



**SECTION III - PROJECT BUDGET OUTLINE**

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

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
		\$	\$
		\$	\$
		\$	\$

6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
		\$	\$
		\$	\$
		\$	\$

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: \$ \_\_\_\_\_

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\*

\_\_\_\_\_  
 PRINT Name Title Signature Date

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

\_\_\_\_\_  
 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

OGDEN UT 84201-0029

In reply refer to: 4077550277  
Oct. 28, 2014 LTR 4168C 0  
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VALLEY COMMUNITY HEALTHCARE  
% ROBERT BERMAN  
6801 COLDWATER CYN AVE STE 1B  
NORTH HOLLYWOOD CA 91605-5164



004600

Employer Identification Number: 23-7050082  
Person to Contact: Ms Benjamin  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 25, 2014, 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 May 1970.

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](http://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.

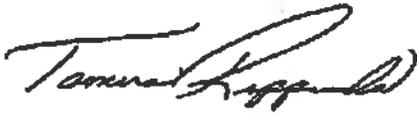
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HEALTHCARE

AVE STE 18  
91605-5164

For questions, please call us at the telephone number  
listed on the back of this letter.

Sincerely yours,



Tamera Ripperda  
Director, Exempt Organizations

# VALLEY GIVES THANKS - *COMMUNITY TOGETHER*



Join Valley Community Healthcare (VCH) on Tuesday, November 25, 2025, from 8 AM - 1 PM as we give THANKS to our patients and their families by providing at least 500 turkey dinner boxes.

Each turkey dinner box comes with one 10 to 12lb turkey, one pie, one or two side dishes, and one bag of bread rolls.\*

Through our newly created *Community Together* Fund, you'll help bring the joy of a shared holiday meal to hundreds of families in need.

\*Limit one box to a family while supplies last.



## PRESENTING SPONSOR

Provides at least 125 turkey dinner boxes

ONLY ONE AVAILABLE!

### \$25,000

- *Exclusive Naming Rights* - event presented as Valley Gives Thanks Presented by Your Name/Company Name
- Prominently featured logo on all event banners, flyers, and turkey boxes
- Premier logo placement on VCH's website and two (2) dedicated social media posts
- Logo featured in VCH e-newsletter with a special article
- Recognition in the VCH Annual Report
- Option to include promotional materials in turkey boxes
- Presenting sponsor appreciation certificate
- Up to five (5) volunteer spots for employees/family on event day

## VALLEY HARVEST SPONSOR

Provides at least 50 turkey dinner boxes

### \$10,000

- Logo on event banners, flyers, and turkey boxes
- Recognition on VCH website and one (1) dedicated social media post
- Sponsor appreciation certificate
- Recognition in the VCH Annual Report
- Option to include promotional materials in turkey boxes
- Commemorative group photo with VCH CEO and event team for media recognition
- Up to two (2) volunteer spots on event day

## VALLEY COMMUNITY SPONSOR

Provides at least 25 turkey dinner boxes

### \$5,000

- Logo on event banners, flyers, and turkey boxes
- Recognition on VCH website and e-newsletter
- Recognition in the VCH Annual Report
- Commemorative group photo with VCH staff

## FRIEND OF VCH SPONSOR

Provides at least five (5) turkey dinner boxes

### \$1,000

- Name listing on event banner and website
- Recognition on VCH website
- Recognition in the VCH Annual Report

## TURKEY & FIXINS SPONSOR

Provides at least one (1) turkey dinner box

### \$250

- Recognition in the VCH Annual Report

**THANK YOU FOR SUPPORTING THE *COMMUNITY TOGETHER* FUND TODAY AND MAKE THIS SEASON BRIGHTER FOR OUR NEIGHBORS IN NEED!**



[www.valleycommunityhealthcare.org](http://www.valleycommunityhealthcare.org)

For more information or to customize a sponsorship package, please contact Andreh Khachaturians at [akhachaturians@vchcare.org](mailto:akhachaturians@vchcare.org) or (818) 763-8836 ext. 1201.

<http://weblink.donorperfect.com/valleygivesthanks>

valley-community-clinic vchcare

Recognition/promotional material deadline is November 10, 2025.

## PAYMENT INFORMATION

Name \_\_\_\_\_

Company (optional) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Total enclosed \$ \_\_\_\_\_  Checks payable to VALLEY COMMUNITY HEALTHCARE

Please charge the gift to my  American Express  Discover  Mastercard  Visa

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature (required) \_\_\_\_\_