



JOINT BOARD AND BUDGET COMMITTEE ONLINE AND TELEPHONIC MEETING AGENDA Tuesday, March 23, 2021 at 6:30 p.m.

This meeting of the West Hills Neighborhood Council Budget Committee will be conducted online via Zoom Webinar and telephonically. All are invited to attend and participate.

To attend online via Zoom Webinar, click or paste the following link into your browser: https://zoom.us/j/95791095643

To call in by phone, dial (669) 900-6833, then punch in this Webinar code when prompted: 9579 109 5643.

This meeting is open to the public. Comments on matters not on the agenda will be heard during the Public Comment period. Those who wish to speak on an agenda item will be heard when the item is considered.

- 1. Call to Order
- 2. Establish Quorum
- 3. Approve Meeting Minutes of January 26, 2021
- 4. Comments from the Co-Chair(s)
- 5. Public Comment on Non-Agenda items

6. <u>Consent Calendar</u>

- Discussion and possible action on approving Budget Request in the amount of \$2700.00 for the Bingo event, line item 12 of the WHNC budget
- Discussion and possible action on approving move of \$100 from Special Events to Elections Line item 12.
- Discussion and possible action on approving a modification to the Elections Committee budget to increase it to \$7,275.65. Line item 22.
- Discussion and possible action on approving \$10.00 for water for a cleanup day event. Line item 24
- Discussion and possible action on NPG for Pomelo Elem \$500.00, line item 23
- Discussion and possible action on NPG for Justice St Elem \$500.00, line item 23
- Discussion and possible action on NPG for Capistrano Elem \$500.00, line item 23
- Discussion and possible action on NPG for Nevada Elem \$500.00, line item 23

7. <u>New Business:</u>

- **8.** Discussion and possible action on determining the source of \$2,275.65 for the Elections Committee budget, line 22.
- **9.** Discussion and possible action on approving an NPG to New Friends of Homeless Center in the amount of \$350 from line item 18.
- **10.** Discussion and possible action on approving an NPG to Temple Aliya's Bundles of Kindness in the amount of \$200 from line item 18.
- **11.** Discussion and possible action on approving an NPG to the West Valley Food Pantry in the amount o \$600 from line item 18.
- **12.** Discussion and possible action on approving an NPG to the OneGeneration in the amount of \$350 from line item 18.
- **13.** Discussion and possible action on determining which account we should use to pay the LAPD for security services.

Meeting adjournment.

Public input at Neighborhood Council meetings: When prompted by the presiding officer, members of the public may address the committee on any agenda item before the committee takes an action on the item by punching in *9 (if calling in by phone) or by clicking on the "raise hand" button (if participating online through Zoom) and waiting to be recognized. Comments from the public on agenda items will be heard only when the respective item is being considered. Comments from the public on matters not appearing on the agenda that are within the committee's jurisdiction will be heard during the General Public Comment period. Please note that under the Ralph M. Brown Act, the committee is prevented from acting on a matter that you bring to its attention during the General Public Comment period; however, the issue raised by a member of the public may become the subject of a future committee meeting. Public comment is limited to 2 minutes per speaker, unless adjusted by the presiding officer of said committee.

<u>Notice to Paid Representatives</u> - If you are compensated to monitor, attend, or speak at this meeting, city law may require you to register as a lobbyist and report your activity. See Los Angeles Municipal Code §§ 48.01 et seq. More information is available at <u>ethics@lacity.org/lobbying.</u> For assistance, please contact the Ethics Commission at (213) 978-1960 or <u>ethics.commission@lacity.org</u>

<u>Public Posting of Agendas</u>: WHNC agendas are posted for public review at Shadow Ranch Park, 22633 Vanowen St., West Hills, CA 91307 or at our website, <u>www.westhillsnc.org</u> You can also receive our agendas via email by subscribing to the City of Los Angeles Early Notification System at <u>www.lacity.org/government/Subscriptions/NeighborhoodCouncils/index</u>

The Americans With Disabilities Act: As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities. Sign language interpreters, assistive listening devices and other auxiliary aids and/or services may be provided upon request. To ensure availability of services, please make your request at least three business days (72 hours) prior to the meeting you wish to attend by contacting via email <u>NCSupport@lacity.org</u> or calling (213) 978-1551. If you are hearing impaired please call 711.

Public Access of Records: In compliance with Government Code Section 54957.5, non-exempt writings that are distributed to a majority or all of the board in advance of a meeting may be viewed at the meeting where such writing was considered or by contacting the WHNC's executive director via email at <u>michelle.ritchie@westhillsnc.org</u> Requests can be made for a copy of a record related to an item on the agenda.

