

# Monthly Expenditure Report



Reporting Month: March 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
\$26248.34	\$6468.05	\$19780.29	\$1740.35	\$3655.16	\$14384.78

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$31207.00	\$1237.34	\$11127.29	\$240.35	\$9386.94
Outreach		\$5230.71		\$1500.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$13403.00	\$0.00	\$8653.00	\$0.00	\$8653.00
Funding Requests Under Review: \$3655.16		Encumbrances: \$0.00		Previous Expenditures: \$18361.66	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOODWAY PRINT & COPY	03/01/2018	(Credit card transaction)	General Operations Expenditure	Office	\$15.60
2	STAPLES DIRECT	03/03/2018	(Credit card transaction)	General Operations Expenditure	Office	\$57.25
3	GOODWAY PRINT & COPY	03/09/2018	(Credit card transaction)	General Operations Expenditure	Office	\$33.67
4	GOODWAY PRINT & COPY	03/13/2018	(Credit card transaction)	General Operations Expenditure	Office	\$21.08
5	RITE AID STORE - 5569	03/12/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$14.38
6	STEVES BIGGER SUBS	03/13/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$150.25
7	AMAZON MKTPLACE PMTS	03/14/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$59.58
8	Amazon.com	03/16/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$35.55

9	AMAZON MKTPLACE PMTS	03/16/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$36.76
10	GOODWAY PRINT & COPY	03/16/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$202.58
11	ARMSTRONG 722 SHERMAN	03/20/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$189.96
12	CORNER BAKERY 0210	03/25/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$290.15
13	INTUIT IN NEXGEN DJS	03/25/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$300.00
14	JCS Catering Company	01/10/2018	Approve up to \$750 to pay JCS Catering at CBS...	General Operations Expenditure	Outreach	\$325.00
15	Lloyd Staffing	02/22/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$87.40
16	Sherman Oaks Chamber of Commerce	02/22/2018	Approve up to \$950 for up to two pole banners...	General Operations Expenditure	Outreach	\$950.00
17	LAUSD - Civic Center Permit Office	03/02/2018	Approve up to \$1,020 to pay Los Angeles Unifi...	General Operations Expenditure	Office	\$657.48
18	Lloyd Staffing	03/02/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$218.50
19	The Web Corner, inc.	03/02/2018	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$102.50
20	AT&T Messaging	03/12/2018	Approve up to \$200 to pay AT&T for SONC V...	General Operations Expenditure	Office	\$15.26
21	Lloyd Staffing	03/12/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$131.10
22	City of Los Angeles Dept of Recreation & Parks	03/14/2018	Motion to incease the funding request from \$6...	General Operations Expenditure	Outreach	\$2574.00
<b>Subtotal:</b>						<b>\$6468.05</b>

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	City of Los Angeles	03/14/2018	Approve \$750 to Budget Advocates 2017-18 Budg...	General Operations Expenditure	Outreach	\$750.00
2	City of Los Angeles	03/14/2018	Approve \$750 for the annual 2018 Annual LA Co...	General Operations Expenditure	Outreach	\$750.00
3	Lloyds Staffing	03/23/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$152.95

4	Lloyds Staffing	03/23/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$87.40
<b>Subtotal: Outstanding</b>						<b>\$1740.35</b>



**INVOICE LF**

**Goodway Print & Copy**

15121 Ventura Blvd.

Sherman Oaks, CA 91403

Phone: (818) 783-5172

Fax: (818) 783-8649

www.goodwayprintcopy.com

VOICI  
EM

No. **40570**

Date 2/28/2018

Customer P.O. No.

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

Transaction : Sale

Date : 2/28/2018

Time : 1:16:33 PM(EST)

Invoice # : 40570

Customer # : 3

PO / Order # : na

Card Type : Master Card

Card Number : XXXXXXXXXXXX8480

Entry Method : Keyed

Total Amount : 15.60

Authorization : Approved - 092534

Ref Note:

Signature

X \_\_\_\_\_

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

Thank You !

QUANTITY		AMOUNT
5	REF: Guidelines to Enhance B-KP Digi CC Laser SMOOTH Rebind	White 24# 10.00
Taken by Account Type: Charge Account PLEASE PAY FROM THIS INVOICE  THANK YOU!	Ship Via.	SUBTOTAL 14.25 TAX 1.35 SHIPPING TOTAL 15.60 AMOUNT DUE 15.60

Thank you for your order, Thomas

[Print Order](#) [Cancel](#)

A confirmation email will be sent to you at [tcapps@shermanoksnc.org](mailto:tcapps@shermanoksnc.org) with your complete order details.

Order Number: 9784383761

Placed on: March 2, 2018

**Shipping address**

Sherman Oaks Neighborhood Council  
 Thomas Capps  
 5101 MAMMOTH AVE  
 SHERMAN OAKS, CA 91423

Order sub-total: \$52.28  
 Shipping: FREE  
 Estimated Tax: \$4.97  
**Total: \$57.25**

**Payment methods**

Master Card ending in 8480  
 Thomas Capps, Los Angeles, CA 90012

[Need to cancel this order?](#) Note: Most orders can be cancelled within **30 minutes**.

Expected delivery by March 5, 2018 5101 MAMMOTH AVE, SHERMAN OAKS, CA

	Brother Toner Cartridge, Black (TN330)	Qty.1	<b>\$43.99</b>
	Staples® Multipurpose Paper, 8 1/2" x 11", 500/Ream (513099-WH)	Qty.1	<b>\$8.29</b>

**YOU MAY ALSO LIKE**



Staples® Multiuse Copy Paper, 8 1/2" x 11", 8-Ream Case  
 (3172)

**\$32.99** ~~\$50.49~~



Staples® Manila File Folders, Letter, 3 Tab, Assorted Position...  
 (4369)

**\$8.29**



Sharpie® Fine Point Permanent Markers, Black, 1/Dz (30001)  
 (3057)

**\$11.79**



HP 950XL High Yield Black/951 Standard Tri-Color (C2P01FN140)...  
 (2801)

**\$106.99**

**Live Chat**

**Have a question?**

Chat with a Staples expert

[Chat Now](#)



**INVOICE LF**

15121 Ventura Boulevard  
 Sherman Oaks, California 91403

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

No. **40629**

Date **3/8/2018**

Customer P.O. No.

