NC Bud	oorting Month: Name:		JUNE						
Bud			JOINE		MON	ITHLY EXPENDITURE	REPORT 2017 11:13:05		angeles
			Encino	)	Submitted:		of los		
EII 1	lget Fiscal Year:	2016-2017							city
		(WHITE) FIEL DS	(Must be subm	itted to the Department witl	hin 10 days of Board Ann	roval along with docum	entation and ha	rd copy)	City Clerk
				ore than 12 expenditure					-
Α	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / DE		BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1 A	America's Healthy Kids		ENC 17105	6/2/2017 Healthy kid event		NPG			\$1,250.00
2 F	Partners in Diversity	26863		6/5/17 Temporary staffing w	/e 4/23/17	OPERATIONS			\$197.85
3 F	Partners in Diversity	27013		6/5/17 Temporary staffing w	/e 4/23/17	OPERATIONS			\$234.47
4	Partners in Diversity	27072		6/5/17 Temporary staffing w	/e 5/21/17	OPERATIONS			\$267.94
5 I	Los Encinos Docents		ENC-17363	6/5/17 dirt for instructional g	arden	NPG			\$300.00
6 I	Los Encinos Docents		ENC-17365	6/5/17 Beautification of entra	ance	NPG			\$700.00
7 L	₋anai Road School		ENC-17364	6/5/17 STEAM instructional	materials	NPG			\$1,000.00
8 E	Encino Charter School		ENC-17362	6/5/17 STEAM instructional	materials	NPG			\$1,000.00
9 0	City of LA Rec/Parks			6/9/17 Permit for community	/ get together	OUTREACH			\$100.00
# C	City of LA Rec/Parks			6/9/17 Food truck permit for	6/9/17 Food truck permit for get together				\$200.00
# N	M.A.R.Y. Foundation		ENC-17366	6/9/17 Grant for Children's festival		NPG			\$750.00
# C	Congress of Neighborhoods	5		9/9/17 Congress of I	Neighborhoods event	OUTREACH			\$1,000.00
S	SUBTOTAL: Expenditures	by Line Item (Ma	y include totals	on page 3, if entered)					\$8,945.89
вС	CUMULATIVE EXPENDITU	IRES FROM PRIO	R MONTHS (CL	IRRENT FISCAL YR)					\$27,627.18
СС	OUTSTANDING COMMITM	IENTS (OBLIGATI	ONS)						
1 F	PARTNERS IN DIVERSITY			6/16/17 REVERSED PAYM	ENT	OPERATIONS			\$197.85
2 F	PARTNERS IN DIVERSITY			6/16/2017 REVERSED PAY	'MENT	OPERATIONS			\$234.47
3 F	PARTNERS IN DIVERSITY			6/16/17 REVERSED PAYM	ENT	OPERATIONS			\$267.94
4 F	PARTNERS IN DIVERSITY			6/30/17 REVERSED PAYM	ENT-see note	OPERATIONS			\$549.20
5 F	PARTNERS IN DIVERSITY			#1,2,3 REVERSED, ALSO I	NCLUDED a2, 3, 4	OPERATIONS			-\$700.26
6									
7									
8		1							
9									
10									
	SUBTOTAL: Outstanding	Commitments (Inc	cludes total on	page 3)					\$549.20
	Total Expenditures & Com		citates total off	page e)					\$37,122.27
ΕT	Fotal Adjustments (such a	s use taxes asse	ssed, prior fisc	al years items, etc) (use '-' i	for credits, '+' for deducti	ons)			\$0.00
FΑ	Approved Budget 2016-20	17							\$42,000.00
GE	Balance of Budget 2016-2	017							\$4,877.73

Revision Date 10/14/16

Reporting Month:	JUNE
NC Name:	Encino

MONTHLY CASH RECONCILIATION						
Beginning Balance (A)	Funds Deposited (B)	Total Available (C ) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E ) = C - D		
\$14,372.79	\$1,249.46	\$15,622.25	\$8,945.89	\$6,676.36		

	MONTHLY CASH FLOW ANALYSIS								
Category Identifier	Budget Category	Adopted Budget (A)	Total Spent this Month (B)	FY 2015-16 Expenses Cleared in FY 2016-17 (C )	Total Spent in Prior Months (D)	Unspent Budget Balance (E) = A - B - D			
100	Operations	\$14,300.00	\$1,671.81	\$0.00	\$9,566.79	\$3,061.40			
200	Outreach	\$11,000.00	\$2,274.08	\$0.00	\$10,644.90	(\$1,918.98)			
300	Community Improvement	\$4,200.00	\$0.00	\$0.00		\$4,200.00			
400	NPG	\$12,500.00	\$5,000.00	\$0.00	\$7,415.49	\$84.51			
500	Elections		\$0.00	\$0.00		\$0.00			
	TOTAL	\$42,000.00	\$8,945.89	\$0.00	\$27,627.18	\$5,426.93			

	NEIGHBORHOOD COUNCIL DECLARATION							
We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and will								
furnis	furnish additional documentation to the Office of the City Clerk, Neighborhood Council Funding Section upon request.							
Treasurer Signature		Signer's Signature						
Print Name	PATRICIA BATES	Print Name	DEBRA GEORGE					
Date		Date						
NC Additional Comments	A 20 &A21 include\$39.38 in charges for drinking water provided for community get togethers and America's Healthy Kids Events. The funds deposited of \$1249.46 actually includes \$549.20 of erroneously reversed Partners in Diversity charges which were not paid; the invoices are directly following the bank statement in this MER							
Revision Date 10/14/16								

Page 2

#### Reporting Month: NC Name:

JUNE Encino

		ADD	ITIONAL EXP	ENDITURES BY LINE ITEM (Optional, do not prin	t page 3 unless you	use it)		
A	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / DESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
#	Martin Outdoor	25459		6/14/17 Bus Bench printing	OUTREACH			\$300.00
#	Partners in Diversity	27180		6/13/17 Temporary Staffing w/e 6/5/17	OPERATIONS			\$177.44
#	The Web Corner	14990		6/13/17 Web site maibntenance	OUTREACH			\$99.00
#	Office Depot			6/2/2017 Sharpie markers for Community get-together	OUTREACH			\$5.44
#	Office Depot			6/2/17 Name Badges for community get together	OUTREACH			\$13.01
#	TWC			6/5/17 Cable for internet	OUTREACH			\$59.99
#	Quality Logo products	719393322		6/5/2017	OUTREACH			\$198.31
#	Office Depot			6/6/17 Paper, pens, water (see note)	OPERATIONS			\$129.18
#	Office Depot			6/5/17 Paper, computer cable, water (see note)	OPERATIONS			\$66.64
#	Bucca di Beppo			6/8/17 Refreshments for general meeting	OUTREACH			\$278.33
#	Office Depot			6/8/17 2 extra capacity toner cartridges	OPERATIONS			\$408.88
#	Office Depot			6/9/2017 glue	OPERATIONS			\$7.81
#	Office Depot			6/9/17 1 remanufactured super capacity toner	OPERATIONS			\$181.60
#	Constant contact			6/23/17 Outreach emailing service	OUTREACH			\$20.00
#								
#								
#								
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#								
#								
#								
ę	SUBTOTAL: Expenditures b	y Line Item						\$1,945.63

# UnionBank STATEMENT OF ACCOUNTS

CENTURY CITY 0206 PO BOX 512380 LOS ANGELES

**ENCINO NEIGHBORHOOD COUNCIL** 

UN1682190818POS

UN1682190818POS

6/5

200 N SPRING ST FL 20

LOS ANGELES CA 90012-4801

Page 1 of 2 Statement Number: 06/01/17 - 06/30/17

**Telephone Banking** 

For 24-hour Automated Direct Service Representatives are available Monday through Saturday

banking office at 310-551-8900

You may also access your account online at unionbank.com

Account Number

197.85

Thank you for banking with us since 2014

#### **Business Basics Checking Summary**

Days in statement	period: 30										
	Balance on 6	/1	5		14	4,372.79		00 £	676.3	>	
	Additions					1,249.46			177.1.		
	Subtractions					5,073.05		0	121110	2	
			Checks	-2,6	626,44			6	676-3	6	
			Payments		950.26				1000		
			Purchases		369.19						
		Other	Withdrawals	-6,1	127.16						
	Balance on 6	/30	3	6		549.20	0				
	Statement Ave	erage L	edger Balanc	e	7	7,540.12	2		199.6	2	
	We waived you		ice chame thi	is statement r	period				349.5		
			ioo onargo un							A	
					rtuen	s m			579.2	0 1	1
Additions				Δ	ivers	ity		-			1
	Date	De	scription/Loca	ation					Reference		Amount
	6/16	Pa	rtners in Dive	PMT REFUN	D PPD ****	*******0	818		55959695	\$	197,85
	6/16		rtners in Dive						55959697		234,47
	6/16	Pa	rtners in Dive	PMT REFUN	D PPD ****	*******0	818		55959699		267.94
	6/30	MI	SCELLANEO	US BANK OR	IGINATED	ITEM			99351149		549.20
	Total									\$	1,249.46
Checks											
	Number	Date	Reference	Am	ount	N	Vumbei	Date	Reference	1	Amount
	5090	6/9	06782198	10	0.00	5	5107	6/14	08297394		300.00
	5103*	6/9	06782196	20	0.00	5	5108	6/13	07528668		177.44
	5105*	6/13	07630654	75	0.00	5	5109	6/13	08281138		99.00
	5106	6/22	06114102	1,00	0.00						
	Total									S	2,626.44
	* Checks miss	sing in s	equence. Out of s	equence check n	umbers may al	lso be loca	ated in the	e Paymenta	s section of your	statement	
avments online a	nd electmole happing										
Payments online a	nd electronic banking Date	Des	cription/Local	tion				Referen	Ce		Amount

PARTNERS IN DIVE ONLINE PMT WEB 53059447

UNION BANK CA 90051-0380

800-238-4486 800-826-7345(TDD)

To open additional accounts, or apply for loans, call your

Page 2 of 2 Statement Number: 06/01/17 - 06/30/17

Date	Description/Location Reference	Amount
6/5	PARTNERS IN DIVE ONLINE PMT WEB 53059448 UN1682190818POS	234.47
6/5	PARTNERS IN DIVE ONLINE PMT WEB 53059449 UN1682190818POS	267.94
6/5	LOS ENCINOS DOCE ONLINE PMT WEB 53058735 UN1682190818POS	300.00
6/5	LOS ENCINOS DOCE ONLINE PMT WEB 53058736 UN1682190818POS	700.00
6/5	LANAI ROAD SCHOO ONLINE PMT WEB 53058577 UN1682190818POS	1,000.00
6/5	ENCINO CHARTER E ONLINE PMT WEB 53057545 UN1682190818POS	1,000.00
Total		\$ 4,950,26

#### Purchases ATM card and Debit card™ purchases

Date	Description/Location	Reference	Amount
6/2	OFFICE DEP 800-463-3768 CA 800-463-3768 CA	71983842	\$ 5.44
6/2	OFFICE DEP 800-463-3768 CA 800-463-3768 CA	71983841	13.01
6/5	TWC*TIME W 888-TWCABLE CA 888-TWCABLE CA	70409855	59.99
6/5	QUALITY LO 08663125646 IL 08663125646 IL	73359551	198.31
6/6	OFFICE DEP ENCINO CA ENCINO CA	71123767	129.18
6/8	OFFICE DEP ENCINO CA ENCINO CA	72550733	66.64
6/8	BUCA DI BE ENCINO CA ENCINO CA	72550735	278.33
6/8	OFFICE DEP 800-463-3768 CA 800-463-3768 CA	72550734	408.88
6/9	OFFICE DEP ENCINO CA ENCINO CA	73287930	7.81
6/9	OFFICE DEP 800-463-3768 CA 800-463-3768 CA	73287931	181.60
6/23	CTC*CONSTA 855-2295506 MA 855-2295506 MA	71772998	20.00
Total			\$ 1,369.19

#### Other Withdrawals including fees and adjustments

Date	Description/Location	Reference	Amount
6/29	CLOSING TRANSACTION	99350699	\$ 6,127.16

#### Information and Banking Office Services

For each monthly statement period your account includes:

- Unlimited free Information Services calls to 24-hour Automated Direct Service
- Banking office Information Services calls are \$0.00
- Banking office deposits are \$0.00

Your account was not charged for information and banking office services during the statement period.



INVOICE	Invoice Amount
Inter of the last	<u>\$349.58</u>
·	

Remit to: Partners In Diversity, Inc. ASGE Marquette Commercial Finance NW 6333 P.O. Box 1450 Minneapolis, MN 55485-6333

Neighborhood Council/Encino 4924 Paso Robles Ave Encino, CA 91316

Payment Terms	Invoice Date
Due On Receipt	05/30/2017
Invoice No.	Customer No.
27128	1510

Custom	er Name	Department	Customer I	No. I	Payment Terms
Neighborhood	Council/Encino	Corporate	1510		Due On Receipt
D	Description	Туре	Units	Rate	Amount
Week ending: 05/28/2017 Ackerman, Jason E Ackerman, Jason E	Executive Administrative Assistant Minute Taker	Reg	6.86 7.67	\$22.18 \$25.74	\$152.15 \$197.43
			Total	This Week ending:	\$349.5

-g: 14.53 OT: 0 DT: 0	Total - This Invoice:	\$349.58
L		

Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.



INVOICE <u>\$199.62</u> Payment Terms Invoice Date 04/17/2017 Due On Receipt Invoice No. Customer No.

26812

Invoice Amount

1510

Remit to: Partners In Diversity, Inc. ASGE Marquette Commercial Finance P.O. Box 1450 NW 6333 Minneapolis, MN 55485-6333

Neighborhood Council/Encino 4924 Paso Robles Ave Encino, CA 91316

Custom	er Name	Department	Customer	No.	Payment Terms
Neighborhood Council/Encino		Corporate	1510		Due On Receipt
I	Description	Тур	e Units	Rate	Amount
Week ending: 04/16/2017 Ackerman, Jason E	Executive Administrative Assi	stant Reg	9.00	\$22.18	\$199.62
			Tota	This Week ending	\$199.62

Reg: 9 OT: 0 DT: 0	Total - This Invoice:	\$199.62

r'artners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.

