### Monthly Expenditure Report



### Reporting Month: June 2020

Budget Fiscal Year: 2019-2020

NC Name: Northridge West Neighborhood Council

	Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available	
\$24283.32	\$9122.17	\$15161.15	\$0.00	\$0.00	\$15161.15	

		Monthly Cash Fl	ow Analysis			
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available	
Office		\$784.46		\$0.00		
Outreach	\$23510.84	\$1837.71	\$5761.15	\$0.00	\$5761.15	
Elections		\$0.00		\$0.00		
Community Improvement Project	\$7770.00	\$5000.00	\$2400.00	\$0.00	\$2400.00	
Neighborhood Purpose Grants	\$13500.00	\$1500.00	\$7000.00	\$0.00	\$7000.00	
Funding Requests Under Review: \$0.00		Encumbrar	nces: \$0.00	Previous Expend	itures: \$20497.52	

			Expenditures			
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	IN BADGE BUSTERS INC	06/04/2020	Badges for new presiden + 2 new board members	General Operations Expenditure	Office	\$47.42
2	OFFICE DEPOT #889	06/15/2020	Printer toner and paper	General Operations Expenditure	Office	\$259.84
3	SQ BVI APPAREL USA IN	06/16/2020	Polo shirts for new board members - set up fee for logo	General Operations Expenditure	Outreach	\$60.00
4	SQ BVI APPAREL USA	06/16/2020	Polo shirts for new board members to wear during NWNC supported events and activities	General Operations Expenditure	Outreach	\$406.54
5	DELUXE	06/19/2020	Hand Sanitizer (250 2oz bottles) and First Aid Kits (100)	General Operations Expenditure	Outreach	\$1197.48
6	SAFETYPRODUCTS	06/19/2020	Ordered Light Sticks (100) and Face Masks (100) for disaster preparedness and clean streets programs	General Operations Expenditure	Outreach	\$173.69

7	Southern California Preparedness Foundation	05/22/2020	Discussion and motion to approve an NPG of \$1000 towards the Southern California Preparedness Foundation (501c3) towards the Valley Disaster Preparedness Fair and related effort	Neighborhood Purpose Grants		\$1000.00
8	YMCA of Metropolitan Los Angeles	05/22/2020	Discussion and motion to approve an NPG of \$500 to the West Valley YMCA (501c3) towards the organization's shower program, childcare efforts, and pop-up food pantry for sc	Neighborhood Purpose Grants		\$500.00
9	11:11 A Creative Collective	05/22/2020	Street Box - Utility Box Art Project Vote & amp; Approval at NWNC General Meeting Jan. 14, 2020 agenda item #9 Make Electrical Boxes have art on some boxes in NWNC area for stak	Community Improvement Project		\$5000.00
10	APPLEONE EMPLOYMENT SERVICES	06/08/2020	Minute Taker Service for period of 3-7-2020.	General Operations Expenditure	Office	\$103.95
11	WENDY L. MOORE / MOORE BUSINESS RESULTS	06/01/2020	Communications services for NWNC May 2020.	General Operations Expenditure	Office	\$200.00
12	APPLEONE EMPLOYMENT SERVICES	06/08/2020	Minute Taking Services for Tue. 2/11/2020 and Tue. 28, 2020.	General Operations Expenditure	Office	\$173.25
	Subtotal:					\$9122.17

Outstanding Expenditures						
#	#         Vendor         Date         Description         Budget Category         Sub-category					Total
	Subtotal: Outstanding	g				\$0.00

### **Badge Busters, Inc.**

21400 Ventura Blvd. Unit A Woodland Hills, CA 91364

### Invoice

Date	Invoice #
5/29/2020	10494

### Bill To

P.O. Number

Northridge West Neighborhood Council Kelly Sooter 818 807-5109

Ship To

Due Date	Project	

Item Code Description	Price Each	Quantity	Amount
			Amount
badges gold metal sublimated badges 3 x 1.5 mag 2 logos plus name and title	gnet back 12.00	3	36.00T
Shipping shipping ground	8.00		8.00
<ol> <li>Joel Lowell, Treasurer</li> <li>Yi Ding, Secretary</li> <li>Rana Sharif, President</li> </ol>			

Subtotal	\$44.00
Sales Tax (9.5%)	\$3.42
Total	\$47.42
Payments/Credits	\$0.00
Balance Due	\$47.42

Customer is responsible for approved artwork including spelling/grammar.. Customized products are not refundable. Consider your shipping options carefully. No credit for shipping changes if you decide to pick up. \$25.00 return check fee. Phone: 818 340-4778 www.badgebusters.com

### Office DEPOT Office DEPOT

```
SALE
                   889-1-4032-757696-20.5.2
334901 TNR, HYLD, BRTHR
  3 @ 82.49
                             247.47
  Business Solutions Prc
                             196.32
              You Pay
                                   196.32SS
348037 PAPER, COPY, OD,
                              57.59SS
  Instant Savings
                              -20.60
  Retail After Discounts
                              36.99
  Business Solutions Prc
                              39,990
              You Pay
                                    36.99SS
5478871 CARD, SYMPATHY,
                                3.99SS
  Business Solutions Prc
                                3.99
              You Pay
                                     3.99SS
             Subtotal:
                                   237.30
            Sales Tax:
                                    22.54
                Total:
                                   259.84
      MasterCard 9007:
                                   259.84
AUTH CODE 069879
TDS Chip Read
AID A0000000041010
                       MASTERCARD
TVR 0400088000
CVS No Signature Required
```

## \$71.75

## 

## Visit survey.officedepot.com

and enter the survey code below: 4500 CMV7 ORG7

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

# Sales Quote

Number: SQ-17 Issue Date: 05/27/2020 Expiry Date: 06/26/2020 Deliver To Nortridge West Neighborhood CA



www.bviapparelusa.com

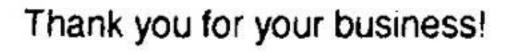
Northridge West Neighborhood (Kelly) Nortridge West Neighborhood CA

> BVI Apparel USA INC 2513 Tapo St. Suite 1 SIMI VALLEY CA 93063 United States

> > 8055229071

1/1

Descripti		Qty	Price	Tax Rate	Amount
Screen Printing	logo set up	1.00	60.00 <sup>Si</sup>	mi Valley, CA 7.25%	60.00
emb	Embroidery I100 & K100polos - Carolina Blue	13.00	25.00 <sup>Sir</sup>	mi Valley, CA 7.25%	325.00
emb	EmbroideryL100& K100 polo 2xl- Carolina Blue	2.00	25.00	mi Valley, CA 7.25%	50.00
			Subtotal		435.00
			Tax		31.54
			Total		466.54
			Amount D	Jue	\$466.54



# Sales Quote

Number: SQ-17 Issue Date: 05/27/2020 Expiry Date: 06/26/2020 Deliver To Nortridge West Neighborhood CA



www.bviapparelusa.com

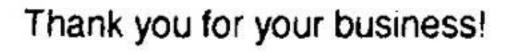
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1/1

