Monthly Expenditure Report



Reporting Month: May 2018 Budget Fiscal Year: 2017-2018

NC Name: Sherman Oaks Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$18913.71	\$8569.13	\$10344.58	\$6139.95	\$0.00	\$4204.63

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office		\$822.63		\$371.45	
Outreach	\$31207.00	\$2296.50	\$7141.58	\$2018.50	\$4751.63
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$13403.00	\$5450.00	\$3203.00	\$3750.00	\$-547.00
Funding Requests Und	der Review: \$0.00	Encumbrar	nces: \$0.00	Previous Expend	tures: \$25696.29

	Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total	
1	GOODWAY PRINT & COPY	05/15/2018	(Credit card transaction)	General Operations Expenditure	Office	\$103.75	
2	GOODWAY PRINT & COPY	05/17/2018	(Credit card transaction)	General Operations Expenditure	Office	\$4.93	
3	BEST BUY MHT 00007641	05/25/2018	(Credit card transaction)	General Operations Expenditure	Office	\$221.11	
4	SUBWAY 03018934	05/15/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$144.00	
5	SWANK MOTION PICTURES	05/25/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$550.00	
6	City of Los Angeles	03/14/2018	Approve \$750 to Budget Advocates 2017-18 Budg	General Operations Expenditure	Outreach	\$750.00	
7	City of Los Angeles	03/14/2018	Approve \$750 for the annual 2018 Annual LA Co	General Operations Expenditure	Outreach	\$750.00	
8	Los Angeles Responsible Pit Bull Owners Inc	04/19/2018	A motion to approve a neighborhood purposes grant	Neighborhood Purpose Grants		\$2600.00	

9	Southern California Preparedness Foundation	04/20/2018	A motion from the Public Safety Committee to appro	Neighborhood Purpose Grants		\$850.00
10	Lloyds Staffing	04/24/2018	Approve up to \$4,500 to pay Lloyd's Sta	General Operations Expenditure	Office	\$327.75
11	Lloyds Staffing	05/15/2018	Approve up to \$4,500 to pay Lloyd's Sta	General Operations Expenditure	Office	\$87.40
12	AT&T Messaging	05/15/2018	Approve up to \$200 to pay AT&T for SONC V	General Operations Expenditure	Office	\$15.26
13	The Web Corner, inc.	05/15/2018	Approve up to \$1,400 to pay The Web Corner fo	General Operations Expenditure	Outreach	\$102.50
14	Melissa Menard	05/16/2018	A motion to approve a board member reimbursement t	General Operations Expenditure	Office	\$62.43
15	Parents,Teachers/Educators & Students in Action	05/17/2018	A motion to approve a neighborhood purposes grant	Neighborhood Purpose Grants		\$2000.00
	Subtotal:					\$8569.13

	Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total	
1	Los Angeles Parks Foundation	05/15/2018	A motion to approve a neighborhood purposes grant	Neighborhood Purpose Grants		\$1750.00	
2	Millikan Middle School - LAUSD	05/22/2018	A motion to approve a neighborhood purposes grant	Neighborhood Purpose Grants		\$2000.00	
3	Lloyds Staffing	05/31/2018	Approve up to \$4,500 to pay Lloyd's Sta	General Operations Expenditure	Office	\$87.40	
4	The Web Corner, inc.	05/31/2018	Approve up to \$1,400 to pay The Web Corner fo	General Operations Expenditure	Outreach	\$102.50	
5	Lloyds Staffing	06/01/2018	Approve up to \$4,500 to pay Lloyd's Sta	General Operations Expenditure	Office	\$240.35	
6	Lloyds Staffing	06/01/2018	Approve up to \$4,500 to pay Lloyd's Sta	General Operations Expenditure	Office	\$43.70	
7	Pro Outdoor Movies, INC	06/01/2018	A motion to approve up to \$4,000 for the annu	General Operations Expenditure	Outreach	\$1300.00	
8	City Of Los Angeles - Dept. Of Recreation and Parks	06/05/2018	A motion to approve up to \$4,000 for the annu	General Operations Expenditure	Outreach	\$616.00	
	Subtotal: Outstanding	9				\$6139.95	

INVOICE LF



15121 Ventura Boulevard Sherman Oaks, California 91403

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

EMA!L: goodway@goodwayprintcopy.com

No. 41017

Date 5/14/2018

Customer FO. No.

103.75

103.75

SHIPPING

AMOUNT DUE

TOTAL

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

THANK YOU!

Jolie Salter (818) 699-2922

QUANTITY	DESCRIPTION	AMOUNT
25	Minutes, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 4 sheets, copied on 2 sides	19.25
50	25 Copy Machine Stapling agenda, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides	20.50
20	50 Copy Machine Stapling Monthly Expense, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 14 sheets, copied on 2 sides	51.40
20	20 Copy Machine Stapling Monthly Expense, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, copied on 2 sides	3.60
	KtraExport Goodway Print & Copy 15121 Ventura Blvd. Sherman Oaks, CA 91403 Phone: (818) 783-5172 Fax: (818) 783-8649 www.goodwayprintcopy.com Transaction: Sale Date: 5/14/2018 Time: 2:26:41 PM(EST) Invoice #: 41017 Customer #: 3 PO / Order #: na Card Type: Master Card Card Number: XXXXXXXXXXXX8480 Entry Method: Keyed Total Amount: 103.75 Authorization: Approved - 055647	
Taken by: Account Type PLEASE PAY		94.75 9.00

INVOICE LF



15121 Ventura Boulevard

Sherman Oaks, California 91403

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

EMA!L: goodway@goodwayprintcopy.com

No. 41035

Date 5/16/2018

Customer P.O. No.

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

JILL BARAD 818 990 4002 818 990 4066

QUANTITY		DESCRIPTION	AMOUNT
1	Ref: Agenda , 8.5 x 11 sheets, copied on 1 si	White 20# B-KP Copy Multipurpose SMOOTH, 50 de	4.50
Goodway Print & Copy	15121 Ventura Blvd. Sherman Oaks, CA 91403 Phone: (818) 783-5172 Fax: (818) 783-8649 www.goodwayprintcopy.com	Transaction: Sale Date: 5/16/2018 Time: 1:35.29 PM(EST) Invoice #: 41035 Customer #: 3 PO / Order #: na Card Type: Master Card Card Number: XXXXXXXXXXXX8480 Entry Method: Keyed Total Amount: 4.93 Authorization: Approved - 009596 Ref Note: Signature	I Agree to pay the above amount according to the card issuer agreement Thank You !
Taken by: Account Type:	: Charge Account FROM THIS INVOICE.	Ship Via: SUBTOTAL	4.50
THANK YOU!		TAX	0.45
		TOTAL	4.93

4500 VAN NUYS BLVD SHERMAN DAKS, CA 91403

Val #:000069-907086-551589-881177-197230-459

0764 044 0751 05/25/18 11:55

*** DUPLICATE RECEIPT ***

6091601 PKG LS01-13 STUFF SLEEVE LIGHT GREY 13	39.99
49.99 Was Price	+
10.00- Sale Discount	
Sales Tax 3.80	100.00
6188326 I3180-A361G	129.99
DELL INSPIRON 11/A6/32GB/EMMC	
199.99 Was Price	
70.00- Sale Discount	
Sales Tax 12.34	
6715977 CA RECYCLE	5.00
CA RECYCLE TIER 1	
Sales Tax 0.00	•
5801815 1YR ADH 100	29.99
1YR ADH 100-149.99 LAPTOP GSP	
GSP# 6048100429	
SKU# 6188326	,
Sales Tax 0.00	
30163 107 0.00	

Subtotal 204.97 Sales Tax 16.14

Total 221.11

*************8480 ChipRead USD\$ 221.11
MASTERCARD - MASTERCARD
CAPPS/THOMAS
Approval 093601
Verified By PIN

MODE: Issuer

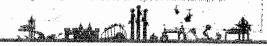
AID: A0000000041010

Other Savings: 80.00 Total Savings: 80.00

1

My Best Buy Member ID 2529896058

SERVICE AND SERVICE OPTIONS



Subway#1893-0 Phone 818-784-9804 15053 Ventura Blvd Sherman Daks, CA, 91403 Served by: SUPREET 5/14/2018 5:03:37 pm Term ID-Trans# 1/A-180794

Qty Size Item		Price
DATE TO THE SEASON OF THE SEASON AND THE		***************************************
1 3FT Gian	t Sub	48.00
-2 Tuna	GSSect	0.00
1 3FT Gian	t Sub	48.00
	t Beef GSSect	0.00
1 3FT Gian	t Sub	48.00
	ey GSSect	0.00
Sub Total		144.00
Total (Take Out)		144.00
Credit Card	a _a	144.00
Change		0.00
Approval No:	029066	
Reference No:	813500482621	
Card Issuer:	V	
Account No:	**********	0
Acquired:		•
	\$144.00	
AMOUTE:	Ψ144,00 (Conto	20 PM

Date/Time: 5/14/2018 5:03:37 PM

Signature:

I agree to pay above total amount according to the Card Issuer Agreement.