Paid 5/3/17 included with # 26863 Reversed 5/19/17 Paid just this invoice June 5,2017. It did not clear but was reversed by back 6/30/17 2long with INVOICE 27/28

Funding Request Form         NC NAME:         Budget Fiscal Year:         Request Date:       24-May-17         Meeting Date:       5/24/2017         Agenda Item:	Encino 2016-2017 6. C. /o	Voire Cours	Requestor:	APON	ERLA		These -
Budget Fiscal Year: Request Date: 24-May-17 Meeting Date: 5/24/2017 Agenda Item: Operations Outreach NC Se	2016-2017	Vote Course	Requestor:			100	A Par
Request Date:     24-May-17       Meeting Date:     5/24/2017       Agenda Item:	Barry course for the product of the second	Vote South	Requestor:	and the second se			sent stores
Meeting Date: 5/24/2017 Agenda Item:	6. C. 10	ing assessed			Patricia I	Bates	
Operations Outreach NC S	6. C. lo		Vendor:	atella.e	America's He 638 Stephe	and the second	1787 P.
		V	City:	Burba	nk Stat	e:	CA
	ponsored Event  Neighborhood P		Zip Code:	9150	4 Phone:	818500	9800
	and the street of the street o		Amount:\$		1,25	0.00	
Out of State 1099 Expense	One Time Expense D Monthly	D Muk	ple # of payme	ents _1			
Description grant w		to bring the Kids ent, a joint ventu in the amount of	re with Lake Balb up to \$1,850 was	on Neighbori approved at t	hood Council (I he March 26, 20	BNC) Fundin 17 meeting of	of the even
*Recused-Boardmember mu	Vote Count (continue ist leave the room prior to any disc				intil after the	vote is comp	leted.
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIF KEUSSEYAN	REI IGIOUS REP	X					
CAROL LEVIN	ENCINO PROPERTY OWNERS	X					
DEBRA GEORGE	PARK ADVOCATE	X					-
DIANE ROSEN	AREA 5 REP	X					
ALEX GARAY	AT LARGE REP ALT	X					
ELIOT COHEN	PLU			X			
GFRALD SILVER	HOMEOWNERS OF ENCINO	X					
GLENN BAILEY	PUBLIC SAFETY	X					
HENRY ESHELMAN	AT-LARGE REP	X					
JESS WHITEHILL	AREA 4 REP	X					
ITM ESTERLE	AREA 7 REP	X					
KENNETHSUK MLAVIS	AREA 3REF ALT	V.					
LAURA SHOWLOWSKY VAC ANT	AREA I REP		-		-	K	
LAURIE KELSON	ARFA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM	X					
PATRICIA BATES	VOLUNTEER SERVICE	X					
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	K					
APIKIAN	BUSINESS REP	PC					
		X			-		
VICTORIA MILLER	BUSINESS REP					2	

Department of Neighborhood Empowerment Funding Request Form

NC N/	 6.

Meeting Date: Agenda Item:

Encino
42879
0

	Boardmember mu	ist leave the room prior to any di	Vote Count scussion and m	ay not return	to the room i	until after the	vote is comp	leted.
Board Member Na		Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Adriohn Richardson	193419	Education	X	-				mar alway
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		Totals (this page only):						
IC Quorum:	11	I TOLARS (VITIS DARCE OTTAL:					the second s	

### 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.

EMPOWER LA

	Name of NC from which you are seeking this grant	Encino	and the second	Inscience.
E.C	TION I APPLICANT INFORMATION		and the second second	An all annual and
ia)	America's Healthy Kids Organization Name	46-3646356 Federal I.D. # (EIN#)	CA State of Incorporation	03/23/14 Date of 501(c)(3)
	636 Stephen Rd	dis of enditablique DA Burbenk	H gribulani) (gribuding CA	Status (II applicable 91504
b)	Organization Mailing Address	City	State	Zip Code
c)	Business Address (If different)		onul Interg e State nuor	Zip Code
J)	PRIMARY CONTACT INFORMATION:	the Required:	100) Data Fun	Glart data: 001977
	Devid Cain	(818) 500-9800 Phone	americasheelth Email	ykide@gmail.com
3	Type of Organization- Please select one: Public School (not to include private schools) Attach Grant Request on School Letterhea	or 501(c)(3) No od Attach IRS	on-Profit (other than religio Determination Letter	us institutions)
)	Name / Address of Affiliated Organization (If applicable)	CA	y State	Zip Code .
	and a second			
LC	TION II - PROJECT DESCRIPTION		ATT 14. 1911 11	and the second second second
	Please describe the purpose and intent of the g Grant will be used by America's Healthy Kids to bring The Ki fitness event. The purpose and intent of the grant is to allow free entrance event i.e. insurance and labor costs. America's Healthy Kids	ds Fitness Challenge to Enc to children and their families is donating the use of our ex	, this grant will also cover a pr pulpment to make this event h	vition of the costs of the appen.
	Please describe the purpose and intent of the g Grant will be used by America's Healthy Kids to bring The Ki fitness event. The purpose and intent of the grant is to allow free entrance event i.e. insurance and labor costs. America's Healthy Kids How will this grant be used to primarily support (Grants cannot be used as rewards or prizes for	de Fitness Challenge to Enc to children and their families is donating the use of our ex t or serve a public pur r individuals)	, this grant will also cover a pr supment to make this event h	willow of the costs of the appen.
)	Please describe the purpose and intent of the g Grant will be used by America's Healthy Kids to bring The Ki fitness event. The purpose and intent of the grant is to allow free entrance event i.e. insurance and labor costs. America's Healthy Kids How will this grant be used to primarily support (Grants cannot be used as rewards or prizes for The primary purpose of this grant is to allow low and modern activities community event in the fight against childhood obs	de Fitness Challenge to Enc to children and their families is donating the use of our ex donating the use of our ex so or serve a public pur r individuals) the income families free ecce sity.	, this grant will also cover a pr pulpment to make this event h pose and benefit the pul res to The Kids Fitness Challe	blic at-large.
)	Please describe the purpose and intent of the g Grant will be used by America's Healthy Kids to bring The Ki fitness event. The purpose and intent of the grant is to allow free entrance event i.e. insurance and labor costs. America's Healthy Kids How will this grant be used to primarily support (Grants cannot be used as rewards or prizes for The offmary purpose of this grant is to allow low and moders	de Fitness Challenge to Enc to children and their families is donating the use of our ex is income families free acco eity. tunity to have a full day of ex h more and more people into a never been greater. Works is to have The Kids Fitnee	this grant will also cover a pro- pulpment to make this event his pose and benefit the put res to The Kids Fitnese Challer to poverty, with many unable to to poverty.	blic at-large. nge a physical fitness and seford the face associated agoing fitness program that
5)	Please describe the purpose and intent of the g Grant will be used by America's Healthy Kids to bring The Ki fitness event. The purpose and intent of the grant is to allow free entrance event i.e. insurance and labor costs. America's Healthy Kids How will this grant be used to primarily support (Grants cannot be used as rewards or prizes for The primary purpose of this grant is to allow low and modern activities community event in the fight against childhood obs By allowing low income children and their families the opport against childhood obsely. As the economy continues to put with organized aports, the need for free fitness programs has free to all making the theorem to fit of the sports and the fight of Los Anobles. Our go	de Fitness Challenge to End to children and their families is donating the use of our ed is donating the use of our ed in more and more people into a never been greater. World at is to have The Kids Fitness a free fitness program.	this grant will also cover a property of the event his event to make this event his event his event to make this event his event to make this event the process and benefit the process to The Kids Fitness Challes are taking the first no poverty, with many unable its no poverty, with many unable its a challenge in every neighbord a challenge in every neighbord a, city officials and most import	blic at-large. Inge a physical fitness and regions fitness program that's hood in the city within the antity to the community that

City of Los Angeles, Department of Neighborhood Empowerment

C	ECTION III	DDOIFOY	ENVIRONMENT POLITICAL
-0		PRUPELL	BUDGET OUTLINE

NPG APPLICATION Page 2

62)	Personnel Related Expenses	Requested of NC	Total Projected Cost
	Staff	\$ 525.00	
	numbers has been and them strates of avoid them in the second		
	Deputising will betrate there. Advestigate and to investigate form	the second the second s	
6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Truck Rental, Fuel, Event Prep, Event Strike	\$ 300.00	\$ 600.00
	Insurance	\$ 250.00	\$ 500.00
-	Admin, Meetings, Site Visits, publicity	\$ 175.00	\$ 800.00
7)	Have you (applicant) applied to any other Neighborhood Council No Yes, please list names of NCs: Lake Balboa	ils requesting funds for	this project?
8)	is the implementation of this specific program or purpose descr	ribed in box 4 above cor	ntingent on any other

factors or sources or funding? (Including NPG applications to other NCs) D No Yes, please describe:

Source of Funding	Amount Total Projected Cost
Lake Balbos Neighborhood Council	\$ 1,700.00

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

\$ 1.250.00

10a) Start date: 06/17/17

10b) Date Funds Required:

08/17/17

07/05/17 10c) Expected completion date: (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? E 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 QYes Q No "(Please note that if a Board Member of the NC has a conflict of filing this application? 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.

Executive Director of Non-Profit Corporation or School Principal - REQUIRED\*

David Cain	Executive Director	16	undan	C	5/10/17
PRINT Name	Title		Signature	ſ	Dele
12b) Secretary of Non-profit Corpor	ation or Assistant School I	Principal - FE	BQUIRED	Jun minut	-11-
Nora Montoya	Recording Secretary	CNO	nati	1-1	STULT
PRINT Name	Title		Signature	act the Den	/Date /

FNCINO NC JUNE 2017 MER A1

\* If a current Board Member holds the poeru at (213) 978-1551 for instructions on completing this form Revised 012615 - Page 2 of 2

DEPARTMENT OF THE TREASURY

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

### Date: MAR 2 3 2014

AMERICAS HEALTHY KIDS 107 W MOUNTAIN ST APT F GLENDALE, CA 91202-1927

Employer Identification Number: 46-3646356 DIN: 17053312338043 Contact Person: ID# 31172 RENEE RAILEY NORTON Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: May 3 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.

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

Sincerely,

Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947



Invoice Amount INVOICE \$197.85 **Payment Terms** Invoice Date 04/24/2017 Due On Receipt Invoice No. Customer No.

26863

1510

Remit to: Partners In Diversity, Inc. ASGE Marguette Commercial Finance NW 6333 P.O. Box 1450 Minneapolis, MN 55485-6333

Neighborhood Council/Encino 4924 Paso Robles Ave Encino, CA 91316

Custome	r Name	Departmen	t	Customer N	lo.	Payment Terms
Neighborhood (	Council/Encino	Corporate		1510		Due On Receipt
De	escription		Туре	Units	Rate	Amount
Week ending: 04/23/2017 Ackerman, Jason E	Executive Administrative	Assistant	Reg	8.92	\$22.18	\$197.85
		[		Total '	This Week ending	g: \$197.85

Reg: 8.92 OT: 0 DT: 0	Total - This Invoice:	\$197.85

artners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.

W/E 26812 4/16/17 199.62 26863 4/23/17 197.85 Pad 5/3/17 Payment reverse of 5/19/17 No Idea Why porate No Idea Why separate Rephoced with 2 separate payments surve 2017 Paid again 6/5/17 Reversed 6/16/17 \$197.85 ENCINO NC JUNE 2017 MER A2 Invoice No.: 26863

Page 1 of 1



INVOICE	Invoice Amount
	\$234.47

Payment Terms	Invoice Date
Due On Receipt	05/15/2017
Invoice No.	Customer No.
27013	1510

Remit to: Partners In Diversity, Inc. ASGE Marquette Commercial Finance NW 6333 P.O. Box 1450 Minneapolis, MN 55485-6333

Neighborhood Council/Encino 4924 Paso Robles Ave Encino, CA 91316

Custom	er Name	Departmen	t	Customer N	No.	I	ayment Terms
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Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.

Paid 6/5/17 Reversed 6/16/17



INVOICE	Invoice Amount
IIII OICL	<u>\$267.94</u>
Payment Terms	Invoice Date
Due On Receipt	05/22/2017
Invoice No.	Customer No.
27072	1510

Remit to: Partners In Diversity, Inc. ASGE Marquette Commercial Finance NW 6333 P.O. Box 1450 Minneapolis, MN 55485-6333

Neighborhood Council/Encino 4924 Paso Robles Ave Encino, CA 91316

Custom	er Name	Departmen	it	Customer N	No.	Payment Terms
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ם	escription		Туре	Units	Rate	Amount
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		ĺ		Total	This Week endi	ng: \$267.94

eg: 12 OT: 0 DT: 0	Total - This Invoice:	\$267.94

Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.

