

Monthly Expenditure Report



Reporting Month: October 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
\$35432.59	\$1275.56	\$34157.03	\$3564.61	\$0.00	\$30592.42

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$33750.00	\$243.42	\$25547.03	\$637.11	\$24482.42
Outreach		\$282.14		\$427.50	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$3500.00	\$0.00	\$3500.00	\$0.00	\$3500.00
Neighborhood Purpose Grants	\$4750.00	\$750.00	\$2500.00	\$2500.00	\$0.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$9177.41	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	RALPHS # 0222	10/03/2017	(Credit card transaction)	General Operations Expenditure	Outreach	\$5.69
2	RALPHS # 0222	10/03/2017	(Credit card transaction)	General Operations Expenditure	Outreach	\$134.95
3	GOODWAY PRINT & COPY	10/05/2017	(Credit card transaction)	General Operations Expenditure	Office	\$33.77
4	GOODWAY PRINT & COPY	10/06/2017	(Credit card transaction)	General Operations Expenditure	Office	\$37.07
5	GOODWAY PRINT & COPY	10/10/2017	(Credit card transaction)	General Operations Expenditure	Office	\$18.89
6	GOODWAY PRINT & COPY	10/13/2017	(Credit card transaction)	General Operations Expenditure	Office	\$45.66
7	GOODWAY PRINT & COPY	10/18/2017	(Credit card transaction)	General Operations Expenditure	Office	\$83.77
8	Ron Ziff	09/21/2017	Approve a reimbursement of \$9.00 to board mem...	General Operations Expenditure	Office	\$9.00

9	Connor Lynch Foundation	09/22/2017	Approve a NPG of \$750 to the Connor Lynch Fou...	Neighborhood Purpose Grants		\$750.00
10	The Web Corner, inc.	10/10/2017	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$39.00
11	The Web Corner, inc.	10/10/2017	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$102.50
12	AT&T Messaging	10/18/2017	Approve up to \$200 to pay AT&T for SONC V...	General Operations Expenditure	Office	\$15.26
Subtotal:						\$1275.56

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	Sherman Oaks Friends of the Library	10/19/2017	Approve a Neighborhood Purposes Grant to the Sherm...	Neighborhood Purpose Grants		\$2500.00
2	JCS Catering Company	10/31/2017	Approve up to \$750 to pay JCS Catering at CBS...	General Operations Expenditure	Outreach	\$325.00
3	LAUSD - Civic Center Permit Office	10/31/2017	Approve up to \$1,020 to pay Los Angeles Unifi...	General Operations Expenditure	Office	\$145.48
4	Lloyd Staffing	10/31/2017	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$43.70
5	The Web Corner, inc.	11/02/2017	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$102.50
6	Lloyd Staffing	11/06/2017	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$447.93
Subtotal: Outstanding						\$3564.61



WATER FOR
BOARD MEETING
10-9-17

14049 Ventura Blvd.
(747) 233-6100

Your cashier was ALEXANDER

	AHMT WATER	XP	4.49 F
	CA REDEM VAL		1.20 F
SC	RALPHS SAVED YOU	0.50	
RALPHS	rewards CUSTOMER	*****6147	
	TAX		0.00
****	BALANCE		5.69

Sherman Oaks CA 91423
MASTERCARD Purchase
*****5650 - C
REF#: 051127 TOTAL: 5.69
AID: A0000000041010
TC: F7BE6E843D21E9B4
VERIFIED BY PIN

	MASTERCARD	5.69
	CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =		2
RALPHS rewards SAVINGS	\$	0.
TOTAL COUPONS	\$	0.50

10/03/17 11:59am 222 4 16 308

SEPT FUEL POINTS REMAINING = 216
THESE POINTS EXPIRE 10/31/17.
EACH MONTH IS A SEPARATE ACCUMULATION PERIOD. POINTS DO NOT COMBINE.
HIGHEST UNREDEEMED DISCOUNT FROM SEPT OR CURRENT MONTH OFFERED AT THE PUMP.

OCTOBER FUEL POINTS
100PTS EARNS .10 PER GAL.
200PTS EARNS .20 PER GAL.
ON ONE PURCHASE OF UP TO 35 GAL.

