

# 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: \_\_\_\_\_

### SECTION I - APPLICANT INFORMATION

1a) \_\_\_\_\_  
*Organization Name*      *Federal I.D. # (EIN#)*      *State of Incorporation*      *Date of 501(c)(3) Status (if applicable)*

1b) \_\_\_\_\_  
*Organization Mailing Address*      *City*      *State*      *Zip Code*

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

1d) **PRIMARY CONTACT INFORMATION:**

\_\_\_\_\_  
*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.

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)

**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:

<b>Source of Funding</b>	<b>Amount</b>	<b>Total Projected Cost</b>
	\$	\$
	\$	\$
	\$	\$

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:

<b>Name of NC Board Member</b>	<b>Relationship to Applicant</b>

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\*

_____	_____	_____	_____
<i>PRINT Name</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i>

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

_____	_____	_____	_____
<i>PRINT Name</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i>

\* 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

# KB Contract Interiors

*Furnishings for Home & Office*

8371 Canoga Ave.  
Canoga Park, CA 91304

Phone (818) 341-0500 Fax (818) 341-0557

## Estimate

Date	Estimate #
5/22/2023	1571

Name / Address
Los Angeles Police Dept. Devonshire 10250 Etiwanda Ave. Northridge, Ca. 91325

Ship To
Los Angeles Police Dept. Devonshire 10250 Etiwanda Ave. Northridge, CA 91325 Luis Aguilar 818 832-0791 cell 818 438-1157

Sold By
Matt

Description	Qty	Cost	Total
OSP/MAV 24x60" nesting tables with Titanium base and Spice Walnut tops	12	425.00	5,100.00T
Mav 24"d X 72"w X 36" h serving credenza with spice walnut, Handles ??	2	2,095.00	4,190.00T
Mav Storage cabinets, 24"d X 36"w X 72"h with locks, Spice Walnut, Handles ??, 2 keyed alike, 6 keyed alike	8	1,495.00	11,960.00T
OSP nesting chairs with casters with Titanium frame, #84440-30	30	215.00	6,450.00T
Delivery & Assembly of all product		600.00	600.00T
Subtotal			28,300.00
		<b>Subtotal</b>	\$28,300.00

**\*\*\*RETURN POLICY\*\*\***

**\*RETURNS NOT ALLOWED ON SPECIAL ORDERS.**

**\*ALL APPROVED CANCELLED ORDERS ARE SUBJECT TO A 5% PROCESSING FEE.**

**\*ADDITIONAL DELIVERIES AND/OR PICK UPS WILL BE CHARGED ACCORDINGLY.**

**Sales Tax (9.5%)** \$2,688.50

**Total** \$30,988.50



CA LICENSE #974311  
14141 COVELLO STREET SUITE #9A  
VAN NUYS, CA 91405  
+1 8186161118

# PROPOSAL

## ADDRESS

Solid/LAPD Devonshire Station  
P.O. BOX 7181  
Northridge, CA 91327

PROPOSAL # 2084

DATE 05/01/2023

## JOB LOCATION

10250 ETIWANDA AVE

DESCRIPTION	AMOUNT
(1) 23' X 8'6" PARTITION WALL TO BE REMOVED. EXCLUDES LOAD BEARING WALL. APPROXIMATELY 665 SQ. FT. OF VACANT OFFICE SPACE TO BE SCRAPED, PATCHED, SANDED, PRIMED AND PAINTED. INCLUDES OFF-WHITE PAINT COLOR. EXCLUDES DARK COLORS. EXISTING CEILING PANELS TO BE REMOVED. NEW SECOND LOOK CORTEGA PANELS TO BE INSTALLED. INCLUDES 665 SQ. FT. (10) EXISTING LIGHT FIXTURES TO BE REMOVED. (10) NEW LED LIGHT FIXTURES TO BE INSTALLED. INCLUDES RECONFIGURING LIGHT SWITCHES TO A&B. EXCLUDES SENSORS. LAMINATE FLOORING TO BE INSTALLED OVER EXISTING VCT FLOORING. INCLUDES INSTALLING MDF BASEBOARD. INCLUDES APPROXIMATELY 665 SQ FT OF FLOORING AND 125 LF OF 5.5" MDF BASEBOARD. ALL WORK TO BE PERFORMED DURING REGULAR BUSINESS HOURS. EXCLUDES UNFORESEEN CONDITIONS SUCH AS MOLD ABATEMENT, LEAD ABATEMENT, RELOCATING EXISTING PLUMBING AND/OR ELECTRICAL, AND EXISTING STRUCTURAL DEFECTS. EXCLUDES ANY AND ALL BUILDING PERMITS REQUIRED BY CITY WHICH PROJECT IS LOCATED IN. EXCLUDES PLAN CHECK, PLAN CHECK FEE, PERMIT FEE, AND/OR PERMIT. ALL TRASH TO BE HAULED AWAY. NO TRASH TO BE DISPOSED IN PROPERTY DUMPSTERS. INCLUDES UP TO (1) FULL LOAD. ALL FLOOR COVERINGS TO BE COVERED WITH PROTECTIVE FILM IF NEEDED IN COMMON AREAS. AREA TO BE CLEANED AFTER ALL TRASH IS REMOVED. ALL ITEMS NEAR OR AROUND WORK AREA MUST BE CLEARED PRIOR TO COMMENCING PROJECT. LABOR, MATERIAL AND EQUIPMENT. INCLUDES MOBILIZATION AND DEMOBILIZATION TO COMPLETE PROJECT.	16,650.00
AC 05/01/2023	TOTAL \$16,650.00



