

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	\$31207.00	\$822.63	\$7141.58	\$371.45	\$4751.63
Outreach		\$2296.50		\$2018.50	
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 Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$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						\$6139.95



INVOICE LF

15121 Ventura Boulevard
 Sherman Oaks, California 91403

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

EMAIL: goodway@goodwayprintcopy.com

No. **41017**

Date 5/14/2018

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, 4 sheets, copied on 2 sides 25 Copy Machine Stapling	19.25
50	agenda, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides 50 Copy Machine Stapling	20.50
20	Monthly Expense, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 14 sheets, copied on 2 sides 20 Copy Machine Stapling	51.40
20	Monthly Expense, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, copied on 2 sides	3.60

XtraExport
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 : XXXXXXXXXXXXX8480
 Entry Method : Keyed
 Total Amount : 103.75
 Authorization : Approved - 055647

Taken by:
 Account Type: C
 PLEASE PAY FROM THIS INVOICE.
 THANK YOU!

SUBTOTAL	94.75
TAX	9.00
SHIPPING	
TOTAL	103.75
AMOUNT DUE	103.75



INVOICE LF

15121 Ventura Boulevard
 Sherman Oaks, California 91403

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

EMAIL: 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 White 20# B-KP Copy Multipurpose SMOOTH, 50 sheets, copied on 1 side	4.50										
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Goodway Print & Copy 15121 Ventura Blvd. Sherman Oaks, CA 91403 Phone: (818) 783-5172 Fax: (818) 783-8649 www.goodwayprintcopy.com</p> </div> <div style="width: 35%; border-left: 1px solid black; padding-left: 10px;"> <p>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 : XXXXXXXXXXXXX8480 Entry Method : Keyed Total Amount : 4.93 Authorization : Approved - 009596</p> </div> <div style="width: 30%;"> <p>Ref Note: Signature _____ I Agree to pay the above amount according to the card issuer agreement Thank You !</p> </div> </div>												
<p>Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE. THANK YOU!</p>	<p>Ship Via:</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">SUBTOTAL</td> <td style="text-align: right;">4.50</td> </tr> <tr> <td style="text-align: right;">TAX</td> <td style="text-align: right;">0.43</td> </tr> <tr> <td style="text-align: right;">SHIPPING</td> <td></td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: right;">4.93</td> </tr> <tr> <td style="text-align: right;">AMOUNT DUE</td> <td style="text-align: right;">4.93</td> </tr> </table>	SUBTOTAL	4.50	TAX	0.43	SHIPPING		TOTAL	4.93	AMOUNT DUE	4.93
SUBTOTAL	4.50											
TAX	0.43											
SHIPPING												
TOTAL	4.93											
AMOUNT DUE	4.93											

Walmart to Best Buy #764
4500 VAN NUYS BLVD
SHERMAN OAKS, CA 91403



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

0764 044 0751 05/25/18 11:55

*** DUPLICATE RECEIPT ***

6091601	PKG LS01-13	39.99
	STUFF SLEEVE LIGHT GREY 13	
	49.99 Was Price	
	10.00- Sale Discount	
	Sales Tax	3.80
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
	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

My Best Buy
Member ID 2529896058

Terms & Conditions for the service plan(s)
you've purchased are available at
www.bestbuy.com/service/termsconditions

HARDWARE/SOFTWARE
You purchased the following:
1YR ADH 100-149.99 LAPTOP GSP

SERVICE AND SERVICE
OPTIONS

13
Excluded from the "State of California Department of Industrial Relations' 2008-2009
Survey" as a participant in the Survey. 02/28/08 10:41:18 AM



SUBWAY

77 Refreshments MEETING
5/14/18

Subway#1893-0 Phone 818-784-9804
15053 Ventura Blvd

Sherman Oaks, CA, 91403

Served by: SUPREET 5/14/2018 5:03:37 pm

Term ID-Trans# 1/A-180794

Qty	Size	Item	Price
1		3FT Giant Sub	48.00
		-2 Tuna GSsect	0.00
1		3FT Giant Sub	48.00
		-2 Roast Beef GSsect	0.00
1		3FT Giant Sub	48.00
		-2 Turkey GSsect	0.00
Sub Total			144.00
Total (Take Out)			144.00
Credit Card			144.00
Change			0.00