<u>Reconsideration and Grievance Process</u>: For information on the WHNC's process for board action reconsideration, stakeholder grievance policy or any other procedural matters related to this Council, please consult the WHNC Bylaws. The Bylaws are available at our website, <u>www.westhillsnc.org</u>



CITY OF LOS ANGELES CALIFORNIA



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WEST HILLS NEIGHBORHOOD COUNCIL

JOINT BOARD AND BUDGET COMMITTEE MEETING MINUTES

January 26, 2021 Online and Telephonic Revised January 27, 2021 (2)

Committee members in attendance: Bob Brostoff, Carolyn Greenwood, Aida Abkarians, Dan Brin, Faye Barta, Bonnie Klea, Char Rothstein, Anthony Scearce, and Brad Vanderhoof.

Additional WHNC Board members in attendance: Tariq El-Atache, Olivia Naturmen, and Daniel Ostreicher.

Co-chair Bob Brostoff called the meeting to order at 6:34 PM. A quorum was established.

The September meeting minutes were approved. The November meeting minutes were approved.

Numbers refer to agenda items.

5. Comments from the Co-Chairs: None

6. Public Comment: None

Old Business:

7. Revised the Controller's Report Format: The current report was not distributed with the minutes. Bob said the current format is very large and committee members need time to study it. Item tabled to February.

New Business:

8. Budget Request in the amount of \$250 for payment to Iris Perez for painting 2 utility boxes. Streets & Transportation Committee Budge Line item 20: Olivia said the WHNC approved spending for supplies for the project and the only stipend for artists would be "in kind" consisting of left over paint and supplies. One artist, Ms. Perez, did not understand the agreement this way and submitted an invoice. Anthony said going forward all utility box art projects will be handled as Community Improvement Projects (CIP), and have a contract including a release of artwork. Brad said if the WHNC provides a stipend to one artist a stipend should be given to all artists whose work was approved at the same time. Olivia disagreed and stated the stipend is only required for the one artist who requested it. Char said there should be a consistent position on stipends for artists.

Approval of Budget Request in the amount of \$250 payable to Iris Perez Yes -6, No -2, Abstain -1, Absent -5

The Budget Request is approved.

9. Discussion and possible action on approving Budget Request in the amount of \$100.00 for 33 certificate frames. Budget Line item 1: Dan B. said for two years the Valley Alliance of Neighborhood Councils (VANC) has urged the WHNC to apply for awards based on the certificates awarded and other neighborhood councils admire the effort as a way to encourage volunteerism and promote neighborhood councils. This action should provide sufficient frames for a couple of years.

Approval of Budget Request in the amount of \$100 for certificate frames Yes -9, No -0, Abstain -0, Absent -5The Budget Request is approved.

10. Revised Budget Request in the amount of \$7,175.65 for 2021 Board Elections. Budget Line items 10 and 39: Bob reviewed the WHN(election budget. The mailing will be USPS "Every Door" bulk mail with deliveries to all residences and business addresses in West Hills. The cost is about nineteen cents (\$0.19) per piece. The lawn signs can only be placed on private property. Anthony said he feels most of the election funds are being spent to inform voters and the recruiting of candidates has been neglected. Anthony also pointed out a photo contest was previously approved and this proposed budget is spending those funds and putting the project in jeopardy. Bob said the WHNC has extensively used electronic communication to recruit candidates. Daniel O. asked if lawn signs can be placed at parks. Dan B. said placing campaign signs on public property is against the law. After a discussion of the possible difference between candidate campaign signs and general election information signs it was decided the WHNC will ask the Department of recreation and Parks for permission to

place signs in parks. Signage in the form of banners at Shadow Ranch Park have been used with the Park's permission for previous elections when that was the polling location.

Approval of Budget Request in the amount of \$7,175.65 for 2021 Board Elections Yes -9, No -0, Abstain -0, Absent -5 The Budget Request is approved

Co-chair Bob Brostoff adjourned the meeting at 7:44 PM

The next meeting of this committee will be held February 23 at 6:30 PM.