Paid 6/5/17 Reversed 6/16/17

Funding Request Form         NC NAME:         Budget Fiscal Year:         Request Date:       24-May-17         Meeting Date:       5/24/2017         Agenda Item:       *				The state of the s	Street, Street		0.54
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Budget Fiscal Year: Request Date: 24-May-17 Meeting Date: 5/24/2017	Encino			-/ -state		-	MAD POPUL
Meeting Date: 5/24/2017	2016-2017		Requestor		Patricia B	ates de aron	TO S COM
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Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
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CAROL LEVIN	ENCINO PROPERTY OWNERS						
DEBRA GEORGE	PARK ADVOCATE						
DIANE ROSEN	AREA S REP						
ALEX GARAY	AT LARGE REP ALT						
ELIOT COHEN	PLU						
GERALD SILVER	HOMEOWNERS OF ENCINO						
GLENN BAILEY	PUBLIC SAFETY						
HENRY ESHELMAN	AT-LARGE REP						
JESS WHITEHILL	AREA 4 REP						
ЛМ ESTERLE	AREA 7 REP						
KENNETHSEK M-DAVIS	AREA 3 DET ALT						
WIRAGER OWERY Vacant	AREA I REP					X	
LAURIE KELSON	AREA 6 REP	X				-	
MARK LEVINSON	ENCINO CHAMBER OF COMM.						
PATRICIA BATES	VOLUNTEER SERVICE	V					
	AREA 2 REP					X	
SCOTT LINDEN	APARTMENT/CONDO REP	X					
SCOTT LINDEN SHERMAN GAMSON				1			
SHERMAN GAMSON	BUSINESS REP						
	BUSINESS REP BUSINESS REP						
SAMUEL APIKYAN		19	-Dilve years	ell (Rept		2	-

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oard Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
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#### 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	VOU	are	seeking	this	grant:
I TOTTO	OI I VO	11 QIII	TALINOLI	100	CII C	SCOMING	1110	MI GITL

**ENCINO NEIGHBORHOOD COUNCIL** 

EMPOWER

NEIGHBORHOOD EMPOWERMEN

#### SECTION I- APPLICANT INFORMATION

	LOS ENCINOS DOCENT ASSOCIATION	95-3797624	CALIFORNIA	05/15/10
)	Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicabl
	16756 MOORPARK STREET	ENCINO	CA	91436
)	Organization Mailing Address	City	State	Zip Code
)	Business Address (If different)	City	State	Zip Code
		Funda Requiredi	ehal lebr. 10	Toel Sont date. In
)	PRIMARY CONTACT INFORMATION:			
	AMY ZIDELL	(818) 962-4962	amy@SaveLosE	ncinos.org
1	Name	Phone	Email	
)	Type of Organization- Please select one:		isies to surrive a formal (in many agents - any El	
	Public School (not to include private schools)	or 🖬 501(c)(3) No	n-Profit (other than religiou	is institutions)
ł	Attach Grant Request on School Letterhead	Attach IRS I	Determination Letter	
	Name / Address of Affiliated Organization	014-		
	(If applicable)	City	State	Zip Code
	and the second s	City	State	Zip Code
	(If applicable)	ant. 01(c)3 that is the cooperatin y replacing the soil in the be Iding that historically housed	ig association of Los Encinos s ds. This will enable new plan d a kitchen.	State Historic Park, ts to be grown in the
C	(If applicable) FION II - PROJECT DESCRIPTION Please describe the purpose and intent of the gra This grant will help the Los Encinos Docent Association, the 50 revitalize the raised gardening beds in the vegetable garden by vegetable garden, which sits west of the two-story Garnier buil	ant. 01(c)3 that is the cooperatin y replacing the soil in the be lding that historically housed	g association of Los Encinos s ds. This will enable new plan d a kitchen.	State Historic Park, ts to be grown in the
C	(If applicable) FION II - PROJECT DESCRIPTION Please describe the purpose and intent of the gra This grant will help the Los Encinos Docent Association, the 5 revitalize the raised gardening beds in the vegetable garden b vegetable garden, which sits west of the two-story Garnier buil How will this grant be used to primarily support of (Grants cannot be used as rewards or prizes for in At the core of Los Encinos State Historic Park is its historic roor purposes and also to feed the families, workers, and visitors to fundamental part of the park's heritage.	ant. 01(c)3 that is the cooperatin y replacing the soil in the be lding that historically housed or serve a public purp individuals) ots as a rancho. A variety of o the property. A living vege	g association of Los Encinos s ds. This will enable new plan d a kitchen. <b>ose and benefit the pub</b> f crops were grown on the ran etable garden connects the con	State Historic Park, ts to be grown in the <b>lic at-large.</b>
C	(If applicable) FION II - PROJECT DESCRIPTION Please describe the purpose and intent of the gra This grant will help the Los Encinos Docent Association, the 5 revitalize the raised gardening beds in the vegetable garden b vegetable garden, which sits west of the two-story Garnier buil How will this grant be used to primarily support of (Grants cannot be used as rewards or prizes for in At the core of Los Encinos State Historic Park is its historic roor purposes and also to feed the families, workers, and visitors to fundamental part of the park's heritage.	ant. 01(c)3 that is the cooperating y replacing the soil in the be dding that historically housed or serve a public purp individuals) ots as a rancho. A variety of the property. A living vege	ig association of Los Encinos a ds. This will enable new plan d a kitchen. <b>Ose and benefit the pub</b> f crops were grown on the ran etable garden connects the cot	State Historic Park, ts to be grown in the <b>lic at-large.</b>
C	(If applicable) FION II - PROJECT DESCRIPTION Please describe the purpose and intent of the gra This grant will help the Los Encinos Docent Association, the 5 revitalize the raised gardening beds in the vegetable garden b vegetable garden, which sits west of the two-story Garnier buil How will this grant be used to primarily support of (Grants cannot be used as rewards or prizes for in At the core of Los Encinos State Historic Park is its historic roor purposes and also to feed the families, workers, and visitors to fundamental part of the park's heritage.	ant. 01(c)3 that is the cooperatin y replacing the soil in the be lding that historically housed or serve a public purp individuals) ots as a rancho. A variety of o the property. A living vege	ig association of Los Encinos a ds. This will enable new plan d a kitchen. <b>Ose and benefit the pub</b> f crops were grown on the ran etable garden connects the cot	State Historic Park, ts to be grown in the <b>lic at-large.</b>

City of Los Angeles. Department of Neighborhood Empowerment NPG APPLICATION Page 2

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SEU		$\mathbf{m} - \mathbf{PR}$	J.IFU. ( BU		

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
to he Neishoothans Purpose Gold and submitted to the	doub the second where the	when he is all rough a
the create and control factor adjusted by another the feature and the term	1340 English and a second second	and the first of the
Sb) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Approximately 10 cubic yards of suitable planting mix (includes delivery)	\$ 300.00	\$ 300.00
	1 milesteriles and	the Suffree designed and a

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

No Q Yes, please list names of NCs:

 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
Project to be coordinated with State Parks		
autors der allese	Alex and a second se	The substant of log i second stored 1 and

05/24/17

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

\$ 300.00

- 10a) Start date: 05/24/17 10b) Date Funds Required:
- 10c) Expected completion date: <u>10/31/17</u> (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 Ves - Please describe below:	a M Organization> Neare zelect one
Name of NC Board Member	Relationship to Applicant
Auster 179 Determination Cetter	Attach Brank Rumand on School Callerheid

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.

Amy Zidell	President	my Jidel	5/18/17
PRINT Name	Title	Signature	Date
12b) Secretary of Non-profit Corpo		incipal - REQUIRED*	C1121
12b) Secretary of Non-profit Corpo Walter Nelson	vP / Secretary	incipal - REQUIRED*	5/17/1

at (213) 978-1551 for instructions on completing this form Revised 012615 - Page 2 of 2

DEPARTMENT OF THE TREASURY

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

5-24 8

Date: MAR 20 2012

LOS ENCINOS DOCENT ASSOCIATION 16756 MOORPARK ST ENCINO, CA 91436

Employer Identification Number: 95-3797624 DT.N. 17053006326002 Contact Person: MELISSA D TRUSTY ID# 31657 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: May 15, 2010 Contribution Deductibility: Yes Addendum Applies: Ves

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.

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

Sincerely,

his P. Suma

Lois G. Lerner Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

the second s	orhood Empowerment		E	MIROW	ren LA		
Funding Request Form			177	MPOW			-1-
NC NAME:	Encino			55812			in the second
Budget Fiscal Year:	2016-2017		Requestor:		Patricia B	lates	South allowing
Request Date: 24-May-17		Intel Cours			Encinos Docen		n
Meeting Date: 5/24/2017	the firms were suffered and the firm	iona milascoa	Address	16756	Moorpo	rk.st	
Agenda Item:	boDel			Sacino			
Operations Outreach ON	C Sponsored Event INeighborhood Pu	rpose Grant			Phone:	3189629	462
Contract / Lease Board Memi	ber Raimbursement Community Impre	ovement Project	Amount	s \$70		-	
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*Recused-Boardmember	must leave the room prior to any disc	ussion and n	nay not return	to the room i	Intil after the	vote is comp	leted.
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	X					
CAROL LEVIN	ENCINO PROPERTY OWNERS	1					
DEBRA GEORGE	PARK ADVOCATE						
DIANE ROSEN	AREA S REP						
ALEX GARAY	AT LARGE REP ALT						
ELIOT COHEN	PLU						
GERALD SILVER	HOMEOWNERS OF ENCINO						
GLENN BAILEY	PUBLIC SAFETY						
HENRY ESHELMAN	AT-LARGE REP						
JESS WHITEHILL	AREA 4 REP						
JIM ESTERLE	AREA 7 REP						
KENDETUSUK M NAVIS	AREA 3 REP ALT						
VACAM						X	
LAURIE KELSON	AREA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM.						
PATRICIA BATES	VOLUNTEER SERVICE						
SCOTT LINDEN	AREA 2 REP	N.				X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
SAMUEL APIKYAN		Î					
VICTORIA MILLER	BUSINESS REP	V					
	Grand Total (including page 2):	19				7	
NC Quorum: 11						C	1
public meeting was held in accords	e above indicated Council, declare that ance with the Brown Act, where with a Funding Request submitted, the Depar	a quorum of	Board Member	s present, the	Council appro	ved the abov	re action.
li l	a. no additional Cash Request Form is	required.		R	770	2	
Treasurer's Signatures	genden		Signer's Si		the	forg	
Print/Type name:	Patricia Bates			e name: Deb	ra George	7	
Date (mm/dd/yy):	Contract DCIP CAdvenced Payment		Date (mm		5/24/1	7 540	Home Conda man
	>\$2,500 DNPG Dsponsored Event	Denied	Atz-G	1 Mart	t Level 5.90.1	E1	NC-17365

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NC NAME:	Encino 42879	_				8 danupe	A guilbeau
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#### 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:

ENCINO NEIGHBORHOOD COUNCIL

EMPOWER

Department of NEIGHBORHOOD EMPOWERME

#### SECTION I- APPLICANT INFORMATION

16	rganization Name			05/15/10
		Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
	756 MOORPARK STREET	ENCINO	CA §	1436
b)	rganization Mailing Address	City	State	Zip Code
c)	needige avoid sold		initig off to Income	4) What is the TOT
·) Bu	usiness Address (If different)	City	State	Zip Code
d) Pl	RIMARY CONTACT INFORMATION:		manual catub noi) Manu	(0c) Expected co
A	MYZIDELL	(818) 962-4962	amy@SaveLosEr	icinos.org
Na	ame TOM and to redired	Phone	Email	Had Do you applied
(If	Attach Grant Request on School Le ame / Address of Affiliated Organization applicable)	City	State	Zlp Code
ΞΟΤΙΟ	ON II - PROJECT DESCRIPTION			
	ease describe the purpose and intent o his grant will help the Los Encinos Docent Associa nhance the front entrance of Los Encinos State His	tion, the 501(c)3 that is the cooperating	plants and other improvements	that will beautify the
	A "WHAT IS I PUBLIC REPORT " AND	a application and affirm that the project/progenty and fluit no ex of Poperson Grant 1 affirm the builting the application. I forth	onflicts of minimum of the officers of a public behavior officer of the Weightsonich Course i to show i we are officers in the show i we we we	on here yilare e Of Balansopa- s anti nilasi wilan wa ma Zhavang
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	TION III - PROJECT BUDGET OU			
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	Non-Personnel Related Expense	5	Requested of NC	Total Projected Cost
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	Have you (applicant) applied to a No Yes, please list r		Councils requesting funds for	this project?
	Is the implementation of this spe factors or sources or funding?	and the second se		ntingent on any other Yes, please describe
	Source of Funding		Amount	Total Projected Cost
	Project to be coordinated with State Parks	S		
	and size while			
	What is the TOTAL amount of the	e grant funding requeste	ed with this application:	\$00.00
)	Start date: 05/31/17 10b)	Date Funds Required	05/31/17	
c)	Expected completion date: follow-up form to the Neighbo	prhood Council and the D	pletion of the project, the appli Department of Neighborhood E	
	TION IV - POTENTIAL CONFLICTS	S OF INTEREST		
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DEPARTMENT OF THE TREASURY

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

Date: MAR 20 2012

LOS ENCINOS DOCENT ASSOCIATION 16756 MOORPARK ST ENCINO, CA 91436

Employer Identification Number: 95-3797624 DT.N. 17053006326002 Contact Person: ID# 31657 MELISSA D TRUSTY 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: May 15, 2010 Contribution Deductibility: Yes Addendum Applies: Yes

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.

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

Sincerely,

his P. Jerner

Lois G. Lerner Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

	Encino			MPOW	FP LA	1.	-
Budget Fiscal Year: Request Date: 24-May-17 Meeting Date: 5/24/2017 Agenda Item:	Encino		100				1
Budget Fiscal Year: Request Date: 24-May-17 Meeting Date: 5/24/2017 Agenda Item:	Encino			nansas iro6ji i	and the second	-	A PROVIDE NO
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Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	X					Sec. Inc.
CAROL LEVIN	ENCINO PROPERTY OWNERS						
DEBRA GEORGE	PARK ADVOCATE						
DIANE ROSEN	AREA S REP						
ALEX GARAY	AT LARGE REP ALT						
ELIOT COHEN	PLU						
GERALD SILVER	HOMEOWNERS OF ENCINO						
GLENN BAILEY	PUBLIC SAFETY						
HENRY ESHELMAN	AT-LARGE REP				_		
JESS WHITEHILL	AREA 4 REP						
JIM ESTERLE	AREA 7 REP						
KENNETHISEK M.Davis	AREA 3-REP ALT	V					
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LAURIE KELSON	AREA 6 REP	X				- K	
MARK LEVINSON	ENCINO CHAMBER OF COMM.						
	VOLUNTEER SERVICE	V					
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#### 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:

Encino Neighborhood Council

#### SECTION I- APPLICANT INFORMATION

	Lanal Road Elementary	95-6001908		any all and an
1a)	Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
	4241 Lanal Road	Encino	CA	91436
1b)	Organization Malling Address	City	State	Zip Code
1c)	Business Address (if different)	City	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION: Lisa Elan	(818) 788-1590	ije9260@lauso	l.net
	Name	Phone	Email	destant shirt and shares
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Grant Request on School Lette	or I 501(c)(3) No enhead Attach IRS	on-Profit (other then relig Determination Letter	ious Institutions)
3)	Name / Address of Affiliated Organization (If applicable)	CK	y Stat	e Zip Code

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

Lanal Road Elementary is seeking a \$1000.00 grant for the purpose of purchasing materials and resources to support our implementation of STEAM learning for our students in grades TK-5. The student will engage in Project-based Learning and Hands- on building experiences to solve present-day problems such as our fourth graders will re-develop a park in an under-served community. The students will research the history of the area, test the soil for appropriate plantings and possible agriculture development; design a play structure for the children and provide safe lighting so the park can be enjoyed in the evening. They will present their new park using a display model complete with lights in addition to a written submission. This project is Common Core aligned and implements all aspects of the STEAM model.