Bill-To Customer: 0342731-001

Sherman Oaks Neighborhood Cnl

Sherman Oaks, CA 91413

10795 Watson Road • St Louis, MO 63127 Phone: 800-876-5445 • Fax: 314-966-3472

Tom Capps

PO Box 5721

Routing: ACLSMITH

ORIGINAL INVOICE

Order Number: BO 1527164 Order Date: 05/25/18

Ship-To Customer: 0342731-001

Tom Capps
Sherman Oaks Neighborhood Cnl
PO Box 5721
Sherman Oaks, CA 91413

Order:1527164 Terms: THIS IS YOUR RECEIPT

--Line--

Typ Qty Bill_Date Product Description Unit Price Total Price

1 RT 1 06/22/18 WONDER WOMAN (2017) 550.00 550.00

Widescreen DVD

Planned Usage From: 06/30/18 to 06/30/18

For further information, please contact

Courtney Mach

at 1-800-876-5577

Item Subtotal: 550.00
Prepayment Amount: 550.00

BALANCE DUE: \$0.00

Please remit payment to: 2844 Paysphere Circle, Chicago, Illinois 60674

2018 Congress of Neighborhoods / EmpowerLA Awards / NC Budget Advocates Neighborhood Council Funding Support Statement

I, Jeffery Hartsough		President or Vice-Presid	
declare that I am the President or VP	of the Sherman Oak	s Neighborhood Coun	<u> </u>
Neighborhood Council (Neighborhoo	d Council) and that on <u>·</u>	July 10, 2017	(meeting
date), a Brown Act noticed public me	eting was held by the N	eighborhood Council witl	n a quorum
	rd members present and	•	•
```		and 1 (number	) Abstentions,
the Neighborhood Council approves	funding support for the t	following:	
✓ L.A. Congress of Neighborhoods	2018 event in the amou	nt of:	
* _{\$} 750.00 (A)		6 7	
and/or			
L.A. Congress of Neighborhoods	2018 — Networking/Emr	nowerl A Awards event in	the amount of
	2010 - Networking/Emp	OWEIEA AWards event in	tile amount on
	. •		
and/or			
✓ Neighborhood Council Budget Ad	vocates 2018 in the am	ount of:	
*\$_750.00 (C)			
. 1 500 00		· .	
\$ 1,500.00 Grand	Total (A) + (B) + (C)		
Therefore, the Neighborhood Counc Funding Program issue payment in the Department of Neighborhood Empovers	he aforementioned Tota	I amount from our checki	ng account to t
Marken	·	03-12-2019	<i>3</i> 2
Signature of President or VP		Date	

To request payment, the Neighborhood Council Treasurer must submit this completed form through the Funding System portal as the "Payment Request Document" and a respective Board Action Certification (BAC) form. Forms must be submitted no later than June 1, 2018 in order to be processed from current Fiscal Year available funds. Make check payable to:

"City of Los Angeles – Dept. of Neighborhood Empowerment" 200 N. Spring St. Suite 224, Los Angeles, CA 90012

^{*}Please indicate a specific monetary amount, i.e. statements such as "our unused funding for this fiscal year" will not be processed.

### Department of Neighborhood Empowerment **Funding Request Form** NC NAME: Sherman Oaks 2017-18 **Budget Fiscal Year:** Requestor: Tom Capps Treasurer Request Date: 10-Jul-17 Vendor: Budget Advocate - City of LA Meeting Date: 7/10/2017 Address: Agenda Item: Item 8V City: State: Zip Code: Phone: Operations Outreach NC Sponsored Event Neighborhood Purpose Grant \$750.00 Amount:\$ Contract / Lease Board Member Reimbursement ☐Community Improvement Project ☐Out of State ☐1099 Expense One Time Expense Monthly # of payments ☐ 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** Approve \$750 to Budget Advocates 2017-18 Budget Description 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** No Abstain *Recused Yes Absent Ineligible Babian, Avo Area 5 Business Banks Barad, Jill Area 6 Residential Baronian, Levon Area | 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 | Residential Marciniak, Richard Area 3 Community Interest 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 Sales, Kristin Area I Community Interest Lawrence, Tish Area 2 Business Steinberg, Sue Area 4 Business Ziff, Ron Area 6 Business Grand Total (including page 2): 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: Signer's Signature: Print/Type name: Tom Capps Print/Type name: Jeff Harsough Date (mm/dd/yy): Date (mm/dd/yy): 07-10-2017 CIP Advanced Payment Authorization Code -□ Approved □ Staff Initials □ ☐1st Level Department Use Only □>\$2,500 □NPG □Sponsored Event Denied 2nd Level

### 2018 Congress of Neighborhoods / EmpowerLA Awards / NC Budget Advocates Neighborhood Council Funding Support Statement

_{I,} Jeffery Hartsough	(President or Vice-President [VP]	name),
declare that I am the President or VP of the She	rman Oaks Neighborhood Council	
Neighborhood Council (Neighborhood Council) a	and that on July 10, 2017 (me	eting
date), a Brown Act noticed public meeting was he	eld by the Neighborhood Council with a quor	um
of 17 (number) board members	present and that by a vote of	
	mber) Nay, and 1 (number) Absten	itions,
the Neighborhood Council approves funding sup	port for the following:	
L.A. Congress of Neighborhoods 2018 event	in the amount of:	
* _{\$} 750.00 (A)	in the second	
and/or		
L.A. Congress of Neighborhoods 2018 – Netv	vorking/EmpowerLA Awards event in the amo	ount of:
*\$(B)		
and/or	. *	
✓ Neighborhood Council Budget Advocates 201	18 in the amount of:	
*\$750.00 (C)		
\$ 1,500.00 Grand Total (A) +	(B) + (C)	
Therefore, the Neighborhood Council requests the Funding Program issue payment in the aforement Department of Neighborhood Empowerment for	ntioned Total amount from our checking according	unt to the
Wharker	03-12-2018	
Signature of President or VP	Date	

To request payment, the Neighborhood Council Treasurer must submit this completed form through the Funding System portal as the "Payment Request Document" and a respective Board Action Certification (BAC) form. Forms must be submitted no later than June 1, 2018 in order to be processed from current Fiscal Year available funds. Make check payable to:

"City of Los Angeles – Dept. of Neighborhood Empowerment" 200 N. Spring St. Suite 224, Los Angeles, CA 90012

^{*}Please indicate a specific monetary amount, i.e. statements such as "our unused funding for this fiscal year" will not be processed.

### Department of Neighborhood Empowerment **Funding Request Form** NC NAME. Sherman Oaks **Budget Fiscal Year:** 2017-18 Requestor: Tom Capps Treasurer Request Date: 10-Jul-17 Vendor: LA Congress of Neiborhood Meeting Date: 7/10/2017 Address: Agenda Item: Item 8W City: State: NC Sponsored Event Zip Code: Phone: Operations [F]Outreach Neighborhood Purpose Grant ☐Contract / Lease \$750.00 Amount:S Board Member Reimbursement Community Improvement Project ☐Out of State ☐1099 Expense One Time Expense Monthly Multiple # of payments 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: Approve \$750 for the annual 2018 Annual LA Congress of Neighborhood event **Public Benefit** Description 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 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 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 Sales, Kristin Area I Community Interest Lawrence, Tish Area 2 Business Steinberg, Sue Area 4 Business Ziff, Ron Area 6 Business Grand Total (including page 2): NC Quorum: 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: Signer's Signature: Print/Type name: Tom Capps Print/Type name: Jeff Harsough Date (mm/dd/yy): Date (mm/dd/yy): 07-10-2017 □Approved Staff Initials T1st Level Authorization Code Department Use Only □>\$2,500 □NPG □Sponsored Event Denied 2nd Level

### **Neighborhood Council Funding Program APPLICATION** for Neighborhood Purposes Grant (NPG)





This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

SEC	TION I- APPLICANT INFORMATION			
4-1	Los Angeles Responsible Pit Bull Owners, Inc.	46-2563118	California	09/22/14
1a)	Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
1b)	16633 Ventura Boulevard, Suite 600	Encino	CA	91436
	Organization Mailing Address	City	State	Zip Code
1c)				
	Business Address (If different)	City	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:			
	Sammi Maon	(310) 382-00	79 sammi@	LARPBO.org
	Name	Phone	Email	
2)	Type of Organization- Please select one:  Public School (not to include private schools) Attach Signed letter on School Letterhead		n-Profit (other than religious Determination Letter	institutions)
3)	Name / Address of Affiliated Organization (if applic	cable) City	State	Zip Code

### SECTION II - PROJECT DESCRIPTION

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

The funds will benefit LAAS East Valley Animal Shelter animals to purchase:

- 1) Incubator for young animals.
- 2) Kennels for large dogs.
- 3) Monthly training for shelter volunteers and fosters for a year.
- 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)