WHNC Budget Committee Jan 2021 Spending Report

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Item #	Committee	Purpose	Budget	Prev. Exp.	July	August	September	October	November	December	January	Total Spent	Balance	% Spent
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2	Office	Rent	5.00			·····						0.00	5.00	0
3	Office	Comm Print	303.80									0.00	303.80	0
4	Office	PO Box	326.00							-		0.00	326.00	0
5	Office	Apple One	17641.80				5074.80	1356.60	1356.60		2034.90	9822.90	7818.90	56
6	Office	Go Daddy	21.17				21.17					21.17	0.00	100
7	Board	Web Come	1800.00		150.00	150.00	150.00	150.00	150.00	150.00	150.00	1050.00	750.00	58
8	Board	Rack Space	830.54		64.80	62.40	55.20	55.20	65.09	62.40	62.40	427.49	403.05	51
9	Board	Icontact	530.40									0.00		0
	Subtotal		21977.71	0.00	214. 80	212.40	5301.17	1561.80	1571.69	212.40	2247.30	11321.56	10656.15	52
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10	Communicatio	Outreach	2517.33									0.00	2517.33	
11	Beautification	Refresh & S	200.00									0.00	200.00	
12	Spec Events	Outreach	5000.00				416.10	43.70				459.80	4540.20	
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18	Homelessness	Homeless	1530.81							· · · · · · · · · · · · · · · · · · ·		0.00	1530.81	0
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19	Public Safety	Forums	139.62									0.00	139.62	0
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20	Strts & Trans	Outreach	1224.65									0.00	1224.65	0
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21	Public Health							· · · · · · · · · · · · · · · · · · ·	·			0.00		
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22	elections	Outreach	5000.00									0.00	5000.00	
	Subtotal Ou	treach	15612.41	0.00	0.00	0.00	416.10	43.70	0.00	0.00	0.00	459.80	15152.61	3

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WHNC Budget Committee Jan 2021 Spending Report

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Item #	Committee	Purpose	Budget	Prev. Exp.	July	August	September	October	November	December	January	Total Spent	Balance	% Spent
	Neighborho	od Purpose	Grants (I	NPG's)										
23	Youth & Educa	NPG's	4050.00		· · · · · · · · · · · · · · · · · · ·							0.00	4050.00	0
· · · · · · · · · · · · · · · · · · ·	Community	Improvem	ent Proje	cts (CIP's)								· .		
24	Beautification	Cleanups		£								0.00		
25	Beautification	Spec Events						· · · · · ·				0.00		
	Subtotal											0.00	1	
							2							
	Grand Total		41640.12	0.00	214.80	212.40	5717.27	1605.50	1571.69	212.40	2247.30	11781.36	29858.76	. 28
													41.000	
26	Clean St Grant		1324.83								11. 11.	0.00	1324.83	. 0
	Grand Total		1324.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1324.83	0.00
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		Outstanding:	AppleOne S	ervices \$1356	5.60									
				94.142 				· · ·						

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3/4/21

Spending Request Form

Please print legibly o	or type		
Date of submission:	03/09/2021	Committee Name:	Special Events
Chairperson/Stakeholder:	Steve Randall	Date Appro	oved by Committee: 03/09/21
Phone: 818-340-4700		Email:	steve.randall@westhillsnc.org
Event/Activity	1st Annual WHNC Bingo	Bash	
Total Amount Requested:	\$2700.00	Budget Line Item:	
Justification for request. Th of West Hills.	is must include a statement about 1 st Annual West Hills NC West Hills together in a vi friends.	Bingo Bash will brin	
· .		(At	tach additional pages if necessary)
List all expense items, quar	ntities, and amounts:		(
Item & Quantity			Amount
Zoom Capacity Upgrade			\$250.00
Printing			\$750.00
Bingo Sofiware			\$1,000.00
Art Materials			\$200.00
Bags and Accessories			\$150.00
Event Landing Page Hosting/Website			\$350.00
For Budget Committee/Con	ntroller Use Only:		
Committee Approved	Budget Approved	Boar	d Approved

Spending Request Form

Please print legibly	or type		
Date of submission:	March 17, 2	Committee Name:	Special Events
Chairperson/Stakeholder:	Myrl Schreibman	Date A	pproved by Committee: March
Phone:		Email:	
Event/Activity	Activity: Transfer \$100 from	n Special Events Line It	em to Elections Line Item
Total Amount Requested:	\$100.00	Budget Line Item:	
Justification for request. T of West Hills.	This must include a statement a		vity benefits the stakeholders heir promotion of the NC Election
	this spring		
			(Attach additional pages if necessary)
List all expense items, qu	antities, and amounts:		
Item & Quantity			Amount
as requested	2.		\$100.00
For Budget Committee/Co	ontroller Use Only:		
Committee Approved Marrch 17, 2021	Budget Approved		Board Approved

Spending Request Form

Please print legibly of	or type			
Date of submission:	3-17-2021	Committee Name:	2021 ELEC	TIENS
Chairperson/Stakeholder:	CHARLENE ROTHSTEN	N Date Appro	oved by Committee:	2-24-2021
Phone: 178-642-	1267	Email:	ChALU/HACA	gmails com
Event/Activity	2021 BOARd	ELECTION	3	
Total Amount Requested:	#7275.65	Budget Line Item:		
Justification for request. The of West Hills.	is must include a statement about ELECTION BROCK ENFORMATION S TO MAKE AN INF	hures with ent to The Formed dec	CANdidAt. USANJS OF	Voters
List all expense items, quar	ntities, and amounts:			
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For Budget Committee/Cor	atroller Use Only:			
Committee Approved	Budget Approved	Boar	d Approved	

WEST HILLS NEIGHBORHOOD COUNCIL Budget Request For 2019-2020

TOTAL: \$10.00

Neighborhood Purpose Grant, 2020/2021

Pomelo Community Charter

In anticipations of students returning to school, we want to focus on creating a pleasant environment. Being in nature is always uplifting and a positive experience.

