volunteers also come from the local area which usually creates another valuable connection and commitment to those being served. If funded, and with the Mar Vista Community Council's (MVCC's) permission, WPV would like to incorporate the MVCC Seal on communications/marketing of this vital program. It is our desire to reach and help as many residents of the MVCC footprint as possible and are asking for funding to support this effort. It should be noted that WPV will ensure that any funds awarded will be used directly for and only to support MVCC residents. While WPV is a volunteer-driven organization, it has a small part-time staff who has been working tirelessly and volunteering their own personal time to coordinate the increased volume of volunteer screening, training, client intake, client service requests and coordinating all the efforts required to run this FREE program to the community.

OGDEN UT 84201-0038

In reply refer to: 0441981549
Dec. 17, 2010 LTR 4168C E0
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00034458
BODC: TE

WESTCHESTER PLAYA VILLAGE
% JOSEPH CUNNINGHAM
PO BOX 90737
LOS ANGELES CA 90009-0737

001280

Employer Identification Number: 80-0348830
Person to Contact: Mr. Ludlow
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Dec. 08, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in September 2009.

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 509(a)(2).

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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

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

Sincerely yours,



Rita A. Leete
Accounts Management II