Approval No: 029066
Reference No: 813500482621
Card Issuer: Mastercard
Account No: *****8480
Acquired: Manual
Amount: \$144.00
Date/Time: 5/14/2018 5:03:37 PM

Signature:

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



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

Routing: ACLSMITH

ORIGINAL INVOICE

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

Bill-To Customer: 0342731-001

Ship-To Customer: 0342731-001

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

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

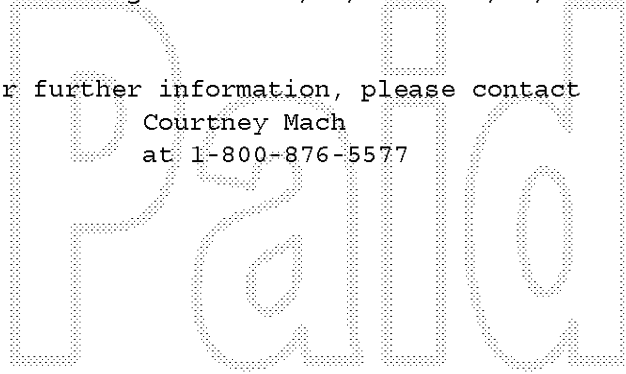
Order:1527164

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) Widescreen DVD Planned Usage From: 06/30/18 to 06/30/18	550.00	550.00

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-President [VP] name),
declare that I am the President or VP of the Sherman Oaks Neighborhood Council
Neighborhood Council (Neighborhood Council) and that on July 10, 2017 (meeting
date), a Brown Act noticed public meeting was held by the Neighborhood Council with a quorum
of 17 (number) board members present and that by a vote of
16 (number) Yea, 0 (number) Nay, and 1 (number) Abstentions,
the Neighborhood Council approves funding support for the following:

L.A. Congress of Neighborhoods 2018 event in the amount of:

*\$ 750.00 (A)

and/or

L.A. Congress of Neighborhoods 2018 – Networking/EmpowerLA Awards event in the amount of:

*\$ _____ (B)

and/or

Neighborhood Council Budget Advocates 2018 in the amount of:

*\$ 750.00 (C)

\$ 1,500.00 **Grand Total (A) + (B) + (C)**

Therefore, the Neighborhood Council requests that the Office of the City Clerk Neighborhood Council Funding Program issue payment in the aforementioned Total amount from our checking account to the Department of Neighborhood Empowerment for the Congress and/or Budget Advocates Account(s).


Signature of President or VP

03-12-2018
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
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017
 Agenda Item: Item 8V

Requestor: Tom Capps Treasurer
 Vendor: Budget Advocate - City of LA
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount: \$ 750.00
 # of payments

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

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

Public Benefit Description: Approve \$750 to Budget Advocates 2017-18 Budget

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

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

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

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

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

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

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

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*\$ 750.00 (A)

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and/or

Neighborhood Council Budget Advocates 2018 in the amount of:

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\$ 1,500.00 **Grand Total (A) + (B) + (C)**

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Signature of President or VP

03-12-2018
Date

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**"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
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017
 Agenda Item: Item 8W

Requestor: Tom Capps Treasurer
 Vendor: LA Congress of Neighborhood
 Address: _____
 City: _____ State: CA
 Zip Code: _____ Phone: _____
 Amount: \$ 750.00
 # of payments

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

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

Public Benefit
Description

Approve \$750 for the annual 2018 Annual LA Congress of Neighborhood event

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
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Ross, Garrett	Area 1 Residential	✓					
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Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: <u>11</u>	Grand Total (including page 2):	<u>16</u>		<u>1</u>		<u>3</u>	

