

Monthly Expenditure Report



Reporting Month: August 2017

Budget Fiscal Year: 2017-2018

NC Name: Sherman Oaks
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$40196.34	\$4420.08	\$35776.26	\$2702.50	\$774.26	\$32299.50

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$33750.00	\$164.55	\$29026.26	\$0.00	\$26323.76
Outreach		\$2755.53		\$2702.50	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$3500.00	\$0.00	\$3500.00	\$0.00	\$3500.00
Neighborhood Purpose Grants	\$4750.00	\$1500.00	\$3250.00	\$0.00	\$3250.00
Funding Requests Under Review: \$774.26		Encumbrances: \$0.00		Previous Expenditures: \$1803.66	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	POPUPBANNER LLC	08/16/2017	(Credit card transaction)	General Operations Expenditure	Outreach	\$161.61
2	COPY HUB LLC	08/16/2017	(Credit card transaction)	General Operations Expenditure	Outreach	\$164.75
3	GOODWAY PRINT & COPY	08/17/2017	(Credit card transaction)	General Operations Expenditure	Office	\$16.55
4	SOS SURVIVAL PRODUCT	08/18/2017	(Credit card transaction)	General Operations Expenditure	Outreach	\$825.93
5	USPS PO 0581110403	08/22/2017	(Credit card transaction)	General Operations Expenditure	Outreach	\$108.00
6	LA PUBLIC LIBRARY	08/22/2017	(Credit card transaction)	General Operations Expenditure	Outreach	\$20.00
7	PAVILIONS STOR00022269	08/25/2017	(Credit card transaction)	General Operations Expenditure	Outreach	\$57.68
8	ANYPROMO.COM	08/30/2017	(Credit card transaction)	General Operations Expenditure	Outreach	\$325.81

9	POUPBANNER LLC	08/30/2017	(Credit card transaction)	General Operations Expenditure	Outreach	\$776.05
10	THE PHOTOSHOP INC	08/31/2017	(Credit card transaction)	General Operations Expenditure	Outreach	\$62.20
11	City of Los Angeles Department of Recreation and Parks	07/13/2017	Approve a payment of \$44 to City of Los Angel...	General Operations Expenditure	Office	\$44.00
12	EnrichLA	07/21/2017	The Garden Ranger Program offered by EnrichLA pos...	Neighborhood Purpose Grants		\$1500.00
13	AT&T Messaging	08/03/2017	Approve up to \$200 to pay AT&T for SONC V...	General Operations Expenditure	Office	\$15.26
14	The Web Corner, inc.	08/03/2017	Approve up to \$1,400 to pay the Web Corner fo...	General Operations Expenditure	Outreach	\$102.50
15	LAUSD - Civic Center Permit Office	08/15/2017	Approve up to \$1,020 to pay Los Angeles Unifi...	General Operations Expenditure	Office	\$73.48
16	AT&T Messaging	08/18/2017	Approve up to \$200 to pay AT&T for SONC V...	General Operations Expenditure	Office	\$15.26
17	The Web Corner, inc.	08/18/2017	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$151.00
Subtotal:						\$4420.08

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	Pro Outdoor Movies, INC	08/28/2017	Re-certify the funding request for up to \$5,0...	General Operations Expenditure	Outreach	\$2600.00
2	The Web Corner, inc.	09/07/2017	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$102.50
Subtotal: Outstanding						\$2702.50

Receipts:

COPY H&B LLC
1270 MOORPARK ST
SHERMAN OAKS, CA. 91422
818-794-9999

SALE

Batch #: 953 REF#: 0000021
08/18/17 153128
APPR CODE: 00363 CVV2: M
Trace: 21
MASTERCARD Manual CNP
*****5600 ***
AMOUNT \$164.76

APPROVED

THANK YOU

08/18/17



**QUALITY FABRIC
BANNER PRINTING**

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[View Cart](#)

1-855-475-3800



SEARCH

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- POP UP BANNERS
- RETRACTABLE BANNER STANDS
- TRADE SHOW DISPLAYS
- TABLE TOPS & TABLE THROWS
- FLAG & TEARDROP BANNERS
- VINYL BANNERS
- POSTER STANDS

CATEGORIES

- Banner Stand Accessories
- Outdoor Banners
- Poster Hangers
- Scrolling Banner Stands
- Sidewalk Signs
- Silverstep Banner Stands
- Step and Repeat Backdrop Banners
- Yard Signs
- Large Adjustable Banner Stands
- Pop Up Banner Fabric Displays
- Budget Banner Stands
- Trade Show Displays
- Premium Retractable Banner Stands
- Table Top Displays and Table Throws
- Flags and Tear Drop Banners
- Vinyl Banners
- Poster Stands

POPUPBANNER.COM - ORDER #34208

Your order details are shown below.