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)

The students are participating in project-based multi-disciplinary units of study that utilize problems that today's engineers, scientists, and designers are engaged in. The work that our students are working on are Common Core aligned. It will help them become better problem lovers, cooperative group members, and develop skills in writing and orally while articulating their products/ presentations/solutions to an audience.

City of Los Angeles, Department of Neighborhood Empowerment NPG APPLICATION Page 2

TION III - PROJECT BUDGET OUTLI	NE	
Portonial Relifed Storage Statil		
Non-Recsonal Related Excenses	\$ 1,000 / \$ 1000	
		clis requesting funds for this project?
No Yes, please list name Is the implementation of this specific factors or sources or funding? (Inc	ic program or purpose desc	cribed in box 4 above contingent on any other
Source of Runding		
c) Expected completion date: follow-up form to the Neighborh	Date Funds Required: (After completion ood Council and the Depart	h this application: b/15/37 h of the project, the applicant must submit a timent of Neighborhood Empowerment)
TION IV - POTENTIAL CONFLICTS C ) Do you (applicant) have a former or	existing relationship with a	a Board Member of the NC?
Name of NC Board Member	describe below:	Relationship to Applicant
) if yes, did you request that the boar filing this application? I Yes interest and completes this form, o will deny the payment of this grant	No *(Please note that r participates in the discussion	ce of the City Attorney before at if a Board Member of the NC has a conflict of sion and voting of this NPG, the Department
CTION V - DECLARATION AND SIGNA		
is truly and accurately stated. I fur Appendix B "Conflicts of Interest" fall within the criteria of a public be prevent the awarding of the Neighb Neighborhood Council to whom I a	ther affirm that I have read a of this application and affirm enefit project/program and t porhood Purposes Grant. I a um submitting this application	ion provided herein and communicated otherwise Appendix A, "What is a Public Benefit," and m that the proposed project(s) and/or program(s) that no conflict of interest exist that would affirm that I am not a current Board Member of the on. I further affirm that if the grant received is not id here, said funds shall be returned immediately
a) Executive Director of Non-Profit Co Lisa Elan	prporation or School Princip Principal	Mila En 5/22
PRINT Name	Title	Signature /Date
b) Secretary of Non-profit Corporation Phillipa Welles	Assistant Principal	11/hallan 3/22
PRINT Name	Title	Slijnature Date
* If a current Board Member holds the at (213) 978-1551 for instructions on		or or Secretary, please contact the Department Revised 012615 - Page 2 of 2

City of Los Angeles, Department of Neighborhood Empowerment NPG APPLICATION Page 2

SECTION	III - PRO	JECT BUDGI	ET OUTLINE 📲
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a) Personnel Related Expenses	Requested of NC	Total Projected Cost
	Incluested of No	Total Trojected Ouse
b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	\$ 1,000.00	
<ul> <li>Have you (applicant) applied to any other Neighb</li> <li>No</li> <li>Yes, please list names of NCs:</li> </ul>	orhood Councils requesting funds fo	r this project?
) Is the implementation of this specific program or factors or sources or funding? (Including NPG a		
Source of Funding	Amount	Total Projected Cost
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	anticity.	\$ 1,000.00
<ul> <li>a) Start date: 05/16/17</li> <li>10b) Date Funds R</li> <li>0c) Expected completion date: 10/31/17 (Aff follow-up form to the Neighborhood Council a ECTION IV - POTENTIAL CONFLICTS OF INTEREST</li> <li>(a) Do you (applicant) have a former or existing relations)</li> </ul>	Required: 06/15/17 ter completion of the project, the app and the Department of Neighborhood tionship with a Board Member of the	licant must submit a Empowerment)
Da) Start date: 05/16/17 10b) Date Funds R 0c) Expected completion date: 10/31/17 (Aff follow-up form to the Neighborhood Council a ECTION IV - POTENTIAL CONFLICTS OF INTEREST	Required: 06/15/17 ter completion of the project, the app and the Department of Neighborhood tionship with a Board Member of the w:	licant must submit a Empowerment)
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12a)	Executive Director of Non-Prof	it Corporation or School Prin	cipal - REQUIRED	chalin
	Lisa Elan	Principal	Also	5/22/1)
	PRINT Name	Title	Signature	Date
12b)	Secretary of Non-profit Corpor	ation or Assistant School Pri	ncipal REQUIRED	5/2/17
	Phillipa Welles	Assistant Principal	17 Mathacult	2 2/22/11
	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

ENCINO NC JUNE 2017 MER A7

Revised 012615 - Page 2 of 2



LOS ANGELES UNIFIED SCHOOL DISTRICT LOCAL DISTRICT NORTHWEST LANAI ROAD SCHOOL 4241 Lanai Road Encino, CA 91436 PHONE (818) 788-1590 MICHELLE KING SUPERINTENDENT OF SCHOOLS VIVIAN K. EKCHIAN INSTRUCTIONAL AREA SUPERINTENDENT LISA ELAN PRINCIPAL PHILIPPA WELLES ASSISTANT PRINCIPAL



May 22, 2017

Pat Bates Encino Neighborhood Council 4924 Paso Robles Ave. Encino, CA 91316

FAX (818) 788-4263

Dear Ms. Bates,

Lanai Road Elementary School is a small community, public school nestled among mature trees and soft rolling hills in Encino. Our student population includes 570 students in grades Transitional-Kindergarten through Fifth grade. Lanai has a High Functioning Autism (HFA) class with full inclusion students in grades K-2 and a Resource program that supports over 50 students with Individualized Education Plans (IEP). We have diversity at our school, with families speaking many languages including: Farsi, Russian, Arminian, German, Korean, Hindu, Spanish, Hebrew, French, and Chinese. Lanai has a very strong parent volunteer component which adds greatly to our instructional and arts program.

Currently, Lanai is focusing student growth in the area of S.T.E.A.M. Teachers have participated in Professional Development dedicated to Science, Technology, Engineering, Arts, and Math and need materials to implement the lessons in the classroom. Our primary grades have been given the problem of building a structure as tall as possible without anchoring it permanently using spaghetti, marshmallows, string and tape. Before they construct the building they must work in cooperative groups to review each other's drawings, plans and ideas and construct a design together. After building their structures, they continue researching other structures and share their learning. They then build it again with new knowledge gained from their initial experience. Finally, they write and reflect on their plans, implementation and learning.

Our Fourth and Fifth graders are also engaged in Multi-Disciplinary Units based on community needs. Our fourth graders, in cooperative groups research, plan, design and build a park for an underserved city. The students study soil samples to provide landscaping and potential agriculture; design a play structure for the children; and must make sure lighting is provided to insure security. Our fifth graders work on a similar project, but instead must build a colony on Mars complete with sources of oxygen, food and methods of sustainability.

These activities are exactly what society is demanding of our students—to be creative problem solvers integrating all the technologies, arts, sciences, and math necessary to design solutions to today's and future needs. Lanai is asking for a grant of \$1,000 to help purchase the materials

necessary to build structures—project boards, electrical components and art materials for the design layout and execution, and research materials.

Thank you in advance for your consideration and belief in creativity, process, and development of ideas in our students as they engage in STEAM learning.

Sincerely

isa Elei

Lisa Elan

Pat Bates Encino Neighborhood Comoil 4924 Pato Robles Ave. Encino, CA 91316

Dear Ma. Bales,

Lanai Road Elemantary School is a small community, public school nestled among mature trees and soft rolling hills in Eacino. Car attalent population insludes 570 audonts in grades Transitional-Kindergatten through Fifth grade. Lanai has a High Functioning Autiam (EFA) class with full inclusion stadents in grades K-2 and a Resource program that supports over 50 students with Individualized Education Plans (EP). We have diversity at our school, with funilies speaking many langung as including: Farsi, Russian, Aminian, German, Korean, Hindu, Spanish, Hebrew, Franch, and Chinese. Lanai has a very atong parent volunteer component which adde greatly to our instructional and arts program.

Currently, Lanni is focusing studiest growth in the area of ST.B.A.M. Teachers have participated in Professional Development dedicated to Science, Technology, Engineering, Arts, and Math and need materials to implement the lessons in the classroom. Our primary grades have been given the problem of building a structure as tall as possible without anchoring it permanently using spaghetti, marshmallows, string and tape. Backue they construct the building they must work in cooperative groups to review each other's drawings, plans and ideas and construct a design together. Ath a building flatin altructures, they construct the building attoctures and ahare their learning g. They then build it again with new knowledge gained from their initial experience. Finally, they write and reflect on their glana, implementation and their initial experience. Finally, they write and reflect on their glana, implementation and their initial experience.

Our Fourth and Firth graders are also engaged in Multi-Disciplinary Units based on community needs. Our fourth graders, in cooperative groups research, plan, design and build a park for an underserved one. The students study soil samples to provide landscaping and potential agriculture; design a play structure for the children; and must make sure lighting is provided to instree security. Our fifth graders work on a similar project, but instead must build a colony on Mars complete with sources of oxygen, food and methods of sustainability.

These antivities are exactly what acolety is demanding of our stadents—to be creative problem advers integrating all the technologies, ana, sciences, and mathiwevenary to design solutions to today's and future needs. Lanzi is solving for a grant of \$1,000 to help purchase the materials

Department of Neighbo	rhood Empowerment		p.	Nor we been	and the second second	Sec M	101-1-112-1
Funding Request Form				MPOW		1	10
NC NAME:	Encino			INTR.	the second s		arris givent
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Request Date: 24-May-17	and the second state of th		Vendor	: Enci	no Charter Eler		loi
Meeting Date: 5/24/2017	ting white provide a contra	a shere and	Address	E	16941 Addis	on Street	IN THE STREET
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	nable Encino Charter Elementary School 1	teachers to intro	oduce coding, chase of neede		and the second se	And the second se	and the second diversion of th
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Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSE YAN	RELIGIOUS REP	X					
CAROL LEVIN	ENCINO PROPERTY OWNERS	×			L.		
DEBRA GEORGE	PARK ADVOCATE	X					
DIANE ROSEN	AREA 5 REP	x					
ALEX GARAY	AT LARGE REP ALT	X	10		1		
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GERALD SILVER	HOMEOWNERS OF ENCINO	×					
GLENN BAILEY	PUBLIC SAFETY					-018	
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JESS WHITEHILL	AREA 4 REP						
JIM ESTERLE	AREA 7 REP						
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LAURIE KELSON	AREA 6 REP	×					
MARK LEVINSON	ENCINO CHAMBER OF COMM.	X					
PATRICIA BATES	VOLUNTEER SERVICE	×				1.4	
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
SAMUEL APIKYAN	BUSINESS REP						
VICTORIA MILLER .	BUSINESS REP	1		1		Contraction of the	
NC Quorum: 11	Grand Total (including page 2):	9	New Years	Totals In		2	10000
We, the Treasurer and Signer of the	above indicated Council, declare that ce with the Brown Act, where with a						
	nding Request submitted, the Depart no additional Cash Request Form is re		nsfer the requ	uested amoun	t into the Neig	hborhood Co	ouncil's
Treasurer's Signature:	der alt	J	Signer's S	ignature:	125	Pero	
Print/Type name: Pa	atricia Bates		Print/Ty	pe name: Det	ora George	5~	
Date (mm/dd/yy):	5/24/17		Date (mr	n/dd/yy):	5/24/17		
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ENCINO NC JUNE 2017 MER A8

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#### 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:

Encino Neighborhood Council

#### SECTION I- APPLICANT INFORMATION

Encino Charter Elementary		CA	detained maintering by
a) Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (If applicable)
16941 Addison Street	Encino	CA	91316
Organization Mailing Address	City	State	Zip Code
same			
Business Address (if different)	City	State	Zip Code
PRIMARY CONTACT INFORMATION	viso a svad vimoruo s?	nts at ECHS. It	abolt star in Ta
Marçia Koff,	(818) 784-1762	mak7422@laus	d.net
Name a DIC	Phone	Email	itsomes minore
Type of Organization- Please select of Public School (not to include private so Attach Grant Request on School	chools) or 0 501(c)(3) Nor	n-Profit (other then religio Determination Letter	us institutions)
Encino Elementary ETeam (PTO)	Encir	no CA	91316
Name / Address of Affiliated Organizati (If applicable)	ion City	State	Zip Code

SECTION II - PROJECT DESCRIPTION

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

The purpose of this grant is to enable ECES teachers and staff to introduce coding, engineering and robotics to the primary grades. Our intent is to purchase a starter program of Dash & Dot Robotics and the curriculum that aligns with the robots for our Kindergarten through Second Grade students. The initial investment of approximately \$986.00 would allow us to extend our current, very successful robotics program to our K-2 students. Training elementary students in advanced technology, engineering and math is key to their future as college and career ready citizens. This robotics curriculum also aligns with the recently adopted Next Generation Science and Engineering standards for CA.