We will continue to beautify our school grounds and our neighborhood and use the NPG for our garden, soil, plants, seeds and we will also supply each classroom with a living oxygen giving indoor plant to bring nature inside and add vibrancy to our classrooms.

NPG Amount \$500.00

Capistrano Elementary School

Our Mural will be used to beautify and brighten our school campus, with the concept of happy children, expand the joy of cultural awareness and diversity and to bring joy to all children, staff and visitors to our campus.

NPG Amount \$500.00

Justice Street Academy Charter

The NPG will be used to purchase two IPADS to be used to support and assess our students in small intervention support groups. This will help with the very important task of progress monitoring in reading foundational skills, which requires a device with touch screen capabilities. All K-5 students are monitored at least 3 times a year using this system. The device will be available to all students and would help improve their education. NPG Amount \$500.00

Nevada Avenue Elementary

Nevada Ave. Elementary is serving over 400 students in grades ETK-5, over 67% of our students are performing below Cal. Standards in English Language Arts and Math. They are all in the low end socioeconomically. Most children do not have proper school supplies. We would like to purchase pencil cases for our students. With online learning most cannot share school supplies . With these individual pencil/eraser kits, each student will have his/her writing tools.

NPG Amount \$500.00

Los Angeles Police Department

P.A.L./Police Activity League

The Police Activity League is a youth crime prevention program.

This program relies on education, sports, athletic and recreational activities to cement a bond between our youth and our police officers.

This is a very needed and positive program especially for children that are alone most afternoons, after school. Parents have to work and cannot afford to sign up their children in different programs, these children go to the police station and are kept busy with sports and education. The program has broadened its scope to include arts and crafts, dance, music and drama, social services, vocational guidance, remedial reading and field trips alongside sports and exercise. Also the NPG can help with the purchase of uniforms for the cadets. NPG Amount \$1,500.00

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.

NEICHEORHOOD FMPOWERMENT

	Name of Neighborhood Council you are seeking the grant from: West Hi				Hills Neighborhood Council				
		<u></u>	Neighborh	ood Council Nar	ne				
SEC	TION I- APPLICANT VERIFICATION INFORMATION					1			
	Bundles of Kindness/Temple Aliyah	95-22	236425	Californ	ia 👘	NA			
1A)	Organization Name	Federal I	.D. # (EIN#)	State of Incor	poration	Date of 501(c)(3) Status (if applicable)			
	6025 Valley Circle BLVD Organization Mailing Address	Los An	geles		CA	91367			
1B)	Organization Mailing Address	City		Sta	te –	Zip Code			
401	24220 Aetna Street Business Address (If different)	Los A	Angeles		CA	91367			
10)	Business Address (If different)	City		Sta	te	Zip Code			
	NA	NA		1	A	NA			
1D)	Address of Affiliated Organization (If applicable)	City		Sta	te –	Zip Code			
	Name and address of person designated to receiv	/e official/le	gal notices:	Name: _	Rachae	Rosenberg			
2)	24220 Aetna Street	Los An	geles	•	CA	91367			
	Street	City		Sta	te	Zip Code			
2)	Tune of Organization Blasse select and (Organ	izations	nuct ha lac	atod within t	ha Citu a	of Los Angolos)			

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 IM 501(c)(3) Non-profits (other than religious institutions)

Attach IRS Determination Letter

Attach Letterhead

SECTION II - PROJECT DESCRIPTION

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

Bundles of Kindness will be using the grant of \$200 to assist in assembling 500 care packages for the homeless in West Hills These care packages include: blankets, hats, gloves, scarves, hand warmers, rain panchos, umbrellas, socks, underwear, T-Shirts, flashlights, reusable hot/cold bottles, face masks, hand sanitizer, facial wipes, toiletries, lip balm, sun screen, first aid kits, dental hygiene products, feminine hygiene products, dog food, dog leashes and collars, and prepackaged food.

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

The Bundles of Kindness' care packages provide immediate relief for those in West Hills who are experiencing homelessness and to alleviate the need for such items to be sought from the public or businesses. These bundles also benefit the community by showing empathy and community by bringing sheltered and unsheltered neighbors together in support.

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	City of Los Angeles, Departme
SECTION III - PROJECT BUDGET OUTLINE- Please outline	the project budget below.

