#### TITLE: LA Parks Foundation NPG for the Mar Vista Recreation Center

PURPOSE: To reaffirm the vote taken to provide "\$6,400 to refinish, strip, clean, and wax the floor of the small gym and stage at the Mar Vista Recreation Center" for the correct applicant of LA Parks Foundation instead of Mar Vista Recreation Center.

### **BACKGROUND:**

### Original Background Information:

The Mar Vista Recreation Center is public property that benefits and serves our community and the surrounding neighborhoods. They have two indoor gyms. The larger one recently had its floors refinished through the generosity of the Clippers. The smaller gym was not included.

The smaller gym has a stage and a junior basketball court. Staff was queried as to when the floors had been refinished. More than a decade for the basketball court, and a staff member (of over twenty years) states the stage has not been refinished during their tenure.

The smaller gym is used for town halls, educational events and forums, public meetings, holiday events, and other community activities which are free and open to the public. There are also seasonal camp programs during the winter, sprint, and supper with ages from 3 to 12 years and youth teams which use the facility for basketball training and games.

The Mar Vista Recreation Center is one of a handful of Recreation Centers within Los Angeles that must bring in the money it spends; whether for staff, equipment, repairs, maintenance, and other costs.

Without these funds, the floors will remain in the disrepair as they are today. The funds will be used to improve public property that benefits the entire community and the public at large.

The NC Funding Office requested that the expenditure be funded before determining it to be a Neighborhood Purpose Grant (NPG) which requires the attached form or a Community Improvement Project (CIP) which does not have a form.

## Additional Background Information:

During the February 16, 2022 Board meeting, before hearing Agenda Item 7.3, our Neighborhood Empowerment Advocate (NEA) publicly noted that the Applicant on the NPG was incorrect. It read, "Mar Vista Recreation Center" instead of the "LA Parks Foundation". As all of the supporting documents (e.g., Letter of Determination, 990 Form) were for the LA Parks Foundation, and it was publicly noted that while the funds would go to

the LA Parks Foundation, the \$6,400 would go to "refinish, strip, clean, and wax the floors of the small gym and stage in the Mar Vista Recreation Center" discussion was held and a vote taken.

Additionally, the actual MVCC Motion was, "Approval of an NPG for \$6,400 to refinish, strip, clean, and wax the floors of the small gym and stage in the Mar Vista Recreation Center." (See documentation: <a href="https://www.marvista.org/ncfiles/viewCommitteeFile/28510">https://www.marvista.org/ncfiles/viewCommitteeFile/28510</a>). It was discussed for 40 minutes and approved 8-7-0.

The Board Action Certification (BAC) form was signed by the Chair and submitted by the Treasurer with the Agenda Item description instead of the actual motion. While to the MVCC, this is a clerical error, both the Department of Neighborhood Empowerment and the City Clerk's Neighborhood Council Funding offices requested that NPG be added to the March board agenda with the correct applicant and recipient, i.e., LA Parks Foundation.

## **THE MOTION:**

The NPG Applicant is the LA Parks Foundation. The MVCC reaffirms the February 16, 2022, vote count for Agenda Item 7.3. The motion was, "Approval of an NPG for \$6,400 to refinish, strip, clean, and wax the floors of the small gym and stage in the Mar Vista Recreation Center." Approved 8-7-0.

## **ACTION/VOTE COUNT:**

Blakey: No

Greenwald: No

Honda: Yes Laferriere: No Marton: Yes Myhra: No Paul: No

Rafeedie: Yes

Rodriguez: Yes Rubin: Yes Ruesch: No Samiley: Yes Sharma: No Tilson: Yes Wheeler: Yes

## **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: Mar VIsta Community Council

SECTION I- APPLICANT INFORMATION California Parks Foundation 95-6000 08/12/2008 Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable) 1ы 2650 N. Commonwealth Avenue os Anaeles. 90027 Organization Mailing Address City Zip Code <sub>1c)</sub> same as above Business Address (If different) City State Zip Code 1d) PRIMARY CONTACT INFORMATION: Elisa White 310-398-5982 elisa.white@lacity.org Phone Email Name 2) Type of Organization- Please select one: **≤** 501(c)(3) Non-Profit (other than religious institutions) Public School (not to include private schools) or Attach IRS Determination Letter Attach Signed letter on School Letterhead Carolyn Ramsay, 2650 N. Commonwealth Ave. Los Angeles CA 90027 3) Name / Address of Affiliated Organization (if applicable) State Zip Code

#### **SECTION II - PROJECT DESCRIPTION**

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

The Mar Vista Recreation Ceter has two indoor gyms. The grant is for the smaller gym to have it's floors refinished. The smaller gym includes a junior basketball court and stage.