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248167147  
June 05, 2015 LTR 4168C 0  
95-4418512 000000 00  
00018446  
BODC: TE

DEVONSHIRE IS S O L I D  
PO BOX 7181  
NORTHRIDGE CA 91327



003343

Employer Identification Number: 95-4418512  
Person to Contact: Ms Wittwer  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 27, 2015, 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 March 1994.

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.

0248167147  
June 05, 2015 LTR 4168C 0  
95-4418512 000000 00  
00018447

DEVONSHIRE IS S O L I D  
PO BOX 7181  
NORTHRIDGE CA 91327

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

Sincerely yours,

*Doris P. Kenwright*

Doris Kenwright, Operation Mgr.  
Accounts Management Operations 1

**State of California**  
**Secretary of State**  
CERTIFICATE OF STATUS

ENTITY NAME:

DEVONSHIRE IS S.O.L.I.D.

FILE NUMBER: C1718778  
FORMATION DATE: 01/20/1993  
TYPE: DOMESTIC NONPROFIT CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of October 15, 2012.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State

RKS



State of California  
Secretary of State

N

92

11-013711

Statement of Information

(Domestic Nonprofit, Credit Union and Consumer Cooperative Corporations)

Filing Fee: \$20.00. If amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**  
In the office of the Secretary of State  
of the State of California

JAN 20 2011

This Space for Filing Use Only

1. CORPORATE NAME

DEVONSHIRE IS S.O.L.I.D.  
17549 LAHEY ST  
GRANADA HILLS, CA. 91344  
C1718778

Due Date:

Complete Principal Office Address (Do not abbreviate the name of the city. Item 2 cannot be a P.O. Box.)

2. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE

CA

3. MAILING ADDRESS OF THE CORPORATION, IF REQUIRED CITY STATE ZIP CODE

P.O. Box 7181

NORTHRIDGE

CA 91344

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

4. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE

JIM MALKIN 17549 LAHEY ST GRANADA HILLS CA 91344

5. SECRETARY ADDRESS CITY STATE ZIP CODE

RICHARD FARRA 17548 LAHEY ST GRANADA HILLS CA 91344

6. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE

CAROLINE EAST 11150 JELICO AVE GRANADA HILLS CA. 91344

Agent for Service of Process (If the agent is an individual, the agent must reside in California and Item 8 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 8 must be left blank.)

7. NAME OF AGENT FOR SERVICE OF PROCESS

JIM MALKIN

8. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

17549 LAHEY ST. GRANADA HILLS CA 91344

Davis-Stirling Common Interest Development Act (California Civil Code section 1350, et seq.)

9. ☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act and proceed to Items 10, 11 and 12.

NOTE: Corporations formed to manage a common interest development must also file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code section 1363.6. Please see instructions on the reverse side of this form.

10. ADDRESS OF BUSINESS OR CORPORATE OFFICE OF THE ASSOCIATION, IF ANY CITY STATE ZIP CODE

11. FRONT STREET AND NEAREST CROSS STREET FOR THE PHYSICAL LOCATION OF THE COMMON INTEREST DEVELOPMENT 8-DIGIT ZIP CODE  
(Complete if the business or corporate office is not on the site of the common interest development.)