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

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

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

SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Incubator	\$2,000.00	\$2,000.00 ✓
3 kennels	\$900.00	\$900.00
Monthly dog handling and obedience training for a year	\$600.00	\$600.00 ✓

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?
 No Yes If Yes, please list names of NCs: _____

8) Is the implementation of this specific program or purpose described in Question 4 contingent on any other factors or sources or funding? (Including NPG applications to other NCs) No Yes If Yes, please describe:

Source of Funding	Amount	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: ~~\$3,500.00~~ **2,600**

10a) Start date: 4 / 1 / 18 10b) Date Funds Required: 5 / 1 / 18 10c) Expected Completion Date: 4 / 30 / 19
 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

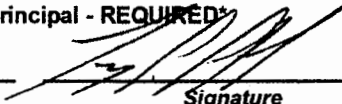
11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?
 No Yes If Yes, please describe below:

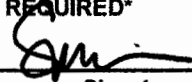
Name of NC Board Member	Relationship to Applicant

11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?
 Yes No *(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment of this grant in its entirety.)

SECTION V - DECLARATION AND SIGNATURE

I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and "Conflicts of Interest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of a public benefit project/program and that no conflict of interest exist that would prevent the awarding of the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council.

12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED*
 Troy Smith President  3/27/18
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
 Sammi Maon Secretary  3/27/18
 PRINT Name Title Signature Date

* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or clerk.ncfunding@lacity.org for instructions on completing this form

Lyon ProCare Neo-Natal Intensive Care Unit

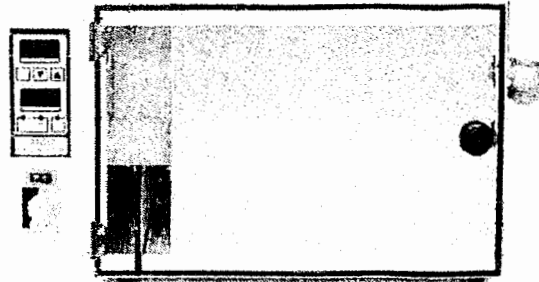
Specifically designed for neo-natal applications where even smaller spaces are required than a standard small unit, the new neo-natal unit has additional features added.

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.



HotSpot
for Birds

(888)246-8776

Email: getinfo@hotspot4birds.com

Website: <http://www.hotspot4birds.com>

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

DEPARTMENT OF THE TREASURY

Date: **SEP 22 2014**

LARPBO LOS ANGELES RESPONSIBLE PIT
BULL OWNERS INC
16633 VENTURA BLVD STE 600
ENCINO, CA 91436

Employer Identification Number:
46-2563118
DLN:
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

Letter 947

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.

Name of NC from which you are seeking this grant: Sherman Oaks

SECTION I - APPLICANT INFORMATION

- 1a) Southern California Preparedness Foundation 47-2811120 CA 01/21/2015
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*
 Search for us in the Funding Portal
- 1b) 19300 Rinaldi St. Unit 7333 Northridge 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.Hopkins@SoCalPrep.us
Name *Phone* *Email*
- 2) **Type of Organization- Please select one:**
 Public School *(not to include private schools)* **or** 501(c)(3) Non-Profit *(other than religious institutions)*
Attach Signed letter on School Letterhead **Attach IRS Determination Letter**
- 3) _____
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.

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.

SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a)	Personnel Related Expenses	Requested of NC	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$
6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Supplies, services, and rentals for Annual Valley Disaster Preparedness Fair	\$ 850.00	\$ 49,000.00
		\$	\$
		\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?
 No Yes If Yes, please list names of NCs: Various Neighborhood Councils

8) Is the implementation of this specific program or purpose described in Question 4 contingent on any other factors or sources or funding? (Including NPG applications to other NCs) No Yes If Yes, please describe:

Source of Funding	Amount	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 850.00

10a) Start date: 01 / 24 / 18 10b) Date Funds Required: 05 / 15 / 18 10c) Expected Completion Date: 09 / 29 / 18
 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?
 No Yes If Yes, please describe below:

Name of NC Board Member	Relationship to Applicant

11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?
 Yes No ***(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment of this grant in its entirety.)**

SECTION V - DECLARATION AND SIGNATURE

I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and "Conflicts of Interest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of a public benefit project/program and that no conflict of interest exist that would prevent the awarding of the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council.