) Personnel Related Expenses	and the second				
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Non-Personnel Related Expe	inses		Requested of NC	Total Pro	ojected Cost
Items for Bundles (listed in Q	uestion #4)		\$	200 \$	\$25,00
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		· · ·	\$	\$	
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Is the implementation of this factors or sources or funding	press and	purpose describe e describe below	d in box 4 above o D No	contingent on a	iny other
Source of Funding		and the second	Amount	Total Pro	jected Cost
Private Donations including non-profits, busines	ses, and individual contributors			24,800 \$	\$24, 80
			\$	\$	
111 ¹¹			\$	\$	
			\$	\$	
CTION IV - PROJECT PRIMARY Provide the name, telephone the funds and program(s) lis Rachael	number, fax and e-n	nail address (if ap		rson(s) respon	sible for V
		<u>v</u>			
() First Name		Last Name			MI
(818)876-2641		NA	support@	bundleso	fkindess.org
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Department of the Treasury Internal Revenue Service

ANDOVER, MA 05501

In reply refer to: 0834505265 Apr. 12, 2001 LTR 858C 95-2236425 200012 10 01388

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TEMPLE ALIYAH INC 6025 VALLEY CIR BLVD WOODLAND HLS CA 91367-1144257

Taxpayer Identification Number: 95-2236425 Tax Period(s): Dec. 31, 2000

Form: 940

Dear Taxpayer:

You are not required to file Form 940 because you have been determined to be an exempt organization under section 501 (c) (3) of the Internal Revenue Code; therefore, you are exempt from paying Federal unemployment tax. Please destroy any Form 940 returns you may have received. Do not make any tax deposits for Federal unemployment tax.

You may request refunds for payments made in previous years by filing a Form 843 claim. You must file a claim for refund within three years from the return date, or within two years from the date you paid the tax, whichever is later.

If you have any questions, please call Ross F Roulston at 978-474-9520 between the hours of 7:00AM and 3:00PM EST. If the number is outside your local calling area, there will be a long-distance charge to you.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number ()_______ Hours_____

SECTION VI - DECLARATION AND SIGNATURE

1

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

Stewart Vogel	Rabbi				
PRINT First Name/ Last Name	Title		Signature		Date
Secretary of Non-profit Corporation or As					
Rachael Rosenberg	Founder		Rachael	Resember	3/17/
PRINTFirst Name/ Last Name	Title		Signature	. /	Date
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Reviewer Name	Date Reviewed				
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SECTION VI - DECLARATION AND SIGNATURE

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

Stewart Vogel	Rabbi	(Ant IVal)	3/17/21
PRINT First Name/ Last Name	Title	Signature	Date
12B) Secretary of Non-profit Corporation or Ass	istant School Principal		
Rachael Rosenberg	Founder	$\mathbf{h}_{ij} = \mathbf{h}_{ij}$	
PRINT First Name/ Last Name	Title	Signature	Date

SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY

Date Received			
	Date Reviewed	Application Complete	Incomplete
Reviewer Name	Date Reviewed		
REVEIWER'S NOTES			
Date submitted to Funding Unit			
Method: In-person DE-m	ail 🖂 Fax 📮 Inter-depa	artmental mail	
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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	ood Council you are seeking the grant from: West Hill			s Neighborhood Council			
			Neighborhood Council Name					
SEC	TION I- APPLICANT VERIFICATION INFORMATION							
	Bundles of Kindness/Temple Aliyah	95-22	236425	Cali	fornia	NA		
1A)	A) Organization Name		Federal I.D. # (EIN#)		ncorporation	Date of 501(c)(3) Status (if applicable)		
	6025 Valley Circle BLVD Organization Mailing Address	Los An	geles		CA	91367		
1В)	B) Organization Mailing Address				State	Zip Code		
10)	24220 Aetna Street	Los A	Angeles		CA	91367		
10)	Business Address (If different)	City			State	Zip Code		
	NA	NA			NA	NA		
1D)	Address of Affiliated Organization (If applicable)	City	···· ,		State	Zip Code		
	Name and address of person designated to receiv	/e official/le	gal notices:	Nar	_{ne:} Rachae	I Rosenberg		
2)	24220 Aetna Street	Los An	geles		CA	91367		
	Street	City			State	Zip Code		
3)	Type of Organization- Please select one: (Organ	izations n	nust be loca	ated with	nin the City o	of Los Angeles)		

Attach IRS Determination Letter

Attach Letterhead

SECTION II - PROJECT DESCRIPTION

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

Bundles of Kindness will be using the grant of \$200 to assist in assembling 500 care packages for the homeless in West Hills These care packages include: blankets, hats, gloves, scarves, hand warmers, rain panchos, umbrellas, socks, underwear, T-Shirts, flashlights, reusable hot/cold bottles, face masks, hand sanitizer, facial wipes, toiletries, lip balm, sun screen, first aid kits, dental hygiene products, feminine hygiene products, dog food, dog leashes and collars, and prepackaged food.