Descripti		Qty	Price	Tax Rate	Amount
Screen Printing	logo set up	1.00	60.00 <sup>Si</sup>	mi Valley, CA 7.25%	60.00
emb	Embroidery I100 & K100polos - Carolina Blue	13.00	25.00 <sup>Sir</sup>	mi Valley, CA 7.25%	325.00
emb	EmbroideryL100& K100 polo 2xl- Carolina Blue	2.00	25.00	mi Valley, CA 7.25%	50.00
			Subtotal		435.00
			Tax		31.54
			Total		466.54
			Amount D	Jue	\$466.54



•	<b>Deluxe</b> <cu to ksooter 👻</cu 	stomerHelp@delu	xe.com>				Fri, Jun 19, 1:3	7 PM (11 days	ago) 🕁	4	:
		Hi Kelly, Thank you f		ow is a copy of your or	der acknowledgement			r Account 8			
		Apparel	Bags	Drinkware	Journals	Office	Outdoor	Writing	More		
		Order In I	Process	Art & Proof	Approval	Order In Pro	oduction	Order Shi	pped		
							Orde	er Acknow	ledgment der #579458		
	Hello Kelly, We are happy to inform you that y filled.				n <mark>Deluxe</mark> has been	n received succ	cessfully and is ir	the process o	of being		
		Custom Product	Orders								
				l your design, our				in 2 business	days.		

- You must approve your virtual proof before we'll send your order to production.
- Please confirm your shipping address is complete and accurate. Deluxe cannot ship to PO boxes, so please
  ensure a physical shipping address has been provided.

#### Ordered a Service?

• You will be contacted by one of our expert consultants at the phone number provided soon. For questions about your service please call 855-724-3969.



• You will be contacted by one of our expert consultants at the phone number provided soon. For questions about your service please call **855-724-3969**.

If you have any questions, please contact us.

j.jpg

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	aor				
Your Account Manager KJ Richardson	gei				
kj.richardson@delux	e.com				
855.833.5893 x 826					
Pro Care First Ai	al 1714				
Pro Care First Al					
	Shipping To Kelly Sooter		1 A A	AR .	
vieHealth	9941 Melvin Ave				
	Northridge, CA 91324		-		
	United States of America				
	United States of America				
ТЕМ	United States of America DESCRIPTION	COMMENTS	PRICE	QTY	TOTAL
TEM Pro Care First Aid Kit		COMMENTS	<b>PRICE</b> \$5.23	<b>QTY</b> 100	<b>TOTAL</b> \$523.00
Pro Care First Aid Kit	DESCRIPTION	COMMENTS	100000000		
Pro Care First Aid Kit	DESCRIPTION Item Number 18321 (3555-EMG)	COMMENTS	100000000		
	DESCRIPTION Item Number 18321 (3555-EMG) White	COMMENTS	100000000		
Pro Care First Aid Kit mprint Color bide 1	DESCRIPTION Item Number 18321 (3555-EMG) White Imprint Text	COMMENTS	100000000		
rro Care First Aid Kit mprint Color ide 1 em Color	DESCRIPTION Item Number 18321 (3555-EMG) White Imprint Text Aqua, Translucent	COMMENTS	\$5.23		\$523.00

### 2 oz. Hand Sanitizer - Square Bottle



Shipping To Kelly Sooter 9941 Melvin Ave Northridge, CA 91324 United States of America



\$0.00

ITEM	DESCRIPTION	COMMENTS	PRICE	QTY	TOTAL
2 oz. Hand Sanitizer	Item Number 30455 (9069-HI	Г)	\$1.86	250	\$465.00
Imprint Color	Full Color				
Side 1	Imprint Text				
Item Color	Clear with Clear Label				
Imprint Method	Four Color Process		\$45.00		\$45.00
Production Type	Standard				
				Sub Total	\$510.00
				Shipping	\$66.84
				Tax (9.5%)	\$54.80
		Sub Total		:	\$1,088.00
		Discount			(\$78.45)
		Shipping			\$84.04
		Tax			\$103.89
		TOTAL		\$1	,197.48
		06/19/2020 CC MasterCa	rd *007	(\$	1,197.48)

ORDER BALANCE





### THANK YOU FOR YOUR ORDER FROM FIRST-AID-PRODUCT.COM!

Once your package ships we will send an email with a link to track your order. Your order summary is below. Thank you again for your business. **Order Questions?** 

Email: Info@First-Aid-Product.com

Toll Free: (800) 933-8495

6AM - 6PM PST / 9AM - 9PM EST: Monday - Friday

We appreciate your business at First-Aid-Product.com - Wholesale Direct to the Public! Why Pay Retail?<sup>™</sup> – know, too that you can sign up for an <u>Account</u> or our First-Aid-Product.com - Wholesale Direct to the Public! Why Pay Retail?<sup>™</sup> Newsletter and get special pricing and Member deals on your next order!

Your First-Aid-Product.com - Wholesale Direct to the Public! Why Pay Retail?<sup>™</sup> order #200136374

Placed on June 19, 2020 1:47:43 PM PDT

Item					Item # / SKU	Qty	Subtotal	
	3 Ply Disposa Mask, Pack of		<u>Style Breathin</u> ified	ng Face	1810	2	\$59.98	
		<b>-</b> (	8		6	7	5	

3 Ply Disposable Procedural Style Bre           Mask, Pack of 50, FDA Certified	athing Face 1810 2	\$59.98
Light Stick (Green) - 50 Pack	L88IM-50 2	\$93.10
	Subtotal	\$153.08
	Shipping & Handling	\$8.75
	Grand Total (Excl.Tax)	\$161.83
	Тах	\$11.86
	Grand Total (Incl.Tax)	\$173.69
BILL TO:	SHIP TO:	
Kelly Sooter	Kelly Sooter	
9941 Melvin Ave	9941 Melvin Ave	
Northridge, California, 91324	Northridge, California, 91324	
United States	United States	
T: 8188075109	T: 8188075109	
SHIPPING METHOD:	PAYMENT METHOD:	
Shipping Methods - Standard Shipping	Credit Card	
	Credit Card Type:	
	MasterCard	
	Credit Card Number:	



xxxx-9007

### 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:	Northridge Wes
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SEC	TION I- APPLICANT INFORMATION					
	Southern California Preparedness Foundation	n <b>4</b>	7-2811120	CA	01/21/2015	
1a)	Organization Name	- F	ederal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable)	
1b)	19300 Rinaldi St. Unit 7333	Ν	lorthridge	CA	91327-8818	
	Organization Mailing Address	C	ity	State	Zip Code	
1c)						
	Business Address (If different)	С	ity	State	Zip Code	
1d)	PRIMARY CONTACT INFORMATION:					
	William (Bill) Hopkins, Jr.	818	3-835-5384	Bill.Hopkins@	SoCalPrep.us	
	Name		Phone	Email		
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead	or		Non-Profit (other than religious institutions) <b>S Determination Letter</b>		
3)	Name / Address of Affiliated Organization (if appl	icable	) City	State	Zip Code	

### SECTION II - PROJECT DESCRIPTION

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

Participation in the 13th Annual Valley Disaster Preparedness Fair on or about Saturday, October 10, 2020, sponsored by the Southern California Preparedness Foundation. A 10ft x10ft space will be provided to the neighborhood council for Outreach operations. Neighborhood Council name, meeting location, and website address will appear on the event flyer and Fair website (www.ValleyDisasterFair.com). Neighborhood Council participation and information may also appear on various additional Fair promotional materials. Family registration information is requested of Fair attendees, and to the extent it is obtained, will be provided to participating neighborhood councils to assist with NC Outreach efforts. Venue is ADA compliant.

