

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

SECTION I- APPLICANT INFORMATION

1a) <u>Comfy Carepacks</u>	<u>82-4486566</u>	<u>CA</u>	<u>2/20/2019</u>
<i>Organization Name</i>	<i>Federal I.D. # (EIN#)</i>	<i>State of Incorporation</i>	<i>Date of 501(c)(3) Status (if applicable)</i>
1b) <u>PO Box 15733</u>	<u>North Hollywood</u>	<u>CA</u>	<u>91615</u>
<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1c) <u>12631 Vanowen St Unit 4</u>	<u>North Hollywood</u>	<u>CA</u>	<u>91605</u>
<i>Business Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

1d) PRIMARY CONTACT INFORMATION:

<u>Tara Smith</u>	<u>818 317 4278</u>	<u>tara@comfycarepacks.org</u>
<i>Name</i>	<i>Phone</i>	<i>Email</i>

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) <u>Name / Address of Affiliated Organization (if applicable)</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
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SECTION II - PROJECT DESCRIPTION

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

Comfy Carepacks is deeply committed to ensuring the health and welfare of all companion animals, especially those belonging to unhoused and extremely low-income individuals. We are requesting a grant of \$5,000 to help cover the costs of vaccinations during our 2nd annual FurFest, a pet resource fair. Vaccinations are essential for preventing the spread of diseases among both animals and humans, and they play a crucial role in maintaining the overall health and well-being of pets. However, for many unhoused and extremely low-income individuals, accessing veterinary care and affording vaccinations can be a significant challenge. By providing financial assistance for vaccinations, we aim to remove this barrier to care. This grant will enable us to offer this much needed service, which will contribute to a healthier, happier community for all.

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)

Vaccinating pets offers significant benefits for both animals and the people who care for them. Keeping pets up to date on vaccinations protects their health and helps prevent the spread of infectious diseases within the broader pet population. It also reduces the likelihood of serious, preventable illnesses that can lead to expensive veterinary care, costs that can be especially difficult for owners already experiencing financial hardship. Beyond the physical health benefits, vaccinated and healthy pets are better able to provide comfort, stability, and emotional support to their owners during challenging times. In this way, grant funding for vaccinations helps create a safer, healthier, and more supportive community for pets and the people who depend on them.

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
	Pet Vaccinations/Microchips	\$5000	\$6500
		\$	\$
		\$	\$

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: \$5000

10a) Start date: 5/9/2026 10b) Date Funds Required: 5/1/2026 10c) Expected Completion Date: 5/30/2026
(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*

Tara Smith

Founder

PRINT Name

Title

Tara Smith
Signature

2/7/26
Date

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

Deborah Takahashi

Secretary

PRINT Name

Title

[Signature]
Signature

2/7/2026
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 for instructions on completing this form

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

DEPARTMENT OF THE TREASURY

Date: FEB 20 2019

COMFY CAREPACKS INC
12631 VANOWEN ST UNIT 4
NORTH HOLLYWOOD, CA 91605-5325

Employer Identification Number:
82-4486566
DLN:
26053428007469
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:
November 09, 2018
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. 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 947