Incubator and kennels will decrease euthanization of animals due to no room/space for the animals. This is in alignment to Los Angeles' goal of becoming a no-kill city.

The monthly training will ensure that the East Valley Animal Shelter volunteers and fosters have the necessary dog handling skills, as well as obedience training. They will have the tools to consistently train the dogs to have a better chance of being adopted/rescued. A well-trained dog will also likely remain home and not returned. The training will also boost their confidence to handle all dogs of varying sizes and temperament.

CTIC	ON III - PROJECT BUDGET OUTLINE y also provide the Budget Outline on	a conarato choot if nococ	eant or romines		
	Personnel Related Expenses			ted of NC	Total Projected Cos
			ŝ		ŝ
<b> </b>			- İs		\$
			\$		\$
	Non-Personnel Related Expenses		Reques	ted of NC	Total Projected Cos
' ř	Incubato	7	\$2,000.0	Section See See See Section 11 Se	\$\$2,000.00
ŀ	3 kennels		\$900.00		\$ 900.00
r	Monthly dog handling and obed	ience training for a year	\$600.00		\$600.00
ls th	e you (applicant) applied to any othe  No	ase list names of NCs: _ ogram or purpose desci	ribed in Questi	on 4 conting	
	rces or runding? (including NPG app Source of Funding	oncations to other NCS)	Amount		Total Projected Cost
٦	Cut of Milding		S S	** \$5.00 C.T. (ABLEA)	\$
F	· · · · · · · · · · · · · · · · · · ·		\$		\$
			\$		\$
	ON IV - POTENTIAL CONFLICTS OF		a i roject oonij	pietion Repo	mpletion Date: 4 /3 rt to the Neighborhoo
CII(	ON IV - POTENTIAL CONFLICTS OF o you (applicant) have a current or fo	INTEREST			
CTI(	ON IV - POTENTIAL CONFLICTS OF o you (applicant) have a current or fo	INTEREST ormer relationship with a	a Board Membe	er of the NC1	
CTI(	ON IV - POTENTIAL CONFLICTS OF o you (applicant) have a current or fo	INTEREST ormer relationship with a	a Board Membe	er of the NC1	}
CTI(	ON IV - POTENTIAL CONFLICTS OF o you (applicant) have a current or fo	INTEREST ormer relationship with a	a Board Membe	er of the NC1	}
B) If y	ON IV - POTENTIAL CONFLICTS OF  you (applicant) have a current or for  No ☐ Yes If Yes, plea  ame of NC Board Member  yes, did you request that the board if  Yes ☐ No *(Please note that if  participates in the discussion and  rant in its entirety.)	ormer relationship with a se describe below:  member consult the Offi a Board Member of the describe NPG,	a Board Members	er of the NC1 Relationship Attorney befonflict of int	to Applicant ore filing this applicaterst and completes
Na N	ON IV - POTENTIAL CONFLICTS OF  you (applicant) have a current or for No Yes If Yes, plea ame of NC Board Member  yes, did you request that the board if Yes No *(Please note that if yearticipates in the discussion an	INTEREST  primer relationship with a see describe below:  member consult the Offit a Board Member of the divoting of this NPG,  URE  pwledge, the informationat I have read the do at the proposed project of interest exist current Board Member are grant received is not the proposed by the proposed project of interest exist current Board Member are grant received is not the proposed project of interest exist current Board Member are grant received is not the proposed project of interest exist current Board Member are grant received is not the proposed project of the project of the proposed project of the project of the project of the project of the proposed project of the pro	ice of the City one NC has a country on provided he cuments "What (s) and/or provided prof the Neighbot used in acc	er of the NC1 Relationship Attorney befonflict of integram erein and conat is a Public ordance with	to Applicant  ore filing this applicate erest and completes will deny the payment of the payment of the payment of the Neiguncil to whom I am s
Na N	on IV - POTENTIAL CONFLICTS OF  you (applicant) have a current or for No Yes If Yes, plea ame of NC Board Member  yes, did you request that the board of Yes No *(Please note that is participates in the discussion and rant in its entirety.)  ON V - DECLARATION AND SIGNATION by affirm that, to the best of my know curately stated. I further affirm the ter of this application and affirm the ter project/program and that no consess Grant. I affirm that I am not a consideration. I further affirm that if the	member consult the Offif a Board Member of the voting of this NPG,  URE  owledge, the informationat I have read the do at the proposed project of interest exist current Board Member are grant received is not immediately to the Ne	ice of the City one NC has a country on provided he ocuments "What (s) and/or provided professional of the Neighbot used in accighborhood City of the	Relationship  Attorney befonflict of integral and conat is a Public or and is a Public or	to Applicant  ore filing this applicate erest and completes will deny the payment of the payment of the payment of the Neiguncil to whom I am s
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Na Documents of the control of the c	oyou (applicant) have a current or for No  Yes	primer relationship with a se describe below:  member consult the Offif a Board Member of the divoting of this NPG.  URE  powledge, the information at I have read the docat the proposed project of interest exist current Board Member are grant received is not immediately to the Newporation or School Prince	ice of the City one NC has a course NC Funding on provided herouments "What (s) and/or provided professed in accigniborhood Cicipal - REQUITED TO THE COURS OF TH	Relationship  Attorney befonflict of integral and conat is a Public or and is a Public or	to Applicant  ore filing this applicate erest and completes will deny the payment of the payment of the Neiguncil to whom I am shift the terms of the a
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* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form

### Lyon ProCare Neo-Natal Intensive Care Unit

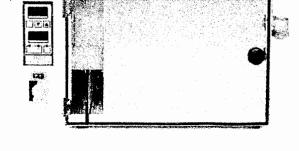
Specifically designed for neo-natal applications where even smaller spaces are required than a standard small unit, the new neo-natal unit has additional features added.

Designed and field tested with health care Professionals, this unit is uniquely sized with a unique swing door with tighter sealing for superior heat retention. It includes an integrated specially sized quick dose nebulizer bottle fitted for a standard compressor or O2 line.

The door also has a security enhanced two action release to insure against accidental openings.

Equipped with the same high quality removable control module as Lyon's bigger ICU's there is no learning curve as it still has the same easy to use functions.

Visual and audible heat and humidity alarms, temperature control to +/- 1.75 °, humidity maintained with adjustable vents and a removable water tray, air filtering system with easily detachable electronics for quick immersion cleaning and disinfecting of patient area make this neo-natal sized powerhouse the latest in the Lyon ProCare ICU Family.



Unit Shown ICU 912-102

\$1600.00

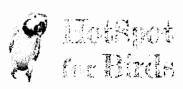
### STANDARD FEATURES

- · Special sized for neo-natal applications
- Integrated specially sized medicine reservoir nebulizer bottle
- · Compressor or facility oxygen connection for nebulizing
- Unique door design for heat retention and containment
- Temperature Display, Monitoring, Control and Alarm
- Relative Humidity Display, Monitoring and Alarm
- Removable Control Module for easy service and cleaning
- Removable, Cleanable, Electrostatic Air Filter
- · Removable Water Tray for Humidity Control
- · Secure "Denning" Environment for Patient
- Stainless Steel Venting and IV Tube Access
- Powder Coated All Metal Construction
- Made in the USA
- 2 Year Warranty

Characteristic	Dimensions
Overall Width, Height, Depth	23 1/2 x 13 1/4 x 13 1/4
Interior Width, Height, Depth	15 x 12 1/2 x 12 3/4
Temperature Range	Ambient to 100° F
Temperature Stability	+/- 1.75°
Voltage	120 VAC

All dimensions are in inches

Specifications subject to change without notice.



(888)246-8776

Email: getinfo@hotspot4birds.com Website: http://www.hotspot4birds.com Date: SEP 2 2 2014

LARPBO LOS ANGELES RESPONSIBLE PIT BULL OWNERS INC 16633 VENTURA BLVD STE 600 ENCINO, CA 91436 Employer Identification Number: 46-2563118 DT.N. 17053128336014 Contact Person: CUSTOMER SERVICE ID# 31954 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 509(a)(2) Form 990 Required: Yes Effective Date of Exemption: February 21, 2013 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.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Director, Exempt Organizations

