

CENTRAL SAN PEDRO NEIGHBORHOOD COUNCIL

FUNDING REQUEST FOR:

***** COMMUNITY IMPROVEMENT PROJECT *** OUTREACH EVENT *****

**SERVES AS A LETTER OF ACKNOWLEDGMENT OF RECEIVING AGENCY
& AS AN OFFICIAL COUNCIL STATEMENT OF PROJECT BENEFIT**

PLEASE ATTACH ALL ORIGINAL INVOICES/RECEIPTS AND DESCRIPTION OF FUNDING REQUEST - HAND DELIVER TO TREASURER
ORIGINAL INVOICE/RECEIPT ONLY!!! FAX TO 310-361-8377

MAIL TO TREASURER AT 1840 S. GAFFEY ST. PMB 212 SAN PEDRO, CA 90731

*PLEASE PROVIDE THE FINANCE & BUDGET COMMITTEE WITH
ALL DOCUMENTS NEEDED, IN ADDITION TO THE FOLLOWING:*

*{Enter below all information about the company, agency,
Individual, etc. receiving and carrying out the funding request}*

NAME OF PROGRAM - PROJECT - OUTREACH:

DATE OF SUBMITTAL: _____

DATE OF EVENT: _____

CONTACT PERSON & TELEPHONE NUMBER:

AMOUNT OF REQUEST: \$\$\$ _____

PURPOSE OF THE REQUEST: [Please describe how the
project will benefit the community]

TYPE OF ORGANIZATION?

FOR PROFIT

NON PROFIT

IF THE EXPENDITURE WILL BE OUTSIDE THE CENTRAL
SAN PEDRO NC BOUNDARIES, STATE THE LOCATION:

NOTICE - PLEASE READ

OUTREACH EVENT? PLEASE ATTACH SIGN IN SHEET OR FLYER.

ATTACH FORM W9 IF YOUR BUSINESS IS NOT A CORPORATION

BOARD MINUTES DATED: _____

SUBSTANTIATING EXPENSE APPROVAL MUST ALSO BE
ATTACHED. IF NOT, ATTACH AN AFFIDAVIT!!!

PLEASE REFER TO DEMAND WARRANT GUIDELINES FOR
MORE INFORMATION

ENTER BELOW LEGAL ENTITY'S NAME:

PHYSICAL ADDRESS:

TELEPHONE AND FAX NUMBERS:

_(_____) _____ - _____ TEL

_(_____) _____ - _____ FAX

CHECK PAYABLE TO, IF DIFFERENT THAN ABOVE:

MAILING ADDRESS IF DIFFERENT THAN ABOVE:

PLEASE ENTER YOUR TAX ID NUMBER:

FEDERAL ID - IF BUSINESS ENTITY

_____ - _____

SOCIAL SECURITY - IF INDIVIDUAL

_____ - _____ - _____

PLEASE ENTER YOUR LOS ANGELES BUSINESS TAX
CERTIFICATE REGISTRATION NUMBER - [BTRC]:

NAME & TITLE OF SIGNER:

SIGNATURE: _____

DATE: _____ / _____ / _____

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OFFICIAL STATEMENT

PLEASE DESCRIBE EVENT / PROJECT IN DETAIL

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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.

Social security number									
			+						

or

Employer identification number									
									+

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. person (including a U.S. resident alien).

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 ▶
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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.

U.S. person. 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) and, when 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.

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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

EXECUTIVE OFFICE

JOE GATLIN
PRESIDENT

MAYRA E. PEREZ
VICE PRESIDENT

PAMELA FOSTER
SECRETARY

APHRAM KHALBOURJI
TREASURER

SUE CASTILLO
OUTREACH OFFICER



OFFICE OF
THE TREASURER

APHRAM KHALBOURJI

Business Address:
858 W 9TH ST STE 203
SAN PEDRO, CA 90731

CELL: (310) 678-8170
FAX: (310) 678-8170

EMAIL:
treasurer@sanpedrocity.org
Or
kalburg@aol.com

CENTRAL SAN PEDRO
NEIGHBORHOOD COUNCIL

CERTIFIED BY

THE CITY OF LOS ANGELES
OFFICE OF THE TREASURER

1840 S. GAFFEY STREET PMB 212

SAN PEDRO, CA 90731

TEL (310) 678-8170 FAX (310) 361-8377

WWW.SANPEDROCITY.ORG

COMMITTEE MEMBERS:

SUE CASTILLO
JOE GATLIN
SAL PARDO

BUSINESS TAX REGISTRATION CERTIFICATE NUMBER [BTRC] & TAX ID NUMBERS
*** VENDOR FILE ***

ENTER BUSINESS NAME & SELECT TYPE BELOW:

NAME: ►

CITY: ►

1 Individual/Sole proprietorship* 1 Corporation 1 Partnership 1 Other 4

Please enter below your Los Angeles City License [BTRC] Number:

4

If your business is a Corporation please enter below your Federal Identification Number [FEIN]:
(You do not need to fill out FORM W9) ►

If you are an Individual/Sole proprietor*, Partnership, or Other please fill out the attached form W9, sign and date and submit to the above address along with a detailed invoice. Note that the invoice must disclose the person, agent or representative making the purchase on our behalf.

Signature _____ Name of Authorized Signer _____

Title _____ Date _____

Information was obtained verbally from:

* If you do not have a Federal ID number, your Social Security will be used as your tax identification number.

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1840 S GAFFEY ST PMB 212 SAN PEDRO, CA 90731

FAX TO: (310) 361-8377

*** PLEASE ATTACH INVOICE OR RECEIPT ***

Please allow 10 days for processing. If you have any questions please call (310) 548-5758 or (310) 678-8170 and we will be ready to assist you. Thank you for your cooperation and support.

*** THIS INFORMATION IS CONFIDENTIAL ***

ONCE THIS INFORMATION IS SUBMITTED YOU WILL NOT BE REQUIRED TO SUBMIT PER TRANSACTION. HOWEVER, IF THERE WILL BE ANY BUSINESS CHANGES, YOU WILL BE REQUIRED TO RESUBMIT.

**PLEASE ATTACH OTHER SUBSTANTIATING
DOCUMENTATION THAT PROVES THAT THIS
REQUEST IS VALID:**

EXAMPLE OF REQUIRED DOCUMENTATION:

- 1. INVOICE**
- 2. RECEIPT**
- 3. FLYER**
- 4. SIGN UP SHEET {IF AN OUTREACH EVENT}**
- 5. PICTURES**
- 6. NEWSPAPER AD PROOF FOR PUBLICATIONS**
- 7. OTHER, AS DEEMED NECESSARY**

**NAME OF PERSON REQUESTING FUNDING,
EXPENSE REIMBURSEMENT, AND ADVANCE
FOR EXPENDITURES, ETC. MUST BE STATED
ALONG WITH THE PERSON'S SIGNATURE.**

THANK YOU