12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED*

William J. Hopkins, Jr. President & Director *William Hopkins* 2/16/18
 PRINT Name Title Signature Date

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

Linda M. Pruett Corporate Secretary & Director *Linda M. Pruett* 2/16/18
 PRINT Name Title Signature Date

* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or clerk.ncfunding@lacity.org for instructions on completing this form

Save The New Date

11th Annual

VALLEY DISASTER PREPAREDNESS FAIR



WWW.VALLEYDISASTERFAIR.COM

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!

**Valley
Disaster
Preparedness
Fair
2018**

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 [ARES NW](#).

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 www.ValleyDisasterFair.com

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,

A handwritten signature in black ink, appearing to read "William J. Hopkins, Jr.", written over a light blue horizontal line.

William J. Hopkins, Jr.
President and Director

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

DEPARTMENT OF THE TREASURY

Date: JAN 21 2015

SOUTHERN CALIFORNIA PREPAREDNESS
FOUNDATION
19300 RINALDI ST UNIT 7333
NORTHRIDGE, CA 91327-8818

Employer Identification Number:
47-2811120
DLN:
26053420004015
Contact Person:
CUSTOMER SERVICE ID# 31954
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:
Yes
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.

Letter 5436

SOUTHERN CALIFORNIA PREPAREDNESS

Sincerely,

A handwritten signature in black ink that reads "Tamera Rippanda". The signature is written in a cursive, flowing style.

Director, Exempt Organizations



INVOICE

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

Please remit payment to:
LLoyd Staffing, Inc.
PO Box 780994
Philadelphia, PA 19178-0994
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:		
04/08/2018	402957	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT	
04/02/18-04/08/18	EXASST	Salter, Jolie A	5.00	21.85	\$109.25	
				PAY THIS AMOUNT >	TOTAL	\$109.25

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.

Lloyd Staffing
 11290 Avenida Soutavald, Suite A
 Carrollton, GA 30086
 Phone: 542-860-2835 Fax: 662-660-0111

EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.

EMP	DATE	TIME IN	TIME OUT	CALCULATED HOURS	REMARKS
MON	4/2/18	07:30	3:00 PM	1.3	
TUES	4/3/18	07:30	07:30		
WED	4/4/18	07:30	07:30		
THURS	4/5/18	07:30	07:30		
FRI	4/6/18	07:30	07:30	5	
SAT					
SUN					

WEEK END: TOTAL HOURS WORKED IN WEEK: 14 HOURS
 TOTAL HOURS WORKED IN WEEK: 14 HOURS

INSTRUCTIONS:
 1. Print with ink a ballpoint pen.
 2. Do not use correction fluid or other substances.
 3. Sign and date each time card.
 4. Write clearly in black ink only. Do not use blue or red ink.
 5. Do not use a pen nib that is worn or dull.

EMPLOYEE SIGNATURE: [Signature]
 SOCIAL SECURITY NO.: [Redacted]
 EMPLOYER SIGNATURE: [Signature]
 TITLE: Admin Assst.

COMPANY NAME: Sherman Oaks Neighborhood Council
 ADDRESS: [Redacted]
 CITY: [Redacted]
 STATE: [Redacted]
 ZIP: [Redacted]

RECEIVED BY: Ron Ziff
 DATE: 4/6/18

IF YES, Temporary Associates must indicate they have received 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 were worked by me during the work ending when stated, and were properly certified by an authorized representative of the facility named above, and that I received the required training. Understanding item is correct the office after completing the assignment to determine if there is other work available for you. I agree that if I do not contact the office upon completion of an assignment that you can assume I am not available.

