

**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: North Hollywood West Neighborhood Council

**SECTION I - APPLICANT INFORMATION**

1a) Little Angels Project      81-1635505      CA      \_\_\_\_\_  
*Organization Name*      *Federal I.D. # (EIN#)*      *State of Incorporation*      *Date of 501(c)(3) Status (if applicable)*

1b) 29348 Roadside Dr      Agoura Hills      CA      91301  
*Organization Mailing Address*      *City*      *State*      *Zip Code*

1c) \_\_\_\_\_  
*Business Address (if different)*      *City*      *State*      *Zip Code*

1d) **PRIMARY CONTACT INFORMATION:**  
Yvette Berke      818-618-4675      yvette.outreach@littleangelsproject.org  
*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.

The Little Angels Project is a Veterinary Service Provider. We understand the impact the economy is having on people with pets who may be struggling to provide care to them due to limited funds. Our mission is to keep people and their pets together during challenging times. We have a variety of programs to assist seniors, veterans, low income, victims of domestic violence and the unhoused with pets who find themselves in a temporary financial crisis at the same time their pet requires live-saving treatment, or life sustaining medications. This will be a community support purpose and requesting to do two mobile wellness clinics in the district.

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)

LAP Wellness Clinics are offered several times a month and change locations throughout Los Angeles and Ventura County. You must register in advance for these events. Wellness checks include a thorough exam, new / updated vaccinations, flea treatment if needed. We also can provide microchips for an additional registration fee. To schedule an appointment go to <http://littleangelsproject.org/wellness-events>. Since before the beginning of the pandemic Little Angels Project saw a clear need amongst pet owners who wanted to keep their pets but were faced with bills they could not afford. The goal of our program is to reduce owner surrender for medical need. The goal is to provide necessary veterinary care that is accessible to those in under-served communities, seniors, veterans, low income, victims of domestic violence and the unhoused with pets to help owners retain their animals and save them from euthanasia or surrender to a shelter or rescue.

**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
Veterinarian (per clinic)	\$500 per clinic	\$1000
Vet techs (per clinic)	\$250 per clinic	\$500
	\$	\$

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Veterinary medical supplies, medications, vaccines, microchips	\$1750 per clinic	\$3500
	\$	\$
	\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  
 No  Yes If Yes, please list names of NCs: After NoHo we have applied for Northridge West, no decision on this fiscal. Applied last cycle to North Hills East & West no response

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: \$5000

10a) Start date: \_\_\_/\_\_\_/\_\_\_ 10b) Date Funds Required: \_\_\_/\_\_\_/\_\_\_ 10c) Expected Completion Date: \_\_\_/\_\_\_/\_\_\_  
 (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\*  
 Darlene Hernandez Geekie Founder / CEO *Darlene Hernandez* 05/16/2023  
PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*  
 Sabrina Lankford Secretary *Sabrina Lankford* 05/16/2023  
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](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: **MAR 08 2016**

THE LITTLE ANGELS PROJECT  
29348 ROADSIDE DRIVE  
AGOURA HILLS, CA 91301-0000

Employer Identification Number:  
81-1635505  
DLN:  
26053462003056  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a)(2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
February 26, 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.

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, the e-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 to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436



*Support for low income, seniors,  
veterans, victims of domestic violence,  
and unhoused with pets.*

# FREE VETERINARY WELLNESS CLINIC

**Saturday**

**August 19, 2023**

First Christian Church  
North Hollywood

**4390 Colfax Avenue**

**SERVICES BY APPOINTMENT ONLY**

Schedule appointment at  
[littleangelsproject.org/wellness-events](http://littleangelsproject.org/wellness-events)  
or call (818) 515-5461

\$25 suggested donation

Funded by the

**ahf Animal Health  
Foundation**

*Helping the creatures that share our planet.*



Includes  
EXAMS  
MICROCHIPS  
VACCINES