Order Date: 16th Aug 2017 @ 12:20 PM
Order Total: \$161.61 USD

Billing Details

Tom Capps
Sherman Oaks Neighborhood Council
200 N Spring Street
Los Angeles, California 90012
United States

Shipping Details

Tom Capps
Sherman Oaks Neighborhood Council
5101 Mammoth Avenue
Sherman Oaks, California 91423
United States

Order #34208 Contained the Following Items:

Item Details	Price
<input type="checkbox"/> 1 x X-Frame Banner Stand <small>(Choose size: 35" x 78", Material: Dye Sub)</small>	\$133.50
Subtotal:	\$133.50
Shipping:	\$20.11
Handling:	\$8.00
Grand Total:	\$161.61

Reorder selected

Order Instructions/Comments

Need product by Friday 08/25/2017 for Sunday Meeting. Please advise if FED EX GROUND will deliver by that date.

NEW PRODUCTS

Silverstep Banner Stands - Replacement Banners

\$80.00

[CHOOSE OPTIONS](#)

Silverstep Banner Stand 48"W

\$355.00

[CHOOSE OPTIONS](#)

Silverstep Banner Stand 36"W

\$300.00

[CHOOSE OPTIONS](#)

Silverstep Banner Stand 24"W

\$290.00

[CHOOSE OPTIONS](#)

Shipments for Order #34208

Date Shipped	Shipping Method	Tracking Link
21st Aug 2017	FedEx (FedEx (FedEx Ground))	747407315379



INVOICE LF

15121 Ventura Boulevard
 Sherman Oaks, California 91403

VOICE: (818) 783-5172 • FAX: (818) 783-8649
 EMAIL: goodway@goodwayprintcopy.com

No. **39421**

Date **8/16/2017**

Customer P.O. No.

SHERMAN OAKS
 NEIGHBORHOOD COUNCIL/Tom
 Capps
 P.O. Box 5721
 Sherman Oaks Ca 91413

Jeff Kalban

QUANTITY	DESCRIPTION	AMOUNT
15	REF: Minutes, 8.5 x 11 White 20# B-KP Copy copied on 2 sides	6.15
15	Copy Machine Stapling	
50	REF: Agenda, 8.5 x 11 White 20# B-KP Copy sides	9.00
<p><i>Paid Credit Card</i></p>		<p>Goodway Print & Copy 15121 Ventura Blvd. Sherman Oaks, CA 91403 Phone: (818) 783-5172 Fax: (818) 783-8649 www.goodwayprintcopy.com</p>
		<p>Transaction : Sale Date : 8/16/2017 Time : 2:58:19 PM(EST) Invoice # : 39421 Customer # : 1434 PO / Order # : na Card Type : Master Card Card Number : XXXXXXXXXXXX5650 Entry Method : Keyed Total Amount : 16.55 Authorization : Approved - 085575</p>
<p>Taken by: _____ Ship Via: _____</p> <p>Account Type: Charge Account PLEASE PAY FROM THIS INVOICE.</p> <p>THANK YOU!</p>		<p>Ref Note: Signature _____ X _____ I Agree to pay the above amount according to the card issuer agreement Thank You !</p>
		15.15
		1.40
		16.55
		16.55



SOS SURVIVAL PRODUCTS

15705 Strathern St #11 • Van Nuys, CA 91406

Phone: 800 479-7998 • Fax: 818 909-0360

www.sosproducts.com

INVOICE

810309



Open Invoice R9-008683

Creation Date: 08/18/2017

Customer #: 2399

Invoice Date: 08/18/2017

Terms: PAID

PO: PHONE ORDER

Promised Date:

BILL TO

SHERMAN OAKS NC

THOMAS CAPPS
200 N SPRING ST
Los Angeles, CA 90012
U.S.A.

SHIP TO

SHERMAN OAKS NC

KRISTIN SALES
200 N SPRING ST
Los Angeles, CA 90012
U.S.A.

BILL TO: (818)-503-2399 | tom.capps.sonc@gmail.com

SHIP TO: (818)-503-2399 | KRISTIN.SALES.SONC@GMAIL.COM

#	SKU	ORD	REM	SHIP	UNIT	PRICE	EXT	TAX
1	2009CB Cert Basic Kit GREEN	60	0	60		12.60	756.00	Y
WILL CALL								
CUSTOMER WILL PICK UP TUESDAY AUG 22ND, 2017								
Credit Card Payment Summary								
Trans: 975179623 Auth: 095799 Card: XX5650								
		NUMBER OF ITEMS:	60	0	60	SUBTOTAL:	756.00	

SALESPERSON: Sean

FREIGHT

TAX

69.93

DEPOSIT

0.00

TOTAL

825.93

MC

825.93

TOTAL

825.93

I agree to pay the above amount according to the card issuer agreement (merchant agreement if credit voucher)