12. NAME AND ADDRESS OF ASSOCIATION'S MANAGING AGENT, IF ANY CITY STATE ZIP CODE

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

1/17/11  
DATE

CAROLINE EAST  
TYPE/PRINT NAME OF PERSON COMPLETING FORM

TREASURER  
TITLE

Caroline East  
SIGNATURE

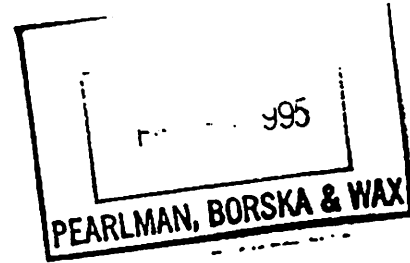
APPROVED BY SECRETARY OF STATE





# State of California

SECRETARY OF STATE'S OFFICE



DEVONSHIRE IS S.O.L.I.D.

I, *TONY MILLER*, Acting Secretary of State of the State of California, hereby certify:

That the annexed transcript was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute  
this certificate and affix the Great  
Seal of the State of California this

OCT 26 1994



*Tony Miller*  
Acting Secretary of State

1718778

FILED  
In the office of the Secretary of State  
of the State of California

ARTICLES OF INCORPORATION  
OF  
DEVONSHIRE IS S.O.L.I.D.

JAN 20 1993

*Merck Fox, Esq.*  
MARCH 10:16 EU, Secretary of State

FIRST: The name of this corporation is:

DEVONSHIRE IS S.O.L.I.D.

SECOND: This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any persons. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes.

THIRD: The specific purposes of this corporation are:

(a) To assist the Devonshire area Community in facilitating and supporting Community Based Policing; and

(b) To assist in the Devonshire area Community's involvement in the ability to implement the program of Community Based Policing; and

(c) To provide any and all equipment and other support and resources which the City of Los Angeles may be unable to provide the law and enforcement organizations for crime prevention and law enforcement support in the Devonshire area.

FOURTH: (a) This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

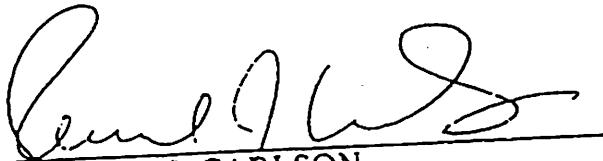
(b) No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

(c) All corporate property is irrevocably dedicated to the purposes set forth in Article Three, above. No part of the net earnings of this corporation shall inure to the benefit of any of its directors, trustees, officers, private shareholders or members, or to the benefit of any private person.

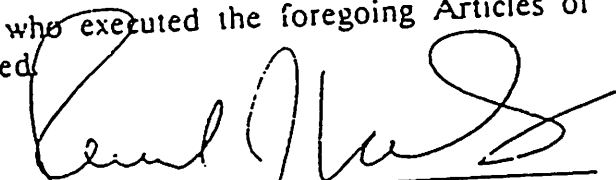
FIFTH: On the winding up and dissolution of this corporation, after paying or adequately providing for the debts, obligations, and liabilities of the corporation, the remaining assets of this corporation shall be distributed to such organization (or organizations) organized and operated exclusively for supporting the community involvement in assisting and implementing community based policing programs and other public and charitable purposes which has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States internal revenue law) and which has established its tax-exempt status under Section 23701d of the California Revenue and Taxation Code (or the corresponding section of any future California revenue and tax law).

SIXTH: The name and address in this state of the corporation's initial agent for service of process is Robert J. Carlson, 16133 Ventura Boulevard, Suite 1175, Encino, California 91436.

DATED: January 18, 1993

  
ROBERT J. CARLSON  
Incorporator

I hereby declare that I am the person who executed the foregoing Articles of Incorporation, which execution is my act and deed.

  
ROBERT J. CARLSON

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Devonshire Is S.O.L.I.D.

2 Business name/disregarded entity name, if different from above

S.O.L.I.D.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ►

501(c)(3)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

PO Box 7181

6 City, state, and ZIP code

Northridge, CA 9137

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

9 5 - 4 4 1 8 5 1 2

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer 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 I 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.

Sign  
Here

Signature of  
U.S. person ►

*Mark Coh*

Date ►

9-26-17

## 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](http://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 taxpayer identification number (TIN) 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 the amount paid to you, or other amount reportable 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 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.