		***************************************	***************************************		:			
Office of the City Clerk							$\sim \Lambda$	
Administrative Services Division						i i		
Neighborhood Council (NC) Funding Prog	ram							
Board Action Certification Form NC Name: Sherman Oaks			Meeting Date:	April 09 2018				
Budget Fiscal Year: 2017-2018			Agenda Item No					
Board Motion and/or Public Benefit			hood purposes grant request by the Los Angeles Responsible Pit Bull					
Statement (CIP and NPG):	Owners (a 501.3.c no	n-profit) for	r up to \$2,600 for purchase of an incubator (\$2,000)and classes for ills to mitigate and reduce these animals being euthanized (\$600)					
Method of Payment: (Select One)	Check Check		☐ Credit Card		☐ Board	l Member Reimb	ursement	
Recused Boardmembers	nust leave the room prior to	Vote o any discussio		eturn to the room	until after the	vote is complete		
Board Member First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused	
Babian, Avo	Area 5 Business	Х						
Banks-Barad, Jill	Area 6 Residential	×						
Baronian, Levon	Area 1 Business	X						
Binkow, Michael	Area 7 Residential	X						
Capps, Tom	Area 2 Residential	×						
Hartsough, Jeffrey	Area 2 Community	Х	1		-			
Kalban, Jeffrey	Area 7 Community	X	***************************************				***************************************	
Katchen, Howard	Area 3 Residential	Х						
Lax, Sidonia	Area 4 Community	X					······	
Marciniak, Richard	Area 3 Community	X						
Mernard, Melissa	Area 6 Community	X		<u> </u>				
Morozov, Rafael	Area 3 Business				X			
Petrus, Lisa	Area 4 Residential	- <del>X-</del>		-	×	C to consider the factor of th		
Revord, Sherri	Area 5 Community	X			***************************************			
Roden, Neal	Area 7 Business	X		***************************************		<u> </u>		
Ross, Garrett	Area 1 Residential	X						
Sales, Kristin	Area 1 Community				х	<u> </u>		
Steinberg, Sue	Area 4 Business							
Ziff, Ron	Area 6 Business	X						
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We, the Treasurer and the Second Signer and that a public meeting was held in acc								
compliant public meeting was need in acc			with the goode a	an abhi exen nà	*			
Treasure Signs Thomas (	apps		Second Signer's	s Signature	W	alsoul		
Print/Type Name: Tom Capps	7 7	Microsophia (1974)	<del></del>	ne: Jeff Har	tsough			
11. 10 . 20	18	M. Marie C. (1997)	4	***************************************		10-2018		
Date: 7 10 20	, 0		Date:		V ~ ~	· 0 0 · 0		

### **Neighborhood Council Funding Program**

### **APPLICATION for Neighborhood Purposes Grant (NPG)**





This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

ame	of NC from which you are seeking this grant	: She	erman Oaks	S		
SEC	TION I- APPLICANT INFORMATION					
4 - \	Southern California Preparedness Foundation	n 47	7-2811120	CA		01/21/2015
1a)	Organization Name Search for us in the Funding Porta	Fed al	leral I.D. # (EIN#)	State of I	ncorporation	Date of 501(c)(3) Status (if applicable)
1b)	19300 Rinaldi St. Unit 7333	N	orthridge		CA	91327-8818
	Organization Mailing Address	City	/		State	Zip Code
1c)						
	Business Address (If different)	City	/		State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
	William (Bill) Hopkins, Jr.	818-	835-5384	Bill.l	Hopkins@	SoCalPrep.us
	Name	PI	none		Email	
2)	Type of Organization- Please select one: ☐ Public School (not to include private schools) Attach Signed letter on School Letterhead	or	501(c)(3) Non Attach IRS D			institutions)
3)	Name / Address of Affiliated Organization (if appl	icable)	City		State	Zip Code

### SECTION II - PROJECT DESCRIPTION

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

Participation in the 11th Annual Valley Disaster Preparedness Fair on Saturday, September 29, 2018, sponsored by the Southern California Preparedness Foundation. A 10ft x10ft space will be provided to the neighborhood council for Outreach operations. Neighborhood Council name, meeting location, and website address will appear on the event flyer and Fair website (www.ValleyDisasterFair.com). Neighborhood Council participation and information may also appear on various additional Fair promotional materials. Family registration information is requested of Fair attendees, and to the extent it is obtained, will be provided to participating neighborhood councils to assist with NC Outreach efforts. Venue is ADA compliant.

5) How will this grant be used to primarily support or serve a public purpose and benefit the public at-large. (Grants cannot be used as rewards or prizes for individuals)

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

PAGE 1 NCFP 107

Personnel Related Expenses	Requested of NO	Total Projected Cos
	\$	\$
	\$	\$
	\$	\$
Non-Personnel Related Expenses	Requested of NO	Total Projected Cos
Supplies, services, and rentals for Annual Valley Disaster Prepa		\$49,000.00
Supplies, services, and remais for Armual Valley Disaster Prepa	\$	\$
	\$	\$
ave you (applicant) applied to any other Neighborhood  No Yes If Yes, please list names of		this project?
the implementation of this specific program or purpose ources or funding? (Including NPG applications to other	e described in Question 4 conf	tingent on any other fact Yes, please describe:
Source of Funding	Amount	Total Projected Cos
	\$	\$
	\$	\$
	\$	\$
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* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form

Signature

Title

**PRINT Name** 

## Save The New Date

11th Annual

### VALLEY DISASTER PREPAREDNESS FAIR



Saturday, September 29, 2018 9:00 am – 1:30 pm QUESTIONS? INFO@VALLEYDISASTERFAIR.COM

Online Registration opens July 1 • REGISTRATION ALSO AVAILABLE AT THE FAIR

Northridge Fashion Center—Pacific Theaters Parking Lot

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

SPECIAL APPRECIATION TO NORTHRIDGE FASHION CENTER AND GENERAL GROWTH PROPERTIES, INC.

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

### Some Fair Highlights:

- Family friendly & ADA accessible
- Free admission, lunch* & parking
- Free Family EP Starter Kits*
- Free child ID
- Exhibits & displays
- CERT demos and info
- Special events
- Learn Sidewalk CPR
- Demonstrations
- Pet safety & preparedness
- American Red Cross
- Children's Safety Puppet Show
- Disaster Response Agencies
- Shakey-Quakey Schoolhouse
- Dutch oven & solar oven cooking
- Neighborhood Council representatives
- Map Your Neighborhood (MYN)
- Drawings for EP and specialty items
- Ham radio station K6D. Talk-in: 145.570 mHz
- "Jaws of Life" vehicle extrication demo
- Send a Radiogram to your out-of-state contact[‡]
- And so much more!

### Online Fair Registration

Present your emailed Voucher (starting July 1) to any **Pre-Registered Check-in Station** for a quick scan.

### Speaker Series at the Fair

An exciting lineup of five 30-minute talks on diverse preparedness topics.

### **Cedars-Sinai Bloodmobile**

Give the gift of life. Donors may enter

the Fair for donor screening and Fair Check-in starting at 8:15 am.

Ham Radio Exams[†] for new and license upgrades at 11:00 am, sponsored by <u>ARES NW</u>.

**Solar Powered** by LA Department of Water & Power's mobile Solar Power System.

Social Media





**Southern California Preparedness Foundation** is on Facebook. On Twitter, we're @SoCalPrepUS. "Follow" and "like" us to stay informed of our efforts with the Fair, MYN, and CERT.

We need your help with: Kit Prep, Registration, Set-up, Take-down, Promotion, Volunteering, & more! Info@ValleyDisasterFair.com

### For photos, videos, and more, please visit <a href="www.ValleyDisasterFair.com">www.ValleyDisasterFair.com</a>

This annual event is managed and produced by www.SoCalPrep.us Info@SoCalPrep.us Ph: 818-835-5384



Southern
California
Preparedness
Foundation
A 501(c)(3) nonprofit





Supported by Los Angeles
Neighborhood Councils,
Councilmember Mitchell Englander,
County Supervisor Kathryn Barger,
with Federal, State, County, and
City agency participation.

*While supplies last. EP kits to registered families. Events, exhibitors, and features subject to availability and may change. [†]ARRL exam Fee: \$15 Be sure to have your out-of-state contact's full name, complete address, and phone number with area code.



January 31, 2018

### To Whom It May Concern:

Re: Neighborhood Purposes Grant Request by Southern California Preparedness Foundation in Support of the 11th Annual Valley Disaster Preparedness Fair

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

Name	Foundation Position	Neighborhood Council		