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

Jolie Salter  
 (818) 699-2922

QUANTITY	DESCRIPTION	AMOUNT
25	Minutes, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides	10.25
50	25 Copy Machine Stapling agenda, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides 50 Copy Machine Stapling	20.50
<div data-bbox="797 947 1308 1394" style="border: 1px solid black; padding: 10px;"> <p><b>Goodway Print &amp; Copy</b>            15121 Ventura Blvd.            Sherman Oaks, CA 91403            Phone: (818) 783-5172            Fax: (818) 783-8649            www.goodwayprintcopy.com</p> </div>		
<div data-bbox="797 1394 1308 1745" style="border: 1px solid black; padding: 10px;"> <p>Transaction : Sale            Date : 3/8/2018            Time : 5:24:33 PM(EST)            Invoice # : 40629            Customer # : 3            PO / Order # : na            Card Type : Master Card</p> </div>		
Pay Every Invoice with Credit Card Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE.  THANK YOU!	Ship Vi Card Number : XXXXXXXXXXXX8480 Entry Method : Keyed Total Amount : 33.67 Authorization : Approved - 083117	30.75 2.92 33.67 33.67

*Paid  
 Credit Card*



# INVOICE LF

15121 Ventura Boulevard  
 Sherman Oaks, California 91403

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

No. **40649**

Date **3/12/2018**

Customer P.O. No.

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

Tom Capps

QUANTITY	DESCRIPTION	AMOUNT
25	REF: SONC Treasure Report, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 4 sheets, copied on 2 sides 25 Copy Machine Stapling	19.25
Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE.  THANK YOU!		19.25 1.83 21.08 21.08

*Paid  
Credit Card*

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 Sherman Oaks, CA 91403  
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 Fax: (818) 783-8649  
[www.goodwayprintcopy.com](http://www.goodwayprintcopy.com)

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Transaction : Sale  
 Date : 3/12/2018  
 Time : 3:58:43 PM(EST)  
 Invoice # : 40649  
 Customer # : 3  
 PO / Order # : na

---

Card Type : Master Card  
 Card Number : XXXXXXXXXXXX8480  
 Entry Method : Keyed  
 Total Amount : 21.08  
 Authorization : Approved - 009918

Ship Via

59 - 3-12-18

Water-Board Meeting  
on 3/12/18



With us, it's personal.

Store #05569  
13333 RIVERSIDE DR.  
SHERMAN OAKS, CA 91423  
(818) 907-1431

Register #9 Transaction #200897  
Cashier #55699911 3/12/18 5:58PM

1	ARRWHD TUXEDO .5L/24PK	5.99	F
1	CRV TRANSACTION	1.20	F
1	ARRWHD TUXEDO .5L/24PK	5.99	F
1	CRV TRANSACTION	1.20	F

2 Items	Subtotal	14.38
	Tax	.00
	Total	14.38

\*MASTER\* 14.38  
 MASTER card \* #XXXXXXXXXX8480  
 App #AA APPROVAL AUTO  
 Ref # 034677  
 Entry Method: Chip

Verified by PIN  
 Application Label: MASTERCARD  
 AID: A0000000041010  
 TVR: 0000048000  
 TSI: E800  
 ARC:

Tendered	14.38
Cash Change	.00

THANK YOU FOR SHOPPING AT RITE AID



F - Food Stamp Eligible





## Final Details for Order #114-6154676-5898620

[Print this page for your records.](#)

Order Placed: March 13, 2018  
 Amazon.com order number: 114-6154676-5898620  
 Seller's order number: 31416182  
 Order Total: \$59.58

### Shipped on March 14, 2018

#### Items Ordered

1 of: 50 - 3" x 2.5" Clay Pots - Great for Plants and Crafts

Sold by: Hirt's Gardens ([seller profile](#))

Condition: New  
 NEW

#### Price

\$39.99

#### Shipping Address:

Sherman Oaks Neighborhood Council  
 15624 Royal Ridge Drive  
 Sherman Oaks, CA 91403  
 United States

Item(s) Subtotal: \$39.99

Shipping & Handling: \$19.59

-----

Total before tax: \$59.58

Sales Tax: \$0.00

-----

#### Shipping Speed:

Standard Shipping

**Total for This Shipment: \$59.58**

-----

### Payment information

#### Payment Method:

MasterCard | Last digits: 8480

Item(s) Subtotal: \$39.99

Shipping & Handling: \$19.59

-----

#### Billing address

Thomas Capps  
 200 N. Spring Street  
 Los Angeles, CA 90012  
 United States

Total before tax: \$59.58

Estimated tax to be collected: \$0.00

-----

**Grand Total: \$59.58**

#### Credit Card transactions

MasterCard ending in 8480: March 14, 2018: \$59.58

To view the status of your order, return to [Order Summary](#).

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64-SONC-CC

**Final Details for Order #114-6154676-5898620**[Print this page for your records.](#)

Order Placed: March 13, 2018  
 Amazon.com order number: 114-6154676-5898620  
 Seller's order number: 31416182  
 Order Total: \$59.58

**Shipped on March 14, 2018****Items Ordered**

1 of: 50 - 3" x 2.5" Clay Pots - Great for Plants and Crafts

**Price**

\$39.99

Sold by: Hirt's Gardens ([seller profile](#))Condition: New  
NEW**Shipping Address:**

Sherman Oaks Neighborhood Council  
 15624 Royal Ridge Drive  
 Sherman Oaks, CA 91403  
 United States

Item(s) Subtotal: \$39.99

Shipping &amp; Handling: \$19.59

-----

Total before tax: \$59.58

Sales Tax: \$0.00

-----

**Shipping Speed:**

Standard Shipping

**Total for This Shipment: \$59.58**

-----

**Payment information****Payment Method:**

MasterCard | Last digits: 8480

Item(s) Subtotal: \$39.99

Shipping &amp; Handling: \$19.59

-----

**Billing address**

Thomas Capps  
 200 N. Spring Street  
 Los Angeles, CA 90012  
 United States

Total before tax: \$59.58

Estimated tax to be collected: \$0.00

-----

**Grand Total: \$59.58****Credit Card transactions**

MasterCard ending in 8480: March 14, 2018: \$59.58

To view the status of your order, return to [Order Summary](#).[Conditions of Use](#) | [Privacy Notice](#) © 1996-2018, Amazon.com, Inc. or its affiliates



65-SONC-CC

**Final Details for Order #114-5860954-0751456**[Print this page for your records.](#)

Order Placed: March 13, 2018  
 Amazon.com order number: 114-5860954-0751456  
 Order Total: **\$36.76**

**Shipped on March 16, 2018**

Items Ordered	Price
1 of: <i>Colorations SWT16 Colorations Simply Washable Tempera Paint - 16 oz. (Pack of 11)</i>	\$24.58
Sold by: Discount School Supply ( <a href="#">seller profile</a> )	