### 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)

This Emergency and Disaster Preparedness Fair, which typically sees 7,000+, benefits the Neighborhood Council stakeholders and surrounding communities by increasing family and neighborhood awareness, providing education and training, and enhancing whole community disaster preparedness. This event is family-friendly, open to the public, and free to attendees. Complimentary Family Emergency Preparedness (EP) Starter kits (while supplies last), will be given to registered families attending the Fair. Additionally, a free lunch is offered while supplies last. The grant money will be used to procure supplies, services, and rentals in support of the Annual Valley Disaster Preparedness Fair which provides Family Emergency Preparedness Starter Kits, informative presentations, displays and basic trainings, in a family-friendly and accessible environment.

### SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

Personnel Related Expenses	Requested of NC	Total Projected Cost
None	\$	\$
	\$	\$
	\$	\$
	The second second by the second property in the distance of the back of the second second second second second	
Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Non-Personnel Related Expenses Supplies, services, and rentals for Annual Valley Disaster Preparedness Fair	Requested of NC \$ 1000.00	Total Projected Cost \$ 64,000.00

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?

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) In No In Yes If Yes, please describe:

Source of Funding	Amount	Total Projected Cos	
	\$	\$	
	\$	\$	
	\$	\$	

9) What is the TOTAL amount of the grant funding requested with this application:  $\$^{1000.00}$ 

10a) Start date: <u>02</u> / <u>1</u> / <u>20</u>	10b) Date Funds Required:	06 1 20	10c) Expected C	ompletion Date:	<u>20 ر 10 ر 10</u>	)
(After completion of the p	roject, the applicant should	submit a Project	t Completion Rep	port to the Neight	orhood Cour	ncil)

### 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

 Image: Contract of the second second

11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application? Yes No <u>\*(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.)</u>

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\*

William J. Hopkins, Jr.	President & Director	Melharg Hyphica	2/12/20
PRINT Name	Title	Signature	Date

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

Linda M. Pruett	Corporate Secretary & Director	Sinda M. Pruett	2/12/20
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 <u>clerk.ncfunding@lacity.org</u> for instructions on completing this form





### WWW.VALLEYDISASTERFAIR.COM

### Saturday, October 10, 2020 (10/10/20) 9:00 am - 1:00 pm

QUESTIONS? INFO@VALLEYDISASTERFAIR.COM

FASTER FAIR CHECK-IN WITH ONLINE REGISTRATION • OPENS JULY 1 REGISTRATION ALSO AVAILABLE AT THE FAIR

### Northridge Fashion Center—Pacific Theaters Parking Lot

(9400 Shirley Ave., south of Plummer St.)

### A FUN AND FREE FAMILY EVENT THAT JUST MIGHT SAVE YOUR LIFE, YOUR PET'S LIFE, OR THE LIFE OF A LOVED ONE.



Exhibits • Demonstrations • Displays • Speakers • Special Events • Bloodmobile Pet Preparedness • Free Parking • Free Admission • Free Lunch\* • It's All Free!

Complimentary Family Emergency Preparedness (EP) Starter Kit\* for registered families attending the Fair. One kit per registered family. (While supplies last.)







\*While supplies last. EP Kits to attending registered families only. Events, exhibitors, and features subject to availability and may change. This annual event is managed and produced by: www.SoCalPrep.us • Info@SoCalPrep.us





### WWW.VALLEYDISASTERFAIR.COM

### Sábado, 10 de Octubre, 2020 (10/10/20) 9:00 am – 1:00 pm

¿TIENE PREGUNTAS? INFO@VALLEYDISASTERFAIR.COM

REGISTRESE EN LÍNEA PARA UN REGISTRO RÁPIDO EL DIA DE LA FERIA • REGISTRACION SE ABRERA JULIO 1

HABRA REGISTRACION DISPONIBLE EL DIA DE LA FERIA

Northridge Fashion Center—En el estacionamiento del Pacific Theaters (9400 Shirley Ave., al sur de Plummer St.)

### UN EVENTO FAMILIAR, DIVERTIDO Y GRATUITO QUE PODRIA SALVARLE LA VIDA, LA VIDA DE SU MASCOTA, O LA VIDA DE UN SER QUERIDO.



Exhibiciones • Demostraciones • Presentadores • Eventos Especiales • Bloodmobile • Preparación para Mascotas • Estacionamiento Gratuito • Entrada Gratuita • Almuerzo Gratis\* • ¡Todo es Gratis!

Kit de Inicio de Preparación para Emergencias Familiares (EP)\* para familias registradas a asistiendo la Feria. Un kit por familia registrada. (Mientras duren las reservas.)







\*Mientras duren las reservas. Kits EP para asistir solo a familias registradas. Eventos, expositores y características sujetas a disponibilidad y pueden cambiar. Este evento anual es gestionado y producido por: <u>www.SoCalPrep.us</u> • <u>Info@SoCalPrep.us</u>



February 12, 2020

To Whom It May Concern:

Re: Neighborhood Purposes Grant Request by Southern California Preparedness Foundation in Support of the 13<sup>th</sup> Annual Valley Disaster Preparedness Fair

Please be advised that the following persons are on the Board of Directors of the Southern California Preparedness Foundation, a 501(c)(3) nonprofit corporation (EIN: 47-2811120):

Name	Foundation Position	Neighborhood Council		
William J. Hopkins, Jr.	President and Director	Granada Hills North board member		
Dave Brown	Logistics and Director	North Hills West board member		
Linda M. Pruett	Corporate Secretary and Director			

Please direct any questions to William Hopkins at Bill.Hopkins@SoCalPrep.us.