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)

Providing excellent instruction, rigorous curriculum and high interest subject matter leads to high quality education. Encino Charter Elementary strives to prepare all students to be constructive thinkers, problem solvers and productive citizens; all qualities which provide great benefits to our community, state and nation. This grant would assist us in developing young minds to be excited about math, science and engineering. The jobs these students are preparing for are beyond our present understanding and imagination.

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Revised 012615 - Page 1 of 2

### LOS ANGELES UNIFIED SCHOOL DISTRICT Encino Charter Elementary School

16941 Addison Street, Encino, CA 91316 Telephone: (818) 784-1762 Fax: (818) 995-7110 www.encinoelementary.net Dr. Michelle King Superintendent of Schools Vivian Ekchian Superintendent – Northwest Marcia Koff Principal Tracy Sandler

APEIS

May 23, 2017

ENC Encino Neighborhood Council P.O. Box 260439 Encino, CA 91426

Dear ENC Council Members,

Thank you for considering Encino Charter Elementary as you review your grant proposals. We are always striving to provide the most forward thinking and innovative learning opportunities for all of our students at ECES. We currently have a very successful coding and robotics program for our upper grade students. We recently participated in a district-wide robotics and engineering competition at CSUN and took first place in one of the categories. Our goal is to bring this exciting and innovative curriculum to our primary students in grades K-2 with the Dash & Dot Robotics Program. The initial cost of this program will be \$986.00 for the starter pack, which includes 4 robots and the curriculum and lesson plans that are integral to the program.

As our Neighborhood Council, I know you share our vision for an innovative and exciting learning environment for our children, which will help them to be the creative problem solvers we will need going forward. We are proud to be an Encino school and an active part of our neighborhood. Any assistance you can give us in achieving the goals of our school community will be welcomed and greatly appreciated. If you need further information about our proposed projects, please feel free to call or email me.

Thank you for your commitment to the Encino Community.

never Kiff Marcia Koff

Marcia Koff Principal Email: mak7422@lausd.net



Encino Elementary School is a 2012 California Distinguished School

Shu Fager - 2HbGH2 boaiver?

#### SECTION III - PROJECT BUDGET OUTLINE

a) Personnel Related Expenses	Requested of NC	Total Projected Cost
b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Dash and Dot Robotics starter pack	\$ 1,000.00	\$ 1,000.00
	a state of the second	

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

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

Source of Funding	Amount Total Projected Cost

6/30/17

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

\$ 1,000.00

10a) Start date: 3/25/2017 10b) Date Funds Required:

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

No Q 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\*

,	Marcia Koff	Principal	Marca KART	5-23-14
,	PRINT Name	Title	Signature	Date
2b)	Secretary of Non-profit Corporation	or Assistant School P	tincipal - REQUIRED	chalant
	Lorraine Buhai	Coordinator	Joiany punch	3/23/2011
	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

Revised 012615 - Page 2 of 2

Department of Neighbo Funding Request Form	orhood Empowerment		E	MPOW	ER LA	1	NE NO
running Request rorm			0.		EMPOWERMENT	1 2/	- 15
NC NAME:	Encino						
Budget Fiscal Year:	2016-2017		Requestor		Patricia B	ates	
Request Date: 26-Apr-17			Vendor		Variou	IS	
Meeting Date: 4/26/2017			Address				
Agenda Item:	4.A.3		City:		Stat		
	C Sponsored Event		Zip Cod	and and the second s		¢500	
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*Recused-Boardmember	Vote Count (Continued				until after the	vote is comp	leted.
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	1				X	
CAROL LEVIN	ENCINO PROPERTY OWNERS	×					
DEBRA GEORGE	PARK ADVOCATE	X					
DIANE ROSEN	AREA 5 REP					×	
ALEX GARAY	AT LARGE REP ALT	X					
ELIOT COHEN	PLU					X	
GERALD SILVER	HOMEOWNERS OF ENCINO	X					
GLENN BAILEY	PUBLIC SAFETY	X					
HENRY ESHELMAN	AT-LARGE REP					X	
JESS WHITEHILL	AREA 4 REP	X					
JIM ESTERLE	AREA 7 REP	X					
KENNETH SILK	AREA 3 REP	X					
LAURA SHOVLOWSKY	AREA 1 REP					×	
LAURIE KELSON	AREA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM.	X					
PATRICIA BATES	VOLUNTEER SERVICE	X					
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
VARANT MAJARIAN	BUSINESS REP					X	
VICTORIA MILLER	BUSINESS REP	X				X	
NC Quorum: 11	Grand Total (including page 2):	13				8	
	e above indicated Council, declare tha ance with the Brown Act, where with a						
	Funding Request submitted, the Departe. no additional Cash Request Form is r		nsfer the requ	uested amour	nt into the Neig	hborhood Co	ouncil's
Treasurer's Signature:	Aren X Si	2	Signer's S	ignature:	12C	lend	
Print/Type name:	Patricia Bates		Print/Ty	pe name. Del	bra George	) (	
Date (mm/dd/yy):	4/26/17		Date (mr		4/26/1	7	
	Contract CIP Advanced Payment \$2,500 NPG Sponsored Event	Approved     Denied	Staff Initials	1	st Level	Authoriza	tion Code —

NC NAME:	Encino						
Meeting Date:	42851						
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Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
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NC Quorum: 1	1 Totals (this page only	):					

Revised 1-26-15



### NEIGHBORHOOD COUNCIL EVENT APPROVAL FORM



200 N. Spring Street, Rm 224, Los Angeles, CA 90012 • (213) 978-1551 or Toll-Free 3-1-1 *E-mail:* <u>CityClerk.Funding@LACity.org</u> <u>www.EmpowerLA.org</u>

Events are great opportunities for Neighborhood Councils to interact with their stakeholders. There are, however, liability and permitting issues that must be handled prior to the event. The Office of the City Clerk Administrative Services Division Funding Section must approve a Neighborhood Council sponsored event before any payments can be processed. **Please complete, sign this form and submit at least 30 days prior to your event.** 

Neighborhood Council:	Encino
The Neighborhood Council is the	Main Sponsor or Co-Sponsor for the event.
Main sponsor: Enci	no Neighborhood Council
Contact Person: Alex	-
Phone: \$18262	716 Email Dlex Figuray Dyator . com .:
Co-Sponsor (if applicable):	
Contact Person:	DATACT INFORMUTION for possible permits
Phone:	Email:
Event Information	C. I Cal Tage Belle
1 1	night, etc.): Commun, ty Get-Together
	me: 1000-1400 Est. number of attendees: 100 Event Budget: \$500
	-A Dept- of Roc/Parks-Balboa Sports Center
Venue Address: 17015	Burbank Blud Encino (A 91316
Contact Person: Kothry	services to and a fitness many right for after the other were and the service of
Phone: 818 756 960	$\sim 0$ t
Please note: If the location for th	e event is at City facility, e.g. park, the location approval may be easier and at little or no t a City facility, a separate contract may be needed and can take 30 days to complete.
Documents scanned and emai	ed to CityClerk.Funding@lacity.org for approval PRIOR to event:
Neighborhood Council Event A	pproval Form - Completed and signed by Treasurer, Second Signatory or Event Chair
Funding Request Form - Com	leted and signed by Treasurer and Second Signatory
Itemized Detailed Event Budge with specific vendors if available	- Total budget with funding categories (food, entertainment, flyers, permits, etc.) and a.
If a bank card exemption of t needed for the daily limit to be	ne daily \$2,500 limit is required for this event, please provide the date(s) and amount lifted:

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

Revision 11/01/16

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

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

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

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

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

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

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

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

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

#### **CONTACT INFORMATION for possible permits:**

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

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

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

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

Signature And	Date: 5/10/17
Print Name: Patricia Bates	Title: Treasurer
Email: Tressurer @ encinonc. org	Phone: 8184250962
	Plante min. N. source M. and a start

Revision 11/01/16

### Encino Neighborhood Council Community Get-Together Budget Event is 6/11/2017

100
100
100
200
500



City of Los Angeles Department of Recreation & Parks

BALBOA SPORTS CENTER 17015 Burbank Boulevard, Encino, California 91316 Telephone: 818.756-9642 balboa.sportscenter@lacity.org

- DATE: Tuesday May 9, 2017
- TO: Encino Neighborhood Council Lake Balboa Neighborhood Council
- FROM: Kathrynn Penny, Senior Recreation Director I
- RE: INVOICE: June 11 Picnic Event

Special Event Revenue:

Open Space Exclusive Use :June 11, 2017 10:00am-2:00p<br/>South Lawn area on Burbank Side of Park<br/>Exact Location to be determined by walk-through with AlexAnticipated Attendance1-250Rates and Fees applied\$ 100.00

Please make check payable to "City of Los Angeles Recreation And Parks"

4/26/17 4.A. 3.



City of Los Angeles Department of Recreation & Parks

# **BALBOA SPORTS CENTER**

17015 Burbank Boulevard, Encino, California 91316 Telephone: 818.756-9642 <u>balboa.sportscenter@lacity.org</u>

- DATE: Tuesday May 9, 2017
- TO: Encino Neighborhood Council Lake Balboa Neighborhood Council
- FROM: Kathrynn Penny, Senior Recreation Director I
- RE: INVOICE: June 11 Picnic Event

Special Event Revenue:

Open Space Exclusive Use :	South La	2017 10:00am-2:00p awn area on Burbank Side of Park ocation to be determined by walk-through with Alex
Anticipated Attendance	1-250	Paid 6/2/17.
Rates and Fees applied <u>Two Food Trucks @ \$100</u> TOTAL FEES due	\$ 100.00 \$ 200.00 \$ 300.00	~ Pairol 10/2/17

Please make check payable to "City of Los Angeles Recreation And Parks"

Amended May 31 to add food truck fees.

Department of Neighb	orhood Empowerment						
Funding Request Form			3	MPOW	ER L		
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NC NAME:	Encino						
Budget Fiscal Year:	2016-2017		Requestor:		Debra Ge	orge	
Request Date: 24-May-17 Meeting Date: 5/24/2017		-	Vendor: Address:		Arts Real for Y 18013 Dunci		(.) Found.
Agenda Item:	la De 2.		City:	Enci	no Stat	:e:	CA
Operations Outreach	NC Sponsored Event	Purpose Grant	Zip Code	913	16 Phone:	818920	009/7
	mber Reimbursement	provement Project	Amount:	\$	750	00.0	
Cut of State 1999 Experi	se 🛛 One Time Expense 💭 Monthij	E MU	incle # of pays	nents	1		
please provide the date(s) and a Public Benefit	daily \$1,000 limit is required for this amount needed for the daily limit to Grant will be used by the M.A.R.Y. Foun M.A.R.Y.'s Day event which will be at the S	be lifted: dition to fund a p					
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*Recused-Boardmember	r must leave the room prior to any di-	scussion and m	ay not return t	o the room	until after the	vote is comp	leted.
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	X					
CAROL LEVIN	ENCINO PROPERTY OWNERS	1					1
DEBRA GEORGE	PARE ADVOCATE						
DIANE ROSEN	AREA 5 REP						
ALEX GARAY	AT LARGE REP ALT						
ELIOT COHEN	PLU		K				
GERALD SILVER	HOMEOWNERS OF ENCINO	X					
GLENN BAILEY	PUBLIC SAFETY		K				
HENRYESHELMAN	AT-LARGE REP	X					
JESS WHITEHILL	AREA 4 REP	1					1
JIM ESTERLE	AREA 7 REP						
KENNETH SUK MDAVIS	AREAJAN ALT						1
AUKA SHOVEOWSKY VACA						R	
LAURIE KELSON	AREA 6 REP	X					
MARE LEVINSON	ENCINO CHAMBER OF COMM.						1
PATRICIA BATES	VOLUNTEER SERVICE				X		
SCOTT LINDEN	AREA 2 REP					K	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
SAMUEL APIKYA	N BUSINESS REP	11					
VICTORIA MILLER	BUSINESS REP						
NC Quorum: 11	Grand Total (including page 2):	16	2			2	
We, the Treasurer and Signer of th public meeting was held in accord	te above indicated Council, declare the ance with the Brown Act, where with Funding Request submitted, the Depa	at the informat a quorum of Bo	ion presented o pard Members s	present, the	Council approv	ed the above	action.
	e. no additional Cash Request Form is				0	_	
Treasurer's Signature	pado		Signer's Sig	nature 7	120	Jene	e/
Print/Type name:	Patricia Bates		Print/Type	t name Deb	ra George	10	
Date (mm/dd/yy):	5/24/17	Approved	Date (mm/	(dd/yy):	6/24/1	C Authoriza	tion Code ***
Department Use Only	S2.500 NPG Sponsored Event	Derked	ABila	-6.5.17 Γ <sup>2</sup>	nd avei	ENC	-17366
Revised 1-26-15	ENCINO		h.	har		6.17	

NC NAME:	Encino						
Meeting Date:	42879						
Agenda Item:	0				-		-
		Vote Count					
*Recused-Boardmem	ber must leave the room prior to an	ny discussion and ma	ay not return	to the room u	intil after the v	ote is compl	eted.
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Adriohn Richardson	Education	K					
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							<u> </u>

### 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:	Enc	no	an campoo far ann a start a start a st	Ph. In conservation of the first second s	ay ng kanan ang kang kang kang kang kang k
SEC	TION I- APPLICANT INFORMATION					
4.5	Making the Arts Real for Youth Foundation / m.a.r.y.	46-36820	77	California		10/21/13
1a)	Organization Name	Federal	I.D. # (EIN#)	State of	Incorporation	Date of 501(c)(3) Status (if applicable)
	18013 Duncan Street	Encino			CA	91316
1b)	Organization Mailing Address	City	an a	ĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	State	Zip Code
1c)	Business Address (If different)	City	n an		State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
	Krickett Jones Halpern	(818) 929-0	1977		krickett@mary-f	oundation.org
	Name	Phone			Email	
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Grant Request on School Letterhead	or 🖩	501(c)(3) Nor Attach IRS D		(other than religio	us institutions)
3)	Name / Address of Affiliated Organization (If applicable)	alaran <sup>a</sup> anaa ay ya da ahaa ahaa ahaa ahaa ahaa aha	City		State	Zip Code
SEC	TION II - PROJECT DESCRIPTION					

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

The m.a.r.y, foundation is a year round program, on going, and this grant will help and enable m.a.r.y. to offer free events and workshops to the communities by helping with the cost for advertisement, supplies, art materials, etc. Your logo, will be placed on printed posters and postcards acknowledging the Neighborhood Council and announced in the newsletters via email.