Condition: New

<b>Shipping Address:</b>	Item(s) Subtotal: \$24.58
Sherman Oaks Neighborhood Council	Shipping & Handling: \$8.99
15624 Royal Ridge Drive	-----
Sherman Oaks, CA 91403	Total before tax: \$33.57
United States	Sales Tax: \$3.19
	-----

<b>Shipping Speed:</b>	<b>Total for This Shipment: \$36.76</b>
Standard Shipping	-----

**Payment information**

<b>Payment Method:</b>	Item(s) Subtotal: \$24.58
MasterCard   Last digits: 8480	Shipping & Handling: \$8.99
	-----

<b>Billing address</b>	Total before tax: \$33.57
Thomas Capps	Estimated tax to be collected: \$3.19
200 N. Spring Street	-----
Los Angeles, CA 90012	
United States	

**Grand Total: \$36.76**

<b>Credit Card transactions</b>	MasterCard ending in 8480: March 16, 2018: \$36.76
---------------------------------	--

To view the status of your order, return to [Order Summary](#).[Conditions of Use](#) | [Privacy Notice](#) © 1996-2018, Amazon.com, Inc. or its affiliates



# INVOICE LF

15121 Ventura Boulevard  
 Sherman Oaks, California 91403

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

No. **40669**

Date **3/15/2018**

Customer P.O. No.

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

Jolie Salter  
 (818) 699-2922

QUANTITY	DESCRIPTION	AMOUNT
500	Flyer Tree Give away, 8.5 x 11 White 24# B-KP Digi CC Laser SMOOTH, copied on 1 side	175.00
5	posters 11 x 14 card stock	10.00
<div data-bbox="779 892 1299 1333" data-label="Text"> <p><b>Goodway Print &amp; Copy</b>            15121 Ventura Blvd.            Sherman Oaks, CA 91403            Phone: (818) 783-5172            Fax: (818) 783-8649  <a href="http://www.goodwayprintcopy.com">www.goodwayprintcopy.com</a></p> </div>		
<div data-bbox="779 1333 1299 1921" data-label="Text"> <p>Transaction : Sale            Date : 3/15/2018            Time : 6:17:47 PM(EST)            Invoice # : 40669            Customer # : 3            PO / Order # : na            Card Type : Master Card            Card Number : XXXXXXXXXXXX8480            Entry Method : Keyed            Total Amount : 202.58            Authorization : Approved - 075853</p> </div>		
<div data-bbox="259 1291 649 1554" data-label="Text"> <p><i>Paid Credit Card</i></p> </div>		
Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE. THANK YOU!		
Ship Via		
		<b>185.00</b>
		<b>17.58</b>
		<b>202.58</b>
		<b>202.58</b>
		<b>TOTAL</b>
		<b>AMOUNT DUE</b>



Thank you for shopping at  
Armstrong Sherman Oaks  
(818) 761-1522

www.armstronggarden.com  
1-800-55PLANT

03/20/18 12:42PM 101736 252 ORDER

SUB-TOTAL:\$ 173.48 TAX: \$ 16.48  
TOTAL: \$ 189.96  
BC AMT: \$ 189.96

BK CARD#: XXXXXXXXXXXX8480  
MID: 345020411889  
AUTH: 015211 AMT: \$ 189.96  
Host reference #:434217 Bat#

Authorizing Network: MASTERCARD

Chip Read  
CARD TYPE:MASTERCARD EXPR: XXXX  
AID : A0000000041010  
TVR : 0000048000  
IAD : 0110607003220000B68B000000000000  
TSI : E800  
ARC : 00  
MODE : Issuer  
CVM : Verified by PIN  
Name : MASTERCARD  
ATC :0007  
AC : 699598BB7E5BA424  
TxnID/ValCode: 557327

Bank card USD\$ 189.96  
DEPOSIT : 189.96





Invoice No: **300481**  
 Date: **Sat, Mar 24, 2018**  
 Store Code: **210**  
 Store: **Encino**

**Catering - INVOICE**

<p><b>Billing/Client Information</b></p> <p>Credit Card: MASTERCARD(...8480)                  Pre-Auth #: 089959</p> <p>Client: JOLIE SALTER                  Client Phone: (818) 699-2922</p>	<p><b>Delivery Information</b></p> <p>Delivery: <b>03/24/2018 (11:15 - 11:30 AM)</b></p> <p>S.O.N.C (VOLUNTEERS FOR TREE GIVE AWAY)                  14201 HUSTON ST                  SHERMAN OAKS, CA 91423                  JOLIE SALTER                  Phone: (818) 699-2922                  Number of Guests: 35</p>
--	---

Order entered by: Store

Printed: 03/23/2018 03:48 PM CDT

Order Note: SHERMAN OAKS REC CENTER. ASK FOR-SUE STIENBERG

	Price	Amount
<b>Lunch / Dinner - Lunch Boxes</b>		
<b>10 Tomato Mozzarella w/Chips</b>	9.75	97.50
<b>10 Chicken Pesto w/Chips</b>	9.75	97.50
<b>15 Turkey &amp; Swiss w/Chips</b>	9.75	146.25

<p><b>FOOD SAFETY TIPS</b></p> <p>Consume or refrigerate below 41F/5C within 2 hours                  Reheat food to 165F/74C only once</p>	<p>All credit card payments are pre-authorized up to 30 days in advance and are final-processed on the day of pick-up/delivery.</p>	<p><b>Subtotal:</b> 341.25  <b>Discount:</b> (51.10)  <b>Tax:</b> 0.00  <b>Delivery Fee:</b> 29.02  <b>Delivery Fee Discount:</b> (29.02)  <b>Amount:</b> 290.15</p> <p><b>Gratuity:</b> _____  <b>Total:</b> _____</p> <p><b>Sign:</b> _____                  _____</p> <p><b>Print Name:</b> _____</p>
---	---	--

Corner Bakery | 15626 Ventura Blvd | Encino, CA 91436 | Phone: 818-981-7514  
 Please remit House Account payments to: CBC Restaurant Corp | PO Box 203881 | Dallas, TX 75320-3881

Powered by MonkeyMedia Software

Payment sent  
We sent a confirmation email.

Brittany Wolff

Invoice no.7152043

Invoice total \$300.00

Amount paid \$300.00

Balance Due \$0.00

Date paid March 24, 2018

Payment method MasterCard ●●●●8480

Transaction ID PI0152143446



# Invoice #7152043

Mar 24, 2018

**BILL TO**

**Tom Capps**

tom.capps.sonc@gmail.com

**FROM**

**Brittany Wolff**

4957 Kester Ave, Suite 11

Sherman Oaks, CA - 91403

b.lynnwolff@gmail.com | +1 7202123671

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**INVOICE ITEMS**

**AMOUNT**

Say Hello To Spring Tree Giveaway DJ

\$300.00

---

**\$300.00**

**PAYMENT DUE MAR 25, 2018**

**MESSAGE**

Thanks for your business.

