

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: Hermon Neighborhood Council

SECTION I - APPLICANT INFORMATION

1a)	<u>Recycled Resources for the Homeless</u>	<u>26-3457517</u>	<u>CA</u>	<u>11/07/2008</u>
	<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)	<u>9754 Highway 79</u>	<u>Descanso</u>	<u>CA</u>	<u>91916</u>
	<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1c)	<u>5132 York Blvd #50510</u>	<u>Los Angeles</u>	<u>CA</u>	<u>90042</u>
	<i>Business Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1d)	PRIMARY CONTACT INFORMATION:			
	<u>Rebecca Prine (323) 697-0001</u>	<u>rprine@recycledresources.org</u>		
	<i>Name</i>	<i>Phone</i>	<i>Email</i>	
2)	Type of Organization- Please select one:			
	<input type="checkbox"/> Public School <i>(not to include private schools)</i>	or	<input checked="" type="checkbox"/> 501(c)(3) Non-Profit <i>(other than religious institutions)</i>	
	Attach Signed letter on School Letterhead		Attach IRS Determination Letter	
3)	<u>Name / Address of Affiliated Organization (if applicable)</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>

SECTION II - PROJECT DESCRIPTION

- 4) Please describe the purpose and intent of the grant.
 Recycled Resources for the Homeless (RRH) is a nonprofit grassroots organization founded in 2008. RRH outreaches, engages, educates, and advocates for people without shelter in Northeast Los Angeles (NELA). Our goal is to reduce the harm our neighbors without shelter experience and create and implement programs that will improve their overall functioning. We operate a Drop-In Center every Saturday that serves 75 people via showers, lunch, clothing, hygiene, and case management. In addition, we operate the only homeless shelter in NELA. Casa de Clarke, a year-round crisis shelter and a Winter Shelter during cold months.
- 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)
 As NELA continues to struggle with a lack of homeless services, RRH is confident our work is making a difference. We have permanently housed 32 of our homeless neighbors and are working hard to house many more. Casa de Clarke is made possible by a partnership between HLP All Saints Episcopal Church and RRH. RRH is working hard to add additional shelter beds utilizing other faith-based buildings in NELA. It is our goal to shelter as many of our vulnerable neighbors as possible in order to reduce the harm they experience while homeless. As RRH as yet to secure any Measure H or HHH funds we rely on the support of our community to operate our programs. This NPG will be used toward the rent we pay to All Saints Church, \$1,000 monthly. In addition we will use the funds to cover the costs of our community trainings and outreaches to NELA faith-based organizations in order to create additional shelter beds.

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
	Community Outreach Engage & Organizer	\$ 900	\$
	(\$300 per training, 3 trainings)	\$	\$
		\$	\$
6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	1 month rent to All Saints Episcopal Church	\$ 1,000	\$
	Lunch & Materials for our community trainings	\$ 400	\$
	(we will list Hermon NC as sponsoring these events)	\$	\$

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

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: \$ 2,300

10a) Start date: 05 / 15 / 18 10b) Date Funds Required: 5 / 15 / 18 10c) Expected Completion Date: 7 / 1 / 18
 (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*
 Rebecca Prine Ex. Director [Signature] 04/30/18
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
 Elyse Schwartz Secretary [Signature] 04/30/18
 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

W-9

Form 1099-INT
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1. Name of filer (or your business for filers). Name is required on this form. Do not enter this form twice.
Recycled Resources for the Homeless

2. Business name (unrelated party) name, if different from above.

3. Check appropriate box for federal tax classification of the person or business submitting this form. Check only one of the following boxes.

Individual (sole proprietor or single-member LLC)
 Partnership
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (S-C corporation, S-B corporation, or Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check (1) if the LLC is classified as a single member LLC that is disregarded from the owner under the rules of the LLC or (2) if the LLC is not disregarded from the owner for LLC federal tax purposes. Otherwise, a single member LLC that is disregarded from the owner is treated as a partnership for the tax classification of its owner.

4. Check appropriate box that applies to the certain entities, including trusts, per instructions on page 3.
 Exempt payee (see instructions) **1**
 Exempt from FATCA reporting (see instructions) **A**
 Do not check any other box.

5. Address (street, street and apt. or suite nos.) See instructions.
9754 Highway 79

6. City, state, and ZIP code.
Descanso CA 91916

7. List account number(s) here (optional).

Print or type. See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* later.

Note: If the account is in a name other than your name, see the instructions for line 1. Also see *What Name and Number to Give the Requester* for guidance on whose number to enter.

Social security number

OR

Employer identification number

26	-	34	57	53	7
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA (under) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must print out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, installment sale or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part I later.

Sign Here

Signature of U.S. person ▶ 

Date ▶ **4/18/18**

General Instructions

Unless otherwise noted, all references are to the Internal Revenue Code, unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN) to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (certain types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1099 (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* later.

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

DEPARTMENT OF THE TREASURY

APR 12 2010

Date:

RECYCLED RESOURCES FOR THE HOMELESS
715 NOLDEN ST
LOS ANGELES, CA 90042-2532

Employer Identification Number:
26-3457517

DLN:
17053029315030

Contact Person: CASEY A SUTFIELD ID# 31474

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:
November 7, 2008

Contribution Deductibility:
Yes

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.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

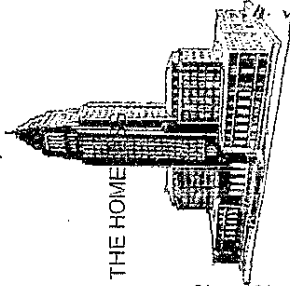
CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE

THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED
BUSINESS TAX

ACCOUNT NO. 0002615689-0001-2	FUND/CLASS L049	DESCRIPTION Professions/Occupations	ISSUED: 5/21/2012	STARTED 11/07/2008	STATUS Active
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ISSUED TO

RECYCLED RESOURCES FOR THE HOME
715 NOLDEN STREET
LOS ANGELES, CA 90042-2532
715 NOLDEN STREET
LOS ANGELES, CA 90042-2532



ISSUED BY:
Christina B. Christensen
DIRECTOR OF FINANCE

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS
FORM 2000 (rev. 6/01) P. O. BOX 59200, LOS ANGELES, CA 90039-0200
IMPORTANT - READ REVERSE SIDE