SIGNATURE _____

=====
SHERMAN OAKS
14900 MAGNOLIA BLVD
SHERMAN OAKS
CA
91403-9998
0581110403
08/22/2017 (800)275-8777 11:58 AM
=====

Product Sale Final
Description Qty Price
Box Renewal \$108.00
(Zip Code:91413)
(Box #:5721)
(Box Size:Size 1 - 3 in x 5.5 in)
(Rental Period:Annual)
(Rental Start Date:09/01/2017)
(Next Renewal Date:08/31/2018)
(Customer Name:SUE FLYNN)

Total \$108.00

Credit Card Remitd \$108.00
(Card Name:MasterCard)
(Account #:XXXXXXXXXX5650)
(Approval #:034914)
(Transaction #:272)

BRIGHTEN SOMEONE'S MAILBOX. Greeting
cards available for purchase at select
Post Offices.

In a hurry? Self-service kiosks offer
quick and easy check-out. Any Retail
Associate can show you how.

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1-800-Stamp24. Go to
usps.com/clicknship to print shipping
labels with postage. For other
information call 1-800-ASK-USPS.

Get your mail when and where you want
it with a secure Post Office Box. Sign
up for a box online at
usps.com/poboxes.

Name Tom Capps-Treasurer Organization Sherman Oaks Neighborhood Council

 Address 200 N Spring Street floor/suite# _____

 City Los Angeles State CA Zip 91423 Country USA

 Phone 818-601-7971 Fax _____ Email tom.capps.sonc@gmail.com

 Fed-Ex account number _____ Overnight 2-day
 (or order will be mailed)

 Payment (due with order) Check (from a U.S. bank) Mastercard Visa

 Card Number ██████████ 5650 Expires 0 / ██ / ██ CVV Code ██
Month Year

 How will the photograph(s) be used? One time use on a 35" x 78" printed Banner collage of Shermans Oaks to celebrate the 90th Anniversary of the founding of the community

 Date of Request Aug 18, 2017

Order Number (Please list order numbers in numerical order.)	8x10 Digital Print \$30	11x14 Digital Print \$45	Digital Image* \$25	Digital Image* Higher-Res Rescan* \$40	Usage Fees	Cost
00031113	1					10.00
00031147	1					10.00

* Select CD <input type="checkbox"/> E-Mail (limit 10 images) <input checked="" type="checkbox"/> FTP <input type="checkbox"/> (To your server, please provide access information)	Subtotal	20.00
Standard digital image is 8x10 300dpi Tiff format. Other formats can be provided upon request. Requests for larger sizes or resolutions will be billed at the Higher-Res Rescan rate.	CD (\$15)	
* For Higher-Res Rescan, indicate desired specifications (please note that "highest possible" is not sufficient and will delay processing) _____	Postage (\$10)	
	TOTAL	20.00

If paying with a check, please mail this form and payment to: Photo Collection Los Angeles Public Library 630 W. 5th Street Los Angeles, CA 90071	If paying with a credit card, this form can be faxed to (213) 228-7419 or emailed to photos@lapl.org.
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PAVILIONS

STORE MGR RANDY FIGUEROA 818-986-7213
THANK YOU FOR SHOPPING WITH US!

GROCERY

3 QTY SIG REFRES	4.98 S
CRV SFTDK 24PK NTX	3.60 S
Regular Price	8.97
Card Savings	3.99-
12 QTY SPRITE	37.74 B
CRV SFTDK 12PK TAX	7.20 B
Regular Price	75.48
Card Savings	37.74-

TAX	4.16
**** BALANCE	57.68

PAVILIONS STORE #2226
14845 VENTURA BLVD.
SHERMAN OAKS CA 91403

Credit Purchase 08/25/17 14:43
CARD # *****5650
REF: 38001996819 AUTH: 00079699

PAYMENT AMOUNT 57.68

AL MASTERCARD
AID A0000000041010
TVR 0000048000
TSI E800

Mastercard 57.68

CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 30
08/25/17 14:44 2226 4 117 4601

HOW WAS YOUR SHOPPING EXPERIENCE?
Go to www.vonssurvey.net
ENTER TO WIN A \$100 GIFT CARD

GAS POINTS EARNED TODAY

Base Points 42

TOTAL 42

Points Towards Next Reward 42 of 100



Tom Capps <tom.capps.sonc@gmail.com>

Your order #SA1469578 has changed

1 message

eva@anypromo.com <eva@anypromo.com>
To: tcapps@shermanoaksnc.org

Tue, Aug 29, 2017 at 8:50 AM



1511 E Holt Blvd
Ontario, CA 91761
Tel: **877-368-5678**

Order#: SA1469578
SO Date: 08/28/2017
Customer#: 250547

[Live Chat Now](#)


We Revised Your Order

Order Status: **Order Acknowledgment**

What's next?

- Customized orders will receive a FREE virtual proof.
- Credit card will be charged prior to production.

