

Monthly Expenditure Report



Reporting Month: April 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
\$29809.32	\$4700.00	\$25109.32	\$500.00	\$5000.00	\$19609.32

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$23510.84	\$200.00	\$9209.32	\$0.00	\$8709.32
Outreach		\$2000.00		\$500.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$7770.00	\$0.00	\$7400.00	\$0.00	\$7400.00
Neighborhood Purpose Grants	\$13500.00	\$2500.00	\$8500.00	\$0.00	\$8500.00
Funding Requests Under Review: \$5000.00		Encumbrances: \$0.00		Previous Expenditures: \$14971.52	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	HOPE OF THE VALLEY RES	04/11/2020	(Credit card transaction)	General Operations Expenditure	Outreach	\$500.00
2	LAPARKSFOUNDATION	04/12/2020	(Credit card transaction)	General Operations Expenditure	Outreach	\$1000.00
3	RESCUE MISSION ALLIANC	04/20/2020	(Credit card transaction)	General Operations Expenditure	Outreach	\$500.00
4	Northridge Hospital Foundation	03/19/2020	6. Motion to Approve a Recommendation of the Joint Public Safety, Homelessness Committees Meeting of January 7 to approve a Neighborhood Purpose Grant (NPG) application for \$2,5...	Neighborhood Purpose Grants		\$2500.00
5	WENDY L. MOORE / MOORE BUSINESS RESULTS	04/14/2020	Communicates services for NWNC March 2020	General Operations Expenditure	Office	\$200.00
Subtotal:						\$4700.00

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total

1	Will Kalman / Combine.la	04/30/2020	Donation for production of PPE face shields. Using emergency funds approved by DONE.	General Operations Expenditure	Outreach	\$500.00
	Subtotal: Outstanding					\$500.00



Donation Receipt

Date April 10, 2020

Donor Name or Business: Northridge West Neighborhood Council (NWNC)

Contact: Kelly Sooter

Donor Address: 18543 Devonshire St. # 437

City: Northridge **State:** CA **Zip** 91324

Phone: 818-697-0639 **Email:** ksooter@northridgewest.org

☒ **Cash Donation – Amount \$500.00**

☐ **Item Donation – Value \$**_____

☐ **Service Donation – Value \$**_____

☐ **Other – Value \$**_____

Donation made to:
Hope of the Valley Rescue Mission
PO BOX 7609
Mission Hills, CA 91346
A California Nonprofit EIN: 27-2053273

Los Angeles Parks Foundation



2650 N. Commonwealth Ave
Los Angeles, CA 90027
Phone 310.472.1990 Fax 310.472.0992

DATE: April 10, 2020
INVOICE # 1-2020
FOR: COVID Relief

Bill To:

Northridge West Neighborhood Council
18543 Devonshire St. # 437
Northridge, CA 91324
Board@NorthridgeWest.org
818-697-0639

DESCRIPTION	AMOUNT
COVID Relief Funding for Northridge Recreation Center	\$1,000.00
TOTAL	\$1,000.00

If you have any questions concerning this invoice, contact Emily Williams at emily@laparksfoundation.org

THANK YOU!



Kelly Sooter <ksooternorthridgewest@gmail.com>

Thank you for your donation to San Fernando Valley Rescue Mission

1 message

Rescue Mission Alliance <donations@idonate.com>
Reply-To: Rescue Mission Alliance <jgillett@rescuemission.org>
To: ksooter@northridgewest.org

Mon, Apr 20, 2020 at 11:24 AM



Your gift is changing lives!

Dear Kelly Sooter,

Your Donation Confirmation:

\$500.00

Date: 04-20-2020 18:24 UTC

Description: Cash Donation: \$500.00

Tracking Number: 80864999

Gift Designation: Food Pantry - SF Valley

Gift Campaign: Stand Up San Fernando Valley

Gift Frequency: Once

Your contact information:

Kelly Sooter

Northridge West Neighborhood Council

[18543 Devonshire St #437](#)[Northridge, CA 91324](#)

8188075109

ksooter@northridgewest.org

Thank you for your gift to the San Fernando Valley Rescue Mission
to help provide food in this time of need.

Your gift may go even farther. [CLICK HERE](#) to see if your
employer will **MATCH YOUR DONATION**.

Please save this receipt for your tax records as confirmation of your donation. No goods or services were provided in return for your contribution. All donations are tax deductible as permitted by law.

Rescue Mission Alliance is a nonprofit organization (Tax ID# 23-7278002) that is committed to the highest standards of financial integrity. Find out more [here](#).

Gratefully,

Daniel Mastrolonardo, Director

San Fernando Valley Rescue Mission
Rescue Mission Alliance



If you have any questions, please email jgillett@rescuemission.org or call 805-512-7602.