A large part of the funding requested is for a September event, m.a.r.y. is incurring costs for promotion during the Summer 2017.

#### 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)

The m.a.r.y. foundation is emerging and becoming more well known in the community. Our non-profit welcomes the general public and is here to support ALL children with their social and emotional well being through the arts. We have two events a year and workshops through out the year for children, their friends and family. The events and workshops will bring knowledge and awareness of how the arts can help young people and provide them with skills to use the arts as a vehicle to help guide with social and emotional skill building. The m.a.r.y. events and workshops bring professionals and children together to help teach and guide them. Most of the children participating in the program are residents of and/or students in (alphabetical order) Encino, Lake Balboa, Reseca, and Tarzana.

Admission and parking for the events and workshops are free making the events and workshops accessible to all.

Your funds will help m.a.r.y. to continue with our events and workshops and inspire young peoples' interest in the arts and bring family and friends together for a community that has the opportunity for expression and creativity as a outlet to build resilience for over all well-being.

NPG APPLICATION Page 2

			1
1)	Personnel Related Expenses	Requested of NC	Total Projected Cost
	N. Barris (Delta / Errora	Description of a failed and	Tetal Designated Coat
)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	See attached	\$ 750	\$ 2,475.00
>	Have you (applicant) applied to any other Neigl		for this project?
	Is the implementation of this specific program factors or sources or funding? (Including NPG		
	Source of Funding	Amount	Total Projected Cost
	What is the TOTAL amount of the grant funding	g requested with this application:	\$ 750.00
C)	Start date: 04/23/17 10b) Date Funds Expected completion date: 09/24/17 (/ follow-up form to the Neighborhood Council HON IV - POTENTIAL CONFLICTS OF INTERES	After completion of the project, the ap I and the Department of Neighborhoo	
0	Expected completion date: 09/24/17 (/ follow-up form to the Neighborhood Council HON IV - POTENTIAL CONFLICTS OF INTERES Do you (applicant) have a former or existing re No Yes - Please describe be	After completion of the project, the ap I and the Department of Neighborhoo T lationship with a Board Member of the low:	d Empowerment) e NC?
e	Expected completion date: 09/24/17 (/ follow-up form to the Neighborhood Council HON IV - POTENTIAL CONFLICTS OF INTERES Do you (applicant) have a former or existing re No Yes - Please describe bel Name of NC Board Member	After completion of the project, the ap I and the Department of Neighborhoo Tationship with a Board Member of the low:	d Empowerment)
c	Expected completion date: 09/24/17 (/ follow-up form to the Neighborhood Council HON IV - POTENTIAL CONFLICTS OF INTERES Do you (applicant) have a former or existing re No Yes - Please describe be	After completion of the project, the ap I and the Department of Neighborhoo T lationship with a Board Member of the low:	d Empowerment) e NC?
c	Expected completion date: 09/24/17 (/ follow-up form to the Neighborhood Council HON IV - POTENTIAL CONFLICTS OF INTERES Do you (applicant) have a former or existing re No Yes - Please describe bel Name of NC Board Member	After completion of the project, the ap I and the Department of Neighborhoo Tationship with a Board Member of the low:	d Empowerment) e NC?
c) C a)	Expected completion date: 09/24/17 (/ follow-up form to the Neighborhood Council HON IV - POTENTIAL CONFLICTS OF INTERES Do you (applicant) have a former or existing re No Yes - Please describe bel Name of NC Board Member Pat Bates If yes, did you request that the board member of	After completion of the project, the ap I and the Department of Neighborhoo T lationship with a Board Member of the low: Relations Friend Consult the Office of the City Attorney Please note that if a Board Member of es in the discussion and voting of this	d Empowerment) e NC? hip to Applicant before the NC has a conflict of
(C) (C) (a)	Expected completion date: 09/24/17 (/ follow-up form to the Neighborhood Council HON IV - POTENTIAL CONFLICTS OF INTERES Do you (applicant) have a former or existing re No Yes - Please describe bel Name of NC Board Member Pat Bates If yes, did you request that the board member of filing this application? x Yes No *( interest and completes this form, or participate	After completion of the project, the ap I and the Department of Neighborhoo T lationship with a Board Member of the low: Relations Friend Consult the Office of the City Attorney Please note that if a Board Member of es in the discussion and voting of this	d Empowerment) e NC? hip to Applicant before the NC has a conflict of
(C) (C) (a)	Expected completion date: 09/24/17 (/ follow-up form to the Neighborhood Council HON IV - POTENTIAL CONFLICTS OF INTERES Do you (applicant) have a former or existing re No Yes - Please describe bel Name of NC Board Member Pat Bates If yes, did you request that the board member of filing this application? x Yes No *( interest and completes this form, or participate will deny the payment of this grant in its entired	After completion of the project, the ap I and the Department of Neighborhoo Tationship with a Board Member of the low: Relations Friend Consult the Office of the City Attorney Please note that if a Board Member of es in the discussion and voting of this ty.) ge, the information provided herein ar hat I have read Appendix A, "What is a cation and affirm that the proposed p t/program and that no conflict of inter poses Grant. I affirm that I am not a c ing this application. I further affirm that	d Empowerment) e NC? hip to Applicant before the NC has a conflict of NPG, the Department d communicated otherwise Public Benefit," and roject(s) and/or program(s) est exist that would urrent Board Member of the if the grant received is not
(C)	Expected completion date: 09/24/17 (// follow-up form to the Neighborhood Council HON IV - POTENTIAL CONFLICTS OF INTERES Do you (applicant) have a former or existing re No Yes - Please describe bed Name of NC Board Member Pat Bates If yes, did you request that the board member of filing this application? x Yes No *( interest and completes this form, or participate will deny the payment of this grant in its entired <b>TION V - DECLARATION AND SIGNATURE</b> I hereby affirm that, to the best of my knowledg is truly and accurately stated. I further affirm th Appendix B "Conflicts of Interest" of this applif fall within the criteria of a public benefit project prevent the awarding of the Neighborhood Pur Neighborhood Council to whom I am submittin used in accordance with the the terms of the applied the payment of the terms of the applied the terms of the available of the terms of the applied the terms of the terms of the terms of the applied the terms of the terms of the terms of the terms of the applied the terms of the terms of	After completion of the project, the appletion of the project, the appletion of the project, the appletion of the Department of Neighborhood The Internation of the Department of Neighborhood The Internation with a Board Member of the Internation Priend Please note that if a Board Member of the Singer and the Difference of the City Attorney Please note that if a Board Member of the Singer and the Internation provided herein are that I have read Appendix A, "What is a cation and affirm that the proposed performs and that no conflict of interposes Grant. I affirm that I am not a conflict of interposes Grant. I affirm that I am not a conflication stated here, said funds shall be the shall	d Empowerment) e NC? hip to Applicant before the NC has a conflict of NPG, the Department d communicated otherwise Public Benefit," and roject(s) and/or program(s) est exist that would urrent Board Member of the if the grant received is not

2b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED **Richard Halpern** VP / Secretary Title Signature

**PRINT Name** 

\* 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

ENCINO NC JUNE 2017 MER A11 Revised 012615 - Page 2 of 2

Date

Department of Nei Funding Request Fo	ghborhood Empowerment orm		0.	MPOW	EMPOWERMENT		1
NC NAME:	Encino					School Street	
Budget Fiscal Year:	2016-2017	-	Requestor		Patricia E	lates	
Request Date: 26-Apr-17		_	Vendor		ongress of Nei	hborhoods	
Meeting Date: 4/26/2017	· · · · · · · · · · · · · · · · · · ·		Address	:			
Agenda Item:	5.2.	-	City:		Stat	e:	
Operations Outreach	NC Sponsored Event	Purpose Grant	Zip Cod	e:	Phone:		
Contract / Lease Board	d Member Reimbursement	provement Project	Amount	:\$	1,00	0.00	
Out of State 1099 E	Expense One Time Expense Monthly		tiple # of pay	ments			
	f the daily \$1,000 limit is required for this and amount needed for the daily limit to Cor		ions of Congres	s of Neighborh	oods		
*Recused-Boardmer	Vote Count (Continu mber must leave the room prior to any dis				until after the	vote is comp	leted.
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP					X	
CAROL LEVIN	ENCINO PROPERTY OWNERS	X					
DEBRA GEORGE	PARK ADVOCATE	X					
DIANE ROSEN	AREA 5 REP					X	
ALEX GARAY	AT LARGE REP ALT	X					
SLIOT COHEN	PLU	1				X	
JERALD SILVER	HOMEOWNERS OF ENCINO	X					
GLENN BAILEY	PUBLIC SAFETY	X					
HENRY ESHELMAN	AT-LARGE REP					X	
JESS WHITEHILL	AREA 4 REP	X					
JIM ESTERLE	AREA 7 REP	X					
KENNETH SILK	AREA 3 REP	X					
LAURA SHOVLOWSKY	AREA 1 REP	10				×	
LAURIE KELSON	AREA 6 REP	V					
MARK LEVINSON	ENCINO CHAMBER OF COMM.	X					
PATRICIA BATES	VOLUNTEER SERVICE	10					
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X				~	
VARANT MAJARIAN	BUSINESS REP					X	
VICTORIA MILLER	BUSINESS REP	-				X	
	Grand Total (including page 2):	1B				P	
	r of the above indicated Council, declare th ccordance with the Brown Act, where with	at the informa					
	ves a Funding Request submitted, the Depa		nsfer the requ	lested amoun	t into the Neig	hborhood Co	ouncil's
	Illy, i.e. no additional Cash Request Form is	required.			571-	2	/
Treasurer's Signat		en	Signer's S	/	123	ey	
Print/Type na	ame: Patricia Bates		Print/Ty	pe name: Det	ora George	1.	
Date (mm/dd			Date (mn		4/26	17	
Department Use Only	□ Contract □ CIP □ Advanced Paymen □ >\$2,500 □ NPG □ Sponsored Event F N C I N O N C I L I N	Denied		1	st Level	Authoriza	tion Code

Revised 1-26-15

NC NAME:	Encino	
Meeting Date:	42851	
Agenda Item:	5.2.	

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Adriohn Richardson	Education	X					
and the design of the second sec							
			-				
					-		
			192				
			1				
Constitution of the second							
NC Quorum: 11	Totals (this page only):	1					

### 2017 Congress of Neighborhoods / NC Budget Advocates / EmpowerLA Awards Board Support Resolution

We, <u>Debrs George</u> (President Name) and <u>Potricia Bistes</u> (Treasurer Name), declare that we are the President and Treasurer, respectively of the  $\frac{1}{126/17}$  Neighborho Council (Neighborhood Council) and that on  $\frac{4}{126/17}$  (date adopted), a Brown Act \_\_\_\_Neighborhood noticed public meeting was held by the Neighborhood Council with a quorum of (*number*) board members present and that by a vote of (*number*) yes, (number) no, and \_\_\_\_\_(number) abstentions the Neighborhood Council adopted the following resolution: Resolved: That the Neighborhood Council supports: LA Congress of Neighborhoods - September 9, 2017 Annual event in the amount of: \$1000  $\square$  \$250  $\square$  \*Other Amount \$ □\$500 and/or LA Congress of Neighborhoods - Networking/EmpowerLA Awards event in the amount of: □ \*Other Amount \$ □\$1000 □\$500 □\$250 and/or Neighborhood Council Budget Advocates in the amount of: □ \*Other Amount \$ □\$1000 □\$500 □\$250 Therefore, be it resolved that the Neighborhood Council approves the submission of this resolution authorizing the Department of Neighborhood Empowerment to transfer funds in the aforementioned amount from our checking account (or appropriation account if funds are

IN WITNESS of the above action, the undersigned has executed and delivered this certificate in the name and on behalf of the Neighborhood Council and as of the date set forth below.

available) and into the Congress and/or Budget Advocacy Account(s).

Signature of President

Signature of Treasurer

<u>4-26-/</u> Date

4/20/17

Submit this form by emailing jasmine.duckworth@lacity.org, faxing to (213) 978-1751, or mailing to City Hall, 200 North Spring Street, 20<sup>th</sup> Floor, Los Angeles, CA 90012. Form must be received by the Department no later than Thursday, June 1, 2017 in order to be processed from Fiscal Year 2016-17 available funds.