Neither floor has been refinished in over a decade. No one remembers the stage floor ever being refinished which would mean over two decades.

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)

The smaller gym is used for town hall meetings, educational events and forums, public meetings, holiday events, and other community activities which are free and open to the public. There are also seasonal camp programs during the winter, spring and summer with ages 3-12 years old and younger teams which use the facility for basketball training and games.

The grant will be used to improve public property that benefits the entire community and public at large.

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| ECTION II  | I - PROJECT BUDGET OUTL  o provide the Budget Outline  | INE on a separate sheet if necessary or  | r reques  | ted.  |  |  |
|--|--|--|---|---|--|--|
|  | onnel Related Expenses   |  |   | sted of NC  | Total Project  | ted Cost   |
| ,  |  |  | \$  |   | \$   |  |
|  |  |  | \$  |   | \$   |  |
|  |  |  | \$  |   | \$   |  |
| Non-   | Personnel Related Expenses   | S  | Reques  | sted of NC  | Total Project  | ted Cost   |
| Refin  | ish stage flooring   |  | \$2,800   | .00   | \$2,800.00   |  |
|  | small gym floor  |  | \$1,500.00  |   | \$1,500.00   |  |
| Clear  | n and wax small gym floor  |  | \$2,100   | .00   | \$2,100.00   |  |
| <b>☑</b> No  | ☐ Yes If Yes,  | other Neighborhood Councils req<br>please list names of NCs: N/A<br>c program or purpose described i   |   |   |  | or factors   |
| sources  | or fundina? (Includina NPG   | applications to other NCs) V No  | n Quest   | ion 4 conting<br>i If Ye  | gent on any ou<br>s, please desci  |  |
|  | ce of Funding  |  | Amoun   |   | Total Project  |  |
|  |  |  | \$  |   | \$   |  |
|  |  |  | \$  |   | \$   |  |
|  |  |  | \$  |   | \$   |  |
| ₩No  | ☐ Yes If Yes, p  | or former relationship with a Boar<br>blease describe below:   |   |   |  |  |
|  | of NC Board Member   |  |   | Relationship  | to Applicant   |  |
| N/A  |  |  |   |   |  |  |
|  |  |  |   |   |  |  |
| b) If yes,   | did you request that the boa   | ard member consult the Office of t   | the City  | Attorney bef  | fore filing this   | applicatio   |
|  |  | nat if a Board Member of the NC  |   |   |  |  |
|  |  | and voting of this NPG, the No   | <u>C Fundi</u>  | ng Program  | n will deny the  | paymen   |
|  | n its entirety.)   |  |   |   |  |  |
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<sup>\*</sup> If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form

# 13654 Victory Blvd. #395 Van Nuys, CA 91401

# **PROPOSAL**

| Date      | Estimate # |
|-----------|------------|
| 1/28/2022 | 2021-131   |

Name / Address

CITY OF LOS ANGELES
Rec & Park (
GSD-Piper Tech Mail Stop 712
555 Ramirez ST Space 312
Los Angelesa, CALIFORNIA 90012

Ship To

MAR VISTA REC CENTER 11430 WOODDBINE AVE LOS ANGELES,CA90066

| LSBE/MBE/WBE/     | SBE # 2004299  | DUN # 003580     | DIR # 1000007245 |          |        | STAT           | E LIC# 637480 |  |  |
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| Item              | Descripti  | on               | a a              | ety      | y Rate |                | Total         |  |  |
|                   | SERVICE,REPAIR COST FOR<br>ITEMS,REGULAR TIME (HAR<br>INSTALLER) REFINISH STAC | DWOOD FLOOR      |                  | 40 70.00 |        |                | 2,800.00      |  |  |
| LINE 12= 301617   | SERVICE,STRIPING,GYM FLO<br>SMALL GYM  | OOR,REGULAR TIME |                  | 3,750    |        | 0.40           | 1,500.00      |  |  |
| LINE 6 = 30161702 | SERVICE,REPAIR COST FOR<br>ITEMS,REGULAR TIME (HAR<br>INSTALLER) CLEAN ,AND W  | DWOOD FLOOR      |                  | 30       |        | 70.00 2,100.00 |               |  |  |
|                   |  |                  | 1                | Tot      | al     |                | \$6,400.00    |  |  |

| Phone #      | Phone # Fax # E-mail |                          | Web Site               |
|--------------|----------------------|--------------------------|------------------------|
| 818.982.8394 | 747.500.9944         | royflooringinc@gmail.com | www.royflooringinc.com |