William J. Hopkins, Jr.	President and Director	Granada Hills North board member		
Dave Brown	Logistics and Director	North Hills West board member		
Linda M. Pruett	Corporate Secretary and Director	Lake Balboa board member		
Theodore C. Snyder	Treasurer and Director	Not a board member of any Los Angeles Neighborhood council		

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

Sincerely,

William J. Hopkins, Jr. President and Director INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: JAN 2 1 2015

SOUTHERN CALIFORNIA PREPAREDNESS FOUNDATION 19300 RINALDI ST UNIT 7333 NORTHRIDGE, CA 91327-8818 Employer Identification Number: 47-2811120 26053420004015 Contact Person: ID# 31954 CUSTOMER SERVICE Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990/990-EZ/990-N Required: Effective Date of Exemption: December 29, 2014 Contribution Deductibility: Yes Addendum Applies: No

### Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

### SOUTHERN CALIFORNIA PREPAREDNESS

Sincerely,

Director, Exempt Organizations

Office of the City Clerk		***************************************					30 <b>(</b> )
Administrative Services Division							^ <b>                                    </b>
Neighborhood Council (NC) Funding Prog	gram					5	4
Board Action Certification Form							Calman
NC Name: Sherman Oaks		······································	Meeting Date:			<b></b>	······
Budget Fiscal Year: 2017-2018			Agenda Item N	o: 9-E		······	
Board Motion and/or Public Benefit Statement (CIP and NPG);	A motion from the grant request by the to \$850 by for the	he South	ern Californ	ia Disaster l	Preparedne	ess Founda	tion for up
Method of Payment: (Select One)	☐ Check	Masa	Credit Card		□ Boars	d Member Reimb	ursement
Recused Boardmembers	must leave the room prior to			eturn to the roor	n until after the	vote is complete	
Board Member First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Babian, Avo	Area 5 Business	Х					
Banks-Barad, Jill	Area 6 Residential	Х					
Baronian, Levon	Area 1 Business	Х					
Binkow, Michael	Area 7 Residential	Х					
Capps, Tom	Area 2 Residential	X					
Hartsough, Jeffrey	Area 2 Community	×					
Kalban, Jeffrey	Area 7 Community	Х					de la company de
Katchen, Howard	Area 3 Residential	Х					<b>*</b>
Lax, Sidonia	Area 4 Community	X					
Marciniak, Richard	Area 3 Community	X					
Mernard, Melissa	Area 6 Community	×		1			
Morozov, Rafael	Area 3 Business				×		
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Revord, Sherri	Area 5 Community	×	-	-	<u> </u>	2	
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Sales, Kristin	Area 1 Community			***************************************	<u> </u>		<u> </u>
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Please remit payment to: LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Billing inquiries: **631.370.7433** 

### INVOICE

You may pay by ACH/wire to: Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

**Credit Cards Accepted** 







Attention of: Tom Capps,

BILL TO:

SHERMAN OAKS NEIGHBORHOOD COUNCIL

P.O. BOX 5721

SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
04/08/2018	402957	1	117247	Due Upon Recei	pt	
PERIOD	DESCRIPTION & E	MPLOYEE		HOURS	RATE	AMOUNT
04/02/18-04/08/18	EXASST	Salter, Jolie A		5.00	21.85	\$109.25
				-		
Thank you for your part in our	Placements with a Purpose program. JDRF with a donation to help fight dial	Every placement	PAY THIS	AMOUNT >	TOTAL	\$109.25

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# EMPLOYEE INFORMATION

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OVERTIME
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you are assigned. When working a full day, the law requires a framiunch hour will be determined by your supervisor to whom こうにいるないないのである。

# ABSENCES - LATENESS Call us immediately if you must be absent or late, Do not call the clout, LLOYD STAFFERS will call the clout.

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Please remit payment to: LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Billing inquiries: **631.370.7433**  INVOICE

You may pay by ACH/wire to: Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

**Crodit Cards Accepted** 









Attention of: Tom Capps,

BILL TO:

SHERMAN OAKS NEIGHBORHOOD COUNCIL

P.O. BOX 5721

SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

generated by LLoyd supports JDRF with a donation to help fight diabetes.

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
04/15/2018	403162	1	117247	Due Upon Receip	ot	
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04/09/18-04/15/18	EXASST	Salter, Jolie A		10.00	21.85	\$218.50
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Thank you for your part in our F	Placements with a Purpose program. DRF with a donation to help fight dia	. Every placement	PAY THIS A	MOUNT >	TOTAL	\$218.50

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# EMPLOYEE INFORMATION

To avoid delays be sure limesheets are completely filled out. This includes required signatures by yourself and authorized representative of the cient.

## OVERTIME

You are permitted to work overline only with the nequest and approval of the client. Approval must be obtained from us by the client. WORK WEEK, Work in excess of (40), knty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.

Your kinch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of Jucch.

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to the Human Resources office at LLCyd.

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## TRAINING

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# TERMS & COMMITTIONS PORTLOYD STAFFING

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## Department of Neighborhood Empowerment Funding Request Form

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Please remit payment to: LLoyd Staffing, Inc. PO Box 780994 Philadelphia, PA 19178-0994

Billing inquiries: **631.370.7433** 

### INVOICE

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**Gredit Cards Accepted** 









Attention of: Tom Capps,

**BILL TO:** 

SHERMAN OAKS NEIGHBORHOOD COUNCIL

P.O. BOX 5721

SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
04/29/2018	403325	1	117247	Due Upon Receipt	t	
PERIOD	DESCRIPTION	& EMPLOYEE		HOURS	RATE	AMOUNT
04/23/18-04/29/18	EXASST	Salter, Jolie A		2.00	21.85	\$43.70
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The client. WORK WEEK, Work in excess of (40) brity hours in You are permitted to work overtime only with the request and approval of the client. Approval must be cotallied from us by a verk week (Menday-Sunday) will be paid at one and one-half (1-1/2) your regular rate

you are assigned. When working a full day, the law requires a Your lunch hour will be determined by your supervisor to whom THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF TH

# ABSENCES - LATENESS

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## ON-THE-JOB SAFETY

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## THAINING

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## Department of Neighborhood Empowerment Funding Request Form

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CUSTOMER NUMBER 8607823 INVOICE DATE

05/01/2018

Page 1 of 1

Bill-To Customer:

SHERMAN OAKS NO PO BOX 5721 SHERMAN OAKS, CA 91413-5721

1737 T8 P1

### Ու[Ովլո]ի Արևի հերագրանի հայարի հերակի հինդի հինդի հերակինին

Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
8607823	05/01/2018 05/31/2018	05/30/2018	\$15.26	\$15.26	\$.00	\$15.26	\$15.26

Payments - Thank You Description of Current Charges & Credits UM Standard-Discount Rate 8185032399

May service

04/24/2018

Unit Price

\$14.00

Qty \$14.00

\$1.26

**CUSTOMER NUMBER** 8607823 INVOICE NUMBER 7369727 DUE DATE AMOUNT PAID 05/30/2018

City Utility Users Tax

Please detach & enclose with payment



REMIT TO:

AT&T MESSAGING PO BOX 840486 DALLAS, TX 75284-0488

SHERMAN OAKS, CA 91413-5721

SHERMAN OAKS NO

PO BOX 5721

01001 8607823000000000001526