BE SURE TO CALL Lloyd Staffing Immediately when assignment ends or we will assume you are no longer available for work.

TERMS & CONDITIONS FOR LLOYD STAFFING

I hereby certify that I am authorized to sign on behalf of the named company ("Customer") the following WORKER ON THE WORKER'S BEHALF. I certify that the work was performed by the worker named above, and the signature and date are correct. I have read and understand the terms and conditions of this agreement, and I agree to be bound by them. I have read and understand the terms and conditions of this agreement, and I agree to be bound by them. I have read and understand the terms and conditions of this agreement, and I agree to be bound by them. I have read and understand the terms and conditions of this agreement, and I agree to be bound by them.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any other services that LLOYD may provide to the Customer. I agree to be bound by the terms and conditions of this agreement, and I agree to be bound by them. I have read and understand the terms and conditions of this agreement, and I agree to be bound by them. I have read and understand the terms and conditions of this agreement, and I agree to be bound by them.

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) total 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 the 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.



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



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:		
04/15/2018	403162	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
04/09/18-04/15/18	EXASST Salter, Jolie A			10.00	21.85	\$218.50
				PAY THIS AMOUNT >	TOTAL	\$218.50

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.



11000 Adelin Boulevard, Suite A
 Corona, CA 92703
 Phone: 952-400-2055 Fax: 952-960-0111

EMPLOYEE PLEASE COMPLETE - BY SIGNING THIS FORM YOU AGREE TO THE TERMS AND CONDITIONS OF THE EMPLOYMENT CONTRACT.

DAY	DATE	TIME IN	TIME OUT	UNLADEN LITER WEIGHT	TEAR MARKS
MON	4/9/18	2:33 PM	10:30 PM		8
TUE	4/10/18				
WED	4/11/18				
THURS	4/12/18				
FRI	4/13/18	3:05 PM			2
SAT					
SUN					
TOTAL HOURS FOR WEEK TO REPORT IN 4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE					10

INSTRUCTIONS

- Print in ink on a self-copy.
- Use accurate stamps for each assignment.
- Use 15 MINUTE INCREMENTS TO REPORT WORKING TIME.
- Leave SIGNED COPY WITH COMPANY HUMAN RESOURCE OFFICE BY 5:00 PM.
- Changed employees will be required to work without report.

IMPORTANT: ALL WORK MUST BE APPROVED BY YOUR SUPERVISOR. WORKING TIME MUST BE APPROVED BY YOUR SUPERVISOR. WORKING TIME MUST BE APPROVED BY YOUR SUPERVISOR.

COMPANY NAME: **SONG**

JOB TITLE

ASSIGNED TO: **RON ZIFF**

DEPT:

Admin Asst 4/13/18

FIRST TIME AT THIS CLIENT COMPANY? Yes No
 If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)

Emergency Evacuation Procedures Job Site & General Safety Rules Policy & Procedures Review
 Inventory Control Hours Allowed Work Schedules Work Location Work Hours Work Location Work Hours

EMPLOYEE NAME

Jolie Sater

EMPLOYEE SIGNATURE

Jolie Sater

SOCIAL SECURITY NO.

[REDACTED]

CLIENT SIGNATURE

Ronald Ziff

IMPORTANT FOR CLIENT: A review of this form by the client constitutes a certification that the total hours listed are correct and that the work was performed in a satisfactory manner and agreement by the client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not authorize receipt to employees. Maximum 4 hours per employee per day.

We turn to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

CALIFORNIA

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 the 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 is an authorized agent for the recruitment, selection, placement, and supervision of temporary employees. The total hours shown on this form are for the client's use only. The client is responsible for the accuracy of the information provided on this form. The client is responsible for the accuracy of the information provided on this form. The client is responsible for the accuracy of the information provided on this form.

The client agrees to pay the employee for the time spent on this assignment. The client agrees to pay the employee for the time spent on this assignment. The client agrees to pay the employee for the time spent on this assignment.