Sincerely,

y/ellerny

William J. Hopkins, Jr. President and Director

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

### Date: JAN 2 1 2015

SOUTHERN CALIFORNIA PREPAREDNESS FOUNDATION 19300 RINALDI ST UNIT 7333 NORTHRIDGE, CA 91327-8818

```
Employer Identification Number:
 47-2811120
DLN:
 26053420004015
Contact Person:
                             ID# 31954
 CUSTOMER SERVICE
Contact Telephone Number:
 (877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
 170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
December 29, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No
```

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. SOUTHERN CALIFORNIA PREPAREDNESS

-

Sincerely,

Kippenda Tamera J

Director, Exempt Organizations

Letter 5436

Office of the City Clerk							ter tututa and a subscription of the subscript		
Administrative Services Division						-11			
Neighborhood Council (NC) Funding Prog	ram					The second se			
Board Action Certification (BAC) Form						C.C.T.			
NC Name: Northridge West Neighborhood Council			Meeting Date: May 12, 2020						
Budget Fiscal Year: 2019-2020			Agenda Item N	o:14					
Board Motion and/or Public Benefit Statement (CIP and NPG):	Discussion and mo Preparedness Fou efforts. The Valley	ndation (50	1c3) towards	the Valley I	Disaster Pre	paredness F	air and related		
Method of Payment: (Select One)	Check		Credit Card			d Member Reimb			
Recused Board Member	c	Vol	te Count			Section in the			
Board Member's First and Last Name	Board Position	Yes	No	Abstain	and the second se	1			
Abby Bailes	Community Interest Stakeholder 1	X	IND	Abstain	Absent	Ineligible	Recused		
Pam Bolin	At Large 10	Xa							
Kathleen Edwards	Community Interest Stakeholder 2	X							
Bill Fox	At Large 9	X							
Jennifer Krowne	At Large 6	X,							
Gail Lapaz	At Large 3	X							
Peter Lasky	At Large 7	X							
Rana Sharif	At Large 5	X							
Kelly Sooter	At Large 2	X~							
Josh Toscano	At Large 11	X/-							
Glen Wilson	At Large 1	<u>х</u> с							
	ALLarger	~							
•									
							/		
Board Quorum:	Total:	-1/	Ø	A	A	0	S		
We, the authorized signers of the above r meeting was held in accordance with all meeting where a quorum of the Board was	laws, policies, and procedu								
Authorized Signature	, Artila	ON	Authorized Signa	Poter(0)	Lasle				
Print/Type Name: GL	1 Willor	1	Print/Type Nam	Peter D.	Lasky				
Date: 5/-	21/20		Date:	5-15-2	0 /				

### 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: \_\_\_\_ Northridge West Neighborhood Council

1a)	YMCA of Metropolitan Los Angeles	95-1644052	California	January 1988	
,	Organization Name	ganization Name Federal I.D. # (EIN#) State of In		Date of 501(c)(3) Status (if applicable	
1b)	625 S. New Hampshire Ave.	Los Angeles	CA	90005	
	Organization Mailing Address	City	State	Zip Code	
1c)	s				
	Business Address (If different)	City	State	Zip Code	
1d)	PRIMARY CONTACT INFORMATION:				
	Brent Finlay	818 668 2600	BrentFinlay@	ymcaLA.org	
	Name	Phone	Email		
2)	Type of Organization- Please select one:				
1	Public School (not to include private schools Attach Signed letter on School Letterhe		n-Profit (other than religious Determination Letter	institutions)	
	West Valley Family YMCA,18810 Vanower	n Street, Reseda, CA 91335			
3)	Name / Address of Affiliated Organization (if	applicable) City	State	Zip Code	
FO					
EC	TION II - PROJECT DESCRIPTION				
4)	TION II - PROJECT DESCRIPTION Please describe the purpose and intent of ley Family YMCA requests funds to support the continued COV	5	uding food and essentials assistan	ice, emergency childcare, and b	
4) st Vall brives: hcy. Welln ency ( Drives cross ie Cer is to fa	Please describe the purpose and intent of	VID-19 pandemic response activities, incl o are isolated, who may be experiencing sing. orking on the frontlines of crisis response s and colleges have closed, causing over tayor's office and LA City Sanitation, the ortunity, the Y is able to re-employ furloug	food insecurity, or who have reduct at no cost while schools and other r 300 blood drive cancellations, an Y has leveraged and repurposed in hed staff for program management	ced access to food due to the n r facilities are closed. d 200,000 units of blood supply Is facilities to offer free shower nt, coordination, and implement	
4) st Vall Drives: ncy. Welln ency ( Drives cross ie Cer is to fa	Please describe the purpose and intent of ley Family YMCA requests funds to support the continued COV : bi-weekly food drive to community members to help those whit ness Checks: calls to seniors to check in on their mental well-by Childcare: at 2 siles in the San Fernando Valley, for parents wei- t: to replenish the blood supply during a time when high school LA County. Iter for People who are Unsheltered: In coordination with the M amilies and individuals who are unsheltered. Through this oppo	VID-19 pandemic response activities, incl o are isolated, who may be experiencing aing. orking on the frontlines of crisis response s and colleges have closed, causing over tayor's office and LA City Sanitation, the ortunity, the Y is able to re-employ furloug rgency programming and enable the Y to	food insecurity, or who have reduct at no cost while schools and other r 300 blood drive cancellations, an Y has leveraged and repurposed if hed staff for program managemer reopen, once able, without any ho	ced access to food due to the n r facilities are closed. d 200,000 units of blood supply ts facilities to offer free shower a t, coordination, and implementa urdles.	
4) st Vall Drives: ncy. Welln ency ( Drives cross ie Cer is to fa	Please describe the purpose and intent of ley Family YMCA requests funds to support the continued COV : bi-weekly food drive to community members to help those whit ness Checks: calls to seniors to check in on their mental well-by Childcare: at 2 siles in the San Fernando Valley, for parents well- the for People who are Unsheltered: In coordination with the M amilies and individuals who are unsheltered. Through this opport port would enable the Y to continue to staff its facilities for emerge	VID-19 pandemic response activities, incl o are isolated, who may be experiencing aing. orking on the frontlines of crisis response is and colleges have closed, causing over layor's office and LA City Sanitation, the ortunity, the Y is able to re-employ furloug rgency programming and enable the Y to poport or serve a public purp	food insecurity, or who have reduct at no cost while schools and other r 300 blood drive cancellations, an Y has leveraged and repurposed if hed staff for program managemer reopen, once able, without any ho	ced access to food due to the n r facilities are closed. d 200,000 units of blood supply ts facilities to offer free shower a t, coordination, and implementa urdles.	