Create your account!

Make it faster to access your donations online anytime.
Creating an account will help you keep track of your previous donations and simplify your future giving. It only takes a minute. No additional information will be required.

GET STARTED

We have partnered with iDonate to securely process your generous donation so we can focus on advancing our mission.

Powered by:
iDonate.

6111 W. Plano Parkway, Suite 2700 Plano, TX 75093

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 (NC), upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

Name of NC from which you are seeking this grant: Northridge -West Neighborhood Council

SECTION I- APPLICANT INFORMATION

1a)	Northridge Hospital Foundation (C.A.T.S.)	23-7444901	CA	April 1975
	Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable)
1b)	8210 Etiwanda Avenue	Reseda	CA	91335
	Organization Mailing Address	City	State	Zip Code
1c)	18300 Roscoe Blvd	Northridge	CA	91335
	Business Address (if different)	City	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:			
	Joni Novosel	818-718-5936	joni.novosel@dignityhealth.org	
	Name	Phone	Email	
2)	Type of Organization- Please select one:			
	<input type="checkbox"/> Public School (not to include private schools)	or	<input checked="" type="checkbox"/> 501(c)(3) Non-Profit (other than religious institutions)	
	Attach Grant Request on School Letterhead		Attach IRS Determination Letter	
3)	Northridge Hospital Foundation Center for Assault Treatment Services	Van Nuys	CA	91405
	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.**
 The purpose of this request is to support the Center for Assault Treatment Services (CATS) 18th annual Victory for Victims Walk/Run. This event is to raise awareness of sexual and domestic violence while raising funds to continue to provide all services at CATS free of charge to victims. CATS is dedicated to treating children and adults affected by violence. Cats has served the valley since 1997 serving over 17,700 victims of violence. Located at the Family Justice Center with other partners who are co-located under one roof with one goal in common to dedicate our organizations to the prevention of child maltreatment, domestic violence, and sexual assault and abuse. Your support will continue to provide for the uncompensated care provided to victims and to support us in carrying out our mission. "The Center for Assault Treatment Services" (CATS) mission is to provide compassionate, comprehensive care to child and adult victims of domestic and sexual assault and abuse through a coordinated collaborative effort where victims can begin the healing and recovery process.
- 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)
 In fiscal year 2018 services were provided to 1,500 victims of sexual assault, domestic violence, and child physical assault. In addition to being the only 24/7/365 days a year Sexual Assault Response Team (SART) and Domestic Assault Response Team (DART) member providing forensic interviews and medical exams staff also provide outreach and prevention education in the community. Our certified Forensic Nurse Examiners and Social Worker provides information about prevention of abuse, the different types of abuse, the indicators of abuse, the importance of reporting abuse, and the short and long-term consequences of failing to report abuse through free workshops. Through our concerted community outreach education has been provided to thousands of teachers, childcare providers, medical professionals, police departments, and community members every year. This past year prevention efforts were extended y offering free 8 week sessions to adolescents on Safe Dates an anti dating violence curriculum. The Center for Disease Control reports that 1 in 4 youth are victims of verbal, emotional, physical, or sexual violence by a dating partner. This funding will benefit the public by both being there to support victims of abuse through the best possible evidence collection methods and to also educate our youth so that we can change the culture of sexual and domestic violence in our communities.

SECTION III - PROJECT BUDGET OUTLINE

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
N/A Salaries are supported by Northridge Hospital	0	\$723,000
6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
uncompensated care of victims and outreach materials	\$2,500	\$85,000

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

☐ No ☒ Yes, please list names of NCs: recently applied to Lake Balboa and Arleta Neighborhood Council

8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs) ☐ No ☒ Yes, please describe:

Source of Funding	Amount	Total Projected Cost
Victory for Victims Walk Run	\$155,000	\$85,000
Hospital underwrites salaries	\$723,000	\$723,000

9) What is the TOTAL amount of the grant funding requested with this application: \$2,500

10a) Start date: April 25, 2020 10b) Date Funds Required: April 25, 2020

10c) Expected completion date: Dec. 31, 2020 (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC?

☒ No ☐ 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 Department will deny the payment of this grant in its entirety.)

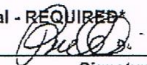
SECTION V - DECLARATION AND SIGNATURE

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 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 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 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*

Joni Novosel Director  1/2/20
PRINT Name Title Signature Date

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

Priscilla Lomeli Administrative Coordinator  1/2/20
PRINT Name Title Signature Date

* If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form



Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248254921
Aug. 01, 2018 LTR 4168C 0
23-7444901 000000 00

00027131
BODC: TE

NORTHRIDGE HOSPITAL FOUNDATION
% RANDY BRADLEY
18300 ROSCOE BLVD
NORTHRIDGE CA 91325

041611

Employer ID number: 23-7444901
Form 990 required: YES

Dear Taxpayer:

We're responding to your request dated July 23, 2018, about your tax-exempt status.