Production*

Order Processing: 1 - 2 Days
Production Time*: 8-Day Service
Requested Delivery Date: 09/17/2017

* excludes weekends & holidays

Shipping

SONC
ATTN: Tom Capps
5101 MAMMOTH AVE
SHERMAN OAKS, CA 91423
Ship Via:
UPS/FedEx 3 Day

2 1/2" Round 1-Piece Button Full Color #697112

QTY	Item	Price	Total
Product Options:			
1000	#697112	\$0.25	
1000	Clip Option: No	\$0.00	

1000	Magnet Option: No	\$0.00	
1000	Packaging: Bulk	\$0.00	\$250.00
Front, 4 Color Process:			
1	Setup	\$0.00	
1000	Run	\$0.00	\$0.00
			Subtotal: \$250.00
			Shipping: \$52.38
			CA Sales Tax: \$23.43
			TOTAL: \$325.81

Billing

MasterCard *5650
 Thomas Capps
 200 N Spring Street
 LOS ANGELES, CA 90012
 Tel: [8186017971](tel:8186017971)
 Email: tcapps@shermanoaksnc.org

Customer artwork notes

Placed on White button Background. Scale to Fit.

Customer order notes

Please advise if this product is subject to Over/Under run charges. Please confirm receipt by 9/17 due to Labor Day Holiday.

<p>Write to us</p> <p>1511 E Holt Blvd Ontario, CA 91761</p>	<p>Website</p> <p>www.anypromo.com Your Online Promotional Product Superstore</p>	<p>Need Help?</p> <p>Call 1-877-368-5678 Or CHAT</p>
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Looking for savings? click here to view weekly specials.

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HostName: WebServer

HostName: WebServer



Tom Capps <tom.capps.sonc@gmail.com>

Your PopUpBanner.com Order Confirmation (#34682)

1 message

PopUpBanner.com <sales@popupbanner.com>

Wed, Aug 30, 2017 at 4:06 PM

Reply-To: sales@popupbanner.com

To: tom.capps.sonc@gmail.com

Thanks for Your Order

 Your order ID is **#34682**. A summary of your order is shown below. To view the status of your order [click here](#).

Shipping Address**Tom Capps**

Sherman Oaks Neighborhood Council
5101 Mammoth Avenue
Sherman Oaks, California 91423
United States
[818-601-7971](tel:818-601-7971)

Graphic Designer Needed?
No

FedEx (FedEx Ground) for \$100.55 USD

Billing Address**Tom Capps**

Sherman Oaks Neighborhood Council
200 N Spring Street
Los Angeles, California 90012
United States
[8186017971](tel:8186017971)

Graphic Designer Needed?
No

tom.capps.sonc@gmail.com**Order Comments**

Required no later than 9/15/17

Your Order Contains...

Cart Items	SKU	Qty	Item Price	Item Total
X-Frame Banner Stand (Choose size: 35" x 78", Material: Dye Sub)	PUB0064	5	\$133.50 USD	\$667.50 USD
			Subtotal:	\$667.50 USD
			Shipping:	\$100.55 USD

Handling:	\$8.00 USD
Grand Total:	\$776.05 USD
Payment Method:	First Data Global Gateway e4

PopUpBanner.com

<http://www.popupbanner.com/>

PopUpBanner.com is powered by BigCommerce. [Launch your own store for free](#) with BigCommerce.

An electronic proof will be emailed within 24 business hours, your order will not be sent to production without an approval.

THE PHOTOSHOP

14004 VENTURA BOULEVARD, SHERMAN OAKS, CA 91423
phone 818.784.6333 / fax 818.784.7493 / info@theonlinephotoshop.com
WWW.THEONLINEPHOTOSHOP.COM

INVOICE

DATE: 8/30/2017
INVOICE #:
CLIENT Sherman Oaks Neighborhood Council

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1	6' Photo Cut Out	\$62.20	62.20
SUBTOTAL			\$62.20
TAX RATE			9.25%
SALES TAX			--
SHIPPING & HANDLING			
TOTAL			\$62.20

Thank you for your business!

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017
 Agenda Item: Item 8D

Requestor: Tom Capps Treasurer
 Vendor: LA Dept of Parks & Rec
 Address: _____
 City: Sherman Oaks State: CA
 Zip Code: _____ Phone: _____
 Amount: \$ 44.00
 # of payments

- Operations
 Outreach
 NC Sponsored Event
 Neighborhood Purpose Grant
 Contract / Lease
 Board Member Reimbursement
 Community Improvement Project
 Out of State
 1099 Expense
 One Time Expense
 Monthly
 Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit
Description

Approve a payment of \$44.00 to City of Los Angeles Dept of Parks and Recreations for room rental for the July 10, 2017 SONC Board Meeting.