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

	orhood Empowerment			MPOW	ED LA	-	-
Funding Request Form			100	and diversion of the	LMPOWERMENT	Re DI	10
NC NAME:	Encino		1.1				
'udget Fiscal Year:	2016-2017		Requestor		Patricia B	lates	
Request Date: 22-Mar-17			Vendor		Martin outdo	or Media	
Meeting Date: 3/22/2017			Address	2			
Agenda Item:	6.A.3.		City:		Stat	e:	
Operations Outreach N	C Sponsored Event D Neighborhood Pur	pose Grant	Zip Cod	e:	Phone:		
Contract / Lease Board Mem	ber Reimbursement Community Improv	vement Project	Amount	t:\$	Up to	\$700	
Out of State 1099 Expense	One Time Expense Monthly	Mult	tiple # of pay	ments	-		
please provide the date(s) and a Public Benefit	daily \$1,000 limit is required for this mount needed for the daily limit to b	e lifted:	dvertising to pr	romote ENC			
Description							
*Recused-Boardmember	Vote Count (Continued must leave the room prior to any discu				until after the	vote is comp	leted.
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	X					
CAROL LEVIN	ENCINO PROPERTY OWNERS	X					
DEBRA GEORGE	PARK ADVOCATE	X					
DIANE ROSEN	AREA 5 REP	X					
WHICKRIFTER Alex Go	ATLARGE REP A 1+	×					
ILIOT COHEN	PLU	×				- mailer -	
GERALD SILVER	HOMEOWNERS OF ENCINO	X					
GLENN BAILEY	PUBLIC SAFETY	X					
HENRY ESHELMAN	AT-LARGE REP	X					
JESS WHITEHILL	AREA 4 REP					X	
JIM ESTERLE	AREA 7 REP	×					
KENNETH SILK	AREA 3 REP	X					
LAURA SHOVLOWSKY	AREA 1 REP					X	
LAURIE KELSON	AREA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM.	×					
PATRICIA BATES	VOLUNTEER SERVICE	X					
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
VARANT MAJARIAN	BUSINESS REP	X					
VICTORIA MILLER	BUSINESS REP	X					
NC Quorum: 11	Grand Total (including page 2):	1%				3	
We, the Treasurer and Signer of th	e above indicated Council, declare that ance with the Brown Act, where with a						
Once the Department approves a l	Funding Request submitted, the Depart	ment will tra	nsfer the requ	uested amoun	nt into the Neig	hborhood Co	uncil's
	e. no additional Cash Request Form is r						1
Treasurer's Signature:	An Th	ST	Signer's S	ignature:	120	lava	/
Print/Type name:	Patricia Bates			pe name: Del	bra George	r	
Date (mm/dd/yy):	3/22/17		Date (mr		0	0	-
	Contract CIP Advanced Payment	Approved Denied	Staff Initials	Γ	st Level	Authoriza	tion Code

Revised 1-26-15	5
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NC NAME:	Encino
Meeting Date:	42816
Agenda Item:	6.A.3.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Adriohn Richardson	Education	X					
							1
				-			
	Totals (this page only):						

### Martin Outdoor Media, LLC

1990 Westwood Blvd., Suite 300 Los Angeles, CA 90025 310-559-1600

# Invoice

Date	Invoice #
6/6/2017	25459

Bill To

subject to removal.

Encino Neighborhood City Council Att: Alex Garay 4924 Paso Robles Ave. Encino, CA 91316

	1					
		Start Date	End Date	Due Date	Rep	Account #
				6/6/2017	House	
ltern	Quantity	T	Description		Rate	Amount
Sign Produ	4	Production Service: Prod	luction for bus bench ads		75.00	300.00
	ar payment	of invoice. Please make of	checks payable to Martin inance charge of 1.5%/ mo	Bala	ice Total ince Due	\$300.00

ARTNERS IN DIVERSITY, INC.			INVC	DICE	Invoice Amount \$177.44
Remit to: Partners In Diversity, Inc. ASGE Marquette Commercial Finance NW 6333 P.O. Box 1450 Minneapolis, MN 55485-6333 Neighborhood Council/Encino 4924 Paso Robles Ave Encino, CA 91316			Payment Due On Invoie 271	Receipt c No.	Invoice Date 06/05/2017 Customer No. 1510
Customer Name	Departme	nt	Customer	No.	Payment Terms
Customer Name Neighborhood Council/Encino	<b>Departme</b> Corporate		Customer N 1510	No.	Payment Terms Due On Receipt
				No.	
Neighborhood Council/Encino	Corporate	;	1510		Due On Receipt
Neighborhood Council/Encino Description Week ending: 06/04/2017	Corporate	Туре	1510 Units 8.00	Rate	Due On Receipt Amount \$177.44

Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.

Invoice No.: 27180

# Invoice

### **The Web Corner, Inc.** 19509 Ventura Blvd. Tarzana CA 91356

(818) 345-7443

-	Date	Invoice #	Due Date
	6/1/2017	14990	6/1/2017

Bill To

Encino Neighborhood Council P.O. Box 260439 Encino, CA 91426

		P.O. No.	Terms	Pioje>ct
Quantity	Description		Rate	Amo unt
	Phone Support and General Web Developmen		99.00	99.00
Please remit	payment at your earliest convenience.		Tabel	
lhank you fo	r your business!		Total	\$99.00
			Payments/Credit	s \$0.00

#### 7/15/2017 **Gmail - Order Confirmation - Multiple Orders** PATRICIA L BATES ENCINO NC Customer Name: ALEJANDRO GARAY Shipping to: 5437 NEWCASTLE AVE Account #: 82900847 Payment info: MasterCard, last 4 digits: 4209 **APT 226** ENCINO, CA 91316-2055 Standard Shipping Comments: **Delivery Method: ITEM DESCRIPTION** EXTENDED PRICE OTY AVAILABLE B/O Qty UNIT PRICE UM \$5.00 Sharpie® Permanent Fine-Point Markers, 1 1 0 \$5.000 pack Black, Pack Of 5 (134000) ECO Allowers and an allowers and Subtotal: 5 00 LEGEND Tax: 0.44 Delivery Fee: 0.00 Misc.: 0.00 OTY: Original Quantity Ordered AVAILABLE: Ordered Quantity - Backorder Quantity Total: \$5.44 B/O Qty: Backorder Quantity UNIT PRICE: Price per Individual Unit LIM-Unit of Measure EXTENDED PRICE: Ordered Quantity x Unit Price 931757091001 50% off one Reg. Price Presentation or Poster Board Coupon Expires 06/26/17 11:59 PM ET, Valid at officedepot.com or in store, Limit 1 Coupon Code per Customer 1FZ03RQEQRRKJG **Terms and Conditions** Must present this coupon (no reproductions) at time of purchase. Cannot be combined with Reward Member or Business Select pricing. Cannot be combined with Store Purchasing, Procurement or Retail Connect Cards. Coupon is good for one-time use only and cannot be combined with other sales, offers or promotions. Quantities limited. No rainchecks. No cash value. For dollars or percent off a qualifying purchase, minimum purchase required is after discounts and before tax. No cash back. You can now track delivery of your order online. Enter the order number shown in this email, or go to Order Tracking at OfficeDepot.com and log in to track delivery of your order by entering your order number in combination with either your telephone number or account number Normal deliveries to business addresses are made between the hours of 8:30 AM and 5:00 PM, and to residential addresses between 8:30 AM and 7:00 PM Got a question? We're taking care of business every day, and we are ready to help. Call 800-463-3768 or email us and one of our Customer Service Specialists will provide prompt answers to all your questions

Shipment 2 Expected delivery data: 05/31/2017 8:30 AM - 5:00 PM

#### Gmail - Order Confirmation - Multiple Orders

Patricia Bates <br/>
batesbird@gmail.com>

### **Order Confirmation - Multiple Orders**

1 message

OfficeDepotOrders@officedepot.com <OfficeDepotOrders@officedepot.com> Reply-To: OfficeDepotOrders@officedepot.com To: BATESBIRD@gmail.com

Sun, May 28, 2017 at 9:50 AM

800-463-3768

800.GO.DEPOT

### **Office DEPOT** OfficeMax

Gmail

Taking care of business

### **Order Confirmation**

#### Thank you for shopping with us.

We are processing your order and will send you an email notification when it ships. Due to product availability or size, your order will arrive in multiple shipments.

Shipping confirmation emails will provide details on all shipments.

For your reference, below is a summary of your order:

Shipment 1 Expected delivery date: 05/31/2017 8:30 AM - 5:00 PM

Order Number: Order Date: Customer Name: Account #: Payment info:

Comments:

931756786-001 05/28/2017 PATRICIA L BATES ENCINO NC 82900847 MasterCard, last 4 digits: 4209

Status: Tracking: Shipping to:

Delivery Method:

In Process N/A ALEJANDRO GARAY 5437 NEWCASTLE AVE **APT 226** ENCINO, CA 91316-2055 Standard Shipping

box

\$2.990

ITEM DESCRIPTION QTY AVAILABLE B/O Qty UNIT PRICE UM EXTENDED PRICE

C-Line Pressure Sensitive Badge - 3.50" Width 4 4 0 x 2.25" Length - 100 / Box - Rectangle - Blue" (227074)

				Subtotal		j
			- must prototar		n a iui	

#### LEGEND

QTY: **Original Quantity Ordered** AVAILABLE: Ordered Quantity - Backorder Quantity B/O Qty: Backorder Quantity Price per Individual Unit UNIT PRICE: UM: Unit of Measure EXTENDED PRICE: Ordered Quantity x Unit Price



Tax:

**Delivery Fee:** Misc.: \$11.96

1.05 0.00

0.00

### ENCINO NC JUNE 2017 MER A17

#### Shipment 2 Expected delivery date: 05/31/2017 8:30 AM - 5:00 PM

Order Number: Order Date:

931757091-001 05/28/2017

Status: Tracking:

In Process N/A

https://mail.google.com/mail/u/0/?ui=2&ik=25d854398d&jsver=YLDmfjBKkgk.en.&view=pt&q=label%3Aencino-nc%20office%20depot&qs=true&search... 1/3

#### Page 2 of 2

June 28, 2017

Account Number: Security Code: John Arnstein 8448 20 001 3772834 6486

### **Charge Details**

Previous Balance		59.99
Credit Card Payment	06/03	-59.99
Remaining Balance		\$0.00

Payments received after 06/28/17 will appear on your next bill.

#### Service from 07/06/17 through 08/05/17

Internet Services	
Internet Modem Lease	10.00
Basic Internet	49.99
	\$59.99
Internet Services Total	\$59.99
Current Charges	\$59.99
Total Due by Auto Pay	\$59.99

### Billing Information

Tax and Fees - This statement reflects the current taxes and fees for your area (including sales, excise, user taxes, etc.). These taxes and fees may change without notice.

Surcharges - Spectrum Imposes surcharges to recover costs of complying with its governmental obligations.

Terms & Conditions – Spectrum's detailed standard terms and conditions for service are located at spectrum.com/policies.

Authorization to Convert your Check to an Electronic Funds Transfer Debit - If your check is returned, you expressly authorize your bank account to be electronically debited for the amount of the check plus any applicable fees. The use of a check for payment is your acknowledgment and acceptance of this policy and its terms and conditions.

Past Due Fee / Late Fee Reminder - A late fee will be assessed for past due charges for service.

Local Spectrum Store: 9260 Topango Canyon Blvd, Chatsworth CA 91311 Store Hours: Mon thru Fri - 9:00am to 7:00pm; Sat - 9:00am to 5:00pm

# Spectrum

Spectrum

### Contact Us

Visit us at twc.com/support Or, call us at 855-70-SPECTRUM (1-855-707-7328) 8448 2000 NO RP 28 06292017 NNNNNNN 01 999155

Franchise Administrator - City of Los Angeles, Information Technology Agency 200 N Main St, City Hall East, 14th Floor, Los Angeles CA 90012 Telephone and TDD: 3-1-1 One Call To City Hall or http://www.lacity.org

**Complaint Procedures -** If you disagree with your charges, you have 60 days from the billing date to register a complaint. During the dispute period, we will not terminate service provided you pay the undisputed portion of your bill.







For questions or concerns, please call 1-855-707-7328.

# Spectrum

### TIME WARNER CABLE IS NOW SPECTRUM

June 28, 2017 Account Number: Security Code: Service At:

8448 20 001 3772834 6486 4924 PASO ROBLES AVE ENCINO CA 91316-3458

#### **Contact Us**

Visit us at twc.com/support

Or, call us at 855-70-SPECTRUM (1-855-707-7328)

Summary	Service from 07/06/17 through ( details on following pages	08/05/17	
Previous Balar	nce	59.99	
Payments Rec	aived -Thank You!	-59.99	
Remaining	Balance	\$0.00	
 Internet Servic	es	59.99	
Current Charges		\$59.99	
YOUR AUTO	PAY WILL BE PROCESSED 07/	15/17	
Total Due by A	Auto Pay	\$59.99	

**Auto Pay Notice** 

1.5

### SPECTRUM NEWS

Time Warner Cable Entity. The Time Warner Cable entity providing the services is a subsidiary of Charter Communications Operating, LLC and uses the brand name "Spectrum".

Spectrum Customer Privacy Policy update. Effective August 1, 2017, there will be a new Spectrum Customer Privacy Policy. You can view the new privacy policy atwww.spectrum.com/privacy or call 1-800-892-4357 to request a paper copy be mailed to your home.

New Spectrum Store Hours. Effective May 22, 2017, the Spectrum Store located at 9260 Topango Canyon Blvd, Chatsworth CA 91311 will be open Monday thru Friday 9:00am – 7:00pm and Saturday 9:00am - 5:00pm. Customers may also find additional support at spectrum.net/support

STAY SECURE WHEN YOU'RE ONLINE. Get real-time protection and automatic updates with Security Suite, FREE to Spectrum Internet™ customers. Protect up to 10 devices from viruses, spyware and hackers with our easy-to-use Security Suite. Visit twc.com/securityinfo to download your free Security Suite today.

Thank you for choosing Spectrum.

To avoid a late fee, the BALANCE must be paid by the DUE DATE. We appreciate your prompt payment and value you as a customer.

Auto Pay Thank you for signing up for auto pay. Please note your payment may be drafted and posted to your Spectrum account the day after your transaction is scheduled to be processed by your bank.