# 46- 01.10.2018  
PMT REQUEST

<b>JCS Catering Company</b> Carla's Café at CBS Studio Center 4024 Radford Avenue Studio City, CA 91604	<b>INVOICE #</b> 110317B	
	<b>DATE:</b> 9/11/2017	
	<b>BILL TO NEIGHBORHOOD COUNCIL:</b> Sherman Oaks Neighborhood Council	
<b>The Neighborhood Council Supports:</b>	<b>Please check box(es):</b>	<b>Amount:</b>
Valley Alliance Neighborhood Councils (VANC) Planning Forum, November 9, 2017	<input type="checkbox"/>	
Valley Alliance Neighborhood Councils (VANC) Mixer, March 8, 2018	<input checked="" type="checkbox"/>	325.00
<b>DESCRIPTION</b>		
Food and Beverages for Valley Alliance Neighborhood Councils (VANC) event*		
^ This amount is inclusive and includes hot and cold refreshments, silverware, linens, coffee, tea and desserts, kitchen staff and use of facility.		
<b>TOTAL DUE</b>		<b>\$ 325.00</b>

If you have any questions regarding this invoice, please contact Vic Viereck at Vicviereck@sbcglobal.net or 818-985-9174

**PLEASE MAKE CHECK PAYABLE TO: JCS Catering Company**  
c/o Vic Viereck  
12702 Tiara Street  
Valley Village, CA 91607

I understand that this invoice must include JCS Catering Company's quote for total event cost, and the quote must be attached and included at the time of submission.

*Thomas R Capps, Treasurer*

Prepared By: *Sherman Oaks Neighborhood Council*  
Neighborhood Council Authorized Signature

*Jan 10, 2018*

Thank you for your business!



NC NAME: Sherman Oaks

Budget Fiscal Year: 2017-18

Request Date: 10-Jul-17

Meeting Date: 7/10/2017

Agenda Item: Item 8L

- 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

Requestor: Tom Capps Treasurer

Vendor: JCS Catering

Address: \_\_\_\_\_

City: Studio City State: CA

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount: \$ Up to \$750.00

# of payments 2

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 \$750 to pay JCS Catering at CBS Studios toward refreshments for two Valley Alliance of Neighborhood Council events (Planning Forum and Anniversary Mixer - \$325 each event) 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	<b>Grand Total (including page 2):</b>	<b>16</b>		<b>1</b>		<b>3</b>	

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>
<b>Department Use Only</b>	<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**

You may pay by ACH/wire to:  
Sterling National Bank  
Routing # - 026007773  
Account # - 3852541548

Please remit payment to:  
LLoyd Staffing  
445 Broadhollow Road, Suite 119  
Melville, NY 11747  
Billing inquiries:  
631-370-7433

Credit cards accepted:



**BILL TO:** Attention of: Tom Capps,  
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:			
02/11/2018	402116	1	117247	Due Upon Receipt			
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT	
01/29/18-02/11/18	EXASST	Salter, Jolie A		4.00	21.85	\$87.40	
				<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>	<b>\$87.40</b>	

Thank you for your part in our Placements with a Purpose program. Every placement generated by Lloyd supports IDRF with a donation to help fight diabetes

111

11000 Antilia Boulevard, Suite A  
 Corona, CA 92703  
 Phone: 952-850-2536 Fax: 952-866-0511

**Lloyd**  
 CONSULTING  
 EMPLOYEE PLEASE COMPLETE - DO NOT RETURN TO HUMAN RESOURCES

COMPANY NAME **Sherman Oaks Neighborhood Council** P.O. BOX 37

REPORT TO **Ron Ruff** TITLE **Admin**

FIRST TIME AT THIS CLIENT COMPANY?  Yes  No  In year, Temporary Association must indicate ONLY NAME retained the following Orientation Training on this assignment. (Please check)

Emergency Evacuation Procedures  Job Site & General Safety Rules  Policy & Procedure Review

I hereby certify that the hours shown were worked by me during the work week shown above, and were properly certified by an authorized representative of the facility shown above and that I received the required training. I understand I am to contact the office after completing the assignment to determine if there is other work available for me, if so, I agree that I will do so.

EMPLOYEE NAME **[Redacted]** EMPLOYER SIGNATURE **[Redacted]**

DATE **12/11/11** TIME **10:00 AM**

WEEK ENDING **12/11/11**

INSTRUCTIONS:  
 1. Print Employee's full name.  
 2. Use pen or black ink for all information.  
 3. All requests for overtime must be approved by your supervisor.  
 4. Leave cell phone with you at all times. Do not use cell phone for work.  
 5. Use post-its to add or change information.

DATE TIME LESS LUNCH (30 MIN) TOTAL HOURS

MON 2 3 1

TUE 2 3 1

WED 2 3 1

THUR 2 3 1

FRI 2 3 1

SAT 2 3 1

SUN 2 3 1

WEEK ENDING **12/11/11** TOTAL HOURS **10**

EMPLOYER SIGNATURE **[Redacted]**

DATE **12/11/11**

TIME **10:00 AM**

WEEK ENDING **12/11/11**

DATE **12/11/11**

TIME **10:00 AM**

**EMPLOYEE INFORMATION**

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

**OVERTIME**

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

**LUNCH**

Your lunch 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 lunch.

**ABSENCES - LATENESS**

Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.

**ON-THE-JOB SAFETY**

Employee certifies no accident or injury was sustained while working on this assignment that has not been previously reported to the Human Resources office at Lloyd.

**TRAINING**

You must complete the Training Orientation every time you go to a new assignment.

**TERMS & CONDITIONS FOR LLOYD STAFFING**

Lloyd Staffing agrees to supply the services of the employee(s) named on the attached invoice for the period of time specified in the invoice. The employee(s) shall be employed by Lloyd Staffing and shall be subject to the terms and conditions of the invoice. The employee(s) shall be employed by Lloyd Staffing and shall be subject to the terms and conditions of the invoice. The employee(s) shall be employed by Lloyd Staffing and shall be subject to the terms and conditions of the invoice.