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4) st Vall brives: ncy. Welln ency ( Drives cross e Cer s to fa I supp 5) ned at th and th and th time hat th	Please describe the purpose and intent of ley Family YMCA requests funds to support the continued COV : bi-weekly food drive to community members to help those wh ness Checks; calls to seniors to check in on their mental well-bc Childcare; at 2 siles in the San Fernando Valley, for parents wo : to replenish the blood supply during a time when high school LA County. That for People who are Unsheltered: In coordination with the M milles and individuals who are unsheltered. Through this oppo- port would enable the Y to continue to staff its facilities for emer How will this grant be used to primarily su (Grants cannot be used as rewards or priz s a branch of YMCA of Metropolitan Los Angeles in 1954, Wes wellness of every member in our community. Our youth devel	VID-19 pandemic response activities, incl o are isolated, who may be experiencing aing. orking on the frontlines of crisis response s and colleges have closed, causing over tayor's office and LA City Sanitation, the ortunity, the Y is able to re-employ furloug rgency programming and enable the Y to <b>pport or serve a public purp</b> <b>es for individuals)</b> It Valley Family YMCA exists to empower topment programs enable children to dev opmplished through membership and effec gramming and mobilizing resources to off families have the infant care supplies the	food insecurity, or who have reduce at no cost while schools and other 300 blood drive cancellations, an Y has leveraged and repurposed in the staff for program managemer reopen, once able, without any hu <b>ose and benefit the pub</b> all people to lead fuller lives. We delop healthy habits that will carry the twe community-partnerships.	the access to food due to the n r facilities are closed. d 200,000 units of blood supply Is facilities to offer free shower at, coordination, and implement urdles. <b>blic at-large.</b> offer the resources and support hem throughout their lives.	
4) st Vall prives: ccy. Wellin ency ( Drives cross e Cer s to fa I supp 5) med as th and hand hand hat th ccan fi st Vall st v	Please describe the purpose and intent of ley Family YMCA requests funds to support the continued COV : bi-weekly food drive to community members to help those wh ress Checks; calls to seniors to check in on their mental well-bc Childcare; at 2 sites in the San Fernando Valley, for parents we : to replenish the blood supply during a time when high school LA County. The for People who are Unsheltered: In coordination with the suffices and individuals who are unsheltered. Through this opport would enable the Y to continue to staff its facilities for emer How will this grant be used to primarily su (Grants cannot be used as rewards or priz) is a branch of YMCA of Metropolitan Los Angeles in 1954, Wes wellness of every member in our community. Our youth devel basis, we serve over 13,000 program participants. This is acco as, the Y pivots in response to community needs, adapting prog homebourd are fed, the homeless have access to showers, i	VID-19 pandemic response activities, incl o are isolated, who may be experiencing sing. orking on the frontlines of crisis response s and colleges have closed, causing over tayor's office and LA City Sanitation, the ortunity, the Y is able to re-employ furloug rgency programming and enable the Y to (pport or serve a public purp est for individuals) It Valley Family YMCA exists to empower lopment programs enable children to dev complished through membership and effect gramming and mobilizing resources to off families have the infant care supplies the for. 's order to temporarily close our program during this national crisis and operate out nent. Financial support would enable the	food insecurity, or who have reduce at no cost while schools and other 300 blood drive cancellations, an Y has leveraged and repurposed if thed staff for program managemer reopen, once able, without any hu <b>ose and benefit the pub</b> all people to lead fuller lives. We eleop healthy habits that will carry the twe community-partnerships. For community-wide solutions. Thro- y need, hospitals have life-saving and classes. Given the Y's truster side our regular programming. We to continue to staff the facility for	ced access to food due to the n r facilities are closed. d 200,000 units of blood supply ts facilities to offer free shower it, coordination, and implement urdles. <b>blic at-large.</b> offer the resources and support hem throughout their lives. buy hits emergency programs, to blood, and our community's from the status within the community is from the status within the community.	
4) st Vall Drives: ncy. Wellin ency (V Wellin ency (V Drives to fa al supp 5) hed a: th and nual hat th can fi st Vall	Please describe the purpose and intent of ley Family YMCA requests funds to support the continued COV : bi-weekly food drive to community members to help those white ses Checks: calls to seniors to check in on their mental well-bo- folideare: at 2 siles in the San Fernando Valley, for parents we is to replenish the blood supply during a time when high school LA County. Ther for People who are Unsheltered. In coordination with the M amilies and individuals who are unsheltered. Through this oppo- tor would enable the Y to continue to staff its facilities for emer How will this grant be used to primarily su (Grants cannot be used as rewards or priz) is a branch of YMCA of Metropolitan Los Angeles in 1954, Wes y wellness of every member in our community. Our youth devel basis, we serve over 13,000 program participants. This is acco to so, the Y pivots in response to community needs, adapting prog e homebound are fed, the homeless have access to showers, a bit the pandemic knowing their childron are being safely cared ley Family YMCA has complied with the Mayor's and Governor m of programming, the Y has been called on to be a resource of the broader La community during this generation-defining more	VID-19 pandemic response activities, incl o are isolated, who may be experiencing sing. orking on the frontlines of crisis response s and colleges have closed, causing over tayor's office and LA City Sanitation, the ortunity, the Y is able to re-employ furloug rgency programming and enable the Y to (pport or serve a public purp est for individuals) It Valley Family YMCA exists to empower lopment programs enable children to dev complished through membership and effect gramming and mobilizing resources to off families have the infant care supplies the for. 's order to temporarily close our program during this national crisis and operate out nent. Financial support would enable the	food insecurity, or who have reduce at no cost while schools and other 300 blood drive cancellations, an Y has leveraged and repurposed if thed staff for program managemer reopen, once able, without any hu <b>ose and benefit the pub</b> all people to lead fuller lives. We eleop healthy habits that will carry the twe community-partnerships. For community-wide solutions. Thro- y need, hospitals have life-saving and classes. Given the Y's truster side our regular programming. We to continue to staff the facility for	ced access to food due to the n r facilities are closed. d 200,000 units of blood supply ts facilities to offer free shower it, coordination, and implement urdles. <b>blic at-large.</b> offer the resources and support hem throughout their lives. buy hits emergency programs, to blood, and our community's from the status within the community is from the status within the community.	