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interes	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest					X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: 11	Grand Total (including page 2):	14		1		3	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: Tom Capps	Print/Type name: Jeff Harsough
Date (mm/dd/yy): <u>7.10.17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____

City of Los Angeles Department of Recreation and Parks
Sherman Oaks East Valley Adult Center

Katie O'Kelley-Hendricks, Facility Director
5056 Van Nuys Blvd.
Sherman Oaks, CA 91403
(818) 386-9674

INVOICE

To: SONC

Invoice # SONC-2

Invoice for the following:

Event Name: Sherman Oaks Neighborhood Council Meeting

Event Date: Monday, July 10, 2017

Location: Sherman Oaks East Valley Adult Center (Building A)

Total Amount Due: *\$44.00 (due upon receipt of invoice)

*Please make check(s) or money order(s) out to:
"City of L.A. Department of Recreation & Parks"

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: Sherman Oaks

SECTION I - APPLICANT INFORMATION

- 1a) EnrichLA 27-2797687 CA 08/13/11
Organization Name **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**
- 1b) 2173 Cedarhurst Dr. Los Angeles CA 90027
Organization Mailing Address **City** **State** **Zip Code**
- 1c)
Business Address (If different) **City** **State** **Zip Code**
- 1d) **PRIMARY CONTACT INFORMATION:**
Tomas O'Grady (323) 387-3866 tomasogrady@enrichla.org
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 Grant Request on School Letterhead **Attach IRS Determination Letter**
- 3)
Name / Address of Affiliated Organization **City** **State** **Zip Code**
(If applicable)

SECTION II - PROJECT DESCRIPTION

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

EnrichLA will offer our Garden Ranger Program at Kester Avenue Elementary School, Van Nuys Middle School and Riverside Drive Charter. The Garden Ranger Program offers weekly, interdisciplinary garden-based lessons. These lessons correspond to the California Common Core standards and provide participants with hands-on opportunities to learn about nutrition, science, and environmental stewardship. By years end, hundreds of students at Kester Avenue, Van Nuys, and Riverside Drive Charter will have engaged in the Garden Ranger Program. Our goal is to reach all students within the school.

Generally, each school contributes around \$3,450 for the Garden Ranger Program. The full cost of the Garden Ranger Program is \$6,900 per year which includes all overhead. We understand that \$6,900 is a large cost for many schools, though we also believe that once a school offers our program, it should never be taken away due to lack of funding. EnrichLA has received various public, private, and foundation grants, as well corporate sponsorships and anonymous donations. These funds go directly to supplement what the schools cannot pay. We are asking for \$500/school from the Neighborhood Council to offset the amount that EnrichLA contributes to support the Garden Ranger Program. Though the program will not be canceled without NC support, this NPG will allow EnrichLA to redirect outside funds that would've gone to the Garden Ranger Programs to be saved for emergency garden repairs. (\$3450 from each school, \$500 from NC, \$2950 from other grants/donors/sponsors= \$6900)

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 Garden Ranger Program offered by EnrichLA positively impacts hundreds of people in the community served by this Neighborhood Council. Additionally, these gardens provide the surrounding community with access to open, green space. Community members—youths and adults alike—are routinely invited to participate in garden events. These garden events or garden workdays provide community members with a fun, active, fulfilling day spent enriching their own neighborhood. Garden workdays also offer the opportunity for neighbors to take home a bag of locally grown produce! 68% of students in Los Angeles County are eligible for free or reduced fee lunches, while the average of all schools with Garden Ranger Programs is 85.90% socioeconomically disadvantaged students (according to the 2016-2017 School Accountability Report Card). According to the CDC, 1 in 3 people will develop diabetes in their lifetime; whereas persons identifying as Latino or Black are 50% more likely to be diagnosed with diabetes than those white. With this program, our Garden Rangers plant seedlings with students and provide regular maintenance to the garden. Once these fresh fruits and vegetables are ready to be harvested, students prepare healthy snacks in their outdoor kitchen. Throughout this process, students are learning about science, life-cycles, composting, the importance of recycling, and are developing a hands-on relationship to the source of their food alongside classroom curriculum. We believe that all children, regardless of race or economic status, deserve to have access to green, outdoor spaces and healthy, natural foods.

SECTION III - PROJECT BUDGET OUTLINE

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
Kester Avenue Elementary School Garden Ranger	\$ 0.00	\$ 5,400.00
Van Nuys Middle School Garden Ranger	\$ 0.00	\$ 5,400.00
Riverside Drive Charter	\$ 0.00	\$ 5,400.00

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Kester Avenue Elementary School Garden supplies	\$ 500.00	\$ 1,500.00
Van Nuys Middle School Garden supplies	\$ 500.00	\$ 1,500.00
Riverside Drive Charter Garden supplies	\$ 500.00	\$ 1,500.00

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

No Yes, please list names of NCs: _____

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
Kester Avenue Elementary School	\$ 3,450.00	\$ 6,900.00
Van Nuys Middle School	\$ 3,450.00	\$ 6,900.00
Riverside Drive Charter	\$ 3,450.00	\$ 6,900.00

9) What is the TOTAL amount of the grant funding requested with this application: \$ 1,500.00

10a) Start date: 07/01/17 10b) Date Funds Required: 07/01/17

10c) Expected completion date: 06/15/18 (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.)