We issued you a determination letter in April 1975, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(3) as a Type I supporting organization. A Type I supporting organization is operated, supervised, or controlled by one or more publicly supported charities.

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

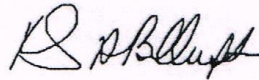
0248254921
Aug. 01, 2018 LTR 4168C 0
23-7444901 000000 00
00027132

NORTHRIDGE HOSPITAL FOUNDATION
% RANDY BRADLEY
18300 ROSCOE BLVD
NORTHRIDGE CA 91325

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,
local time, Monday through Friday (Alaska and Hawaii follow Pacific
time).

Thank you for your cooperation.

Sincerely yours,



Kim A. Billups, Operations Manager
Accounts Management Operations 1

Facts

- 75% of sexual assaults are unreported
- 1 in 6 females are sexually abused
- 80% of victims know their attacker
- Every 92 seconds someone is assaulted
- Sexual assault knows no boundaries and affects all ages, races, gender and socio-economic status

Source: Rape, Abuse & Incest National Network (RAINN)

Mandated Reporters

Under California law, specific professional groups are required to report known or suspected abuse of a child. Mandated



reporters who fail to do so are in violation of the law and subject to misdemeanor charges. Community members may make an anonymous report of known or suspected abuse of a child or dependent adult to appropriate child or adult protective service agencies.

To make a report you must:

- Have a reasonable suspicion
- Call law enforcement, the child abuse hotline or Adult Protective Services
- File a completed report online at mandepta.org with the referral number you receive by first calling the Child Abuse Hotline at 800.540.4000

Free Workshops

Contact us to conduct a mandated Child Abuse Reporting Workshop at your facility. Call 818.908.8632 for more information.

On-site Partners at the Family Justice Center

Family Justice Center - A unique team of professionals co-located under one roof, dedicated to the prevention of child maltreatment, domestic violence, and sexual abuse

Strength United - Therapists, Advocates, Case Managers, and Prevention Specialists

Los Angeles Police Department - Major Assault Crime Detectives

Los Angeles City Attorney - Prosecutors and Victim's Assistance Program

Neighborhood Legal Services - Civil Legal Attorneys

Get Involved

C-A-T-S services are provided *free of charge* to victims and is funded by private, corporate, and individual donations. If you would like to make a contribution call 818.718.5922 or contribute by mail with checks payable to:

Northridge Hospital Foundation
c/o C-A-T-S
8210 Etiwanda Ave.
Reseda, CA 91335

To learn more about C-A-T-S or to participate in our annual "Victory for Victims" Walk/Run, please call 818.718.5922 or visit our website at supportnorthridge.org.



Dignity Health.
Northridge Hospital Medical Center
Center for Assault Treatment Services

August 2019

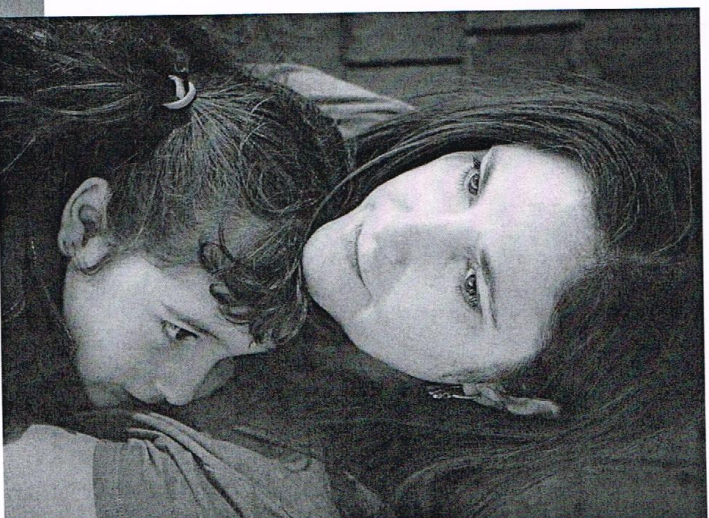
Center for Assault Treatment Services

Dedicated to Treating Children and Adults Affected by Violence

A program of Dignity Health -
Northridge Hospital Medical Center



Dignity Health.
Northridge Hospital Medical Center
Center for Assault Treatment Services



Mission Statement

The Center for Assault Treatment Services' (C-A-T-S) mission is to provide compassionate, comprehensive care to child and adult victims of domestic and sexual assault and abuse through a coordinated collaborative effort where victims can begin the healing and recovery process.