EC.	TION III - PROJECT BUDGET OUTLINE				
oun	may also provide the Budget Outline on a separate sheet if necessary	or request	ted.	Total Projected Cost	
a)	Personnel Related Expenses	\$	sted of NC	\$	
		\$		\$	
		\$		\$	
	New Democrat Deleted Exponence	Reque	sted of NC	Total Projected Cost	
b)	Non-Personnel Related Expenses Pop-up Food Pantry, Child Care and shower program at the West Valley Family YMCA	\$ 1,000.0		\$ 185,000.00	
		\$		\$	
		\$		\$	
D	ave you (applicant) applied to any other Neighborhood Councils r No Ves If Yes, please list names of NCs:				
) Is	the implementation of this specific program or purpose describe ources or funding? (Including NPG applications to other NCs) 껇 I	d in Quest	tion 4 conting	ent on any other factors or , please describe:	
so	Source of Funding? (Including NPG applications to other NCS) and Source of Funding	Amour	nt	Total Projected Cost	
		\$		\$	
		\$		\$	
	What is the TOTAL amount of the grant funding requested with thi	\$	ion: <b>\$</b> 1,00	мм	
	TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a current or former relationship with a Bo If Yes If Yes, please describe below:	oard Memi	ber of the NC	?	
		Relationship to			
	Name of NC Board Member		Relationship	to Applicant	
			Relationship	to Applicant	
	Name of NC Board Member	of the City			
11b)	Name of NC Board Member If yes, did you request that the board member consult the Office ☐ Yes ☐ No <u>*(Please note that if a Board Member of the Nor participates in the discussion and voting of this NPG, the</u>	NC has a d	Attorney bet	ore filing this application? erest and completes this for	m. nis
2-6	Name of NC Board Member If yes, did you request that the board member consult the Office □ Yes □ No <u>*(Please note that if a Board Member of the Nor participates in the discussion and voting of this NPG, the grant in its entirety.)</u>	NC has a d NC Fund	Attorney bef	ore filing this application? erest and completes this for will deny the payment of th	<u>his</u>
SIE her and nter ben Purp this state	Name of NC Board Member	NC has a c NC Fund provided h ments "W ) and/or p t would p the Neigh sed in ac borhood	r Attorney bef conflict of infi ling Program herein and cc (hat is a Put orogram(s) fa orevent the a borhood Co cordance wi Council.	ore filing this application? erest and completes this form will deny the payment of the mmunicated otherwise is tru- lic Benefit," and "Conflicts II within the criteria of a pub- twarding of the Neighborhor uncil to whom I am submitting the terms of the application	his uly of lic od ng ion
her and nter peno Purp this state	Name of NC Board Member If yes, did you request that the board member consult the Office □ Yes □ No <u>*(Please note that if a Board Member of the N</u> or participates in the discussion and voting of this NPG, the grant in its entirety.) <b>PTION V - DECLARATION AND SIGNATURE</b> reby affirm that, to the best of my knowledge, the information p accurately stated. I further affirm that I have read the docu rest" of this application and affirm that the proposed project(s efit project/program and that no conflict of interest exist tha poses Grant. I affirm that I am not a current Board Member of application. I further affirm that if the grant received is not u ted here, said funds shall be returned immediately to the Neigh ta) Executive Director of Non-Profit Corporation or School Princip	NC has a c NC Fund provided h ments "W ) and/or p t would p the Neigh sed in ac borhood	r Attorney bef conflict of infi ling Program herein and cc (hat is a Put orogram(s) fa orevent the a borhood Co cordance wi Council.	ore filing this application? erest and completes this for will deny the payment of the ommunicated otherwise is tru- bic Benefit," and "Conflicts II within the criteria of a pub warding of the Neighborhou uncil to whom I am submitti	his uly of lic od ng ion
her and nter peno urp this state	Name of NC Board Member         If yes, did you request that the board member consult the Office         Yes       No       *(Please note that if a Board Member of the Normation of the Normaticipates in the discussion and voting of this NPG, the grant in its entirety.)         Prion V - DECLARATION AND SIGNATURE         reby affirm that, to the best of my knowledge, the information practurately stated. I further affirm that I have read the documerst" of this application and affirm that the proposed project(setily project/program and that no conflict of interest exist that poses Grant. I affirm that I am not a current Board Member of application. I further affirm that if the grant received is not used here, said funds shall be returned immediately to the Neighta).         Is Executive Director of Non-Profit Corporation or School Princip         Brent Finlay       Executive Director         PRINT Name       Title	NC has a c NC Fund provided h ments "W ) and/or p it would r the Neigh sed in ac borhood	Attorney bel conflict of infl ing Program herein and co (hat is a Put program(s) fa program(s) fa pr	ore filing this application? erest and completes this form will deny the payment of the mmunicated otherwise is tru- lic Benefit," and "Conflicts II within the criteria of a pub- twarding of the Neighborhor uncil to whom I am submitting the terms of the application	his uly of lic od ng ion
her and nter peno urp this state	Name of NC Board Member         If yes, did you request that the board member consult the Office         Yes       No         *(Please note that if a Board Member of the Normation of Non-Profit Corporation of School Princip         Brent Finlay       Executive Director         PRINT Name       Title	NC has a c NC Fund provided h ments "W ) and/or p it would r the Neigh sed in ac borhood	Attorney bel conflict of infl ing Program herein and co (hat is a Put program(s) fa program(s) fa pr	Fore filing this application? terest and completes this form will deny the payment of the mmunicated otherwise is tru- blic Benefit," and "Conflicts I within the criteria of a pub- terest and "Conflicts and "Conflicts I within the criteria of a pub- terest and "Conflicts I within the criteria of a pub- terest and "Conflicts I within the criteria of a pub- terest and "Conflicts" $\frac{1}{2}/10 \ \text{m}^2 \text{C}^2$ Date	his uly of lic od ng ion
SI her her and nter ben Purp this state	Name of NC Board Member         If yes, did you request that the board member consult the Office         Yes       No         *(Please note that if a Board Member of the Normation of Normation of Normation of School Princip Brent Finlay         Brent Finlay       Executive Director         PRINT Name       Title         "b) Secretary of Non-profit Corporation or Assistant School Princip Knattly Heang       Senior Director of Development	NC has a c NC Fund provided h ments "W ) and/or p it would r the Neigh sed in ac borhood	Attorney bef conflict of infi ling Program herein and cc /hat is a Pub program(s) fa provent the a horhood Co cordance wi Council. IRED* Signatury JIRED*	ore filing this application? erest and completes this form will deny the payment of the mmunicated otherwise is tru- lic Benefit," and "Conflicts II within the criteria of a pub- twarding of the Neighborhor uncil to whom I am submitting the terms of the application	his uly of lic od ng ion
SEC her and nter benc Purp this state 12 12	Name of NC Board Member         If yes, did you request that the board member consult the Office         Yes       No         *(Please note that if a Board Member of the Normation of Non-Profit Corporation of School Princip         Brent Finlay       Executive Director         PRINT Name       Title	VC has a c NC Fund orovided h ments "W and/or p t would p the Neigh sed in ac borhood al - REQU pal - REQU	Attorney bef conflict of infi ling Program herein and cc (hat is a Pub program(s) fa provent the a hborhood Co cordance wi Council. IRED* Signature Signature sretary, pleas	Fore filing this application? terest and completes this form will deny the payment of the sommunicated otherwise is tru- blic Benefit," and "Conflicts I within the criteria of a pub- terest and "Conflicts and "Conflicts to whom I am submitting the terms of the application $\frac{5/10}{10}$ from Date e contact the NC Funding	his uly of lic od ng ion
SIZE her and nter benc Purp this state 12 12	Name of NC Board Member         If yes, did you request that the board member consult the Office         Yes       No         *(Please note that if a Board Member of the Normation of Normatio	VC has a c NC Fund orovided h ments "W and/or p t would p the Neigh sed in ac borhood al - REQU pal - REQU	Attorney bef conflict of infi ling Program herein and cc (hat is a Pub program(s) fa provent the a hborhood Co cordance wi Council. IRED* Signature Signature sretary, pleas	Fore filing this application? terest and completes this form will deny the payment of the sommunicated otherwise is tru- blic Benefit," and "Conflicts I within the criteria of a pub- terest and "Conflicts and "Conflicts to whom I am submitting the terms of the application $\frac{5/10}{10}$ from Date e contact the NC Funding	his July of olic ion