(Rev. October 2018) Department of the Treasury Internal Revenue Service

## **Request for Taxpayer Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

|  | LOS ANGELES PARKS FOUNDATION  | e; do not leave this line blank  | ξ.                   |             |         |           |  |                       |          |                |               |                 |   |  |
|--|---|--|----------------------|-------------|---------|-----------|--|-----------------------|----------|----------------|---------------|-----------------|---|--|
|  | 2 Business name/disregarded entity name, if different from above  |  |                      |             |         |           |  |                       |          |                |               |                 | - |  |
| က်   |   |  |                      |             |         |           |  |                       |          |                |               |                 |   |  |
| n page   | 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 C Corporation S Corporation Pertnership   |  |                      |             |         |           | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  |                       |          |                |               |                 |   |  |
| 1130   | Individual/sole proprietor or Corporation S Corporation Single-member LLC   | tion L. Partnership  | L.J ir               | ust/i       | estate  |           | Exempt payee code (if any)   |                       |          |                |               |                 |   |  |
| typ  | Limited liability company. Enter the tax classification (C=C corporation  |  |                      |             |         |           |  |                       |          |                |               |                 |   |  |
| Print or type.<br>See Specific Instructions on page  | 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. |  |                      |             |         | .         | - and a second s |                       |          |                |               |                 |   |  |
| 290  | ☐ Other (see instructions) ► 501(C)3  | NONPROFIT  |                      |             |         |           | (Applies I   | o accou               | nts m    | Lintained      | autolo        | le the U.S.     | , |  |
| ຶ່   | 5 Address (number, street, and apt. or suite no.) See instructions.   |  | Reques               | iter's      | nam     | e an      | id add   | ress (c               | ptio     | nal)           |               |                 |   |  |
| Š  | 2650 NORTH COMMONWEALTH AVENUE  |  |                      |             |         |           |  |                       |          |                |               |                 |   |  |
|  | 6 City, state, and ZIP code   |  |                      |             |         |           |  |                       |          |                |               |                 |   |  |
|  | LOS ANGELES, CALIF. 90027  7 List account number(s) here (optional)   |  |                      |             |         |           | _  |                       |          |                |               |                 | _ |  |
|  | - was account mannerly note (appromaty  |  |                      |             |         |           |  |                       |          |                |               |                 |   |  |
| Par  | Taxpayer Identification Number (TIN)  |  |                      |             |         |           |  |                       |          |                |               |                 |   |  |
| Entery   | our TIN in the appropriate box. The TIN provided must match the na  | ame given on line 1 to ave   | oid                  | So          | cial s  | BCL       | rity nu  | mber                  |          |                |               |                 | 7 |  |
| backu  | o withholding. For individuals, this is generally your social security or   | umber (SSN). However, for  | ora                  |             |         |           | Γ  |                       | 7        |                |               |                 | ╡ |  |
| entities   | at alien, sole proprietor, or disregarded entity, see the instructions for<br>, it is your employer identification number (EIN). If you do not have a   | er Part I, later. For other<br>a number, see How to ge   | t s                  |             |         |           | -  |                       | 1        | -              |               |                 |   |  |
| T/N, la  | er.   | •  |                      | or          |         |           |  |                       | _        |                | -             |                 |   |  |
| Note:  | f the account is in more than one name, see the instructions for line<br>r To Give the Requester for guidelines on whose number to enter.   | Also see What Name and Employer identification number  |                      |             |         |           |  |                       |          |                |               |                 |   |  |
| rearinge   | To take the hequester to guidennes on whose nothinger to enter.   |  |                      | 2           | 6       | _         | 2  | 3 5                   | 8        | 3              | 3             | 8               |   |  |
| Part   | Certification   |  |                      |             |         |           |  |                       | L        |                | L             |                 | _ |  |