### Department of Neighborhood Empowerment **Funding Request Form** NC NAME: Sherman Oaks **Budget Fiscal Year:** 2017-18 Requestor: Tom Capps Treasurer Request Date: 10-Jul-17 Vendor: Meeting Date: 7/10/2017 Address: Agenda Item: Item 8F City: State: CA Operations ☐ Outreach □NC Sponsored Event Zip Code: Phone: Neighborhood Purpose Grant Contract / Lease Board Member Reimbursement Amount:\$ Up to \$200.00 Community Improvement Project **⊡**Out of State ☐1099 Expense One Time Expense Monthly Multiple # of payments __ 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: Approve up to \$200 to pay AT&T for SONC Voice Mail messaging service during Fiscal Year 2017-2018 Public Benefit Description 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 | Residential Marciniak, Richard Area 3 Community Interest 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 Sales, Kristin Area 1 Community Interest Lawrence, Tish Area 2 Business Steinberg, Sue Area 4 Business Ziff, Ron Area 6 Business Grand Total (including page 2): NC Quorum: 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: Signer's Signature: Print/Type name: Tom Capps Print/Type name: Jeff Harsough Date (mm/dd/yy): Date (mm/dd/yy): □ Approved Staff Initials Tist Level Authorization Code Department Use Only □>\$2,500 □NPG □Sponsored Event Denied 2nd Level

### Invoice

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

Date	Invoice #	Due Date		
5/1/2018	16591	5/1/2018		

Bill To

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

		P.O. No.	Terms	Project
Quantity	Description		Rate	Amount
	Monthly Maintenance: includes up to 1 hour for; web development, requests, & website adjustme		99.00	99.00
1	Email accounts (2 included) Total 3 for shermanoaksnc.org		3.50	3.50
0	Monthly Hosting for shermanoaksnc.org (Includded in maintenance)		15.00	0.00
Please remit p	payment at your earliest convenience.		Total	\$102.50
Thank you for	your business!			Ψ. σ2.σσ
			Payments/Cre	edits \$0.00
			Balance Due	\$102.50

# Department of Neighborhood Empowerment Funding Request Form



	Sherman Oaks				Tom Count To		
Budget Fiscal Year: Request Date: 10-Jul-17	2017-18		Requestor: Vendor:	-	Tom Capps Tr The Web C		
Request Date: 10-Jul-17 Meeting Date: 7/10/2017			Address:		THE WED C	orner	
Agenda Item:	Item 8E		City:		State	e:	
	ponsored Event Neighborhood Purpo	se Grant	Zip Code:				
□Contract / Lease □Board Member			Amount:	\$	Up to \$1		
□Out of State □1099 Expense		□Multip	ole # of payn	ments			
f a bank card exemption of the da	ily \$1,000 limit is required for this re	quest,					
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		AND RESERVE	Company (V)		THE 25 CO.		
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*Recused-Boardmember n	nust leave the room prior to any discu	ssion and ma	ay not return t	to the room u	intil after the v	ote is comple	eted.
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	2				×	
Menard, Melissa	Area 6 Community Interest	V					
Morozov, Rafael	Area 3 Business	/					
Petrus, Lisa	Area 4 Residential	/					
Revord, Sherri	Area 5 Community Interest	1					
Rođen, Neal	Area 7 Business	-		X			
Sales, Kristin	Area 1 Community Interest	1					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business	-				X	
Ziff, Ron	Area 6 Business	V					
NC Quorum: 11	Grand Total (including page 2):	16				3	
We, the Treasurer and Signer of the	above indicated Council, declare that nce with the Brown Act, where with a c	uorum of Bo	ard Members	present, the	Council approv	ed the above	action.
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public meeting was held in accordar Once the Department approves a Fi	Jom Capps	nent will tran	Signer's S	Signature:	1	Marting	

BOARD MEMBER REIMBURSEMENT - M. Menard SONC Public Safety Committee Meeting - Charge by Restaurant for use of Space. Original Public Room at SO Adult Center Not Available.



## **Transactions**

03/28

Transaction Date	Po <b>sting</b> Date	Description	Reference Number	Account Number	Amount	Total
		Payments and Other Credits				
		TOTAL PAYMENTS AND OTHER CRE	DITS FOR THIS PERIOD			
		Purchases and Adjustments				

3984

7783

TOTAL PURCHASES AND ADJUSTMENTS FOR THIS PERIOD

CORKY'S RESTAURANT & THE SHERMAN OAKS CA

## Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate	Promotional Transaction Type	Promotional Offer <b>I</b> D	Promotional Rate End Date	Balance Subject to Interest	Interest Charges by Transaction

## Important Messages

Please read about important amendment(s) to your Credit Card Agreement and/or notices for your account on the enclosed Important Information page.

## CITY OF LOS ANGELES

**C**ALIFORNIA



## SHERMAN OAKS NEIGHBORHOOD COUNCIL

P O Box 5721 Sherman Oaks, CA 91413 (818) 503-2399 www.shermanoaksnc.org

877.ASK.LAPD

**Committee Members:** 

Melissa Menard, Co – Chair Kristin Sales, Co – Chair

Meghan Horan Loren Naiman Barbara McDermott Brandon Pender (Alt.) Carolyn Casavan (Alt.)

# Sherman Oaks Neighborhood Council Public Safety Committee Meeting

MONDAY, MARCH 26th, 2018 6:30pm Corky's Restaurant 5043 Van Nuys Blvd Sherman Oaks, CA 91403

The public is requested to fill out a "Speaker Card" to address the Board on any item of the agenda prior to the Board taking action on an item. Comments from the public on Agenda items will be heard only when the respective item is being considered. Comments from the public on other matters not appearing on the Agenda that is within the Board's subject matter jurisdiction will be heard during the Public Comment period. Public comment is limited to 2 minutes per speaker, unless waived by the presiding officer of the Board. The chair reserves the right to change the amount of time given to speakers depending on circumstances. As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and upon request, will provide reasonable accommodation to ensure equal access to its programs, services, and activities. Sign language interpreters, assistive listening devices, or other auxiliary aids and/or services may be provided upon request. Reports and other committee reference materials may be seen on our website under each committee's meeting agenda. Agendas are posted publicly in the window of the Sherman Oaks Branch Library 14245 Moorpark Street, Sherman Oaks 91423. Printed copies of board and committee agendas can be obtained by sending a written public records request after the document has been published to PO Box 5721, Sherman Oaks 91413. A check for \$1 plus 10 cents per page plus 49 cents postage made out to the City of Los Angeles must be included with the request. If additional payment is required, you will be notified. For information on the s process for board action reconsideration, stakeholder grievance policy, or any other procedural matters related to this Council, please consult the Sherman Oaks Neighborhood Council Bylaws. The Bylaws are available at our Board meetings and our website www.shermanoaksnc.org. Requests must be made within a reasonable time to the telephone number above or to the "contact us" at the website above.

### **AGENDA**

- 1. Call to Order by Melissa Menard, Co Chair
- 2. Roll Call
- 3. Approve Meeting Minutes from February 26th, 2018
- 4. Introduction of Committee Members, LAPD, elected officials and staff
  - a. Crime Stats, Questions and Answers specifically directed to them
- Public Forum: comments by the public on non-agenda items within the Committee's jurisdiction
- 6. Chair's Report
  - a. On March 12, SONC Board passed the PS Resolution on Gun Violence.
    - i. Resolution signed by PS Chairs and Board President then mailed to all elected local, state and federal officials.
  - b. Mayor's Neighborhood Resiliency Event on March 2nd
  - c. Map Your Neighborhood Training on Sunday, May 6th at 10am location TBD
  - d. Join members of the LA Police Commission for a Community Meeting, Tuesday, April 3rd at 6:30pm at Friendship Auditorium: 3201 Riverside Dr, LA 90027
- 7. Discussion and possible Action items:
  - a. Old Business
    - Review and discuss the Public Safety Survey for Stakeholders of Sherman Oaks.
      - Discuss logistics of timing, collection, results and implementation of data received.
      - Possible ACTION ITEM: The SONC Public Safety Committee requests that the Public Safety Survey is distributed by the Board to stakeholders of Sherman Oaks.

- b. New Business Possible ACTION ITEMS
  - Discussion and possible MOTION: The Resolution of the Sherman Oaks neighborhood council supporting the reducing crime and keeping California safe act of 2018
    - 1. Presentation by Loren Naiman (15 minutes)
- 8. City Council's Public Safety Committee Report by Meghan Horan
  - a. Matters that impact various communities including Sherman Oaks
  - b. Items pertaining to Sherman Oaks and possible action items
- 9. CPAB (Community Police Advisory Board) Report & Crime Map Review by Loren Naiman
- 10. Announcements from the Committee on subject matters within SONC's jurisdiction
  - SAVE THE DATE: Map Your Neighborhood Training on Sunday, May 6th at 10am location TBD