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# 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

Requestor: Tom Capps Treasurer  
 Vendor: Lloyd's Staffing  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Amount: \$ Up to \$4,500.00  
 # of payments     

Agenda Item: Item 8J

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 \$4,500 to pay Lloyd's Staffing for SONC Administrative Assistant hours worked 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>	<b>Grand Total (including page 2):</b>	<u>16</u>		<u>1</u>		<u>3</u>	

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

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

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



February 16, 2018

**Sherman Oaks Neighborhood Council**

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>TOTAL</u>
Sherman Oaks Chamber Two Pole Banners		\$950
	TOTAL NOW DUE	<b>\$950</b>

Make/Mail check payable to:  
Sherman Oaks Chamber of Commerce  
14827 Ventura Blvd., Suite 207 Sherman Oaks, CA 91403

Charge to my Mastercard/Visa/American Express  
Card# \_\_\_\_\_  
Expiration: \_\_\_\_\_  
CVC: \_\_\_\_\_

Amt. Enclosed: \$ \_\_\_\_\_

A commitment to business and our community  
Please Make Copy and return the entire invoice

**14827 Ventura Blvd. Suite 207**  
**Sherman Oaks, CA 91403**  
Phone (818) 906-1951  
E-Mail: [info@shermanoakschamber.org](mailto:info@shermanoakschamber.org)



INVOICE

LOS ANGELES UNIFIED SCHOOL DISTRICT

CIVIC CENTER PERMIT OFFICE  
333 S. BEAUDRY AVE., 1ST FLOOR  
LOS ANGELES, CA 90017

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

Date: 01 MAR 2018  
Permit No. S5275

SHERMAN OAKS NEIGHBORHOOD COUNCIL (RON ZIFF)

S5275

DESCRIPTION OF CHARGE	AMOUNT
USE OF THE AUDITORIUM AT Sherman Oaks El CS FOR BOARD MEETING ON MONDAYS. TIME : 5:30PM-10:00PM MAR. 12, 2018 APR. 09, 2018 MAY. 14, 2018 JUN. 11, 2018	\$656.00
<div style="text-align: right;">City Excise Tax</div>	\$1.48
PERMIT SUBJECT TO CANCELLATION IF FULL PAYMENT NOT RECEIVED SEVEN DAYS IN ADVANCE OF USE. PLEASE MAKE CASHIER'S CHECK OR MONEY ORDER PAYABLE TO: LOS ANGELES UNIFIED SCHOOL DISTRICT Mail to: NATALIE DIRIAMONDO	
<div style="text-align: right;">BALANCE DUE</div>	\$657.48

**\*\*PERMITEE RESPONSIBLE TO VERIFY ALL DATES ON INVOICE\*\***

**\*\*CHANGES MADE TO THIS INVOICE WILL RESULT IN \$78 AMENDMENT FEE\*\***

**\*DATES ON THIS INVOICE REFLECT INSURANCE EXPIRATION DATE\***

# Department of Neighborhood Empowerment Funding Request Form



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

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

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

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

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

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

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

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

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

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

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



# INVOICE

You may pay by ACH/wire to:  
Sterling National Bank  
Routing # - 026007773  
Account # - 3852541548

Please remit payment to:  
Lloyd Staffing  
445 Broadhollow Road, Suite 119  
Melville, NY 11747  
Billing inquiries:  
631-370-7433

Credit cards accepted:



**BILL TO:** Attention of: Tom Capps,  
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:		
02/18/2018	402209	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
02/12/18-02/18/18	EXASST	Salter, Jolie A		10.00	21.85	\$218.50
				<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>	<b>\$218.50</b>

Thank you for your part in our Placements with a Purpose program. Every placement generated by Lloyd supports JDRF with a donation to help fight diabetes.



# 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

Requestor: Tom Capps Treasurer  
 Vendor: Lloyd's Staffing  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Amount: \$ Up to \$4,500.00  
 # of payments     

Agenda Item: Item 8J

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 \$4,500 to pay Lloyd's Staffing for SONC Administrative Assistant hours worked 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>	<b>Grand Total (including page 2):</b>	<u>16</u>		<u>1</u>		<u>3</u>	

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

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

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

# Invoice

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

Date	Invoice #	Due Date
3/1/2018	16285	3/1/2018

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

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
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!	<b>Total</b>	\$102.50
	<b>Payments/Credits</b>	\$0.00
	<b>Balance Due</b>	\$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	✓					
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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	<del>✓</del>				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	<del>✓</del>		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	<b>Grand Total (including page 2):</b>	<b>16</b>		<b>1</b>		<b>3</b>	

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>
<b>Department Use Only</b> <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 488110  
CHARLOTTE, NC 28259-5300

CUSTOMER NUMBER
8607823
INVOICE DATE
03/01/2018

Page 1 of 1

Bill-To Customer:

SHERMAN OAKS NC 455  
PO BOX 5721 T3 P1  
SHERMAN OAKS, CA 91413-5721



Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
8607823	03/01/2018 03/31/2018	03/30/2018	\$15.26	\$15.26	\$ 00	\$15.26	\$15.26

Payments - Thank You

02/21/2018 \$15.26

Description of Current Charges & Credits

Description	Qty	Unit Price	Ext. Price
March service	1	\$14.00	\$14.00
City Utility Users Tax			\$1.26

CUSTOMER NUMBER
8607823
INVOICE NUMBER
7355635
DUE DATE
03/30/2018
AMOUNT PAID

Please attach to envelope with payment



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

REMIT TO:

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

01001 860782300000000001526

# 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>	<b>Grand Total (including page 2):</b>	<u>10</u>		<u>1</u>		<u>3</u>	

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

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

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



**INVOICE**

You may pay by ACH/wire to:  
 Sterling National Bank  
 Routing # - 026007773  
 Account # - 3852541548

Please remit payment to:  
 LLoyd Staffing  
 445 Broadhollow Road, Suite 119  
 Melville, NY 11747  
 Billing inquiries:  
 631-370-7433

Credit cards accepted:



**BILL TO:** Attention of: Tom Capps,  
 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:		
02/25/2018	402322	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
02/19/18-02/25/18	EXASST	Salter, Jolie A		6.00	21.85	\$131.10
				<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>	<b>\$131.10</b>

Thank you for your part in our Placements with a Purpose program. Every placement generated by LLoyd supports JDRF with a donation to help fight diabetes.