|  | penalties of perjury, I certify that:   |  |                      |             |         |           |  |                       |          |                |               |                 | _ |  |
|  | number shown on this form is my correct taxpayer identification num   | nber (or I am waiting for a  | numbe                | r to        | he is   | SUS       | ed to s  | ne). s                | bai      |                |               |                 |   |  |
| 2. I am<br>Serv  | not subject to backup withholding because: (a) I am exempt from bace (IRS) that I am subject to backup withholding as a result of a failunger subject to backup withholding; and  | ackup withholding, or (b)  | l have n             | of h        | าลอก    | noti      | ified h  | v the                 | Inte     | mal i<br>ied m | Revo          | enue<br>at I an | 1 |  |
|  | a U.S. citizen or other U.S. person (defined below); and  |  |                      |             |         |           |  |                       |          |                |               |                 |   |  |
|  | ATCA code(s) entered on this form (if any) indicating that I am exen  | npt from FATCA reporting   | is corre             | ect.        |         |           |  |                       |          |                |               |                 |   |  |
| Certific<br>you hav<br>acquisit  | ation Instructions. You must cross out item 2 above if you have been re<br>a failed to report all interest and dividends on your tax return. For real e<br>on or abandonment of secured property, cancellation of debt, contribut<br>an interest and dividends, you are not required to sign the certification.   | notified by the IRS that you<br>state transactions, item 2 of<br>tions to an individual retires  | are cun<br>does not  | rent<br>app | oly. Fr | or m      | nortga   | ge inl                | eres     | it paid        | l,            | inte            | Ð |  |
| Sign<br>Here   | Signature of U.S. person Novel We   |  | ate ▶                | -           |         | /         | DI   |                       | 1 -      | 7-3            | , 0           | 3               | _ |  |
| •  |   |  |                      |             |         | 1         |  |                       |          | 10             | Į             |                 | _ |  |
|  | eral Instructions references are to the Internal Revenue Code unless otherwise  | Form 1099-DIV (divided)  Form 1099-MISC (are   |                      |             |         |           |  |                       |          |                |               |                 |   |  |
| noted.   |   | <ul> <li>Form 1099-MISC (various types of income, prizes, awards, or gross<br/>proceeds)</li> </ul>  |                      |             |         |           |  |                       |          |                |               |                 |   |  |
| related t  | levelopments. For the latest information about developments of Form W-9 and its instructions, such as legislation enacted by were published, go to <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a> .  | Form 1099-B (stock<br>transactions by broker   | rs)                  |             |         |           |  |                       |          | ther           |               |                 |   |  |
| Purp   | ose of Form   | <ul> <li>Form 1099-S (proceeds from real estate transactions)</li> <li>Form 1099-K (merchant card and third party network transactions)</li> </ul> |                      |             |         |           |  |                       |          |                |               |                 |   |  |
| An individual or entity (Form W-9 requester) who is required to file an  • Form 1098 (home mortgage interest), 1098-E (student loan interest),                       |   |  |                      |             |         |           |  |                       |          |                |               |                 |   |  |
| information return with the IRS must obtain your correct taxpayer  identification number (TIN) which may be your social security number  Form 1998-C (canceled debt) |   |  |                      |             |         | est),     |  |                       |          |                |               |                 |   |  |
| (SSN), in  | dividual taxpayer identification number (ITIN), adoption identification number (ATIN), or employer identification number  | Form 1099-A (acquisition or abandonment of secured property)   |                      |             |         |           |  |                       |          |                |               |                 |   |  |
| (EIN), to<br>amount i  | report on an information return the amount paid to you, or other eportable on an information return. Examples of information  | Use Form W-9 only i<br>alien), to provide your   | if you ar<br>correct | e a<br>TIN. | U.S.    | per       | son (i   | nciud                 | ing      | a resi         | den           |                 |   |  |
|  | iclude, but are not limited to, the following.<br>099-INT (interest earned or paid)   | If you do not retum I<br>be subject to backup w  | Form W-<br>vithholdi | 9 to        | the See | req<br>Wh | <i>ueste</i><br>at is t  | <i>r with</i><br>acku | a7<br>pw | 7N, yo         | ou n<br>iding | night<br>1,     |   |  |

