

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: Porter Ranch NC

SECTION I - APPLICANT INFORMATION

1a) Meals in Motion 92-0918178 CA 10/31/2022
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) PO Box 7001 Porter Ranch CA 91326
Organization Mailing Address *City* *State* *Zip Code*

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

1d) **PRIMARY CONTACT INFORMATION:**
Nicholas Doran 818-492-0487 nicholas@mealsinmotion.org
Name *Phone* *Email*

2) **Type of Organization- Please select one:**
 Public School (not to include private schools) *Attach Signed letter on School Letterhead* or 501(c)(3) Non-Profit (other than religious institutions) *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.**
 Grant award will be used in program support of our PALs and Pans and Family Night Cooking Class events. Our cooking classes provide lasting skills and knowledge in the fight against food insecurity, while providing a safe space to build family bonds and create environments for youth to thrive and grow. The support will help to expand our impact and further solidify this resource to youth and families for the upcoming year in the Porter Ranch and North Valley Communities. Funds will be used to purchase food, materials and equipment for our free cooking events.

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)**
 Our goal is to bring families back to the dinner table. We provide simple recipes for dinners that feed up to six people and cost \$10 on average. We use recipes that the whole family can get involved in that take 20min to complete and create opportunities for families to grow together in the kitchen. When a family cooks together, they're more likely to sit down, and that's where the children have the space to feel safe and share, learn and grow. Giving parents a space to connect and support thier children. Our PALs and Pans Cooking Class provides 10 weeks of stuctrue learning and skill building. Each class hosts up to 20 youth. Family Events host up to 15 families approx. 60 individuals, each recieve 3 home cooked meals. One meal they cook and eat as a family on site, two other meals are in a meal-kit families take home and contine to make healthy meals together in the home. We expect to host 10 Family cooking night, and implement one new 10 week program within this community.

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
	Wages \$2150/ 10wk cohort before June 30, 2025	\$0.00	\$2150.00
	Wages Cooking Nights, 10 events before June 30, 2025 \$215 x 10	\$0.00	\$2150
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Food Materials Transportation Cost for 10 Week Cooking Class before June 30, 2025	\$2785.00	\$2785.00
	Food Materials Family Cooking Night 10 events before June 30, 2025	\$2215.00	\$5456.60
		\$	\$

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: ^{up to} \$5000.00

10a) Start date: 09/01/2024 10b) Date Funds Required: 09/01/2024 10c) Expected Completion Date: 06/30/2025
 (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:

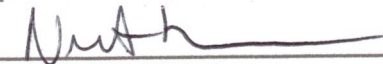
Name of NC Board Member	Relationship to Applicant

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*

Nicholas Doran Executive Director  07/16/2024
 PRINT Name Title Signature Date

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

Norma Rivas Secretary  07/16/2024
 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 for instructions on completing this form

Pals + Pans

Cost per 10 wk Class

Materials	385.00
Booklets	300.00
Aprons	85.00
Food	2,000.00
Recipe Budget	1,800.00
Pizza Party Budget	200.00
Transportation	400.00
Fuel Budget	400.00
Salaries	2,150.00
Program Staff 21.50 x 10hrs/wk	2,150.00
Total Expenses	4,935.00

Equipment

cook stations
travel containers
projector
computer
Flatbed Carts

Family Cooking Night

Cost Per Single Event

Food	450 ←	
Recipe Budget	150	
Meal Kit Budget	300	
Materials	95.66 ←	
ice packs	29.66	
boxes	21	
insulated packs	45	
Wages	215	
Program Staff 21.50 x 10/hr	215	
Total Expenses	795.66	580.66

Equipment

cook stations
travel containers
projector
computer
Flatbed Carts



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

NICK AND NORMAS NO CHILD LEFT BEHIND
FUND
C/O NICHOLAS A DORAN
16055 CALAHAN ST
NORTH HILLS, CA 91343

Date: 11/14/2022
Employer ID number: 92-0918178
Person to contact: Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending: December 31
Public charity status: 508(a)(2)
Form 990 / 990-EZ / 990-N required: Yes
Effective date of exemption: October 31, 2022
Contribution deductibility: Yes
Addendum applies: No
DLN: 26053711003652

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.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P

YOUR RETURN MAILING ADDRESS

NAME: NICHOLAS A DORAN

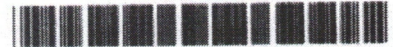
ADDRESS: 16055 CALAHAN ST

CITY: NORTH HILLS

STATE: CA

ZIP CODE: 91343

2023043729



FILED
2/28/2023

EXPIRES
2/28/2028

DEAN C. LOGAN, REGISTRAR-RECORDER/COUNTY CLERK

Electronically signed by ISAURA CORREA

FICTITIOUS BUSINESS NAME STATEMENT

The following person(s) is (are) doing business as:

1. MEALS IN MOTION

Fictitious Business Name(s)

16055 CALAHAN ST

Street address of principal place of business

Mailing address if different

NORTH HILLS CA

91343

LOS ANGELES

City

State

Zip

COUNTY

City

State

Zip

Articles of Incorporation or Organization Number (if applicable): AI #ON 5315864

REGISTERED OWNER(S):

1. NICK & NORMA'S NO CHILD LEFT BEHIND FUND

Full Name/Corp/LLC (P.O. Box not accepted) If Corp/LLC must be registered in CA

Full Name/Corp/LLC (P.O. Box not accepted)

16055 CALAHAN ST

Residence Address (if Corp. or LLC enter the physical address of the Corp./LLC)

Residence Address

NORTH HILLS

CA

91343

City

State

Zip

City

State

Zip

CA

If Corporation or LLC - Print State of Incorporation/Organization

If Corporation or LLC - Print State of Incorporation/Organization

IF MORE THAN TWO REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

THIS BUSINESS IS CONDUCTED BY: (Check one)

- an Individual
- a General Partnership
- a Limited Partnership
- a Limited Liability Company
- an Unincorporated Association other than a Partnership
- a Corporation
- a Trust
- Copartners
- a Married Couple
- Joint Venture
- State or Local Registered Domestic Partners
- a Limited Liability Partnership

The date registrant commenced to transact business under the fictitious business name or names listed above on N/A
(Insert N/A above if you haven't started to transact business)

I declare that all information in this statement is true and correct.

(A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000)).

REGISTRANT/CORP/LLC NAME (PRINT) NICK & NORMA'S NO CHILD LEFT BEHIND FUND TITLE PRESIDENT

REGISTRANT SIGNATURE [Signature] IF CORP OR LLC, PRINT NAME NICHOLAS A DORAN

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.

NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. EFFECTIVE JANUARY 1, 2014, THE FICTITIOUS BUSINESS NAME STATEMENT MUST BE ACCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE)

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.
VERIFIABLE BY GOING TO LAVOTE.GOV/FBN/CERTIFY TO SEARCH BY COPY NUMBER 3000025576

BY: ISAURA CORREA, Deputy

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK

Rev. 2/2022

P.O. BOX 1208, NORWALK, CA 90651-1208



BA20231653354



STATE OF CALIFORNIA
Office of the Secretary of State
STATEMENT OF INFORMATION
CA NONPROFIT CORPORATION
 California Secretary of State
 1500 11th Street
 Sacramento, California 95814
 (916) 653-3516

For Office Use Only

-FILED-

File No.: BA20231653354

Date Filed: 10/27/2023

B2212-7942 10/27/2023 12:19 PM Received by California Secretary of State

Entity Details			
Corporation Name	Nick & Norma's No Child Left Behind Fund		
Entity No.	5315864		
Formed In	CALIFORNIA		
Street Address of California Principal Office of Corporation			
Street Address of California Office	None		
Mailing Address of Corporation			
Mailing Address	PO BOX 7001 19300 RINALDI STREET PORTER RANCH, CA 91326		
Attention	Meals in Motion		
Officers			
Officer Name	Officer Address	Position(s)	
Nicholas A Doran	[REDACTED]	Chief Executive Officer	
Jason R Doran	[REDACTED]	Chief Financial Officer	
Norma G Rivas	[REDACTED]	Secretary	
Additional Officers			
Officer Name	Officer Address	Position	Stated Position
Nicholas A Doran	[REDACTED]	President	
Jason R Doran	[REDACTED]	Vice President	
Agent for Service of Process			
Agent Name	Nicholas A Doran		
Agent Address	#7001 19300 RINALDI STREET PORTER RANCH, CA 91326		
Email Notifications			
Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.		
Electronic Signature			
<input checked="" type="checkbox"/> By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.			
<i>Nicholas Doran</i>	10/27/2023		
Signature	Date		

Request for Taxpayer Identification Number and Certification

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

Go to 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.
Nick and Normas No Child Left Behind Fund

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

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

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

C Corporation

S Corporation

Partnership

Trust/estate

Other (see instructions) ▶ 501c(3) Exempt

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.

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.
P.O. Box 7001

6 City, state, and ZIP code
Porter Ranch CA 91326

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

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OR

Employer identification number

9	2	-	0	9	1	8	1	7	8
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ [Signature]

Date ▶ 11/1/2024

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.

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-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.

• 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.