# 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

Requestor: Tom Capps Treasurer  
 Vendor: Lloyd's Staffing  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Amount: \$ Up to \$4,500.00  
 # of payments     

Agenda Item: Item 8J

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 \$4,500 to pay Lloyd's Staffing for SONC Administrative Assistant hours worked 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>	<b>Grand Total (including page 2):</b>	<u>16</u>		<u>1</u>		<u>3</u>	

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

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

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

**DEPARTMENT OF RECREATION  
AND PARKS**

**BOARD OF COMMISSIONERS**

**SYLVIA PATSAOURAS**  
PRESIDENT

**LYNN ALVAREZ**  
VICE PRESIDENT

**MELBA CULPEPPER**  
**MISTY M. SANFORD**  
**PILAR DIAZ**

**ARMANDO X. BENCAMO**  
BOARD SECRETARY (213) 202-2640

**CITY OF LOS ANGELES**

CALIFORNIA



**ERIC GARCETTI**  
MAYOR

**MICHAEL A. SHULL**  
GENERAL MANAGER

**ANTHONY-PAUL (AP) DIAZ, ESQ.**  
EXECUTIVE OFFICER &  
CHIEF OF STAFF

**VICKI ISRAEL**  
ASSISTANT GENERAL MANAGER

**RAMON BARAJAS**  
ASSISTANT GENERAL MANAGER

221 N FIGUEROA ST.  
3RD FLOOR, SUITE 350,  
LOS ANGELES, CA 90012  
(213) 202-2633, FAX (213) 202-2614

**LAPARKS.ORG**  
PARK PROUD LA

Invoice No.	Customer ID	Invoice Date	Due Date	Amount Due
Revised 17081		7/26/2017	8/25/2017	\$2,574.00

Line Description	Line Amount
<b>Event Name:</b> Movie Night	\$2,574.00
<b>Event Date:</b> 6/24, 7/29, 8/26/2017 4PM - 10PM	
<b>Held at:</b> Van Nuys Sherman Oaks R C	
<b>Permit No. :</b>	

I hereby certify that the above is correct

*P. Lynn*  
\_\_\_\_\_  
( Chief Accounting Employee )

Failure to remit the amount demanded may subject to penalty and interest that varies per contract agreement.

If you have any question concerning this invoice, please contact Teresa Ge at (213) 202-4396  
Email address: [teresa.ge@lacity.org](mailto:teresa.ge@lacity.org)

Retain this portion for your records

Return this portion with your payment

**Remit To:**

City of Los Angeles  
Dept. of Recreation and Parks  
Revenue Accounting Section MS 625-8A  
P O BOX 86328  
Los Angeles, CA 90086-0328

Invoice Number	Customer ID
Revised 17081	

Invoice Date	Invoice Due Date
7/26/2017	8/25/2017

Amount Due	Amount Enclosed
\$2,574.00	

**Bill To:**

Sherman Oaks Neighborhood Council  
Tom Capps  
PO BOX 5721  
Sherman Oaks, CA 91413



**PARK PROUD LA**

**AN EQUAL EMPLOYMENT OPPORTUNITY – AFFIRMATIVE ACTION EMPLOYER**

City of Los Angeles  
**DEPARTMENT OF RECREATION AND PARKS**  
P O BOX 86328  
Los Angeles, CA 90086  
(213) 202-4396 MS 625-8A

**INVOICE NO. Revised 17081**

Invoice Date: 7/26/2017

TO: **Sherman Oaks Neighborhood Council**  
ATTN: **Tom Capps**  
PO BOX 5721  
Sherman Oaks, CA 91413

Due: **8/25/2017**

Permit No. 0

Event Name: Movie Night 4PM - 10PM

Event Date 6/24, 7/29, 8/26/2017

**TOTAL AMOUNT DUE : \$ 2,574.00**

Fund	302	302	301	301
Dept	88	89	88	88
<b>Work Order</b>	<b>RAPX6523</b>	<b>SP89X401</b>	<b>MRPXX458</b>	<b>MRPXX965</b>
Task	000	000	000	000
Sub-Task	000	000	000	000
<b>Dept. Revenue Source</b>	<b>4145</b>	<b>4155</b>	<b>4155</b>	<b>4155</b>
Central Rev. Source	4512	4515	4515	4515
Amount	\$ 270.00	\$ 27.60	\$ 2,092.08	\$ 184.32

\*For proper credit, please include Invoice No., Dept., Fund, Dept. Rev. Source, Work Order on your payment document.

Please remit payments to:

Dept. of Recreation & Parks  
Revenue Accounting Section  
P O BOX 86328  
Los Angeles, CA 90086-0328  
(Please indicate the Invoice # on your remittance)

DEPARTMENT OF RECREATION AND PARKS  
INTER-OFFICE CORRESPONDENCE

**REQUEST FOR BILLING**

DATE : 07/26/2017

TO : Revenue Accounting  
Mail Stop 625-8a

REQUESTOR: VAN NUYS SHERMAN OAKS RC  
VALLEY Region  
Phone # (818) 783-5121 MS # \_\_\_\_\_

Please issue an invoice for the following event:

Held at: VAN NUYS SHERMAN OAKS RC Permit # \_\_\_\_\_  
(Facility)

Event Name: MOVIE NIGHT

Event Date/s: 6/24, 7/29, 8/26 2017 Hours: 4PM-10PM  
Hours: \_\_\_\_\_

City Dept/Agency: SHERMAN OAKS NEIGHBORHOOD COUNCIL  
Contact Person: TOM CAPPS  
Address: PO BOX 5721 SHERMAN OAKS, CA 91413  
Telephone No: (818) 503-2399  
Fax No: ( )  
Mail Stop # \_\_\_\_\_

**Total Amount Due:** \$ 2574.00

**Account Distribution:**

To General Fund 302/88 \$ 270.00  
To Special Fund 302/89 \$ 30.00  
\$ \_\_\_\_\_  
To MRP Fund 301/88 \$ 2274.00

A copy of the Interdepartmental Order (IDO) will be sent to the requestor.  
The Internal Voucher (IV) will be posted in CATS.

INVOICE/BILLING # Revised 17081 Date 7/26/17

# Notes on Summer Series Submittal

Tuesday, March 13, 2018 11:15 AM

The SONC Series events was comprised of three movies in the VNSO Park - 6/24/17, 7/24/17 and 8/26/17. The original budget was \$11,610. The majority of the funds for the event were to be paid by SONC and the remaining balance by CD 4 discretionary funds.

As the Summer Series event overlapped fiscal year 16-17 and 17-18, a Funding Request was approved for up to \$5,000 for FYE 16-17. In Fiscal Year 17-18, two additional Funding requests were approved at the July 10, 2017 -board meeting one for \$5,000 and another for \$1,000.

Overall, SONC committed \$11,000 over the two fiscal years to the event(s) as the payment of discretionary funds by CD 4 was not certain. In fact, in CD 4 did not pay any funds from the discretionary funds but by CF 17-0883, \$2,610 was credited to the SONC annual allocation. A budget revision was approved by the full board on 12/11/2017 and has been submitted to the funding portal.