FUEL POINTS THIS ORDER = 6
FUEL POINTS THIS MONTH = 218

THIS MONTHS POINTS EXPIRE 11/30/17.
VISIT WWW.RALPHS.COM FOR DETAILS

NEAREST PARTICIPATING LOCATIONS
SHELL COMPANY (0.66 mi.)
4441 VAN NUYS BLVD
SHERMAN OAKS, CA 91403
SHELL COMPANY (1.53 mi.)
5161 VAN NUYS BLVD
SHERMAN OAKS, CA 91403
Participating locations subject to change

With Card & Coupons
VERIFIED TOTAL SAVINGS \$ 0.50

TRY OUR PHARMACY (747) 233-6108
MGR: AL SANTILLO (747) 233-6100
THANK YOU FOR SHOPPING AT RALPHS!

www.ralphps.com



14049 Ventura Blvd.
(747) 233-6100

Your cashier was MAG

DELI PLATTER	24.99	F
DELI PLATTER	24.99	F
DELI PLATTER	24.99	F
DELI TRAY	29.99	F
DELI TRAY	29.99	F

RALPHS rewards CUSTOMER *****6147

TAX 0.00

**** BALANCE 134.95

Sherman Oaks CA 91423

MASTERCARD Purchase

*****5650 - C

REF#: 080528 TOTAL: 134.95

AID: A000000041010

TC: 4FE82C4A0CD63CAB

VERIFIED BY PIN

MASTERCARD 134.95

CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD = 5

10/03/17 11:24am 222 35 29 638

Tell Us How We Are Doing!
Earn 50 BONUS FUEL POINTS!

Plus, enter our monthly Sweepstakes:
for ONE OF 100 - \$100 gift cards and
ONE \$5,000 gift card grand prize!

Go to www.krogerfeedback.com
within 7 days.

Enter the information below:

Date: 10/03/17

Time: 11:24am

Entry ID: 703-272-29-222-35-64

Limit one 50 fuel pt bonus per 7 days.

No purchase necessary to enter
sweepstakes. See website for official
sweepstakes rules.

SEPT FUEL POINTS REMAINING = 216

THESE POINTS EXPIRE 10/31/17.

EACH MONTH IS A SEPARATE ACCUMULATION

PERIOD. POINTS DO NOT COMBINE.

HIGHEST UNREDEEMED DISCOUNT FROM SEPT

OR CURRENT MONTH OFFERED AT THE PUMP.

OCTOBER FUEL POINTS

100PTS EARNS .10 PER GAL.

200PTS EARNS .20 PER GAL.

ON ONE PURCHASE OF UP TO 35 GAL.

REFRESHMENTS
FOR BOARD MEETING

10/9/17



INVOICE LF

15121 Ventura Boulevard
 Sherman Oaks, California 91403

VOICE: (818) 783-5172 • FAX: (818) 783-8649

EMAIL: goodway@goodwayprintcopy.com

No. **39752**

Date 10/3/2017

Customer P.O. No.

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

Jeff Kalban
 (310) 441-9313

QUANTITY	DESCRIPTION	AMOUNT
12	Vision Comm, 8.5 x 11 White 20# B-Domtar Multi SMOOTH, 7 sheets, copied on 2 sides 12 Copy Machine Stapling	14.04
3	Vision color, 8.5 x 11 White 20# B-Domtar Multi SMOOTH, 7 sheets, copied on 2 sides 21 Hand staple	16.80
<p>XtraExport 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 : 10/4/2017 Time : 6:56:38 PM(EST) Invoice # : 39752 Customer # : 1434 PO / Order # : na Card Type : Master Card Card Number : XXXXXXXXXXXX5650 Entry Method : Keyed Total Amount : 33.77 Authorization : Approved - 026769</p>		
<p>Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE THANK YOU!</p>	<p>Ref Note:</p>	<p>SUBTOTAL 30.84 TAX 2.93 SHIPPING TOTAL 33.77 AMOUNT DUE 33.77</p>



Goodway Print & Copy
 15121 Ventura Blvd.
 Sherman Oaks, CA 91403
 Phone: (818) 783-5172
 Fax: (818) 783-8649
 www.goodwayprintcopy.com

OICE LF

 No. **39771**

VOICE:
EM,

Date **10/5/2017**
 Customer P.O. No.