  - b. SAVE THE DATE: Saturday, September 29th 2018 from 9:30a to 1:30p is the Valley Disaster Preparedness Fair. See flier for specific details
  - c. Next SONC Board Meeting; Monday, April 9th 2018 at the Sherman Oaks Elementary Auditorium
  - d. Next Public Safety Meeting; Monday, April 23rd, 2018 at Sherman Oaks East Valley Adult Center
- 11. Adjourn

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Office of the City Clerk				Ne Sp.			garden (1			
Administrative Services Division						्व अ अ				
Neighborhood Council (NC) Funding Prog	gram					•	TETES			
Board Action Certification Form  NC Name: Sherman Oaks			Meeting Date: May 14, 2018							
Budget Fiscal Year: 2017-2018			Agenda Item No: 10-F							
Board Motion and/or Public Benefit Statement (CIP and NPG):	A motion to approfor room rental ch Reserved room a	arges by	rd member r Corky's rest	eimbursem aurant for t	he April Pu Adu <u>l</u> t Cent	blic Safety er was not a	Meeting. available.			
Method of Payment: (Select One)	☐ Check	This section is the factories	☐ Credit Card		☐ Board	d Member Reimb	ursement			
Recused Boardmembers r	nust leave the room prior to	Vidia Strain St	Count ion and may not re	eturn to the roo	until after the	vote is complete				
Board Member First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused			
Babian, Avo	Area 5 Business									
Banks-Barad, Jill	Area 6 Residential		1							
Baronian, Levon	Area 1 Business		1,1		X					
Binkow, Michael	Area 7 Residential	V/_			. 1					
Capps, Tom	Area 2 Residential									
Hartsough, Jeffrey	Area 2 Community	·/								
Kalban, Jeffrey	Area 7 Community	V								
Katchen, Howard	Area 3 Residential		. 4	***5	.*					
Lax, Sidonia	Area 4 Community	·/								
Marciniak, Richard	Area 3 Community				X					
Mernard, Melissa	Area 6 Community	V.		2						
Morozov, Rafael	Area 3 Business	V/ .								
Petrus, Lisa	Area 4 Residential									
Revord, Sherri	Area 5 Community									
Roden, Neal	Area 7 Business	ςύκ.			X					
Ross, Garrett	Area 1 Residential				X					
Sales, Kristin	Area 1 Community	1								
Steinberg, Sue	Area 4 Business	,.	ŧ		X					
Ziff, Ron	Area 6 Business	1/								
VACANT	Area 2 Business									
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2										
11	7-1-1	14	6	(A)	5					
Quorum: ¹¹ We, the Treasurer and the Second Signer	of the above named Neighb	orhood Coun	cil, declare that the	e information pre	esented on this f	orm is accurate a	nd complete,			
and that a public meeting was held in accompliant public meeting where a quoru	cordance with all laws, policion									
Treasurer's Sign Ann M	Capps	,	Second Signer's		What	soul				
Print/Type Name: Tom Capps Date:			Print/Type Nam	_{ne:} Jeff Har						
Date: 5-14	18		Date:		05-14-	2018				





"Creating a Better Future for Our Community through Advocacy, Mentorship and Education"

April 1, 2018

Sherman Oaks Neighborhood Council P.O. Box 5721 Sherman Oaks, Ca. 91413

Re: Neighborhood Purposes Grant

Board Meeting: April 9, 2018

Dear Sherman Oaks Neighborhood Council,

Please find attached our application for a Neighborhood Purposes Grant to be used to support the Teen Court program.

It is our desire to bring this request to the attention of your board for consideration at your Board meeting on April 9th.

If this is the incorrect procedure, please inform me of the correct procedure by email.

We look forward to providing information to you about this program that is providing services to your Neighborhood Council area.

If there is any more information you need or if you have any other questions or comments please do not hesitate to contact me. My cell phone number is 818-943-0163 and my email address is <a href="mailto:SeymourAmster.pesa@gmail.com">SeymourAmster.pesa@gmail.com</a>.

Sincerely,

Seymour I. Amster

Executive Director of PESA

# 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

Parents, Teachers/Educators & Students in Action (PESA)	46-2694430	CALIFORNIA	12/01/13
Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicat
18017 CHATSWORTH ST. #337	GRANADA HILLS	CA	91344
Organization Mailing Address	City	State	Zip Code
8727 VAN NUYS BLVD. #2	GRANADA HILLS	CA	91402
Business Address (If different)	City	State	Zip Code
PRIMARY CONTACT INFORMATION:			
SEYMOUR AMSTER	(800) 894-7201	SEYMOURAMS	STER.PESA@GMAIL.CC
Name	Phone	Email	
Type of Organization- Please select one:  Public School (not to include private schools)  Attach Grant Request on School Letterh	or 501(c)(3) No	on-Profit (other than religio	us institutions)
N/A			
Name / Address of Affiliated Organization (If applicable)	City	State	Zip Code

### SECTION II - PROJECT DESCRIPTION

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

The purpose and the intent of this grant is to obtain funding as it relates to this Neighborhood Council so that the Teen Court Program can continue have a positive impact in the boundaries of this Neighborhood Council. The Teen Court program impacts the community by reducing crime committed by juveniles, as well as addressing the issue of hate crimes and incidents in the City of Los Angeles. PESA is the non-profit that provides support and funding for the Teen Court Program.

Teen Court diverts youthful offenders from the traditional justice system, and specifically addresses hate crime incidents through its SHADES program. A youthful offender is tried at in front of a jury of high school students and with a real judge presiding. The jury is allowed to ask questions of the youthful offender and his parents. If the jury finds the youthful offender culpable, the jury recommends diversionary terms and the judge imposes diversionary conditions usually following the recommendations of the jury. A judicial officer is designated as a mentor for the offending youth being tried under the SHADES component of the program and is required to do community service specific to his bias.

 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)

Youthful offenders are residents who live in the area the Neighborhood Council encompasses. For a youthful offender is not tried at a school he attends but is located near his residence. Thus one of the public purposes the grant will be used for is to sustain the Teen Court program at a location convenient for the residents in the neighborhood council area.

The high school students who participate in the program learn the value of not committing crimes, as well as the consequences of committing a crime. Thus the program helps to enhance public safety by teaching the participants the value of not committing crimes such as vandalism, shoplifting, and assaults. Each summer there is a week long training program at the Museum of Tolerance, for the SHADES portion of the Teen Court program. The students learn about the values of inter-cultural tolerance. Only jurors who have completed this program can participate in a Teen Court case that involves an incident of hate. Also each summer there is the CAYC annual summit where students go to a college campus for 4 days and interact with students from other parts of California who are involved in Teen Court programs. During the school year the students participate in training sessions and other events where they are assisted in creating presentations and are given the opportunity to present what they have learned to the community. This grant would be used to support the entire Teen Court Program including the Outreach Programs described, as it relates to the boundaries to this Neighborhood Council.

ľ	Personnel Related Expenses		Reques	ted of NC	Total Projected Cost
_	Support for Teen Court Session, materials	and Club & Data Collection		\$ 1,500.00	\$ 45,000.0
t	Support for Events and Field Trips & Data	Collection		\$ 1,500.00	\$ 55,000.00
	Monitoring Youthful Offenders & Data Colle	ection		\$ 2,000.00	\$ 40,000.00
1	Non-Personnel Related Expenses		Reques	ted of NC	Total Projected Cost
T	Program Fees not included in above			\$ 0.00	\$ 17,000.00
1	Bus and other Transportation not included	in above		\$ 0.00	\$ 7,500.00
Ŀ	Training Materials not included in above			\$ 0.00	\$ 14,000.00
ł	Have you (applicant) applied to an  ☐ No ☐ Yes, please list na	ny other Neighborhood Cour imes of NCs: Most of the other			기하다 함께 되면 있다면 하는데 하면 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데
	s the implementation of this spec factors or sources or funding? (In				ntingent on any other  Yes, please describe
5	Source of Funding		Amoun		Total Projected Cost
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	What is the TOTAL amount of the	grant funding requested wit	th this applic	ation:	\$ 5,000.0