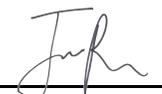
SECTION V - DECLARATION AND SIGNATURE

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*

Tomas O'Grady Executive Director  7/18/2017
 _____ _____ _____ _____
 PRINT Name Title Signature Date

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

Johanna Recalde Operations  7/18/2017
 _____ _____ _____ _____
 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

**Request for Taxpayer
Identification Number and Certification**

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) **Enrich LA**

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.) **2173 Cedarhurst Dr**

City, state, and ZIP code **Los Angeles, CA 90027**

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number

or

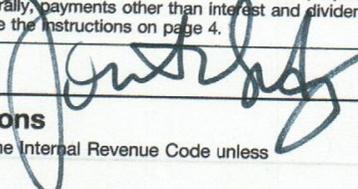
Employer identification number
27-2797697

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶  Date ▶ **12/20/2011.**

General Instructions

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

Purpose of Form

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

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

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

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

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

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

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

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

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



CITY OF LOS ANGELES

OFFICE OF FINANCE
P.O. BOX 53200
LOS ANGELES CA 90053-0200

30 100-006172 1111 1

ENRICHLA
2173 CEDARHURST DR
LOS ANGELES CA 90027-2108

2173 CEDARHURST DRIVE
LOS ANGELES, CA 90027-2108

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE

THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED

BUSINESS TAX

ISSUED: 12/4/2011

ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002586182-0001-6	L049	Professions/Occupations	04/01/2011	Active

ISSUED TO

ENRICHLA
2173 CEDARHURST DRIVE
LOS ANGELES, CA 90027-2108
2173 CEDARHURST DRIVE
LOS ANGELES, CA 90027-2108



ISSUED BY:

Antoinette P. Christaugh

DIRECTOR OF FINANCE

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS P.O. BOX 53200, LOS ANGELES CA 90053-0200
FORM 2000 (rev. 6/01) IMPORTANT: READ REVERSE SIDE

Date: AUG 13 2011

Employer Identification Number:
27-2797687

DLN:

17053091329041

ENRICH LA A NONPROFIT CORPORATION
C/O TOMAS O GRADY
2173 CEDARHURST DR
LOS ANGELES, CA 90027

Contact Person:

JACOB A MCDONALD

ID# 31649

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

May 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

June 10, 2010

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)



AT&T MESSAGING
 PO BOX 480010
 CHARLOTTE, NC 28269-5300

CUSTOMER NUMBER
8607823
INVOICE DATE
07/01/2017

Bill-To Customer:



SHERMAN OAKS NC
 PO BOX 5721
 SHERMAN OAKS, CA 91413-5721

471
 T3 P1



Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
8607823	07/01/2017 07/31/2017	07/30/2017	\$15.26	\$0.00	\$0.00	\$15.26	\$30.52

Payments - Thank You

Description of Current Charges & Credits

Description	Qty	Unit Price	Ext. Price
UM Standard-Discount Rate 8185032399	July service 1	\$14.00	\$14.00
City Utility Users Tax			\$1.26

CUSTOMER NUMBER	
8607823	
INVOICE NUMBER	
7293412	
DUE DATE	AMOUNT PAID
07/30/2017	

Please detach & enclose with payment



REMIT TO:

SHERMAN OAKS NC
 PO BOX 5721
 SHERMAN OAKS, CA 91413-5721

AT&T MESSAGING
 PO BOX 840486
 DALLAS, TX 75284-0486

Invoice

The Web Corner, Inc.
19509 Ventura Blvd. Tarzana CA 91356 (818) 345-7443

Date	Invoice #	Due Date
8/1/2017	15286	8/1/2017

Bill To
Sherman Oaks NC Tom Capps PO Box 5721 Sherman Oaks, CA 91413

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Monthly Maintenance: includes up to 1 hour for; phone support, web development, requests, & website adjustments	99.00	99.00
1	Email accounts (2 included) Total 3 for shermanoaksnc.org	3.50	3.50

Please remit payment at your earliest convenience. Thank you for your business!	Total	\$102.50
	Payments/Credits	\$0.00
	Balance Due	\$102.50

INVOICE

LOS ANGELES UNIFIED SCHOOL DISTRICT

CIVIC CENTER PERMIT OFFICE
333 S. BEAUDRY AVE. SUITE B2-216
LOS ANGELES, CA 90017

Charge to: RON ZIFF
PO BOX 5721
SHERMAN OAKS, CA 91413

Date: 10 AUG 2017
Permit No. S3336

SHERMAN OAKS NEIGHBORHOOD COUNCIL (RON ZIFF)