The client agrees to pay the employee for the time spent on this assignment. The client agrees to pay the employee for the time spent on this assignment. The client agrees to pay the employee for the time spent on this assignment.

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

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

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

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



INVOICE

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

Please remit payment to:
LLoyd Staffing, Inc.
PO Box 780994
Philadelphia, PA 19178-0994
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:		
04/29/2018	403325	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
04/23/18-04/29/18	EXASST Salter, Jolie A			2.00	21.85	\$43.70
				PAY THIS AMOUNT >	TOTAL	\$43.70

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.



INVOICE

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

Please remit payment to:
LLoyd Staffing, Inc.
PO Box 780994
Philadelphia, PA 19178-0994
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:		
04/22/2018	403200	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
04/16/18-04/22/18	EXASST	Salter, Jolie A		2.00	21.85	\$43.70
				PAY THIS AMOUNT >	TOTAL	\$43.70

Thank you for your part in our Placements with a Purpose program. Every placement generated by LLoyd supports JDRC 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>	Grand Total (including page 2):	<u>16</u>		<u>1</u>		<u>3</u>	

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

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

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



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

at&t

CUSTOMER NUMBER

8607823

INVOICE DATE

05/01/2018

Page 1 of 1

Bill-To Customer:



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

1737
 T8 P1



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	\$0.00	\$15.26	\$15.26

Payments - Thank You

04/24/2018

\$15.26

Description of Current Charges & Credits

UM Standard-Discout Rate

8185032399

City Utility Users Tax

May service

Qty

1

Unit Price

\$14.00

Ext. Price

\$14.00

\$1.26

Please detach & enclose with payment

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



at&t

REMIT TO:

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

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

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

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

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

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
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
0	Monthly Hosting for shermanoaksnc.org (Included in maintenance)	15.00	0.00

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

Department of Neighborhood Empowerment Funding Request Form



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

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: The Web Corner
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$1,400.00
 # 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:

Public Benefit Description

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

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

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

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community 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: 11	Grand Total (including page 2):	16		1		3	

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

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

Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: <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: _____

**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.**

Customer Copy
Corky's
Corky's Restaurant
Sherman Oaks, CA
www.corkysla.com
(818) 788-5110
MERCHANT ID: 110042409390
Mon 3/26/2018 8:07:42 PM
Check 186-1 Table 17
Auriana M.
Station Cashier
SALE
ENTRY METHOD: CHIP
I AGREE TO PAY THE ABOVE TOTAL
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT CARD)
Tip 15% (7.86) 16% (9.44) 20% (13.49)
Visa XXXXXXXXXXXXXXX
Approval 07154
REFERENCE: 808603903631
APPLICATION LABEL: Visa Credit
AID: A0000000031010
TVR: 8000068000
IAD: 06010A0360A000
TSI: 7800
ARC: 00
CVM: SIGN
BASE \$52.43
TIP 10.00
TOTAL \$62.43
Customer Copy
View Our Menu At
www.corkysla.com

Transactions

Transaction Date	Posting Date	Description	Reference Number	Account Number	Amount	Total
Payments and Other Credits						
TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD						
Purchases and Adjustments						
03/26	03/28	CORKY'S RESTAURANT & THE SHERMAN OAKS CA	3984	7783	62.43	
TOTAL PURCHASES AND ADJUSTMENTS FOR THIS PERIOD						



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 ID	Promotional Rate End Date	Balance Subject to Interest	Interest Charges by Transaction
[Redacted Content]						

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

CALIFORNIA



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 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
5. 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
 - i. Review and discuss the Public Safety Survey for Stakeholders of Sherman Oaks.
 1. Discuss logistics of timing, collection, results and implementation of data received.
 2. 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
 - i. 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
 - a. 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



"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.

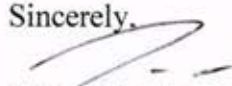
It is our desire to bring this request to the attention of your board for consideration at your Board meeting on April 9th.

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 SeymourAmster.pesa@gmail.com.

