## 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:** **Downtown Los Angeles Neighborhood Council**

### SECTION I- APPLICANT INFORMATION

1a) **Parents Educators Teachers and Students in Action** (*Organization Name*) | **46-2694430** (*Federal I.D. # (EIN#)*) | **California** (*State of Incorporation*) | **12/20/13** (*Date of 501(c)(3) Status (if applicable)*)

1b) **106 1/2 John Aiso Street #755** (*Organization Mailing Address*) | **Los Angeles** (*City*) | **Ca.** (*State*) | **90012** (*Zip Code*)

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

1d) *PRIMARY CONTACT INFORMATION:*

**Seymour Amster** (*Name*) | **818-943-0613** (*Phone*) | **Seymour.Amster @pesa-edu.org** (*Email*)

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*)

### SECTION II - PROJECT DESCRIPTION

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

**Supporting Youth residing within the boundaries of the Downtown Los Angeles Neighborhood Council with needed supplies for the fiscal year of 2024-2024**

**Parents, Educators, Teachers & Students in Action (PESA) receives referrals from the district attorney's office, probation department, and local schools of youth residing within the boundary of the Downtown Los Angeles Neighborhood Council that need support services. The purpose of the referrals is to address inappropriate behavior and provide these youth with support services. PESA provides these youth with mental health support, career training and educational support. These youth and their families require supportive services for the purchase of food, household items, school supplies and clothing.**

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)**

**PESA does not have a funding stream to adequately support the needs of these youth and their families residing within the boundaries of the Downtown Los Angeles Neighborhood Council concerning the purchase of food, household items, school supplies and clothing. These youths and their families either meet the qualifications of being homeless or are in jeopardy of being homeless. Therefore, by providing funding for this NPG request you will assist us in breaking the cycle of poverty, homelessness and criminal behavior. All our programs are designed to break the cycle of poverty, homelessness, and criminal behavior. PESA's methodology: insert aid into every area that is a consequence or determinant of homelessness, poverty or criminal justice involvement. This serves a valuable public purpose and benefits the public at large by addressing the pipeline that leads to poverty, homelessness and criminal behavior.**

## 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 |
|---|---|---|
| Support Personnel | $ 0 | $ 5,000.00 |
| | $ | $ |
| | $ | $ |

6b)

| Non-Personnel Related Expenses | Requested of NC | Total Projected Cost |
|---|---|---|
| Food, Household items, school supplies, clothing | $ 5,000.00 | $ 6,500.00 |
| | $ | $ |
| | $ | $ |

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: $ 5,000.00

10a) Start date: 12 / 15 /2024 10b) Date Funds Required: 12 / 15 /2024 10c) Expected Completion Date: 04 / 30 /2025
(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*

| Seymour Amster | President/Chief Executive Officer | | 11/30/24 |
|---|---|---|---|
| *PRINT Name* | *Title* | *Signature* | *Date* |

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

| Francine Amster | Secretary | | 11/30/24 |
|---|---|---|---|
| *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

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0029

In reply refer to: 4077591934
Oct. 28, 2015 LTR 4168C 0
46-2694430 000000 00
00030922
BODC: TE

PARENTS EDUCATORS-TEACHERS &
STUDENTS IN ACTION
18017 CHATSWORTH ST
GRANADA HILLS CA 91344-5608

007650

Employer Identification Number: 46-2694430
Person to Contact: Ms. Wiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 05, 2015, 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 December 2013.

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(s) 509(a)(1) and 170(b)(1)(A)(vi).

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.

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PARENTS EDUCATORS-TEACHERS &
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18017 CHATSWORTH ST
GRANADA HILLS CA 91344-5608

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

Sincerely yours,

Jeffrey I. Cooper
Director, EO Rulings & Agreement

Form **W-9**
(Rev. October 2018)
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.**

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Parents,Educators/Teachers & Students in Action

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) ▶ Non-Profit Corporation exempt under 501 (c)(3)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.
18017 Chatsworth Street #337

Requester's name and address (optional)

6 City, state, and ZIP code
Granada Hills, Ca. 91344

7 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 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 more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**
| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | – | | | – | | | | |

**or**

**Employer identification number**
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 6 | – | 2 | 6 | 9 | 4 | 4 | 3 | 0 |

## 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 no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

**Sign Here** | **Signature of U.S. person** ▶ _____ **Date** ▶ 11/26/24

# General Instructions

Section 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 (various 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 1098 (home mortgage interest), 1098-E (student loan interest), 1098-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.*

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

PARENTS, EDUCATORS / TEACHERS & STUDENTS IN ACTION

18017 CHATSWORTH STREET UNIT #337
GRANADA HILLS, CA 91344-5608

14500 ROSCOE BLVD FLOOR #4TH
PANORAMA CITY, CA 91402-4190

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:08/15/2022

| ACCOUNT NO. | FUND/CLASS | DESCRIPTION | STARTED | STATUS |
|---|---|---|---|---|
| 0002893373-0001-4 | L049 | Professions / Occupations | 03/01/2016 | Active |

ISSUED TO

PARENTS, EDUCATORS / TEACHERS & STUDENTS IN ACTION

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GRANADA HILLS, CA 91344-5608

**14500 ROSCOE BLVD FLOOR #4TH**
**PANORAMA CITY, CA 91402-4190**



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

**ISSUED BY:**

**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."

**NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS- Office of Finance P.O. Box 53200 Los Angeles CA 90053-0200**
**IMPORTANT – READ REVERSE SIDE**