	Meanware		05/04/40	1	
5	Start date: 03/01/18 10b) Expected completion date: 0	Date Funds Required: 6/01/18 (After completio			\$2,000.00 cant must submit a
)	Expected completion date: follow-up form to the Neighbor ION IV - POTENTIAL CONFLICTS To you (applicant) have a former of	Date Funds Required: 6/01/18 (After completion hood Council and the Department of INTEREST or existing relationship with	n of the proj tment of Nei	ghborhood E	cant must submit a mpowerment)
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Title

PRINT Name

-Signature

^{*} 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



OGDEN UT 84201-0029

In reply refer to: 4077591934 Oct. 28, 2015 LTR 4168C 0 46-2694430 000000 00

> 00030922 BODC: TE

PARENTS EDUCATORS-TEACHERS & STUDENTS IN ACTION 18017 CHATSWORTH ST GRANADA HILLS CA 91344-5608



Employer Identification Number: 46-2694430
Person to Contact: Ms. Wiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 05, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 2013.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0ct. 28, 2015 LTR 4168C 0 46-2694430 000000 00 00030923

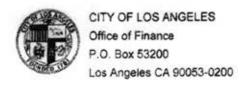
PARENTS EDUCATORS-TEACHERS & STUDENTS IN ACTION 18017 CHATSWORTH ST GRANADA HILLS CA 91344-5608

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

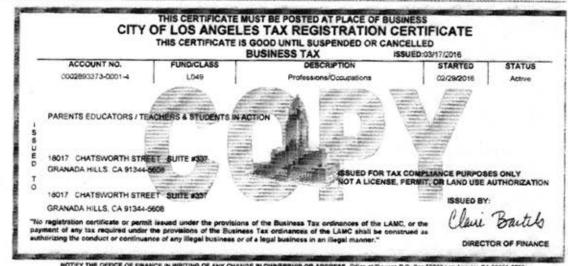
Jeffrey I. Cooper

Director, ED Rulings & Agreement



PARENTS EDUCATORS / TEACHERS & STUDENTS IN ACTION

18017 CHATSWORTH STREET SUITE #337 GRANADA HILLS, CA 91344-5608 18017 CHATSWORTH STREET SLIFE #327 GRANADA HILLS, CA 91344-5608



(Rev. December 2014) Department of the Treasury Internal Revenue Service

## Request for Taxpayer **Identification Number and Certification**

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

Parents, Educators/Teachers & Students in A	ired on this line; do not leave this line blar ction	ik.									
N 2 Business name/disregarded entity name, if different from a	bove		-		-			_		_	
3 Check engracients has facilities											
Individual/sole proprietor or C C Corporation	ership Trust/estate					4 Exemptions (codes apply only cortain entities, not individuals; se instructions on page 3);					
Limited liability company. Enter the tax classification (C=	C corporation, S=S corporation, P=partn	rship) ►		_	Exempt paves code (if any)						
Note. For a single-member LLC that is disregarded, do note the tax classification of the single-member owner.  ☐ Other (see instructions) ▶	tot check LLC; check the appropriate box	in the line :	bove		Exemption from FATCA reporting code (if any)						
5 Address (number, street, and apt. or suite no.)				0	<b>Applio</b>	s to acco	unds ma	inserved	outsia	ie the	
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Granada Hills, Ca. 91344		1									
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Taxpaver Identification Number 7									=871		
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er your TIN in the appropriate box. The TIN provided must kup withholding. For individuals, this is generally your soci dent alien, sole proprietor, or disregarded entity, see the	match the name given on line 1 to a	roid _	Socia	securi	ity n	umbe	r				
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<ul> <li>If the account is in more than one name, see the instructerines on whose number to enter.</li> </ul>	tions for line 1 and the chart as an										
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Certification						1	1	1	_		
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am not subject to backup withholding because: (a) I am exercise (IRS) that I am subject to backup withholding as a replaced in a U.S. citizen or other U.S. person (defined below); and		or dividend	is, or	(c) the	IRS	Shas	notifi	ed m	e th	at I	
e FATCA code(s) entered on this form (defined below); and											
e FATCA code(s) entered on this form (if any) indicating the fication instructions. You must cross such and categories	at I am exempt from FATCA reporting	is correc	t.								
iffication instructions. You must cross out item 2 above if tube you have failed to report all interest and dividends on yest paid, acquisition or abandonment of secured property, rally, payments other than interest and dividends, you are ructions on page 3.	you have been notified by the IRS the your tax return. For real estate transa- cancellation of debt, contributions to not required to sign the certification,	at you are ctions, ite an individ out you m	m 2 o lual re ust p	intly su loes no stireme rovide	abje ot ap ent a you	ot to to pply. I arrang ir corr	back. For m jemer ect T	up winortgant (IR	thho age A), s ee th	ildin ind he	
Signature of U.S. person >					_	_					
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eral Instructions or references are to the Internal Revenue Code unless otherwise not	<ul> <li>Form 1098 (home mort (tuition)</li> </ul>				_		intere	est), 1	098-	т	
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To remain ity to at www.irs.gov/hwg.	L OUIT 1099-34 (BODUSIE)	n or aband	onme	nt of sec	cure	d prop	perty)				
lose of Form	provide your correct TIN.	ou are a U.S	s. per	ion (inc	udir	ng a re	síden				
vidual or entity (Form W-9 requester) who is required to file an infor with the IRS must obtain your correct taxpayer identification numbe nay be your social security number (\$SN), individual taxpayer identification.	r (TIN) to backup withholding. Se	A LANGE IN THE	e requ ackup	withho	vith a	a TIN, g? on	you m	iight b 2.	e su	bjec	
ation number (EIN) to report as as in infinite (A IIV), or employe	by signing the filled-ou	form, you:									
nclude, but are not limited to the following:	imation De riscued),							g for a	nun	nber	
1099-INT (interest earned or paid)	Claim assessful are n	ot subject to	baci	rup with	nhaid	ding, o	r				
1099-DIV (dividends, including those from stocks or mutual funds)	arry partnership income fr	maile w	and a	0,5, pe	rsor	i, your	MINOCE	able s	hare	of	
099-B (stock or mutual fund sales and certain other transactions to	withholding tax on foreign by 4. Certify that FATCA or	Pummished 20	iare o	f effects	welv	conne	ected	incom	e, an	nd	

Form 1099-K (merchant oard and third party network transactions)

Form 1099-S (proceeds from real estate transactions)

Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Office of the City Clerk Administrative Services Division Neighborhood Council (NC) Funding Prog	ram			**************************************		. में हार हार्य			
Board Action Certification Form							TO THE		
NC Name: Sherman Oaks			Meeting Date:	May 14, 2018					
Budget Fiscal Year: 2017-2018			Agenda Item No: 10-C						
Board Motion and/or Public Benefit Statement (CIP and NPG):	A motion to approv Teachers/Educato for first time misde	rs and Stu	dents in acti	on for \$2,00	0 to fund th	ne Teen Cour	t program		
Method of Payment: (Select One)	☐ Check		☐ Credit Card		☐ Boar	d Member Reimbu	ırsement		
Recused Boardmembers n	nust leave the room prior to	Vote C any discussio	Promit Vision to brendespise	turn to the roor	until after the	vote is complete.			
<b>Board Member First and Last Name</b>	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused		
Babian, Avo	Area 5 Business	V							
Banks-Barad, Jill	Area 6 Residential	<b>/</b>	*, * .						
Baronian, Levon	Area 1 Business		7		X				
Binkow, Michael	Area 7 Residential	V							
Capps, Tom	Area 2 Residential								
Hartsough, Jeffrey	Area 2 Community	V							
Kalban, Jeffrey	Area 7 Community								
Katchen, Howard	Area 3 Residential			,					
Lax, Sidonia	Area 4 Community	1							
Marciniak, Richard	Area 3 Community				X				
Mernard, Melissa	Area 6 Community	1		,					
Morozov, Rafael	Area 3 Business	V							
Petrus, Lisa	Area 4 Residential	/							
Revord, Sherri	Area 5 Community				_				
Roden, Neal	Area 7 Business				X	``			
Ross, Garrett	Area 1 Residential	,			X				
Sales, Kristin	Area 1 Community	V							
Steinberg, Sue	Area 4 Business	.:	•. '		X				
Ziff, Ron	Area 6 Business	V			`				
VACANT	Area 2 Business								
4			7.5%				,		
<u>.</u>									
					,				
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-									
					•				
Quorum: 11	Total:	14	0	0	5	,			
We, the Treasurer and the Second Signer and that a public meeting we's held in acc compliant public meeting where a quorur	ordance with all laws, policie								
Treasurer's Signatur Nomes	Plasas		Second Signer's	Signature	Har	Spell.			
Print/Type Name: Tom Capps	777		Print/Type Nam	_{e:} Jeff Har	tsough				
Date: 5/1	4/18		Date:		05-14-	2018			