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

DEPARTMENT OF THE TREASURY

Date: AUG 12 2008

LOS ANGELES PARKS FOUNDATION C/O ERIC CHO LATHAM & WATKINS LLP 633 W 5TH ST STE 4000 LOS ANGELES, CA 90071

Employer Identification Number: 26-2358338 DLN: 17053155039018 Contact Person: WINNIE W LEE ID# 31208 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: February 26, 2008 Contribution Deductibility: Advance Ruling Ending Date: December 31, 2012 Addendum Applies: No

#### 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. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

#### LOS ANGELES PARKS FOUNDATION

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Robert Choi

Director, Exempt Organizations Rulings and Agreements

Enclosures: Publication 4221-PC

Statute Extension

|     | 1023 (Rev. 6-2008) Name: Los Angeles Parks Fo   | undation   | EIN: 26 _ 2358:  | 338  | Page 11  |
|-----|---|--|--|--|----------|
| Par | X Public Charity Status (Continued)   |  |  |  |          |
| e   | 509(a)(4)—an organization organized and operated e 509(a)(1) and 170(b)(1)(A)(iv)—an organization operate operated by a governmental unit.  |  |  | ned or   |          |
| g   | 509(a)(1) and 170(b)(1)(A)(vi)—an organization that re-<br>of contributions from publicly supported organization  | ceives a substantial part of its finance, from a governmental unit, or fr  | ancial support in the rom the general pub  | form<br>lic.                                       | Z        |
| h   | 509(a)(2)—an organization that normally receives not investment income and receives more than one-thitees, and gross receipts from activities related to its  | rd of its financial support from co-   | ntributions, member  | ss<br>ship   |          |
| ı   | A publicly supported organization, but unsure if it is decide the correct status.   | described in 5g or 5h. The organi  | zation would like the  | e IRS to   |          |
| 6   | If you checked box g, h, or i in question 5 above, you reselecting one of the boxes below. Refer to the instruction   | nust request either an advance or a<br>ons to determine which type of rulin  | a definitive ruling by<br>ig you are eligible to   | receive.   |          |
| а   | Request for Advance Ruling: By checking this box the Code you request an advance ruling and agree t excise tax under section 4940 of the Code. The tax at the end of the 5-year advance ruling period. The ayears to 8 years, 4 months, and 15 days beyond the the extension to a mutually agreed-upon period of the Assessment Period, provides a more detailed explan you make. You may obtain Publication 1035 free of toil-free 1-800-829-3676. Signing this consent will no otherwise be entitled. If you decide not to extend the ruling. | o extend the statute of limitations<br>will apply only if you do not estab<br>assessment period will be extende<br>end of the first year. You have the<br>me or issue(s), Publication 1035, if<br>ation of your rights and the conse<br>charge from the IRS web site at we<br>of deprive you of any appeal rights. | on the assessment<br>dish public support of<br>ed for the 5 advance<br>he right to refuse or<br>Extending the Tax<br>equences of the cho<br>rww.irs.gov or by cas<br>is to which you would | of<br>status<br>ruling<br>limit<br>lices<br>alling | <b>⊠</b> |
|     | Consent Fluing-Reriod of Smithflore Spot Assess   | men op avetikk Sketorsket  | ) of the Internal Re   |  |          |
|     | Signature of Officer, Director, Trustee, or other author(zet official)  | Barry A. Sanders (Type or print name of signer) Chairman, President, Director (Type or print title or authority of signer)   | MAY<br>(Date)  | 23   | 2908     |
|     | For IRS Use Only IRS Director, Exempt Organizations   | 2  | AUG<br>(Pate)  | 12   | 2008     |
| b   | Request for Definitive Ruling: Check this box if you<br>you are requesting a definitive ruling. To confirm you<br>g in line 5 above. Answer line 6b(ii) if you checked bo<br>answer both lines 6b(i) and (ii).  | r public support status, answer iln  | e 6b(l) if you checke  | ed box   |          |
|     | (i) (a) Enter 2% of line 8, column (e) on Part IX-A. St<br>(b) Attach a list showing the name and amount or<br>gifts totaled more than the 2% amount. If the  | ontributed by each person, compa   | any, or organization   | whose  |          |
|     | (ii) (a) For each year amounts are included on lines to<br>Expenses, attach a list showing the name of a<br>answer is "None," check this box.   | , 2, and 9 of Part iX-A. Statement<br>and amount received from each di   | t of Revenues and squalified person.   | If the   |          |
|     | (b) For each year amounts are included on line 9<br>a list showing the name of and amount receive<br>payments were more than the larger of (1) 1%<br>Expenses, or (2) \$5,000. If the answer is "None   | ed from each payer, other than a coordine 10, Part IX-A. Statement of  | disqualified person,   | attach<br>whose                                    |          |
|     | Did you receive any unusual grants during any of the Revenues and Expenses? If "Yes," attach a list includation and the grant, a brief description of the grant, a  | ling the name of the contributor, t  |  | Yes  | ☑ No     |