#### Department of the Treasury

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District Director

Internal Revenue Service

P.O. Box 2350 Los Angeles, Calif, 90053

Young Mens Christian Association of Metropolitan Los Angeles 625 S. New Hampshire Ave. Los Angeles, CA 90005-1371

Cilda Lewis Telephone Number: (213) 894-2336 Refer Heply to: EC (1109) 93 KOV 1-6 1993

Person to Contact:

RE: Young Men's Christian Association of Metropolitan Los Angeles - EIN: 95-1644052

#### 'Gentlemen:

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 January 1988, 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 January 1988 continues to be in effect.

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

Sincerely 4 en Lu GILDA LEWIS Disclosure Assistant

Office of the City Clerk Administrative Services Division								
Neighborhood Council (NC) Funding Prog								
Reignborhood Council (NC) Funding Prog Board Action Certification (BAC) Form	ram							
NC Name: Northridge West Neighbor	rhood Council			Any 10, 0000				
Budget Fiscal Year: 2019-2020			Meeting Date: May 12, 2020 Agenda Item No:10					
Board Motion and/or Public Benefit Statement (CIP and NPG):	Discussion and me the organizations children and their	shower pro	rove an NPG	of \$500 to 1	West Valley nd pop-up fo	YMCA (501c ood pantry for	c3) towards school	
Method of Payment: (Select One)	Check		Credit Card					
		Vo	te Count	NAME OF CROOMER	and the second se	d Member Reimbu	Contraction of the second	
Recused Board Member	s must leave the room pri	or to any discu	ssion and may not	return to the ro	om until after, t	he vote is comple	te.	
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused	
Abby Bailes	Community Interest Stakeholder 1	V						
Pam Bolin	At Large 10			V				
Kathleen Edwards	Community Interest Stakeholder 2	V		r				
Bill Fox	At Large 9	V.						
Jennifer Krowne	At Large 6	V						
Gail Lapaz	At Large 3	1						
Peter Lasky	At Large 7	V						
Rana Sharif	At Large 5	V						
Kelly Sooter	At Large 2	V						
Josh Toscano	At Large 11	V						
Glen Wilson	At Large 1	V						
							1	
		·····						
pard Quorum: 7	Total:	10	8	1	E	0	$\sim$	
e, the authorized signers of the above na eeting was held in accordance with all la eeting where a quorum of the Board was p	ws, policies, and procedur	cil, declare that res. The above	the information p was approved by	presented on thi the Neighborho	s form is accur	ato and complete	, and that a pub t compliant pub	
thorized Signature	~ Wille	n	Authorized Signate	re: (0 ]	al.			
int/Type Name: Glg.	h Wilson	2	Print/Type Name:	Tero Las	K. J			
ite:	121/2000		Date: 5.15	-26	ag.			

11:11 A Creative Collective Inc 17644 Hatteras St Encino, CA 91316 Invoice

Bill To Kelly Sooter Northridge West Neighborhood Council 18543 Devonshire St. # 437 Northridge, CA 91324

Date	Invoice No.	P.O. Number	Terms	Project
03/05/20	1545			

Item	Description	Quantity	Rate	Amount
StreetBox	Street Box - Utility Box Art Project Vote & Approval at General Board Meeting Jan 14th Agenda item #9	1	5,000.00	5,000.00
			Subtotal	\$5,000.00
			Sales Tax	\$0.00
			Total	\$5,000.00

Office of the City Clerk							
Administrative Services Division						-1	
leighborhood Council (NC) Funding Prog	ram						
Board Action Certification (BAC) Form						- Charles	
NC Name:NWNC				Jan. 14th, 202	0		
Budget Fiscal Year: 2019-2020 Board Motion and/or Public Benefit	Discussion and motion to contra	et with 11-11	Agenda Item N	and a state of the state of the			
Statement (CIP and NPG):	Northridge West Boundaries, wil 12 (CD12) and the Department of obtained and equally shared by come from the Community Impro	of Cultural Affair the above name	s (DCA) for the sharin of parties NWNC rese	a up to \$9,000 in met	in Porter Hanch Ne	ighborhood Council (	PRNC), Council Distr
Method of Payment: (Select One)	Check		Credit Card		D Board	Member Reimbu	irsement
Recused Board Member	s must leave the room prior		ote Count Ission and may no	ot return to the ro	om until after t	he vote is comple	ite.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Abby Bailes	Community Interest Stakeholder 1	XG				0.1.0	
Pam Bolin	At Large 10	X					
Llyod Dent	Senior 2		X				
Kathleen Edwards	Community Interest Stakeholder 2		X				
BIII Fox	At Large 9	X					
Jennifer Krowne	At Large 6	X					
Gail Lapaz	At Large 3	X					
Peter Lasky	At Large 7	X	2				
Rana Sharif	At Large 5	X					
Kelly Sooter	At Large 2	X	-				
Josh Toscano	At Large 11	X					
Glen Wilson	At Large 1	X					
	ALLAIGET	^					
							and the second second second
ard Quorum: 7	Total:	10	2	0	~	0	D
e, the authorized signers of the above na eting was held in accordance with all la eting where a quorum of the Board was p	med Neighborhood Counci ws, policies, and procedure	declare that	t the information was approved by	presented on thi the Neighborho	s form is accura od Council Boar	ate and complete, rd, at a Brown Ac	, and that a publ t compliant publ
horized Signature	antin		AuthorizedSigna	fure:	1	. 10	
nt/Type Name:	Wilson		Print/Type Name	ALAN	4		april 1995
e Gien W	ligon		10Ten		sky		
Jah 19,	2020		Date:	15:20	1 (		and the second s



AppleOne Employment P.O. Box 29048 Glendale CA 91209-9048 Tel: 818-240-8688 Email: TIN 95-2580864

### City of LA DONE

### Accounts Payable 200 N. Spring St. Room 2005 Los Angeles, CA 90012

### **Invoice**

Customer	00950101
Site No:	0077
Period	03/07/2020
Invoice No:	S8245595
Amount Due:	\$103.95
Payment	UPON RECEIPT

Contract #	Requestor	Location	Name	Weekend	Invoice Date	Reg Hrs	Reg Rate	OT Hrs	OT Rate	Misc Hrs	MIsc Rate	Amount
C-132956	Wilson, Glen	Northridge West Nc	Pollock, Frances	03/07/2020	03/11/2020	4.50	\$23.10	0.00	\$0.00	0.00	\$0.00	\$103.95
Sub Total	For: S82	45595				4.50		0.00		0.00		\$103.95
Grand Tot	al Invoice Amount					4.50		0.00		0.00		\$103.95

### Please remit payment to:

Appleone Employment Services P.O. Box 29048 Glendale, CA 91209-9048 You can now pay electronically through