DESCRIPTION OF CHARGE	AMOUNT
USE OF THE AUDITORIUM AT Sherman Oaks E1 CS FOR LAND USE PUBLIC MEETING ON MONDAY. TIME : 6:00PM TO 10:30PM SEP. 11, 2017 OCT. 09, 2017	\$73.48
PERMIT SUBJECT TO CANCELLATION IF FULL PAYMENT NOT RECEIVED SEVEN DAYS IN ADVANCE OF USE. PLEASE MAKE CASHIER'S CHECK OR MONEY ORDER PAYABLE TO: LOS ANGELES UNIFIED SCHOOL DISTRICT Mail to: LORI SMITH	
BALANCE DUE	\$73.48

PERMITEE RESPONSIBLE TO VERIFY ALL DATES ON INVOICE

CHANGES MADE TO INVOICE WILL RESULT IN \$75 AMENDMENT FEE

DATES ON THIS INVOICE REFLECT INSURANCE EXPIRATION DATE



AT&T MESSAGING
 PO BOX 480010
 CHARLOTTE, NC 28269-5300

CUSTOMER NUMBER
8607823
INVOICE DATE
08/01/2017

Bill-To Customer:

 SHERMAN OAKS NC 471
 PO BOX 5721 T3 P1
 SHERMAN OAKS, CA 91413-5721



Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
8607823	08/01/2017 08/31/2017	08/30/2017	\$30.52	\$15.26	\$0.00	\$15.26	\$30.52

Payments - Thank You

07/24/2017 \$15.26

Description of Current Charges & Credits

Description	Qty	Unit Price	Ext. Price
UM Standard-Discourt Rate 8185032399	1	\$14.00	\$14.00
City Utility Users Tax			\$1.26

Please detach & enclose with payment



CUSTOMER NUMBER	
8607823	
INVOICE NUMBER	
7301871	
DUE DATE	AMOUNT PAID
08/30/2017	

REMIT TO:

SHERMAN OAKS NC
 PO BOX 5721
 SHERMAN OAKS, CA 91413-5721

AT&T MESSAGING
 PO BOX 840486
 DALLAS, TX 75284-0486

The Web Corner, Inc.

19509 Ventura Blvd
Tarzana, CA 91356

Invoice

Date	Invoice #	Terms
8/3/2017	15324	
Ship To		

Bill To
Sherman Oaks NC Tom Capps PO Box 5721 Sherman Oaks, CA 91413

QTY	Item Code	Description	Price Each	Amount
2	Hourly Rate Mahdi	Hourly Rate Mahdi: Posting Flyers, News , Newsletter, Email Blasts, New Event Committee Issue	125.00	250.00
	Discount	Discount 1 Hour included in maintenance	-99.00	-99.00

Please remit payment at your earliest convenience. Thank you for your business!	Total	\$151.00
	Payments/Credits	\$0.00
	Balance Due	\$151.00

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017
 Agenda Item: Item 8D

Requestor: Tom Capps Treasurer
 Vendor: LA Dept of Parks & Rec
 Address: _____
 City: Sherman Oaks State: CA
 Zip Code: _____ Phone: _____
 Amount: \$ 44.00
 # of payments

- Operations
 Outreach
 NC Sponsored Event
 Neighborhood Purpose Grant
 Contract / Lease
 Board Member Reimbursement
 Community Improvement Project
 Out of State
 1099 Expense
 One Time Expense
 Monthly
 Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit
Description

Approve a payment of \$44.00 to City of Los Angeles Dept of Parks and Recreations for room rental for the July 10, 2017 SONC Board Meeting.

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interes	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest					X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: 11	Grand Total (including page 2):	14		1		3	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: <u>Tom Capps</u>	Print/Type name: <u>Jeff Harsough</u>
Date (mm/dd/yy): <u>7.10.17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____

City of Los Angeles Department of Recreation and Parks
Sherman Oaks East Valley Adult Center

Katie O'Kelley-Hendricks, Facility Director
5056 Van Nuys Blvd.
Sherman Oaks, CA 91403
(818) 386-9674

INVOICE

To: SONC

Invoice # SONC-2

Invoice for the following:

Event Name: Sherman Oaks Neighborhood Council Meeting

Event Date: Monday, July 10, 2017

Location: Sherman Oaks East Valley Adult Center (Building A)

Total Amount Due: *\$44.00 (due upon receipt of invoice)

*Please make check(s) or money order(s) out to:
"City of L.A. Department of Recreation & Parks"

**Department of Neighborhood Empowerment
Funding Request Form**



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017
 Agenda Item: Item 80

Requestor: Tom Capps Treasurer
 Vendor: Enrich LA
 Address: _____
 City: Los Angeles State: CA
 Zip Code: _____ Phone: _____
 Amount: \$ \$1,500.00
 # of payments