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

The Bundles of Kindness' care packages provide immediate relief for those in West Hills who are experiencing homelessness and to alleviate the need for such items to be sought from the public or businesses. These bundles also benefit the community by showing empathy and community by bringing sheltered and unsheltered neighbors together in support.



NEIGHBORHOOD EMPOWERMENT

SECTION III - PROJECT BUDGET OUTLINE- Please outline the project budget below.

6A)	Personnel Related Expenses	Requested of NC	Total Projected Cost
		\$	\$
· . [\$	\$
1		\$	\$
		\$	\$

6B)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Items for Bundles (listed in Question #4)	\$ 200	\$\$25,000
		\$	\$
		\$	\$
	· · ·	\$	\$

7) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? 2 Yes, please describe below 2 No

Source of Funding	Amo	unt	To	tal Projected Cost
Private Donations including non-profits, businesses, and individual contributors	\$	\$24,800	\$	\$24, 800
	\$		\$	
	\$		\$	
· · · · · · · · · · · · · · · · · · ·	\$		\$	

8) What is the TOTAL amount of the grant funding requested with this application: \$200.00

9) What is the expected completion date? <u>5 / 30 / 2021</u> (mm/dd/yyyy) (required)

SECTION IV - PROJECT PRIMARY AND SECONDARY CONTACT INFORMATION

Telephone Number	Fax Number		E-mail	
(818) 346-3545		N/A	rabbivogel@templealiyah	org.ר
10B) First Name		Last Name	MI	
Rabbi Steward		Vogel	N/A	
Telephone Number	Fax Number		E-mail	
(818)876-2641		NA	support@bundlesofkindes	ss.org
10A) First Name		Last Name	MI	
Rachael		Rosenberg	V	
the funds and program(s) listed		is application.	licable) of the person(s) responsible for	

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?

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Type of Relationship	Board Member Name
Example: Former board member	So Conflicted

Department of the Treasury Internal Revenue Service

ANDOVER, MA 05501

In reply refer to: 0834505265 Apr. 12, 2001 LTR 858C 95-2236425 200012 10

01388

-799 9 - 152K ****

TEMPLE ALIYAH INC 6025 VALLEY CIR BLVD WOODLAND HLS CA 91367-1144257

Taxpayer Identification Number: 95-2236425 Tax Period(s): Dec. 31, 2000

Form: 940

Dear Taxpayer:

You are not required to file Form 940 because you have been determined to be an exempt organization under section 501 (c) (3) of the Internal Revenue Code; therefore, you are exempt from paying Federal unemployment tax. Please destroy any Form 940 returns you may have received. Do not make any tax deposits for Federal unemployment tax.

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Telephone Number ()

Hours

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Stewart Vogel	Rabbi	(Lost)	0.3/17/
PRINT First Name/ Last Name Secretary of Non-profit Corporation or Ase	<i>Title</i> sistant School Principal	Signature	Date · ·
Rachael Rosenberg	Founder		
PRINT First Name/ Last Name	Title	Signature	Date
TION VII - FOR DEPARTMENT OF NEIGHBO	ORHOOD EMPOWERMENT US	ONLY	
Date Received			
	Appl	ication 📮 Complete	Incomplete
Reviewer Name	Date Reviewed		
REVEIWER'S NOTES			
Date submitted to Funding Unit			
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Application C Complete C Incc	omplete		

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City of Los Angeles, Department of Neighborhood Empowerment **NPG APPLICATION Page 3** 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 Stewart Vogel Rabbi PRINT First Name/ Last Name Title Signature Date 12B) Secretary of Non-profit Corporation or Assistant School Principal **Rachael Rosenberg** Founder PRINTFirst Name/Last Name Title Date Signature SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY Date Received Application Complete Incomplete **Date Reviewed** Reviewer Name **REVEIWER'S NOTES** Date submitted to Funding Unit Method: In-person C E-mail **O** Fax Inter-departmental mail NPG # Application Complete Incomplete Funding Unit Notes: DONE Date Stamp Receipt

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.

