

**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)	<u>World Harvest Food Bank</u> <i>Organization Name</i>	<u>39-2064653</u> <i>Federal I.D. # (EIN#)</i>	<u>CA</u> <i>State of Incorporation</i>	<u>08-28-2014</u> <i>Date of 501(c)(3) Status (if applicable)</i>
1b)	<u>3100 Venice Blvd</u> <i>Organization Mailing Address</i>	<u>Los Angeles</u> <i>City</i>	<u>CA</u> <i>State</i>	<u>90019</u> <i>Zip Code</i>
1c)	<u></u> <i>Business Address (If different)</i>	<u></u> <i>City</i>	<u></u> <i>State</i>	<u></u> <i>Zip Code</i>

1d) **PRIMARY CONTACT INFORMATION:**  
Glen Curado 626-757-2345 Glen@worldharvestfoodbank.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.**  
 World Harvest Food Bank is asking for support from the North Hollywood West Neighborhood Council to help us continue and expand our services to families facing food insecurity in and around Los Angeles.

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)**  
 Currently, World Harvest Food Bank feeds 75,000 families. Our mission is to end hunger in Los Angeles and serve as many families as we can. Starting in 2020, the California Department of Motor vehicles begin compliance verification to ensure that vehicles subject to the California Air Resources Board's (CARB) Truck and Bus Regulation meet the requirements prior to obtaining DMV registration. Our current donation pick-up truck is a 2000 Intl 4700 and on January 1, 2020, no longer meets the regulatory requirements.

**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
Commercial Sprinter Van w/ Hightop	\$ 4,999	\$ 65,000
	\$	\$
	\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  
 No  Yes If Yes, please list names of NCs: all 99 NC's

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
We are asking other Neighborhood Councils to help us complete our goal	\$ 4,999	\$ 65,000
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 4,999

10a) Start date: 06 / 04 / 2024 10b) Date Funds Required: 05 / 01 / 2025 10c) Expected Completion Date: 06 / 01 / 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\*

Glen Curado Founder & CEO  11/08/2024  
 PRINT Name Title Signature Date

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

Arcelia Sanchez Secretary  11/08/2024  
 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: AUG 28 2014

WORLD HARVEST CHARITIES & FAMILY  
SERVICES  
1014 W VENICE BLVD  
LOS ANGELES, CA 90015

Employer Identification Number:  
39-2064653  
DIN:  
17053097312044  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
May 15, 2013  
Contribution Deductibility:  
Yes  
Addendum Applies:  
Yes


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.

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.

Sincerely,



Director, Exempt Organizations