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

Transaction : Sale
Date : 10/5/2017
Time : 7:35:10 PM(EST)
Invoice # : 39771
Customer # : 1434
PO / Order # : na
Card Type : Master Card
Card Number : XXXXXXXXXXXXX5650
Entry Method : Keyed
Total Amount : 37.07
Authorization : Approved - 098076

	AMOUNT
ed 2 up on	7.00
side	1.60
copied on	9.25
2 sides	12.00
copied on	4.00

QUANTITY	
200	Speaker Card, 8.5 x 11 White 2 1 side
20	Roster, 8.5 x 11 White 20# B-K
25	Minutes, 8.5 x 11 White 20# B- 2 sides
75	25 Copy Machine St
50	Agenda, 8.5 x 11 White 20# B- I have a Question, 8.5 x 11 Wh 1 side

*Paid
Credit Card*

Ref Note:

Signature

X _____

I Agree to pay the above amount
 according to the card issuer agreement

Thank You !

Taken by:
 Account Type: Charge Account
 PLEASE PAY FROM THIS INVOICE.

Ship Via:

THANK YOU!

SUBTOTAL	33.85
TAX	3.22
SHIPPING	
TOTAL	37.07
AMOUNT DUE	37.07



INVOICE LF

15121 Ventura Boulevard
 Sherman Oaks, California 91403

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

No. **39787**

Date **10/9/2017**

Customer P.O. No.

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

Jolie Salter

XtraExport

Goodway Print & Copy

15121 Ventura Blvd.
 Sherman Oaks, CA 91403
 Phone: (818) 783-5172
 Fax: (818) 783-8649
 www.goodwayprintcopy.com

AMOUNT

17.25

QUANTITY	DES
25	treasurers report , 8.5 x 11 White 20# B-copied on 2 sides 25 Copy Machine Stapling

Transaction : Sale
 Date : 10/9/2017
 Time : 4:26:36 PM(EST)
 Invoice # : 39787
 Customer # : 1434
 PO / Order # : na
 Card Type : Master Card
 Card Number : XXXXXXXXXXXX5650
 Entry Method : Keyed
 Total Amount : 18.89
 Authorization : Approved - 089752

Ref Note:

Signature

Taken by:
 Account Type: Charge Account
 PLEASE PAY FROM THIS INVOICE.

Ship Via.

THANK YOU!

SUBTOTAL	17.25
TAX	1.64
SHIPPING	
TOTAL	18.89
AMOUNT DUE	18.89



Goodway Print & Copy
 15121 Ventura Blvd.
 Sherman Oaks, CA 91403
 Phone: (818) 783-5172
 Fax: (818) 783-8649
 www.goodwayprintcopy.com

OICE LF

 No. **39771**

VOICE:
EM,

Date **10/5/2017**
 Customer P.O. No.

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

Transaction : Sale
Date : 10/5/2017
Time : 7:35:10 PM(EST)
Invoice # : 39771
Customer # : 1434
PO / Order # : na
Card Type : Master Card
Card Number : XXXXXXXXXXXXX5650
Entry Method : Keyed
Total Amount : 37.07
Authorization : Approved - 098076

	AMOUNT
ed 2 up on	7.00
side	1.60
copied on	9.25
2 sides	12.00
copied on	4.00

QUANTITY	
200	Speaker Card, 8.5 x 11 White 2 1 side
20	Roster, 8.5 x 11 White 20# B-K
25	Minutes, 8.5 x 11 White 20# B- 2 sides
75	25 Copy Machine St
50	Agenda, 8.5 x 11 White 20# B- I have a Question, 8.5 x 11 Wh 1 side

*Paid
Credit Card*

Ref Note:

Signature

 x _____
 I Agree to pay the above amount
 according to the card issuer agreement
Thank You !

Taken by:
 Account Type: Charge Account
 PLEASE PAY FROM THIS INVOICE.

Ship Via:

THANK YOU!

SUBTOTAL	33.85
TAX	3.22
SHIPPING	
TOTAL	37.07
AMOUNT DUE	37.07



XtraExport

DICE LF

Goodway Print & Copy

15121 Ventura Blvd.

Sherman Oaks, CA 91403

Phone: (818) 783-5172

Fax: (818) 783-8649

www.goodwayprintcopy.com

No. **39820**

Date 10/12/2017

Customer P.O. No.

VOIC
E:

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

Transaction : Sale

Date : 10/12/2017

Time : 7:30:46 PM(EST)

Invoice # : 39820

Customer # : 1434

PO / Order # : na

Card Type : Master Card

Card Number : XXXXXXXXXXXX5650

Entry Method : Keyed

Total Amount : 45.66

Authorization : Approved - 022434

QUANTITY		AMOUNT
6	Vision Color Copies-, 8.5 x 11 copied on 2 sides	25.20
6	cover color 100 gloss cover, { copied on 1 side	4.50
6	bind 12 booklets	12.00
Pay Every Invoice with Credit Card Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE. THANK YOU!		SUBTOTAL 41.70 TAX 3.96 SHIPPING TOTAL 45.66 AMOUNT DUE 45.66



INVOICE LF

15121 Ventura Boulevard
 Sherman Oaks, California 91403

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

No. **39845**

Date **10/17/2017**

Customer P.O. No.