The final outstanding invoice is to Department of Parks and Recreation for \$2,574 for services rendered for all three movie events, including the 6/24/17 held in FY 16-17.

As this invoice pushed the total expenses over the total amount approved by the SONC Board, a third BAC was approved on March 12, 2018 for up to \$250.

All supporting documentation is attached and I hope will assist you in understanding the flow of approvals and expenditures for this event.

Tom Capps  
Treasurer  
Sherman Oaks Neighborhood Council



**Department of Neighborhood Empowerment**  
**Funding Request Form**



NC NAME: Sherman Oaks  
 Budget Fiscal Year: 2017-18  
 Request Date: 12-Jun-17  
 Meeting Date: 6/12/2017  
 Agenda Item: Item 9 C

Requestor: Tom Capps Treasurer  
 Vendor: Various  
 Address: \_\_\_\_\_  
 City: Sherman Oaks State: CA  
 Zip Code: 91403 Phone: \_\_\_\_\_  
 Amount:\$ \_\_\_\_\_ Up to \$5,000  
 # 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 two movie events at VNSO Park on July 29 and August 26, 2017 and expenditures of up to \$5,000 for the event costs including but not limited to screen rental, movie license fees, associated park fees and outreach material.

**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 Interes	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: <u>11</u>	<b>Grand Total (including page 2):</b>	<u>18</u>				<u>2</u>	<u>0</u>

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

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

Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: Tom Capps	Print/Type name: Jeff Harsough
Date (mm/dd/yy): <u>June 12, 2017</u>	Date (mm/dd/yy): <u>06-12-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input checked="" type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input checked="" type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials: <u>jh</u> Date: <u>7/20/17</u> Authorization Code: <u>SONC-17732</u>

**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 8P

Requestor: Tom Capps Treasurer  
 Vendor: Various  
 Address: \_\_\_\_\_  
 City: Sherman Oaks State: CA  
 Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Amount:\$ Up to \$5,000.00  
 # 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

Re-certify the funding request for up to \$5,000 for the Summer Series events at VNSO Park on July 29 and August 26, 2017

**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: <u>11</u>	<b>Grand Total (including page 2):</b>	<u>16</u>		<u>1</u>		<u>3</u>	

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

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

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

**Department of Neighborhood Empowerment  
Funding Request Form**



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

Requestor: Tom Capps Treasurer  
 Vendor: Various  
 Address: \_\_\_\_\_  
 City: Sherman Oaks State: CA  
 Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Amount:\$ \_\_\_\_\_ Up to \$1,000  
 # 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 an additional \$1,000 to the previously approved \$5,000 for the Summer Series Movie events to be held at Van Nuys-Sherman Oaks Park on July 29 and August 26, 2017

**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: <u>11</u>	<b>Grand Total (including page 2):</b>	<u>16</u>		<u>1</u>		<u>3</u>	

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

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

Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: Tom Capps	Print/Type name: Jeff Harsough
Date (mm/dd/yy): <u>7-10-17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input checked="" type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input checked="" type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials: <u>jh</u> Authorization Code: <u>SONC-17732</u> Date: <u>7/20/17</u>



**NEIGHBORHOOD COUNCIL EVENT APPROVAL FORM**

Events are great opportunities for Neighborhood Councils to interact with their stakeholders. There are, however, liability and permitting issues that must be handled prior to the event, and the Department of Neighborhood Empowerment must approve a Neighborhood Council sponsored event before any funding payments can be executed. **Please complete and sign this form and submit to the Department at least 30 days before the day of the event.** The Department will typically take 3-5 days to review and approve the event. Once approved, the Neighborhood Council can begin spending.

Neighborhood Council: Sherman OaksThe Neighborhood Council is the  Main Sponsor or  Co-Sponsor for the event.Main sponsor: Sherman Oaks Neighborhood Council

*#6,000 FRF  
BY TWO FRFS 5,000  
+1,000*

Contact Person: Tom CappsPhone: (818) 601-7971Email: tcapps@shermanoaksnc.org

Co-Sponsor (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Event Information**Type of Event (festival, movie night, etc.): Movie NightDate: 06/24/17Time Frame: 6pm-10pmEst. number of attendees: 200

Event Amount: \_\_\_\_\_

Venue Name: Van Nuys/Sherman Oaks Recreation CenterVenue Address: 14201 Huston Street, Sherman Oaks, California 91423Contact Person: Art GomezPhone: (818) 783-5121

Email: \_\_\_\_\_

**Please note:** If the location for the event is at City facility, e.g. park, the location approval may be easier and at little or no cost. If the location for event is not a City facility, a separate contract may be needed and can take 30 days to complete.

**Documents scanned and emailed to [EmpowerLA.Funding@lacity.org](mailto:EmpowerLA.Funding@lacity.org) for Department approval PRIOR to event:**

- Neighborhood Council Event Approval Form – Completed and signed by Treasurer or Second Signatory
- Funding Request Form – Completed and signed by Treasurer and Second Signatory
- Itemized Detailed Event Budget – Total budget with funding categories (food, entertainment, flyers, permits, etc.) and with specific vendors if available. Once approved, the Department will transfer the amount of the event budget into the Neighborhood Council account automatically, i.e. no additional Cash Request Form will be required.
- If a bank card exemption of the daily \$1,000 limit is required for this event, please provide the date(s) and amount needed for the daily limit to be lifted:** \_\_\_\_\_

**Please note:** Missing or incomplete required documents will delay Department approval.

The City of Los Angeles provides Neighborhood Councils with event liability coverage in the amount of \$5 million. Depending on the type of event, there may be additional permits and liability issues that must be addressed prior to the event, or the Neighborhood Council will be liable for any penalties or injuries incurred at the event. There may be fees attached to obtaining permits and additional liability so please budget accordingly. It may be easier to partner with the City family or a community based organization or even hire a producer (will require a contract prepared by the Department) so that they can obtain/handle the necessary permits and liability issues instead. Please contact the Department Funding Team if you are unsure what your Neighborhood Council event may need. The following must be obtained **PRIOR TO THE EVENT** if they are applicable to your event:

**If FOOD is being purchased/provided/distributed/served at your event, you may be required to obtain the following documents:**

- LA County Public Health Department Permit – if the food is free, no permit is required. If there are tickets being sold for vendor food booths (e.g. "Taste of" type of event, which needs to have a sponsor besides the Neighborhood Council to accept the funds), a paid permit is required, but the fee will be waived if held at a City park.
- LA Fire Department – contact for a permit for use of barbecues or to determine whether a first aid station is necessary

