

**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: _____

SECTION I - APPLICANT INFORMATION

1a) _____
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) _____
Organization Mailing Address *City* *State* *Zip Code*

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

1d) **PRIMARY CONTACT INFORMATION:**

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 Grant Request on School Letterhead **Attach IRS Determination 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.

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)

SECTION III - PROJECT BUDGET OUTLINE

6a)	Personnel Related Expenses	Requested of NC	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$

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

No Yes, please list names of NCs: _____

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 Yes, please describe:

Source of Funding	Amount	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

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

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)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

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

No 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*

_____ _____ _____ _____
PRINT Name *Title* *Signature* *Date*

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

_____ _____ _____ _____
PRINT Name *Title* *Signature* *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

Please describe the purpose and intent of this grant

The mission of Westchester Playa Village (WPV) is to help older adults remain active and independent in the comfort and security of their own homes so they may remain engaged in the neighborhoods they love, for as long as possible. We utilize the talents of volunteers to assist nearly 100 members in their daily activities and currently provide over 400 services a month. Our objectives align with the mission of the Aging in Place Committee of the Mar Vista Community Council. Through collaboration and outreach, WPV strengthens communities and promotes “neighbors helping neighbors”. Because of our success in our current service area (Westchester, Playa Del Rey, and Playa Vista) we seek to expand our services to Mar Vista. We expect to build relationships with local businesses and other community organizations such as the Mar Vista Recreation Center, Venice High School, other schools and clubs to create a synergy that benefits the Mar Vista community. Through sound leadership and strategic growth, WPV is poised to bring our expertise to the Mar Vista community.

Mar Vista has close to 5000 residents who are 65 years old and over. This population represents 12.5% of the total Mar Vista community. (Los Angeles Almanac) It is important to note that the number of older adults aged 60 and older in the City of Los Angeles will be increasing rapidly over the next 5 years. The California Department of Aging cites that the population over 85 will also rapidly expand by 2020, reflecting the fact that we are living longer. Our services are particularly important for this special group especially in the areas of transportation and social programs.

Westchester Playa Village is requesting funding of **\$1500.00** to help defray the costs of a multi-faceted outreach program to help facilitate our expansion into Mar Vista. With this grant, WPV will inform this select population of the benefits of becoming a member of Westchester Playa Village. The first phase will be to send a postcard to a targeted mailing list educating the recipient of our services and volunteer opportunities. This postcard will also invite the resident to our information sessions. Our second phase is to host 2 information sessions in Mar Vista. We will advertise these sessions in the local paper. Funds would go towards:

- printing of 4x6 postcard
- postage
- rental of a targeted mailing list for the 90066 zip code
- cost of ad for information session
- collateral material for 2 information session
- refreshments for 2 information sessions

Over the past few years, WPV has established a reputation for providing an excellent service for our members. As shown in a current study (2015) conducted by UC Berkeley, School of Social Welfare, WPV has earned the distinction of 99% of our members surveyed reporting, “being very satisfied or extremely satisfied” with the services and programs provided by WPV.

How will this grant be used to primarily support or serve a public purpose and benefit the public at large?

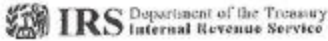
Westchester Playa Village is a member of the Village-to-Village Network. Our goal is to maintain and improve the quality of life of our members. Something as simple as driving a neighbor to the doctor or clearing a walkway of debris can dramatically improve the quality of lives of older adults. According to the 2012 American Community Survey, the vast majority of older adults live independently including those 85 and older. Not surprisingly, most older adults want to live in their homes for as long as possible (AARP 2010). The assistance WPV provides enables these older adults to remain autonomous and keeps them connected to their community.

WPV also provides social opportunities for our members. Remaining socially active and engaged in the community is crucial to the health and well being of older adults. As an example, WPV

collaborates with the Westchester Senior Center, Loyola Marymount University, UCLA and other experts to offer quality seminars, classes and social events. We regularly offer seminars on topics such as Memory Training, Caregiver Support, Balance/Mobility, and Technology Training. Our most recent social event was a trip to the Skirball Cultural Center, which included a tour, lunch and transportation, free of charge.

In addition to providing needed social programs for older adults, WPV also offers opportunities to residents who wish to donate their time to help us achieve our mission. We have a very flexible volunteer program with a wide array of volunteer opportunities. Driving is our greatest need. Volunteer drivers take our members to/from medical appointments, help with grocery shopping, and provide transportation to other important activities to keep members active and engaged. Volunteers can pick and choose assignments based on their availability/schedule. WPV welcomes volunteers of all ages. For example, middle and high school students assist our members by getting trash bins to/from the curb each week, helping with yard work, providing personalized computer training, and companionship. These intergenerational connections help foster a sense of increased connection to residents of the community and appreciation for older adults. Our members also volunteer which contributes to a more vibrant social life and greater feelings of self-worth.

Westchester Playa Village plays an important role in our community. We foster community-minded living, volunteerism and pride in our neighborhoods. We help address the changing landscape of aging and provide solutions to the challenges older adults and their families face every day.



OGDEN UT 84201-0038

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