- Operations Outreach NC Sponsored Event Neighborhood Purpose Grant
 Contract / Lease Board Member Reimbursement Community Improvement Project
 Out of State 1099 Expense One Time Expense Monthly Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit Description Approve \$1,500 for a Neighborhood Purposes Grant to Enrich LA for a Garden Ranger program at Kester Elementary, Van Nuys Middle and Riverside Charter schools

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interes	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest	✓				X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: 11	Grand Total (including page 2):	16		1		3	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: Tom Capps	Print/Type name: Jeff Harsough
Date (mm/dd/yy): <u>7.10.17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017
 Agenda Item: Item 8F

Requestor: Tom Capps Treasurer
 Vendor: A.T.&T.
 Address: _____
 City: _____ State: CA
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$200.00
 # of payments

- Operations
 Outreach
 NC Sponsored Event
 Neighborhood Purpose Grant
 Contract / Lease
 Board Member Reimbursement
 Community Improvement Project
 Out of State
 1099 Expense
 One Time Expense
 Monthly
 Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit
Description

Approve up to \$200 to pay AT&T for SONC Voice Mail messaging service during Fiscal Year 2017-2018

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interest	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest					X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: <u>11</u>	Grand Total (including page 2):	<u>16</u>		<u>1</u>		<u>3</u>	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: Tom Capps	Print/Type name: Jeff Harsough
Date (mm/dd/yy): <u>7.10.17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017
 Agenda Item: Item 8E

Requestor: Tom Capps Treasurer
 Vendor: The Web Corner
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$1,400.00
 # of payments

- Operations Outreach NC Sponsored Event Neighborhood Purpose Grant
 Contract / Lease Board Member Reimbursement Community Improvement Project
 Out of State 1099 Expense One Time Expense Monthly Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit Description

Approve up to \$1,400 to pay The Web Corner for SONC website hosting and maintenance and one extra SONC domain email during Fiscal Year 2017-2018

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interes	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest	✓				X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business	✓		X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: 11	Grand Total (including page 2):	16		1		3	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: Tom Capps	Print/Type name: Jeff Harsough
Date (mm/dd/yy): <u>7-10-17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017
 Agenda Item: Item 8H

Requestor: Tom Capps Treasurer
 Vendor: Los Angeles Unified School District
 Address: _____
 City: Los Angeles State: CA
 Zip Code: _____ Phone: _____
 Amount: \$ _____ Up to \$1,020
 # of payments

- Operations
 Outreach
 NC Sponsored Event
 Neighborhood Purpose Grant
 Contract / Lease
 Board Member Reimbursement
 Community Improvement Project
 Out of State
 1099 Expense
 One Time Expense
 Monthly
 Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit Description: Approve up to \$1,020 to pay Los Angeles Unified School District for SONC Board Meeting & PLUM space rental during Fiscal Year 2017-2018

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interest	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest					X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: <u>11</u>	Grand Total (including page 2):	<u>16</u>		<u>1</u>		<u>3</u>	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: <u>Tom Capps</u>	Print/Type name: <u>Jeff Harsough</u>
Date (mm/dd/yy): <u>7.10.17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ <input type="checkbox"/> 1st Level _____ <input type="checkbox"/> 2nd Level _____ Authorization Code _____

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017
 Agenda Item: Item 8F

Requestor: Tom Capps Treasurer
 Vendor: A.T.&T.
 Address: _____
 City: _____ State: CA
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$200.00
 # of payments

- Operations
 Outreach
 NC Sponsored Event
 Neighborhood Purpose Grant
 Contract / Lease
 Board Member Reimbursement
 Community Improvement Project
 Out of State
 1099 Expense
 One Time Expense
 Monthly
 Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit
Description

Approve up to \$200 to pay AT&T for SONC Voice Mail messaging service during Fiscal Year 2017-2018

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interest	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest					X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: <u>11</u>	Grand Total (including page 2):	<u>16</u>		<u>1</u>		<u>3</u>	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: Tom Capps	Print/Type name: Jeff Harsough
Date (mm/dd/yy): <u>7.10.17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017
 Agenda Item: Item 8E

Requestor: Tom Capps Treasurer
 Vendor: The Web Corner
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$1,400.00
 # of payments

- Operations Outreach NC Sponsored Event Neighborhood Purpose Grant
 Contract / Lease Board Member Reimbursement Community Improvement Project
 Out of State 1099 Expense One Time Expense Monthly Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit Description

Approve up to \$1,400 to pay The Web Corner for SONC website hosting and maintenance and one extra SONC domain email during Fiscal Year 2017-2018

Vote Count (Continued on page 2 if more than 20 Board Members)

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Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interes	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest	✓				X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business	✓		X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: 11	Grand Total (including page 2):	16		1		3	

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Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: Tom Capps	Print/Type name: Jeff Harsough
Date (mm/dd/yy): <u>7-10-17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____