**You may need ADDITIONAL INSURANCE for your event from Vendors if they are providing the following services:**

- Jumper/Bouncer (Inflatables) – the City of Los Angeles will need to be listed as an additional insured by the company
- Games (e.g. dunk tank, other carnival style games) – City Risk Management will need to review
- Food (purchased, provided, distributed and/or served) – City Risk Management may need to review

**If RENTING a vehicle or truck to transport event materials:**

- Renting of vehicle/truck must be by a board member
- Additional Insurance offered by the rental company must be purchased in full

**ADDITIONAL PERMITS may be required if the event has:**

- Over 500 attendees, which may require LAPD presence - LAPD Special Events
- Street closures for block parties - Bureau of Street Services or LADOT for larger street closures, such as a parade
- Tents/canopies larger than 450 square feet or stages/platforms more than 30 inches above grade - Building and Safety

**CONTACT INFORMATION for possible permits:**

- Street Maintenance - (213) 847-2999
- Building and Safety - (213) 482-0387
- LADOT (Traffic Officers) - (323) 913-4652
- LADOT (Signs) - (213) 485-2298
- LADOT (Special Operations) - (323) 224-2124
- Risk Management - (213) 978-7475
- LAPD - (213) 486-0410
- LAFD - (213) 978-3650
- Sanitation - (213) 485-3612
- Street Services - <http://bsspermits.lacity.org/spevents/>
- LA County Public Health Dept. - <http://publichealth.lacounty.gov>

**Original documents to submit with your Monthly Expenditure Report for the event:**

- Neighborhood Council Event Approval Form – Completed and signed by Treasurer or Second Signatory
- Funding Request Form – Completed and signed by Treasurer and Second Signatory
- Board Vote Count Form – Completed and signed by Treasurer and Second Signatory
- Itemized Detailed Event Budget – Final total budget with funding categories and specific vendors. If final budget changed from original, please submit adjusted budget with new Board Vote Count Form.
- Original Invoices and Receipts
- Proof of Sponsorships (e.g. event flyers, webpage copy, etc.)
- Copies of Additional Permits (if applicable)
- Copies of Additional Insurance (if applicable)
- W-9 (for 1099 Individual Services if applicable)

I have read and understand the requirements set forth in this document and agree to comply with the required paperwork necessary for Neighborhood Council events.

Signature: Tom Capps Date: 5-11-2017  
Print Name: Tom Capps Title: Treasurer  
Email: tcapps@shermanoaksnc.org Phone: (818) 601-7971

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Department Use Only. Approval Code: \_\_\_\_\_ Staff: \_\_\_\_\_  
Cash Request Process Date: \_\_\_\_\_ Bank Card Exemption Process Date: \_\_\_\_\_ Rev 01/06/15

**Sherman Oaks Neighborhood Council (SONC)**  
**2017 SONC Summer Series**  
**Movies in the Park**

**Working Budget**  
**June 23, 2017**

Scope: SONC will screen three (3) movies as part of the 2017 SONC Summer Series. Movies will screen on June 24th, July 29th, and August 26th, 2017, at the Van Nuys Sherman Oaks War Memorial Park (VNSO). The SONC mission and programs will be highlighted and community participation invited.

Movies will be open to the community and free. Prior to the movies families are encouraged to have a picnic supper and participate in pre-movie activities. Popcorn and other refreshments will be available for purchase.

Budget: The budget provided below is projected to be the same for each of the three movies. Expenses are broken down between SONC direct expenses and expenses that SONC anticipates will be covered by the CD4 Discretionary Fund.

Contact: Questions should be directed to: Jeffrey Hartsough  
 jeffrey.hartsough.SONC@gmail.com

<u>DESCRIPTION</u>	<u>Amount</u>
<b>SONC Expenditures</b>	
Screen and Projection	\$1,300.00
Movie and Licensing Fee	650.00
Entertainment	
On site music, characters, activities, etc	600.00
Giveaways / Branding	200.00
Promotion	150.00
Refreshments	100.00
<b>Sub-Total SONC</b>	<b>\$3,000.00</b>
 <b>CD4 Discretionary Fund Expenditures</b>	
LA RAP Staff and Support	
Recreation Center Staff	\$320.00
Maintenance	350.00
Open Space Permit Fee	100.00
Clean-Up Deposit	100.00
<b>Sub-Total Discretionary</b>	<b>\$870.00</b>
 <b>Total Per Movie Expenditures</b>	 <b><u>\$3,870.00</u></b>
 <b>Total for 2017 SONC Summer Series -- 3 Movies</b>	
SONC Expenditures	<b>\$9,000.00</b>
CD4 Discretionary Funds	<b><u>2,610.00</u></b>
 <b>Grand Total</b>	 <b><u>\$11,610.00</u></b>

## SONC MOVIE BUDGET BREAKDOWN

	16-17	17-18	17-18	TOTAL
	6/24/2017	7/29/2017	8/26/2017	
<b>SONC EXPENDITURES FY 17-18</b>	<b>SING</b>	<b>MOANA</b>	<b>BEAUTY /BEAST</b>	
Screen and Projection Fee	0.00	1,300.00	1,300.00	2,600.00
Movie Licensing Fee	0.00	0.00	0.00	0.00
Entertainment				
Moana Princess	0.00	295.00	-	295.00
Best Bubbles	0.00	225.00	225.00	450.00
Give-Ways with SONC BRANDING	0.00	46.98	0.00	46.98
Promotions (Postcard / Flyer/Printed Material)	0.00	0.00	0.00	0.00
Refreshments (Bottle Water/F Volunteers)	0.00	85.33	57.68	143.01
<b>Park Fees (BALANCE TO BE PAID)</b>	<b>858.00</b>	<b>858.00</b>	<b>858.00</b>	<b>2,574.00</b>
<b>TOTAL</b>	<b>858.00</b>	<b>2,810.31</b>	<b>2,440.68</b>	<b>6,108.99</b>
<b>TOTAL MOVIE SERIES BUDGET</b>	<b>858.00</b>	<b>2,810.31</b>	<b>2,440.68</b>	<b>6,108.99</b>
Board Approval # 1- June 12, 2017 FOR FY 17-18				5,000
Board Approval #2 - July 10, 2017				1,000
<b>SHORT FALL</b>				<b>108.99</b>
<b>March 12, 2018 Motion for additional Funds</b>				
Up to \$250.00 to pay Park Fees and any additional expenditures for Summer Series				\$250.00
<b>TOTAL ALLOCATION</b>				<b>6,250.00</b>