

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2016-17
 Request Date: 9/12/2016
 Meeting Date: 9/12/2016

Requestor: Tom Capps
 Vendor: Ron Ziff
 Address: 14939 Sutton Street

Agenda Item: _____

City: Sherman Oaks State: CA

- 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

Zip Code: 91403 Phone: _____

Amount: \$ _____ 7.46
 # of payments _____

If a bank card exemption of the daily \$2,500 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 the reimbursement of \$7.46 to board member Ron Ziff for costs to duplicate keys for the SONC office and office supplies related to the Land Use Committee.	

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						
Liceaga, Candace	Area 5 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						
Schillace, Louis	Area 2 Business						
Steinberg, Sue	Area 4 Business						
Ziff, Ron	Area 6 Business						
NC Quorum: _____	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 Hartsough
Date (mm/dd/yy):		Date (mm/dd/yy):	

Department Use Only

Contract
 CIP
 Advanced Payment
 Approved
 >\$2,500
 NPG
 Sponsored Event
 Denied

Staff Initials _____
 1st Level _____
 Authorization Code _____
 2nd Level _____

Silvers Locksmith
818-789-4049

Date 5/27/16

Acct. Name: Ron Ziff

Acct. Number: _____

Reg. No.	Clerk	Account Forwarded
1	Keys	140
2		
3	B	}
4		
5		
6		
7		
8		
9		
10		
11		

49520

Tax

Total

Your account stated to date - If error is found return at once.

Silvers Locksmith
818-789-4049

Date 5/25/16

Acct. Name: Roa Ziff

Acct. Number: _____

Reg. No.	Clerk	Account Forwarded	
1			
2	Keys (2)		
3			
4			
5			
6			
7			
8			
9			
10			
11			
49518		Tax	
		Total	<u>2.80</u>

Your account stated to date - If error is found return at once.

STAPLES

6104 Sepulveda Blvd.
VAN NUYS, CA 91411
(818) 908-2360

SALE 1810932 5 001 42526
1310 08/09/16 02:44

QTY SKU PRICE

REWARDS NUMBER 2621440417

1	CLASP ENV BRN KRAF	
	718103038683	2.99
SUBTOTAL		2.99
Standard Tax 9.00%		0.27
TOTAL		\$3.26

Cash	3.26
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TOTAL ITEMS 1

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