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Office of the City Clerk						1.		
dministrative Services Division							102 140 L	
leighborhood Council (NC) Funding Prog	ram							
oard Action Certification (BAC) Form						- Oly Com	10 100 D 1991	
IC Name: Northridge West NC	Meeting Date:	June 20, 2019 S	pecial Meeting					
Budget Fiscal Year: 2018-2019			Agenda Item N	lo: 3				
Soard Motion and/or Public Benefit Statement (CIP and NPG):	3) Discussion motio 2019-2020 Adminis agreement, NWNC	trative Pac	ket includes f	inancial office	rs letter of a			
Aethod of Payment: (Select One)	Check		Credit Card		Board	Member Reimbu	ursement	
			ote Count		and the second second			
	rs must leave the room pric	or to any discu	1	1		1		
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused	
Peter Lasky	At-Large 7							
Kelly Sooter	At-Large 2	~						
Gail Lapaz	At-Large 3	X		1				
Alma Fernandez	At-Large 4			X				
Rana Sharif	At-Large 5	X						
Glen Wilson	At-Large 1	X						
Vacant	Community Interest Stakeholder 1				-			
Jennifer Krowne	At-Large 6				×			
Lloyd Dent	Senior 2				×			
Bill Fox	At-Large 9	X			,		1. 1.6.1.20	
Pamela Bolin	At-Large 10				X		14	
Josue "Josh" Toscano	At-Large 11				X		and the second sec	
Kathleen Edwards	Community Interest Stakeholder 2				X			
			_					
					1			
Board Quorum: 7	Total:	6	R		5	-8-	8	
Ve, the authorized signers of the above neeting was held in accordance with all neeting where a quorum of the Board wa	laws, policies, and procedu							
Authorized Signature	v Wills	on	Authorized Sig	P	eter 11	2 hash		
Print/Type Name: Glen Wilson			Print/Type Nar	<sup>ne:</sup> Peter Las	sky	1		
Date: June 20, 2019			Date: June 20, 2019					



Ms. Rana Sharif Northridge West NC

18543 Devonshire St. #437

Northridge, CA 91324

Invoice #NWNC 2020 0601 Number

Date June 1, 2020

Please remit to:

Wendy L. Moore Moore Business Results 19300 Rinaldi, #7524 Northridge, CA 91327

818 252-9399 City of LA Tax #549794-29

Communications services for Northridge West May 2020	200.00
Now Due	\$200.00

Thank you for your business. We appreciate working with you.

Please pay within 21 days of invoice date. Payments not received by that date may incur a late fee of \$25. We may also assess a 1.5% interest charge per month on late payments. Interest accrues retroactively from the invoice date. If the invoice is not paid within 90 days, additional collections fees may apply. Returned checks are \$25.

Office of the City Clerk						1.			
dministrative Services Division							201 102 140U		
leighborhood Council (NC) Funding Prog	ram								
oard Action Certification (BAC) Form						Chy Chi	14 3 (m D 198)		
IC Name: Northridge West NC	Meeting Date: June 20, 2019 Special Meeting								
Sudget Fiscal Year: 2018-2019			Agenda Item No: <sup>3</sup>						
Soard Motion and/or Public Benefit Statement (CIP and NPG):		trative Pac	rs letter of a	d Council Funding Program Fiscal Yea s letter of acknowledgment & ements. □					
Method of Payment: (Select One)	Check		Credit Card		Board	Member Reimbu	ursement		
		Ve	ote Count			1.1.1			
Recused Board Member	s must leave the room prio	or to any discu	ussion and may no	ot return to the ro	om until after t	he vote is comple	ete.		
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused		
Peter Lasky	At-Large 7	X							
Kelly Sooter	At-Large 2	×							
Gail Lapaz	At-Large 3	X		5					
Alma Fernandez	At-Large 4			X					
Rana Sharif	At-Large 5	X							
Glen Wilson	At-Large 1	X							
Vacant	Community Interest Stakeholder 1								
Jennifer Krowne	At-Large 6				X				
Lloyd Dent	Senior 2				X		191		
Bill Fox	At-Large 9	X							
Pamela Bolin	At-Large 10				X		220		
Josue "Josh" Toscano	At-Large 11				X		1		
Kathleen Edwards	Community Interest Stakeholder 2				V				
Raineen Euwarus					~				
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Board Quorum: 7	Total:	E	R	1	5	A	-9		
Ve, the authorized signers of the above neeting was held in accordance with all neeting where a quorum of the Board wa	named Neighborhood Cour laws, policies, and procedu								
authorized Signature	v Wills	on	Authorized Sig	P	eter 11	2 hash			
Print/Type Name: Glen Wilson				<sup>ne:</sup> Peter Las	sky				
Date: June 20, 2019	Date: June 20, 2019								



AppleOne Employment P.O. Box 29048 Glendale CA 91209-9048 Tel: 818-240-8688 Email: TIN 95-2580864

### City of LA DONE

### Accounts Payable 200 N. Spring St. Room 2005 Los Angeles, CA 90012

### Invoice

Customer	00950101
Site No:	0077
Period	02/01/2020
Invoice No:	S8204237
Amount Due:	\$173.25
Payment	UPON RECEIPT

Contract #	Requestor	Location	Name	Weekend	Invoice Date	Reg Hrs	Reg Rate	OT Hrs	OT Rate	Misc Hrs	MIsc Rate	Amount
C-132956	Wilson, Glen	Northridge West Nc	Pollock, Frances	02/01/2020	02/05/2020	4.50	\$23.10	0.00	\$0.00	0.00	\$0.00	\$103.95
C-132956	Wilson, Glen	Northridge West Nc	Pollock, Frances	02/15/2020	02/19/2020	3.00	\$23.10	0.00	\$0.00	0.00	\$0.00	\$69.30
Sub Total	For: S	8204237				7.50		0.00		0.00		\$173.25
Grand Tot	tal Invoice Amou	int				7.50		0.00		0.00		\$173.25
Please rei	mit payment to:										tronically the	

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tronically through



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Office of the City Clerk						1.			
dministrative Services Division							201 102 140U		
leighborhood Council (NC) Funding Prog	ram								
oard Action Certification (BAC) Form						Chy Chi	14 3 (m D 198)		
IC Name: Northridge West NC	Meeting Date: June 20, 2019 Special Meeting								
Sudget Fiscal Year: 2018-2019			Agenda Item No: <sup>3</sup>						
Soard Motion and/or Public Benefit Statement (CIP and NPG):		trative Pac	rs letter of a	d Council Funding Program Fiscal Yea s letter of acknowledgment & ements. □					
Method of Payment: (Select One)	Check		Credit Card		Board	Member Reimbu	ursement		
		Ve	ote Count			1.1.1			
Recused Board Member	s must leave the room prio	or to any discu	ussion and may no	ot return to the ro	om until after t	he vote is comple	ete.		
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused		
Peter Lasky	At-Large 7	X							
Kelly Sooter	At-Large 2	×							
Gail Lapaz	At-Large 3	X		5					
Alma Fernandez	At-Large 4			X					
Rana Sharif	At-Large 5	X							
Glen Wilson	At-Large 1	X							
Vacant	Community Interest Stakeholder 1								
Jennifer Krowne	At-Large 6				X				
Lloyd Dent	Senior 2				X		191		
Bill Fox	At-Large 9	X							
Pamela Bolin	At-Large 10				X		220		
Josue "Josh" Toscano	At-Large 11				X		1		
Kathleen Edwards	Community Interest Stakeholder 2				V				
Raineen Euwarus					~				
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Board Quorum: 7	Total:	E	R	1	5	A	-9		
Ve, the authorized signers of the above neeting was held in accordance with all neeting where a quorum of the Board wa	named Neighborhood Cour laws, policies, and procedu								
authorized Signature	v Wills	on	Authorized Sig	P	eter 11	2 hash			
Print/Type Name: Glen Wilson				<sup>ne:</sup> Peter Las	sky				
Date: June 20, 2019	Date: June 20, 2019								