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, upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

Name of Neighborhood Council you are seeking the grant from: Westchester / Playa

SECTION I - APPLICANT VERIFICATION INFORMATION

1A) Organization Name: Emerson Ave Comm Garden Club Inc
Federal I.D. # (EIN#): 45-2448472
State of Incorporation: CA
Date of 501(c)(3) Status (If applicable): 2/9/2011

1B) Organization Mailing Address: 77123 Emerson Ave
City: Westchester
State: CA
Zip Code: 90045

1C) Business Address (If different): 6550 W 80th Street
City: Westchester
State: CA
Zip Code: 90045

1D) Address of Affiliated Organization (If applicable):
City:
State:
Zip Code:

Name and address of person designated to receive official/legal notices:
Name: Dorothy Stone
Street: 7713 Emerson Ave
City: Westchester
State: CA
Zip Code: 90045

3) Type of Organization - Please select one: (Organizations must be located within the City of Los Angeles)

☐ Public School (not to include private schools) or ☒ 501(c)(3) Non-profits (other than religious institutions)

Attach Letterhead
Attach IRS Determination Letter

SECTION II - PROJECT DESCRIPTION

4) Please describe the Neighborhood Improvement Project for which the grant is intended.

The Emerson Avenue Community Garden Club, Inc (EACGC) is dedicated to building community and providing organic gardening space for the greater Westchester community. We offer classes, gardening plots, movie nights, sing-alongs, story time, musical and art events, and other activities for the entire community. To further those goals, we are in need of additional wheelbarrows, equipment, and lighting improvements.

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

The EACGC welcomes all to enjoy our garden and events. We are a microcosm of the greater Westchester community, with diversity in terms of age, race, orientation, beliefs, abilities and all the other qualities that make for a dynamic whole. The purchase of the requested items will allow us to better serve this community by improved access and safety, and goodies. Many of our events are free; others have a small fee which is used to support and maintain the garden.
SECTION III - PROJECT BUDGET OUTLINE: Please outline the project budget below.

<table>
<thead>
<tr>
<th>Personnel Related Expenses</th>
<th>Requested of NC</th>
<th>Total Projected Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
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</tbody>
</table>

6B) Non-Personnel Related Expenses

<table>
<thead>
<tr>
<th></th>
<th>Requested of NC</th>
<th>Total Projected Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 wheelbarrows</td>
<td>$</td>
<td>160</td>
</tr>
<tr>
<td>popcorn machine</td>
<td>$</td>
<td>140</td>
</tr>
<tr>
<td>improved lighting</td>
<td>$</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td></td>
<td>200</td>
</tr>
</tbody>
</table>

7) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources of funding?  
   □ Yes, please describe below  ☒ No

<table>
<thead>
<tr>
<th>Source of Funding</th>
<th>Amount</th>
<th>Total Projected Cost</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

8) What is the TOTAL amount of the grant funding requested with this application?  
   $ 500

9) What is the expected completion date?  
   03/31/2016 (mm/dd/yyyy) (required)

SECTION IV - PROJECT PRIMARY AND SECONDARY CONTACT INFORMATION

Provide the name, telephone number, fax and e-mail address (if applicable) of the person(s) responsible for the funds and program(s) listed in Section II of this application.

Dorothy Stone  
310 337-0827 same eacgc@yahoo.com

SECTION V - AFFILIATIONS

11) Is there a former or existing relationship between your organization and a NC board member?  
   □ Yes  ☒ No

11A) If yes, did you and/or the board member consult the Office of the City Attorney?  
    □ Yes  ☒ No

<table>
<thead>
<tr>
<th>Type of Relationship</th>
<th>Board Member Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Former board member</td>
<td>So Conflicted</td>
</tr>
</tbody>
</table>
SECTION VI - 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 Two signatures required.

12A) Executive Director of Non-Profit Corporation or School Principal

John Sharpe  
PRINT First Name/ Last Name

President  
Title

Signature  
2/29/16  
Date

12B) Secretary of Non-profit Corporation or Assistant School Principal

Lindsey Neill  
PRINT First Name/ Last Name

Secretary  
Title

Signature  
2/29/16  
Date

SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY

DRY ERASE NOTES

Reviewer Name  
N/A

Date Reviewed  
N/A

Application  
Complete

Incomplete

Date Submitted to Funding Unit:

Method:  
In-person  
Email  
Fax  
Inter-departmental mail

NPG #

Application  
Complete

Incomplete

(Funding Unit Notes:)

DONE Date Stamp Receipt
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.
Sincerely,

[Signature]

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC
Emerson Avenue Community Garden Club, Inc

Check appropriate box for federal tax classification:
- Individual/sole proprietor
- C Corporation
- S Corporation
- Partnership
- Trust/estate

Exempt payee

6550 W 80th Street
City, state, and ZIP code
Westchester CA 90045

List account number(s) here (optional)

Part I  Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

Employer identification number

Part II  Certification
Under penalties of perjury, I certify that:

1. 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

2. 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 not longer subject to backup withholding.

3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross 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, acquisition 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 on page 4.

Signature of U.S. person

Date

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding,

3. Claim exemption from backup withholding if you are a U.S. exempt payee, or applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business.

Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
CITY OF LOS ANGELES
OFFICE OF FINANCE
P.O. BOX 53200
LOS ANGELES CA 90053-0200

EMERSON AVENUE COMMUNITY GARDEN CLUB, INC
6550 W 80TH ST
WESTCHESTER CA 90045-1127

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EMERSON AVENUE COMMUNITY GARDEN CLUB, INC
6550 W 80TH STREET
WESTCHESTER, CA 90045-1127

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CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE

<table>
<thead>
<tr>
<th>ACCOUNT NO.</th>
<th>FUND-CLASS</th>
<th>DESCRIPTION</th>
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<th>STATUS</th>
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<tbody>
<tr>
<td>0002612616-0001-1</td>
<td>L049</td>
<td>Professions/Occupations</td>
<td>02/09/2011</td>
<td>Active</td>
</tr>
</tbody>
</table>

ISSUED: 5/12/2012

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NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS.

P.O. BOX 53200, LOS ANGELES, CA 90053-0200

FORM 2000 (REV. 6/01) IMPORTANT: READ REVERSE SIDE