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

SECTION I - APPLICANT INFORMATION

- 1a) 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 applicable)**
- 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**
- 1d) **PRIMARY CONTACT INFORMATION:**
 SEYMOUR AMSTER (800) 894-7201 SEYMOURAMSTER.PESA@GMAIL.CC
Name **Phone** **Email**
- 2) **Type of Organization- Please select one:**
 Public School (not to include private schools) or 501(c)(3) Non-Profit (other than religious institutions)
Attach Grant Request on School Letterhead **Attach IRS Determination Letter**
- N/A
- 3) **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.

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)

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.

SECTION III - PROJECT BUDGET OUTLINE

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
Support for Teen Court Session, materials and Club & Data Collection	\$ 1,500.00	\$ 45,000.00
Support for Events and Field Trips & Data Collection	\$ 1,500.00	\$ 55,000.00
Monitoring Youthful Offenders & Data Collection	\$ 2,000.00	\$ 40,000.00

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Program Fees not included in above	\$ 0.00	\$ 17,000.00
Bus and other Transportation not included in above	\$ 0.00	\$ 7,500.00
Training Materials not included in above	\$ 0.00	\$ 14,000.00

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

No Yes, please list names of NCs: Most of the other NC as it relates to their boundaries.

8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs) No Yes, please describe:

Source of Funding	Amount	Total Projected Cost

9) What is the TOTAL amount of the grant funding requested with this application: ~~\$ 5,000.00~~

10a) Start date: 03/01/18 10b) Date Funds Required: 05/01/18 \$2,000.00

10c) Expected completion date: 06/01/18 (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC?

No Yes - Please describe below:

Name of NC Board Member	Relationship to Applicant

11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application? Yes No *(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the Department will deny the payment of this grant in its entirety.)

SECTION V - DECLARATION AND SIGNATURE

I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read Appendix A, "What is a Public Benefit," and Appendix B "Conflicts of Interest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of a public benefit project/program and that no conflict of interest exist that would prevent the awarding of the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council.

12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED*

SEYMOUR AMSTER EXECUTIVE DIRECTOR [Signature] 4/10/18
 PRINT Name Title Signature Date


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

FRANCINE AMSTER SECRETARY [Signature] 4/10/18
 PRINT Name Title Signature Date

* If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form



OGDEN UT 84201-0029

In reply refer to: 4077591934
Oct. 28, 2015 LTR 4168C 0
46-2694430 000000 0000030922
BODC: TE

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

007650

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.

4077591934
Oct. 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



CITY OF LOS ANGELES
Office of Finance
P.O. Box 53200
Los Angeles CA 90053-0200

PARENTS EDUCATORS / TEACHERS & STUDENTS IN ACTION

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

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

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS
CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE
THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED

ACCOUNT NO.	FUND/CLASS	DESCRIPTION	ISSUED:03/17/2016	STARTED	STATUS
0002893373-0001-4	L049	Professions/Occupations		02/29/2016	Active

PARENTS EDUCATORS / TEACHERS & STUDENTS IN ACTION

ISSUED

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

**ISSUED FOR TAX COMPLIANCE PURPOSES ONLY
NOT A LICENSE, PERMIT, OR LAND USE AUTHORIZATION**

ISSUED BY: *Clari Bartels*
DIRECTOR OF FINANCE

No registration certificate or permit issued under the provisions of the Business Tax ordinances of the LAMC, or the payment of any tax required under the provisions of the Business Tax ordinances of the LAMC shall be construed as authorizing the conduct or continuance of any illegal business or of a legal business in an illegal manner.

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Parents, Educators/Teachers & Students in Action

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
18017 Chatsworth Street, Suite 337

6 City, state, and ZIP code
Granada Hills, Ca. 91344

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.


Social security number										
			-				-			
or										
Employer identification number										
4	6	-	2	6	9	4	4	3	0	

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here
Signature of U.S. person ▶ 

Date ▶ 12/26/16

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

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