CTION I- APPLICANT INFORMATION					
West Valley Food Pantry	95	-3349988	Cali	1	1/23/85
) Organization Name	Fed	eral I.D. # (EIN#)	State of	Incorporation	Date of 501(c)(3) Status (if applicab
5700 Rudnick Ave	W	oodland I	Hills	CA	91367
Organization Mailing Address	City	teritiki ci tikte iti oo I	nadanın	State	Zip Code
Business Address (If different)	City	ynn yw ddaeth yw yn yw yn		State	Zip Code
) PRIMARY CONTACT INFORMATION:					
Debbie Decker 818-346-6955	Ex	ecdirector@	westva	alleyfoodpa	antry.org
Name	Ph	ione		Email	
 Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead 	O	501(c)(3) Noi Attach IRS D	n-Profit <i>(ol</i>)eterminal	her than religious lion Letter	institutions)
Name / Address of Affiliated Organization (if appli	cable)	City	dandata atalah digina dan diging K	State	Zip Code

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

The West Valley Food Pantry is a local non-profit coalition of churches and temples that banded together over 36 years ago to feeding the hungry in our community. Due to the Pandemic, the Pantry currently feeds approximately 11,000 people a month. We are serving the homelessness, unemployed, low income, those dealin with illness, family losses and emotional stress. Covid has increased expenses dramatically. We endeavor to feed the hungry in our neighborhood, we ask the Neighborhood Council for \$600 in financial support to help us continue the mission.

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)

The West Valley Food Pantry invests in the welfare of the local community. The money received from this grant would go directly to the purchase of food and supplies for our clients. The increased number of homeless, seniors, young families, and low-income clients has increased dramatically during the last year and this strains our budget. A \$600 grant from the Neighborhood Council would enable us to serve everyone in our community

	nay also provide the Budget Outline on a separate sheet if necessa Personnel Related Expenses		ted of NC	Total Dres	ected Cost
	Harsonner Aeidieu Experises	¢	ted of NG	s stotal Proj	ected COSt
		\$		\$ \$	
				\$	<u>مەزۇرتۇرتۇرىي ، مەتسەرد مە</u>
	Non-Personnel Related Expenses	Reques	ted of NC	Total Proi	ected Cost
	Purchase Food for clients at local grocery stores	\$ 600		\$ 600	
		\$		\$	
		\$		\$	
	ave you (applicant) applied to any other Neighborhood Councils No Q Yes If Yes, please list names of NCs:				ijene posto o svetske sjelete o soorten ge
	the implementation of this specific program or purpose describ purces or funding? (Including NPG applications to other NCs)	ed in Questi No. 🔲 Yes	on 4 contin If Ye	gent on any (s. please de	other factors (
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		\$	<u></u>	<u> </u>	
	(After completion of the project, the applicant should submit a F				
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* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <u>clerk.ncfunding@lacity.org</u> for instructions on completing this form

CITY OF LOS ANGELES



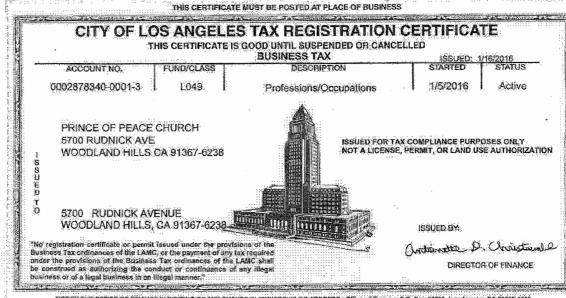
Office of Finance P.O. Box 53200 Los Angeles CA 90053-0200

> 5700 RUDNICK AVENUE WOODLAND HILLS, CA 91367-6238

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PRINCE OF PEACE CHURCH 9356 5700 RUDNICK AVE WOODLAND HILLS CA 91367-6238



NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS - Office of Finance, P.O. Box 53200, Los Angeles CA 30853-0205 IMPORTANT - READ REVERSE SIDE

Depart	W-9 October 2018) Iment of the Treasury al Revenue Service Boy to www.irs.gov/FormW9 for instructions and the lat			Give Form to the requester. Do not send to the IRS.
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blan	K i		
	Prince of Peace Church			1.
	2 Business name/disregarded entity name, if different from above	e é na handa di digi di sa kana di digi di di	11110-022-0	
	POP/ West Valley Food Pantry			
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. C following seven boxes. Individual/sole proprietor or single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner Note; Check the appropriate box in the line above for the tax classification of the single-member LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a si is disregarded from the owner should check the appropriate box for the tax classification of its ov Other (see instructions) ►	Trust/estate ership) ▶ owner. Do not check owner of the LLC is ngle-member LLC that	certain er Instructio Exempt p Exemptio code (if a	tions (codes apply only to titlies, not individuals; see ins on page 3): ayee code (if any) in from EATCA reporting iny)
		Requester's name a	ind addres	s (optional)
See	5700 Rudnick Avenue	-		
	6 City, state, and ZIP code Woodland Hills, CA 91367			
	7 List account number(s) here (optional)	L	بفيرد مجتني استنقلت	Yalan in Maajimatra 2000 ja milii
	a mar sconnir ununerfet uere fohneuer			
Pa	Taxpayer Identification Number (TIN)	an in the second se		*****
Enter backi reside entitie TIN, 1	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a up withholding. For individuals, this is generally your social security number (SSN). However, ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to g</i> later.	fora peta or		
	: If the account is in more than one name, see the instructions for line 1. Also see What Nam ber To Give the Requester for guidelines on whose number to enter.	e and Employer	identifical	Bon number 4 9 9 8 8

Part II. Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpaver 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 1 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.