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

Jeff Kalban
 (310) 441-9313

QUANTITY	DESCRIPT	AMOUNT
10	Booklets- Guidelines for Higher-Density Housi	49.00
10	Laser SMOOTH, 7 sheets, copied on 2 sides	7.50
10	cover color 100 gloss cover, 8.5 x 11 White 24; copied on 1 side bind 12 booklets	20.00
<p style="text-align: center;"><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> <hr/> <p>Transaction : Sale Date : 10/17/2017 Time : 7:55:51 PM(EST) Invoice # : 39845 Customer # : 1434 PO / Order # : na Card Type : Master Card Card Number : XXXXXXXXXXXX5650 Entry Method : Keyed Total Amount : 83.77 Authorization : Approved - 029687</p> <hr/> <p>Ref Note:</p>
<p>Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE. THANK YOU!</p>	<p>Ship Via:</p>	<p>Signature 76.50 X _____ 7.27 I Agree to pay the above amount according to the card issuer agreement 83.77 Thank You ! 83.77</p>

SHERMAN OAKS
14900 MAGNOLIA BLVD
SHERMAN OAKS
CA

91403-9998
0581110403

07/13/2017 (800)275-8777 10:33 AM

Product Description	Sale Qty	Final Price
Key Fee (Box Number:5721) (Keys Delivered:1)		\$6.00
Key Deposit (Key Count:1) (Key Number:02148)		\$3.00

Total \$9.00

Credit Card Remitd \$9.00
(Card Name:VISA)
(Account #:XXXXXXXXXXXX3579)
(Approval #:04161D)
(Transaction #:035)

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.

Order stamps at usps.com/shop or call
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.

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

or call 1-800-410-7420.

YOUR OPINION COUNTS
KEY FOR SONIC P.O. BOX
PAID BY RONGZHO

Bill #: 840-59130062-5-2232091-1
Clerk: 12

**Department of Neighborhood Empowerment
Funding Request Form**



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 11-Sep-17
 Meeting Date: 9/11/2017
 Agenda Item: 10C-Consent Calendar

Requestor: Ron Ziff-Board Member
 Vendor: Ron Ziff
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount:\$ \$9.00
 # 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 reimbursement payment of \$9.00 to board member, Ron Ziff for copies of keys to SONC Postal Box at the US Postal Office - Sherman Oaks.

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	X					
Banks Barad, Jill	Area 6 Residential	X					
Baronian, Levon	Area 1 Business	X					
Binkow, Michael	Area 7 Residential	X					
Capps, Tom	Area 2 Residential	X					
Harsough, Jeff	Area 2 Community Interest	X					
Kalban, Jeff	Area 7 Community Interest	X					
Katchen, Howard	Area 3 Residential	X					
Lax, Sidonia	Area 4 Community Interest	X					
Ross, Garrett	Area 1 Residential					X	
Marciniak, Richard	Area 3 Community Interest	X					
Menard, Melissa	Area 6 Community Interest	X					
Morozov, Rafael	Area 3 Business					X	
Petrus, Lisa	Area 4 Residential	X					
Revord, Sherri	Area 5 Community Interest	X					
Roden, Neal	Area 7 Business	X					
Sales, Kristin	Area 1 Community Interest					X	
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	X					
NC Quorum: 11	Grand Total (including page 2):	15	0	0	0	5	0

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>9/11/17</u>	Date (mm/dd/yy): <u>09-11-2017</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 _____

