

# 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: Southwest Area Neighborhood Council

### SECTION I - APPLICANT INFORMATION

1a) Community Reflections inc 30-0796576 California Sept. 6, 2016  
 Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3)  
 Status (if applicable)

1b) 1620 16020 So. Western Ave. Los Angeles CA 90047  
 Organization Mailing Address City State Zip Code

1c) Same as above \_\_\_\_\_  
 Business Address (if different) City State Zip Code

### 1d) PRIMARY CONTACT INFORMATION:

Winnelka J. Vaden 323-674-4376 communityreflectionsinc@gmail.com  
 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

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. Our "Center for Community Services" Covid 19 IHSS Immediate Elder Care Prioritizing Services". Our Country has been re-directed into an era of Chronic financial hardship from the deadly & debilitating health issues of the pandemic. One of our biggest frustrations as a DOS certified livescan services, is the hardship of individuals concerned about the health care and safety of their loved ones in need of "Home Care Services" and their hardship struggle to pay for the required livescan background check.

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) America is challenged with a potential irreversible Racial calamity. More than 100 million people have filed for unemployment and the Covid 19 pandemic has devastated hospitals in Los Angeles alone to an unprecedented number! People are fearful of the potential increase in the death toll that they are caring more for their loved ones at home. Unfortunately the \$57.00 fee for many is unaffordable. Our agency will commit to providing 80 Free Livescans for the "Elder Care" segment of the IHSS qualification process (see attached Budget & Narrative!)

**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 |
|--------------------------------|-----------------|----------------------|
|                                | \$              | \$                   |
|                                | \$              | \$                   |
|                                | \$              | \$                   |

| 6b) Non-Personnel Related Expenses | Requested of NC | Total Projected Cost |
|------------------------------------|-----------------|----------------------|
| 80 Live Scan                       | \$ 4,560.00     | \$ 4,560.00          |
| Advertiser                         | \$ 240.00       | \$ 240.00            |
| Admin Cost                         | \$ 200.00       | \$ 200.00            |

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: 08/15/20 10b) Date Funds Required: 08/10/20 10c) Expected Completion Date: 10/1/20  
(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 |
|-------------------------|---------------------------|
| Lonella LAYC            | Friend                    |
|                         |                           |
|                         |                           |

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\*

Winnetha J. Vaden  
PRINT Name

CEB  
Title

Winnetha Vaden  
Signature

7-10-20  
Date

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

Tommy Tompkins  
PRINT Name

Secretary  
Title

Tommy Tompkins  
Signature

7/10/20  
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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form

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

DEPARTMENT OF THE TREASURY

Date: **SEP 01 2016**

COMMUNITY REFLECTIONS INC  
10020 SOUTH WESTERN AVENUE  
LOS ANGELES, CA 90047-0000

Employer Identification Number:  
30-0796516  
DLN:  
26053642004806  
Contact Person:  
CUSTOMER SERVICE. ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
May 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Fopn 990/990-EZ/990.cn Required:  
Yes  
Effective Date of Exemption:  
May 15, 2016  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted on your application, we approved your request for retroactive reinstatement under Section 4 of Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, thee-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar

Letter 5436



**The Cost Analysis BUDGET is based on providing (80) Livescans for  
In Home Supportive Services (IHSS) Elder Care Program!**

| <b>EXPENSES</b>                              | <b>AMOUNT</b>     |  |
|--|-------------------|--|
| <b>A. LiveScan Cost/Fees:</b>                | \$4,560.00        | 80 @ \$57.00 Each                                      |
|  |                   |  |
| <b>B. Marketing &amp; Advertising Costs:</b> | \$240.00          | Direct Mailer, Printing Cost, Advertising/Announcement |
|  |                   |  |
| <b>C. Administrative Costs:</b>              | \$200.00          | Transportation   |
|  |                   |  |
| <b>TOTAL EXPENSES</b>                        | <b>\$5,000.00</b> |  |
|  |                   |  |



**The Cost Analysis BUDGET Narrative is based on providing  
(80) Livescans for: In Home Supportive Services (IHSS)  
Elder Care Program!**

**A. LiveScan Cost/Fees:**

Elder Care Request for Livescan (ORI#1934).  $80 \times \$32.00 = \$2,560$  (DOJ Fee)!  $80 \times \$10 = \$800.00$  (Certifix Transaction Fee)!  $80 \times \$15.00 = \$1,200.00$  (Fingerprint Rolling Fee)!

**Total: \$4,560.00**

**B. Marketing & Advertising Costs:**

Direct Mailer, Printing Cost, Advertising/Announcement IHSS Office Visit

**Total: \$240.00**

**C. Administration Costs:**

Transportation. Mobile Fees and On-Call Services

**Total: \$200.00**

**TOTAL EXPENSES: \$5,000.00**