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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 faxpayer identification number (IIN) 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. 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)

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.

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:	We	est Hills		inin militari
SEC	TION I- APPLICANT INFORMATION				
	ONEgeneration	95	5-406979	CA	1978
1a)	Organization Name	Fea	leral I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable)
1b)	17400 Victory Blvd.	V	an Nuys	CA	91406
	Organization Mailing Address	City	/	State	Zip Code
1c)	· · · · · · · · · · · · · · · · · · ·				a that shares a
	Business Address (If different)	City	<i>r</i> .	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:				
	Sue Sexton	818	-708-4756	ssexton@oneg	eneration.org
	Name	P	hone	Email	
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead	or		n-Profit <i>(other than religious</i> Determination Letter	s institutions)
3)	Name / Address of Affiliated Organization (if appli	cable)	City	, State	Zip Code
SEC	TION II - PROJECT DESCRIPTION			and the second adaption of the schedule and the second second second second second second second second second	

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

ONEgeneration would like to request the West Hills Neighborhood Council's participation for our 13th annual drive-thru Senior Symposium on Saturday, June 19, 2021. This event will allow for a COVID-friendly opportunity to engage with local community vendors who provide access to resources and services for the older adult community and their caregivers. In these challenging times, we need your support more than ever to assist us with the cost of renting canopies, tables and chairs (for the vendors only) which will be used for this drive-thru experience.

 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)

This year more than ever, the health and wellness of our senior community is of the utmost importance. Our goal is to keep our older adult population, many who are lonely and isolated, connected and informed. Due to the pandemic and to in order to keep everyone safe, the symposium will be a "drive-thru" event at ONEgeneration's Encino Farmers Market parking lot located at 17400 Victory Blvd., Van Nuys, CA 91406. Vendor booths will set up so seniors and their caregivers can pass by safely to stop for a bit to pick up information and resources. Resources include information about ONEgeneration's bi-monthly food bank, senior homebound meal delivery, transportation, Care Management, Supportive Services and virtual health & wellness programs. Participating Neighborhood Councils will have access to a vendor space during this event

SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

Personnel Related Expenses	Requested of NC	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$
Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Rental costs of canopies, tables and chairs	\$ 1,000.00	\$ 14,000.00
	S	\$
	T through the second seco	

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? If Yes, please list names of NCs: Resedu, Canoga Park, Encino, Northridge South, Lake Balboe, Winnetka, Woudland Hills, Tarzana, Northridge East, Van Nuys Yes Yes

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 plasse describe

sources or ful	iumy: (menumy)	ar o applications	LO DITIEL NOS M		11 1 CO 1 MIC	ase ueschue.
Source of I	Funding			Amount	То	al Projected Cost
	· · · · · · · · · · · · · · · · · · ·	and the second se	 A second sec second second sec	\$	\$	
		······	a isti shi shi s	\$	\$	
				\$	\$	
5						

1,000.00 9) What is the TOTAL amount of the grant funding requested with this application:

10a) Start date: <u>06 / 19 / 21</u> 10b) Date Funds Required: <u>06 / 19 / 21</u> 10c) Expected Completion Date: <u>06 / 19 / 21</u> (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	C Yes	If Yes, please describe below:	3. MARTINE Conception and Antonian managements of the State of the
Name o	of NC Board Mer	nber	Relationship to Applicant
1			

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

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*

Jenna Hauss, MSW President & CEO PRINT Name Title Signature 12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED Jim Esterle Board Secretary PRINT Name Title

Signature

* 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 Charles to good

IRS Department of the Treasury Internal Revenue Service P.Q. Box 2508 Cincinnati OH 45201

In reply refer to: 0248653327 May 27, 2010 LTR 4168C E0 95-4066979 000000 00 00018938 BODC: TE

ONEGENERATION VALLEY SENIOR SERV & RESOURCES CTR 17400 VICTORY BLVD VAN NUYS CA 91406-5349

006466

Employer Identification Number: 95-4066979 Person to Contact: Ms. Espelage Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 18, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1991.

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.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

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

0248653327 May 27, 2010 LTR 4168C E0 95-4066979 000000 00

00018939

ONEGENERATION VALLEY SENIOR SERV & RESOURCES CTR 17400 VICTORY BLVD VAN NUYS CA 91406-5349

Sincerely yours,

michele M. Sullivar

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I