City of Los Angeles, Department of Neighborhood Empowerment
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. The Neighborhood Council, upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

Name of Neighborhood Council you are seeking the grant from: [Signature]

SECTION I - APPLICANT VERIFICATION INFORMATION

1A) Warner Avenue Foundation
Organization Name
95-4D2053
Federal I.D. # (EIN#)
CA
State of Incorporation
SEP 1986
Date of 501(c)(3)
Status (if applicable)

1B) 615 Holmby Ave
Organization Mailing Address
LOS ANGELES
City
CA
State
90024
Zip Code

1C) Business Address (If different)

1D) Address of Affiliated Organization (If applicable)

Name and address of person designated to receive official/legal notices:
Name: Jan Rubskbaum

2) 615 Holmby Ave
Street
LOS ANGELES
City
CA
State
90024
Zip Code

3) Type of Organization- Please select one: (Organizations must be located within the City of Los Angeles)

☐ Public School (not to include private schools) or ☑ 501(c)(3) Non-profits (other than religious institutions)

Attach Letterhead
Attach IRS Determination Letter

SECTION II - PROJECT DESCRIPTION

4) Please describe the Neighborhood Improvement Project for which the grant is intended.

The Warner Avenue Foundation is upgrading the technology in the classrooms of Warner Ave Elementary school. To upgrade the classrooms, the foundation is purchasing laptop computers, document readers, and computer carts for each classroom. In addition, the foundation installed wireless internet routers throughout the school.

5) How will this grant be used to primarily support or serve a non-discriminatory, public purpose and benefit the public at-large.

The grant will be used to improve the teaching resources of the school through the use of modern technology. The teachers will be able to use the equipment as teaching and research resources on a daily basis to enhance the students’ learning experience. As a public school, the project has the opportunity to benefit all of the children who live in the school district.
SECTION III - PROJECT BUDGET OUTLINE- Please outline the project budget below.

<table>
<thead>
<tr>
<th>6A) Personnel Related Expenses</th>
<th>Requested of NC</th>
<th>Total Projected Cost</th>
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<tr>
<th>6B) Non-Personnel Related Expenses</th>
<th>Requested of NC</th>
<th>Total Projected Cost</th>
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</thead>
<tbody>
<tr>
<td>Computers</td>
<td>$</td>
<td>$ 33,013</td>
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<tr>
<td>Document readers</td>
<td>$</td>
<td>$ 26,504</td>
</tr>
<tr>
<td>Wireless internet equipment install</td>
<td>$</td>
<td>$ 5,015</td>
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<tr>
<td>Computer carts for classrooms</td>
<td>$ 5,000</td>
<td>$ 8,400</td>
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7) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding?  □ Yes, please describe below  □ No

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<th>Source of Funding</th>
<th>Amount</th>
<th>Total Projected Cost</th>
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8) What is the TOTAL amount of the grant funding requested with this application: $5,000

9) What is the expected completion date? 6/1/2011 (mm/dd/yyyy) (required)

SECTION IV - PROJECT PRIMARY AND SECONDARY CONTACT INFORMATION

Provide the name, telephone number, fax and email address (if applicable) of the person(s) responsible for the funds and program(s) listed in Section II of this application.

10A) First Name: Jill  
Last Name: Buckbaum  
Telephone Number: (310) 753-6465  
Fax Number: 3104469301  
E-mail: jill@freemanbeauty.com

10B) First Name: Andrew  
Last Name: Horn  
Telephone Number: (310) 247-3056  
Fax Number: (310) 859-9619  
E-mail: shorne@ascass.org

SECTION VI - AFFILIATIONS

11) Does anyone in your organization have a former or existing relationship with any of the NC board members?

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Status</th>
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<tr>
<td>Example: XYZ Non-profit Corporation</td>
<td>Executive Director</td>
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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 Appendix A, "What is a Public Benefit," and Appendix B "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 Two signatures required

12A) Executive Director of Non-Profit Corporation or School Principal

Jill Bucksbaum
PRINT First Name/Last Name

Resident
Title

Signature
Date

12B) Secretary of Non-Profit Corporation or Assistant School Principal

Wendy Whoriskey
PRINT First Name/Last Name

Secretary
Title

Signature
Date

SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY

Date Received

Reviewer Name

Date Reviewed

Application

Complete

Incomplete

REVIEWER'S NOTES

Date submitted to Funding Unit

Method:

- in-person
- E-mail
- Fax
- Inter-departmental mail

NPG #

Application

Complete

Incomplete

Funding Unit Notes:

2010-11

DONE Date Stamp Receipt
EIN: 95-4072053

Dear Taxpayer:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal Income Tax in September 1986 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the Code, because it is an organization described in Section 170(b)(1)(A)(vi).

The exempt status for the determination letter issued in September 1986 continues to be effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,

L. Barragan
Disclosure Assistant
State of California
Secretary of State

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

That the attached transcript of ___ page(s) has been compared with the record on file in this office, 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 day of

FEB 15 2007

DEBRA BOWEN
Secretary of State
CERTIFICATE OF AMENDMENT OF
ARTICLES OF INCORPORATION OF
WARNER AVENUE SCHOOL BOOSTER CLUB, INC.

The undersigned certify that:

1. They are the president and the secretary, respectively, of Warner Avenue School Booster Club, Inc., a California not for profit corporation.

2. Article 1 of the Articles of Incorporation of this corporation is amended to read as follows:

   The name of this corporation is Warner Avenue Foundation (herein called the “Corporation”).

3. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.

4. The foregoing amendment of Articles of Incorporation has been duly approved by the required vote of the members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct and of our own knowledge.

Dated: November 13, 2006

Marybeth Edwards, President

Amy Holmes, Secretary
CITY OF LOS ANGELES
OFFICE OF FINANCE
P.O. BOX 53200
LOS ANGELES CA 90053-0200

WARNER AVENUE SCHOOL BOOSTER CLUB INC
615 HOLMBY AVE
LOS ANGELES CA 90024-2535

615 HOLMBY AVENUE
LOS ANGELES, CA 90024-2535

<table>
<thead>
<tr>
<th>ACCOUNT NO.</th>
<th>FUND/CLASS</th>
<th>DESCRIPTION</th>
<th>STARTED</th>
<th>STATUS</th>
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<tbody>
<tr>
<td>0002524582-0001-6</td>
<td>L044</td>
<td>Retail Sales</td>
<td>10/24/2010</td>
<td>Active</td>
</tr>
</tbody>
</table>

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS

P.O. BOX 53200, LOS ANGELES CA 90053-0200
Form W-9
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)
Warner Avenue Foundation

Business name, if different from above

Check appropriate box: □ Individual/Sole proprietor □ Corporation □ Partnership
□ Limited liability company. Enter the tax classification (D=dissolved entity, C=corporation, P=partnership) □ ………
□ Exempt payee

Address (number, street, and apt. or suite no.)
615 Holmby Ave

City, state, and ZIP code
Los Angeles, CA 90024

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 on page 4.

Sign Here [Signature of U.S. person] Date 3/3/2011

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) when, and applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien,
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
• An estate (other than a foreign estate), or
• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,