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 Neighborhood Council

SECTION I - APPLICANT INFORMATION

- 1a) The Conor Lynch Foundation 45-2544512 CA 2010
Organization Name **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**
- 1b) 15244 Magnolia Blvd Sherman Oak CA 91403
Organization Mailing Address **City** **State** **Zip Code**
- 1c) SAME _____ _____ _____
Business Address (If different) **City** **State** **Zip Code**
- 1d) **PRIMARY CONTACT INFORMATION:**
Jeri Lynch or Nicola Khan (818) 986-2470 nicola.khan@sbcglobal.net
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.**
 To support our annual event by helping to offset the cost of the mobile bathrooms for our annual 5K Run/Walk/Expo.
- 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)**
- Our mission at the Foundation is to support new and existing programs that raise awareness of the dangers of distracted driving and promote the safety of runners, pedestrians, cyclists and young drivers. National Teen Safe Driving week is observed each October to bring to light the dangers that we all face on our streets with a specific emphasis for safety for young people. Conor was 16 years old, killed by a distracted 18 year old unlicensed driver, ironically during what we now know, is National Teen Safe Driving Week. Consequently, we hold our annual event at this time of year when the entire country is focusing on this issue. This years event is to be held October 29 at the Van Nuys Sherman Oaks Parks. Our attendance for this event has averaged between 1200-1500 runners, walkers and attendees and is usually attended by several members of the L A City Council as well as State Level government representatives. This is a wonderful opportunity to connect with people in the local community at the grassroots level where we can continue our messaging to keep the streets safe for all who use them. The funds we raise help us to continue to work on our outreach programs, last year we presented to several of the area high schools freshman classes where we show PSA's and work with CHP and local L A Police officers to help the students to understand the dangers of distracted driving. In addition, we use our funds to support families of people who have lost loved ones on the streets. For additional information our website is www.inhonorofconor.org

6a) Personnel Related Expenses	Requested of NC	0.00	Total Projected Cost	0.00
6b) Non-Personnel Related Expenses	Requested of NC	\$750.00	Total Projected Cost	\$750.00

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?	<input type="checkbox"/> No <input type="checkbox"/> 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)	<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe:

9) What is the TOTAL amount of the grant funding requested with this application:	\$750.00
10a) Start date:	10/1/17
10b) Date Funds Required:	10/1/17
10c) Expected completion date:	\$750.00

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 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*
 JERI DYE LYNCH
 PRESIDENT/FOUNDER
 Signature: *Jeri Dye Lynch*
 Date: 9/14/17

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
 JERI DYE LYNCH
 SECRETARY
 Signature: *Jeri Dye Lynch*
 Date: 9/14/17

* 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

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

DEPARTMENT OF THE TREASURY

Date: **OCT 20 2011**

CONOR LYNCH FOUNDATION
C/O STEVEN GROSSINGER
16217 KITTRIDGE ST
VAN NUYS, CA 91406

Employer Identification Number:
45-2544512
DLN:
17053258307041
Contact Person:
LISA M VAN DER SLUYS ID# 95264
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
January 31
Effective Date of Exemption:
February 7, 2011
Addendum Applies:
No

Dear Applicant:

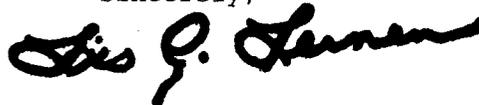
We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive 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 private foundation within the meaning of section 509(a) of the Code. You are required to file Form 990-PF annually.

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

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PF

Letter 1076 (DO/CG)

Headquarters Mailing Address
Andy Gump Inc.
 26954 Ruether Ave.
 Santa Clarita, CA, 91351
 800-992-7755 FAX (661) 251-7729



www.andygump.com

Rental Agreement

G96450

Order

1-800-992-7755

Contract No. G96450

Job No.

Location Code NH-SAN

Bill To: C04834
 CONNER LYNCH FOUNDATION
 15244 MAGNOLIA BLVD
 SHERMAN OAKS, 91403
 CA
 United States

Ship To:
 SHERMAN OAKS PARK
 14201 HUSTON ST
 SHERMAN OAKS, 91423
 CA
 United States

Job Type: SEA
 Eqmt Type A
 Map Page LA562-B3
 Tract No.
 Lot No.
 Geo Code 34.1599273,-118.4421766

Billing Phone No.

Phone No. 818-943-0142

Cell Phone No.

Cross Street VAN NUYS BLVD

Job Contact NICOLA KHAN

Job Phone No. 818-943-0142 Job Cell No.