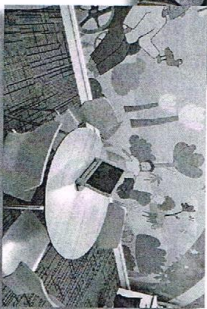
Who We Are

The Center, located in Van Nuys, is a program of Dignity Health – Northridge Hospital. Our certified advanced-trained Forensic Nurse Examiners (FNE) have provided forensic medical evidentiary examinations and interviews in a safe and supportive environment to over 17,700 children and adults affected by violence since 1997. All services are provided *free of charge* to victims 24/7/365 days a year. C-A-T-S is a team member of the local designated Sexual Assault Response Team (SART) and Domestic Assault Response Team (DART) and the only partner that provides medical evidentiary examinations and collection of evidence.

Waiting area



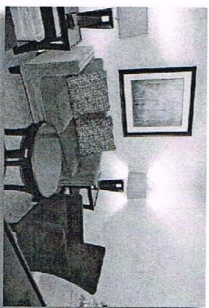
Children's area



What We Do

- **Clinical services** include medical exams, the highest level of evidence collection, and assessment

of injuries, laboratory testing, medical referrals, and follow-up examinations as necessary.



One of our two interview rooms

- **Evidentiary medical examinations** of victims are performed in a comforting environment that is designed to provide privacy and confidentiality.
- **Translation services** for non-English speaking individuals are provided.
- **State-of-the-art equipment and techniques** are used to obtain DNA evidence.

Justice System

- Specialized forensic interviews and medical evidentiary evidence collection is provided to law enforcement, local district attorneys, and child protective services.
- Forensic Nurse Examiners testify as expert witnesses in court.
- Coordinate with law enforcement and the Los Angeles County Department of Children and Family Services (DCFS) to reduce repetitive interviews through use of audio and video recordings.
- When clothing is collected for evidence – new clothing is provided free of charge to victims.

Referrals to Patient Advocate

A team-based approach is used to connect victims to an onsite partner for counseling services.

Community Outreach & Education

Certified Forensic Nurse Examiners provide information about prevention of abuse, the different types of abuse, the indicators of abuse, the importance of reporting abuse and the short and long-term consequences of failing to report abuse. Concerted community outreach educates thousands of community members each year.



Safe Date: An adolescent dating abuse prevention program.

Escape Now: Abuse Prevention and Empowerment Program for Individuals with disabilities who are 70% more likely to become victims of abuse.

Resources

C-A-T-S 818.908.8630
supportnorthridge.org

The Child Abuse Hotline Los Angeles County 800.540.4000

Adult Protective Services Elder Abuse report line 877.477.3646

Strength United Counseling Services 818.886.0453

Mandated Reporting Training tinyurl.com/mandatedreport

CATS NEW EVENT WEBSITE!

Register NOW! Supportnorthridge.org/V4V2020

Join us for our 18th Annual Victory for Victims **10K/5K
Run/Walk, Kids Fun Run &**

1-Mile Friendly Dog Walk

Save the Date: [Saturday, April 25th](#), 2020

[illegible]



Invoice #NWNC 2020 0401
Number

Date April 1, 2020

Mr. Peter Lasky
Northridge West NC
9401 Reseda Blvd. Suite 200
Northridge, CA 91324

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 March 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							
Administrative Services Division							
Neighborhood Council (NC) Funding Program							
Board Action Certification (BAC) Form							
NC Name: Northridge West NC	Meeting Date: June 20, 2019 Special Meeting						
Budget Fiscal Year: 2018-2019	Agenda Item No: 3						
Board Motion and/or Public Benefit Statement (CIP and NPG):	3) Discussion motion to approve the NWNC Neighborhood Council Funding Program Fiscal Year 2019-2020 Administrative Packet includes financial officers letter of acknowledgment & agreement, NWNC 2019-2020 Budget and leases & agreements. ☐						
Method of Payment: (Select One)	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Board Member Reimbursement						
Vote Count							
Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.							
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	X					
Gail Lapaz	At-Large 3	X					
Alma Fernandez	At-Large 4			X			
Rana Sharif	At-Large 5	X					
Glen Wilson	At-Large 1	X					
Vacant	Community Interest Stakeholder 1				X		
Jennifer Krowne	At-Large 6				X		
Lloyd Dent	Senior 2				X		
Bill Fox	At-Large 9	X					
Pamela Bolin	At-Large 10				X		
Josue "Josh" Toscano	At-Large 11				X		
Kathleen Edwards	Community Interest Stakeholder 2				X		
Board Quorum: 7	Total:	6 0 1 5 0 0					
We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.							
Authorized Signature:							
Print/Type Name:	Glen Wilson						
Date:	June 20, 2019						
Authorized Signature:							
Print/Type Name:	Peter Lasky						
Date:	June 20, 2019						