

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: Venice Neighborhood Council

SECTION I - APPLICANT INFORMATION

1a) Reducing Animal Stress 92-2727432 CA 2023
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) 2833 Westwood Blvd Los Angeles CA 90064
Organization Mailing Address *City* *State* *Zip Code*

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

1d) **PRIMARY CONTACT INFORMATION:**

• Michele Robinson 310 367-1083 reducinganimalstress@gmail.com
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.

California is the second highest kill state in the Country (averaging 62,000 animals killed). Reducing Animal Stress aims to reduce those numbers by keeping pets healthy and legally compliant which means fewer animals are surrendered to the West LA Shelter, which is currently facing significant overcrowding.

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 requested grant funds will provide free Rabies vaccinations for up to 40 pets belonging exclusively to Venice residents at our Paws in the Park event on April 12, 2026 in Penmar Park. Residents will need to show proof of residency (unless unhoused and living in the service area). Rabies is a significant public health concern, and by ensuring local pets are vaccinated, we are protecting the entire community. Furthermore, this initiative assists residents in meeting Los Angeles' legal requirements for pet ownership, fostering a more responsible and safer neighborhood for everyone at Penmar Park and beyond. The City of Los Angeles requires rabies vaccinations for all dogs to receive their license. <https://www.laanimalservices.com/licensing>.

This project provides critical veterinary services to Venice's most vulnerable stakeholders, including our unhoused neighbors. By providing free rabies vaccinations, we are ensuring that all pets in Venice—regardless of their owner's housing status—are healthy, vaccinated, and compliant with City of Los Angeles mandates. This reduces the risk of zoonotic disease transmission in our public parks and helps prevent animal surrenders to our already overcrowded local shelters.

PAGE We are working with Councilmember Tracy Park's (CD11) office and this NPG would supplement her support. Any unused funds will go to support free microchipping for our Venice residents which reduces the burden on city shelters. The event is open and free of charge to the general public. NCFP 107

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
	\$	\$
	\$	\$
	\$	\$

6b)

Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Low-cost rabies vaccans for pets	\$ 600	\$ 600
	\$	\$
	\$	\$

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: \$ _____

10a) Start date: 4 / 1 / 26 10b) Date Funds Required: 4 / 12 / 26 10c) Expected Completion Date: 4 / 12 / 26
 (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*

Michele Robinson President Michele Robinson 2/18/2026
 _____ _____ _____ _____
 PRINT Name Title Signature Date

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

Jaden Robinson Secretary Jaden Robinson 2/18/2026
 _____ _____ _____ _____
 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



Helen Fallon <treasurer@venicenc.org>

NPG for Reducing Animal Stress

Reducing Animal Stress <reducinganimalstress@gmail.com>

Sat, Mar 7, 2026 at 2:22 PM

To: Helen Fallon <treasurer@venicenc.org>

Hi Helen,

Rabies vaccination costs \$15 each so \$600 will cover 40 vaccinations. Yes, we can let CAMP/LA know how you want to apply the funding and they will work with us. For example, we can say VNC will cover \$15 per pet and the residents/provider can decide what services the pet needs. There is also a \$15 service fee per pet, so the VNC funding could cover that fee, if you choose. Please note, the rabies vaccination is the least expensive vaccine and the one required by LA Animal Services.

This is the fee chart:

\$15 Service Fee – Applied to every pet**Dogs:**

DA2PP – \$17

Bordetella – \$17

Influenza – \$30

Leptospirosis – \$30

Bravecto (Flea Prevention) – \$67

Cats & Dogs:

Rabies – \$15

Microchip- \$30

Nail Trim- \$23

Deworming- \$17-30

Cats:

FVRCP – \$17

Bravecto (Flea Prevention) – \$67

Thank you,

Michele

[Quoted text hidden]



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

REDUCING ANIMAL STRESS
C/O MICHELE ROBINSON
2833 WESTWOOD BLVD
LOS ANGELES, CA 90064

Date: 05/05/2023
Employer ID number: 92-2727432
Person to contact: Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending: December 31
Public charity status: 509(a)(2)
Form 990 / 990-EZ / 990-N required: Yes
Effective date of exemption: February 17, 2023
Contribution deductibility: Yes
Addendum applies: No
DLN: 26053518003333

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)
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