Job Access *PLACE UNITS ON SIDE OF MAGNOLIA*

Order By	Purchase Order No.	Terms	Andy Gump Rep	Order Taken By	Date
NICOLA KHAN 818-943-0142		ON RECEIPT	AMY 661-977-3836	AGI/AMY	7/10/2017 3:09 PM

Item No.	QTY	Description	Start Date	End Date	Days Billed	Amount	Line Amount
2SE-0008	6	ANDY GUMP DELUXE	10/20/17	10/23/17	4	\$85.00	\$510.00
2SE-0016	2	ADA COMPLIANT RESTROOM	10/20/17	10/23/17	4	\$174.00	\$348.00
2SE-2006	1	CHARITABLE EVENT DISCOUNT (T)				(\$171.60)	(\$171.60)
2SE-EVENT	1	CONNER LYNCH FOUND ANNUAL 5K: OCT 22, 2017 (SUN)					

subtotal \$686.40

CUSTOMER TO PAY BY 10/13/17

Damage Waiver \$0.00

Tax \$61.78

Total \$748.18

Payment \$ _____ Ck# _____ Cash _____ Credit Card Approval # _____

Service Instructions

10/20/17 (FRI) DELIVER (6) DELUXE UNITS & (2) ADA UNITS.

CALL NICOLA @ 818-943-0142 W/1 HR ETA SEE NICOLA ON SITE FOR PLACEMENT.

10/23/17 (MON) PICK-UP (6) DELUXE UNITS & (2) ADA UNITS.

Cancellation Policy

All orders cancelled 72 hrs. prior to the delivery date are subject to a 10% cancellation fee.

Deposits Policy

All orders over \$1000.00 will require a 50% deposit with signed quote. Deposit less the 10% cancellation fee will be refunded if order is cancelled within 72 hrs.

Customer

Signature _____ Date _____ Printed Name _____

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 11-Sep-17
 Meeting Date: 9/11/2017
 Agenda Item: 10A-Consent Calendar

Requestor: Conor Lynch Foundation
 Vendor: Conor Lynch Foundation
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount: \$ 750.00
 # 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 NPG of \$750 to the Connor Lynch Foundation Annual 5K Run held October 29 at the Van Nuys Sherman Oaks Parks. The mission at the Foundation is to support new and existing programs that raise awareness of the dangers of distracted driving and promote the safety of runners, pedestrians, cyclists and young drivers. National Teen Safe Driving week is observed each October to bring to light the dangers that we all face on our streets with a specific emphasis for safety for young people.

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	X					
Banks Barad, Jill	Area 6 Residential	X					
Baronian, Levon	Area 1 Business	X					
Binkow, Michael	Area 7 Residential	X					
Capps, Tom	Area 2 Residential	X					
Harsough, Jeff	Area 2 Community Interest	X					
Kalban, Jeff	Area 7 Community Interest	X					
Katchen, Howard	Area 3 Residential	X					
Lax, Sidonia	Area 4 Community Interest	X					
Ross, Garrett	Area 1 Residential					X	
Marciniak, Richard	Area 3 Community Interest	X					
Menard, Melissa	Area 6 Community Interest	X					
Morozov, Rafael	Area 3 Business					X	
Petrus, Lisa	Area 4 Residential	X					
Revord, Sherri	Area 5 Community Interest	X					
Roden, Neal	Area 7 Business	X					
Sales, Kristin	Area 1 Community Interest					X	
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	X					
NC Quorum: 11	Grand Total (including page 2):	15	0	0	0	5	0

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>9/11/17</u>	Date (mm/dd/yy): <u>09-11-2017</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: _____

The Web Corner, Inc.

19509 Ventura Blvd
 Tarzana, CA 91356

Invoice

Date	Invoice #	Terms
9/26/2017	15495	

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

Ship To

QTY	Item Code	Description	Price Each	Amount
1	Domain Name	Domain Name Renewal SHERMANOAKSNC.COM	17.00	17.00
1	Domain Name	Domain Name Renewal SHERMANOAKSNC.ORG	22.00	22.00

Please remit payment at your earliest convenience. Thank you for your business!	Total	\$39.00
	Payments/Credits	\$0.00
	Balance Due	\$39.00

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 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 _____

Invoice

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

Date	Invoice #	Due Date
10/1/2017	15564	10/1/2017

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

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 _____



AT&T MESSAGING
PO BOX 480010
CHARLOTTE, NC 28269-6300

at&t

CUSTOMER NUMBER

8607823

INVOICE DATE

10/01/2017

Page 1 of 1

Bill-To Customer:

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

466

T3 P1



Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
8607823	10/01/2017 10/31/2017	10/30/2017	\$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	October service	1	\$14.00
City Utility Users Tax			\$1.26

CUSTOMER NUMBER

8607823

INVOICE NUMBER

7318710

DUE DATE

AMOUNT PAID

10/30/2017

Please detach & enclose with payment

REMIT TO:

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



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

01001 8607823000000000003052

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>10</u>		<u>1</u>		<u>3</u>	

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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 _____