Spectrum

9260 TOPANGA CYN BV CHATSWORTH CA 91311-5760 8448 2000 NO RP 28 06292017 NNNNNNN 01 999155

JOHN ARNSTEIN ENCINO NEIGHBORHOOD COUNCI 4924 PASO ROBLES AVE ENCINO CA 91316-3458 June 28, 2017

#### **John Arnstein**

Account Number: Service At:

8448 20 001 3772834 4924 PASO ROBLES AVE ENCINO CA 91316-3458

#### Total Due by Auto Pay

\$59.99

TIME WARNER CABLE PO BOX 60074 CITY OF INDUSTRY CA 91716-0074

# ENCINO NC JUNE 2017 MER A18

844820001377283400059998

	orhood Empowerment		E	MPOW	ER LA	AL	
Funding Request Form			0.	partment af	EMPOWERMENT		
NC NAME:	Encino			DERCE		TABLE AVE	and smiths
Budget Fiscal Year:	2016-2017	-	Requestor		Patricia E	Bates	
Request Date: 24-May-17			Vendor		Quality Logo	Products	
Meeting Date: 5/24/2017		_	Address				
Agenda Item:	5.C.2.	-	City:		Stat	e:	
Operations Outreach	IC Sponsored Event  Neighborhood Pu	rpose Grant	Zip Cod				
	ber Reimbursement Community Impro		Amoun		204	1.69	
Out of State 1099 Expens		Mul	tiple <b># of pay</b>	ments	-		
	daily \$1,000 limit is required for this amount needed for the daily limit to l						
Public Benefit	To purchase hand san	and the second sec	cino NC web ac	ldress to hand c	out at outreach ev	vents	
Description							
	Vote Count (Continue	d	a shan 20 Deced 84	amb and			
*Recused-Boardmember	must leave the room prior to any disc				until after the	vote is comp	leted.
			1	1			1
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	X					
CAROL LEVIN	ENCINO PROPERTY OWNERS	·					
DEBRA GEORGE	PARK ADVOCATE	1					
DIANE ROSEN	AREA 5 REP						
ALEX GARAY	AT LARGE REP ALT	d					
ELIOT COHEN	PLU		X				
GERALD SILVER	HOMEOWNERS OF ENCINO		X				
GLENN BAILEY	PUBLIC SAFETY	X					
HENRY ESHELMAN	AT-LARGE REP	p					
JESS WHITEHILL	AREA 4 REP						
JIM ESTERLE	AREA 7 REP						
KENNETHSEK MAAVK	AREA 3 REP ACT	-					
	AREA 1 REP					X	
LAURIE KELSON	AREA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM.		X				
PATRICIA BATES	VOLUNTEER SERVICE	X					
SCOTT LINDEN	AREA 2 REP					x	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
S. Apykayo	BUSINESS REP	1 m				X	
VICTORIA MILLER	BUSINESS REP					X	
NC Quorum: 11	Grand Total (including page 2):	16	3	617) and a 1		2	
We, the Treasurer and Signer of t public meeting was held in accord Once the Department approves a	Grand Total (including page 2): he above indicated Council, declare that lance with the Brown Act, where with a Funding Request submitted, the Depart e. no additional Cash Request Form is	a quorum of l rtment will tra	ation presente Board Membe	rs present, the	e Council appro	oved the abo	ve action.
	Rectional cash request rollins	incounted.	Clauserle	imature T	7.1	Xam-	
Treasurer's Signatures	gand fr		Signer's S		1 the	test	
Print/Type name:	101117			pe name: Det	bra George	10	
Date (mm/dd/yy):				n/dd/yy):	5/24	17	Hon Code and
Department Use Only	Sponsored Event		Staff Initials		st Level	Authorizi	ition Code

ENICINIC		15 2017 14	-
LINCINC	TACTOL	<del>VE 2017 A</del> 1	. 7

2nd Level

Revised 1-26-15	Department of Neighbothood Empowerment							
		funding Risquest Form						
NC NAME:	Encino							
Meeting Date:	42879							
Agenda Item:	5.C.2.							
*Recused-Boardmem	ber must leave the room prior to a	Vote Count ny discussion and m	ay not return	to the room u	until after the v	vote is comp	leted.	
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible	
Adriohn Richardson	Education							
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NC Quorum: 11	Totals (this page only							

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ORDER NO: 7193933ZZ Patricia L. Bates Encino NC - Encino Neighborhood Council

DATE: JUN 01, 2017		CREDIT CARD: ENDING IN 4209
Order #	Product Details	Total
7193933 <b>ZZ</b>	Hand Sanitizer Spray Pump Item #: Q23653	\$198.31

#### **Payment Terms**

All new customers are required to prepay a 100% before production can begin on their order. By signing the provided order acknowledgment the buyer acknowledges that they are entering into a contractual agreement with Quality Logo Products, Inc. (herein referred to as QLP) and gives QLP permission to apply any outstanding balance to the payment method provided until paid in full.

#### **Proof Policy**

Quality Logo Products requires that all new orders receive a paper/electronic proof and order acknowledgment prior to releasing the order to final production. A paper proof will be provided at no cost, and is our best representation of what your final print/product will look like. Often the artwork is to size or to scale (as indicated on the artwork), and is only intended to provide an idea as to what the final product will look like when completed. The paper proof and order acknowledgment are checked for misspellings and other mistakes (such as item colors, sizing, imprint color, imprint locations), but due to order volume, there is inevitably the rare instance that an error might go unnoticed. For this reason, we strongly recommend that you take part in this process by carefully checking your paperwork before signing off and submitting your approval. IT IS NOT SAFE TO ASSUME ANYTHING. Quality Logo Products cannot be held responsible for any wrong interpretations of the artwork or order approval, so if you have any questions or if something is unclear, please contact your sales representative to clarify the matter.

QUALITY LOGO PRODUCTS IS NOT RESPONSIBLE FOR ANY TYPOGRAPHICAL MISTAKES OR ERRORS THAT ARE OVERLOOKED AND LATER APPROVED BY THE CUSTOMER. In addition, Quality Logo Products cannot be held responsible for any damages that may be incurred as a result of the error or mistake after the order has been printed and accepted by the customer.

#### **Shipping Policy**

Orders that qualify for the delivery guarantee will include (MUST HAVE XX/XX/XX) next to the shipment method. Orders that do NOT contain this notation do NOT qualify for the delivery guarantee.

Un-imprinted merchandise returns are subject to a 15% restocking fee and the necessary freight costs to return the product do apply. Incomplete or partial returns will not be accepted. Unauthorized returns are not accepted.

Department of Neighbo	rhood Empowerment		E	MPOW	ER LA	1	
Funding Request Form			1.00	artmant al	IMPOWIERDET		10
NC NAME:	Encino			1000			Et an
Budget Fiscal Year:	2016-2017		Requestor:		Patricia E	Bates	trents shares
Request Date: 24-May-17		Notes Com	Vendor:		Office Depot	or similar	
Meeting Date: 5/24/2017			Address:	and the set	al real large		
Agenda Item:	6 - Bolo	447	City:	nal as fing	Stat	e:	
Operations Outreach ONC	Sponsored Event Neighborhood Pur	pose Grant	Zip Code		Phone:		
	r Reimbursement Community Improv	vement Project	Amount		up to	\$750	
Out of State 1099 Expense	One Time Expense Monthly	Mult	iple <b># of pay</b>	ments	-		
	aily \$1,000 limit is required for this nount needed for the daily limit to b						
Public Benefit	Purchase paper, ton		nd any other sup	oplies needed 1	or office operation	on	
Description							
	Mate Count		-11				
*Recused-Boardmember m	Vote Count (Continued nust leave the room prior to any disc				until after the	vote is comp	leted.
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	X			-	- 1/	
CAROL LEVIN	ENCINO PROPERTY OWNERS						
DEBRA GEORGE	PARK ADVOCATE	1					
DIANE ROSEN	AREA 5 REP						1
ALEX GARAY	AT LARGE REP ALT						1
ELIOT COHEN	PLU						
GERALD SILVER	HOMEOWNERS OF ENCINO						
GLENN BAILEY	PUBLIC SAFETY						
HENRY ESHELMAN	AT-LARGE REP						
JESS WHITEHILL	AREA 4 REP						1
JIM ESTERLE	AREA 7 REP						
KENNETH SILK MLAVIS	AREA 3 DEP ALT	V					
LADBACHOVLOWSKY VOT T	AREA 1 REP	<u>Y</u>				K	
LAURIE KELSON	AREA 6 REP	K					
MARK LEVINSON	ENCINO CHAMBER OF COMM.	1					
PATRICIA BATES	VOLUNTEER SERVICE	V					
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X				- 1	
WARANTEMORARIANS Apyloya	BUSINESS REP	ľ					
VICTORIA MILLER	BUSINESS REP	V				X	
NC Quorum: 11	Grand Total (including page 2):	19	STRUCTURE I	Thiese (th)		2	
							1
	above indicated Council, declare than nce with the Brown Act, where with a						
	inding Request submitted, the Depart no additional Cash Request Form is r		nsfer the requ	ested amoun	t into the Neig	hborhood Co	ouncil's
Treasurer's Signature	R_ D	27	Signer's Si	anature D	21	Jand	/
Print/Type name: P	Patricia Bates	-		e name: Del	ra George (	) /	
	1/2ulis			Service of the	na Ocorge	0	
Date (mm/dd/yy):	Contract DLIP DAdvanced Payment		Date (mm		st Level	C Authoriza	tion Code
Distance in the second	>\$2,500 DNPG DSponsored Event		Statis Athende		ad Laural management		

ENCINO NCJUNE 2017 MER A20

Revised 1-26-15			Regentment of Maighkothood Empowerment unling Regular Form					
	_							
Meeting Date:	42879							
genda item:	0							
*Recused-Boardmemt	per must leave the room prior to any di	Vote Count scussion and m	ay not return	to the room u	until after the		eted.	
oard Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible	
driohn Richardson	Education							
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C Quorum: 11	Totals (this page only):	1 1 1 1 1 1	man and the	ALL ROOT BOOM				

ENCINO NC JUNE 2017 MER A20

performance and and

Department of Neigh Funding Request Form	borhood Empowerment		E	MPOW	ER LA	at the	1
Funding Request Form	n				IMPOWLEMENT	Ra El	- 5
NC NAME:	Encino						
udget Fiscal Year:	2016-2017		Requestor:		Patricia B	lates	
Request Date: 22-Mar-17			Vendor:	America	's Hes 174	Kids.	
Meeting Date: 3/22/2017			Address		Rec/Parks	5,	
Agenda Item:	6.A.5.		City:		Stat	e:	
Operations Outreach	NC Sponsored Event Neighborhood Pur	pose Grant	Zip Code	e:	Phone:		
Contract / Lease DBoard Me	mber Reimbursement Community Impro	vement Project	Amount	:\$	Up to s	\$1,850	
Out of State 1099 Exper	nse 🖸 One Time Expense 🔲 Monthly	🗖 Mul	tiple <b># of pay</b>	ments			
	e daily \$1,000 limit is required for this amount needed for the daily limit to b Co sponsor America's Healthy Kids event wi	e lifted: th Lake Balvb	a NC. Costs in ribbons		r promoting ENC	C, participation	/completion
	Vote Count (Continued	on page 2 if mor	e than 20 Board Me	embers)			
*Recused-Boardmembe	r must leave the room prior to any discu	ussion and m	ay not return	to the room	until after the	vote is comp	leted.
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	X					
CAROL LEVIN	ENCINO PROPERTY OWNERS	X					
DEBRA GEORGE	PARK ADVOCATE	X					
DIANE ROSEN	AREA 5 REP	×					
DOOGHKHUNGEL ALEX	AT LARGE REP	X				Page -	1
LIOT COHEN	PLU		X				1
GERALD SILVER	HOMEOWNERS OF ENCINO		K				1
GLENN BAILEY	PUBLIC SAFETY		X				
HENRY ESHELMAN	AT-LARGE REP	X					1
JESS WHITEHILL	AREA 4 REP	e jaza				x	
JIM ESTERLE	AREA 7 REP	X.					
KENNETH SILK	AREA 3 REP	X					
LAURA SHOVLOWSKY	AREA 1 REP	~				X	
LAURIE KELSON	AREA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM.	~	X				
PATRICIA BATES	VOLUNTEER SERVICE	X					
SCOTT LINDEN	AREA 2 REP	~				X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X				~	
VARANT MAJARIAN	BUSINESS REP	-1		X			
VICTORIA MILLER	BUSINESS REP	V		n			
	Grand Total (including page 2):	12	4			3	
NC Quorum: 11	Grand Total (including page 2).	12				3	1
	the above indicated Council, declare that dance with the Brown Act, where with a						
	a Funding Request submitted, the Depart		nsfer the requ	lested amour	nt into the Neig	hborhood Co	ouncil's
hecking account automatically,	i.e. no additional Cash Request Form is r	equired.		29	MA	2	/
Treasurer's Signature	then & the	2CT	Signer's S	ignature:	AS	en	/
Print/Type name	e: Patricia Bates		Print/Ty	pe name: Del	ora George	-	
Date (mm/dd/yy			Date (mn		3/22/	17	
Department Use Only	Contract CI CIP Clavanced Payment State Sponsored Event State Sta	Approved     Denied	Staff Initials	1	st Level	- Authoriza	tion Code —

-

Revised 1-26-15

NC NAME:	Encino	
Meeting Date:	42816	
Agenda Item:	6.A.5.	

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Adriohn Richardson	Education	X					
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NC Quorum: 11	Totals (this page only						

# Office DEPOT OfficeMax

OFFICE DEPOT #949 16571 Ventura Blvd. Encino, CA 91436 Phone: (818) 907-1741 Fax: (818) 907-2742 06/05/2017 17.3.2 5:18 PM STR 949 REG 3 TRN 8498 EMP 662986

#### SALE

SALE	Promintion	Total
Product ID	Description	
610840 WA	TER, 24PKSPRI	8 97
3 @ 2.99		-1.53
Coupon -	58944173	7 44
Retail A	Ifter Discounts	20 970
Business	Solutions Prc	(7.44F)
	You Pay	13.9
420919 Pf	PR, ASTRO, PLSR	-2.38
Coupon	- 589441 (3	11.61
Petail	After Discounts	
Rusines	s Solutions Prc	8.27 <b>8.27</b> SS
	You Pay	
502412 P	TN. PUSH, 60P, A	2.99
Coupon	- 58944173	-0.50
Potail	After Discounts	2.49
Busine	ss Solutions Prc	2.990
Bustner	You Pay	2.4955
492047	CBL, HDMI, 6', GO	19.99SS
Pusing	ss Solutions Prc	15.19
Busine	You Pau	15.19SS
004(90	CARD, LSR, TENT,	26.99
984690	n - 58944173	-4.59
Loupor	1 After Discounts	22.40
Retai	ess Solutions Prc	18.39
Busin	You Pay	18.39\$\$
(10040	WATER, 24PKSPRI	
610840	WHILK/2 II NO.	5.98
2 @ 2	on - 58944173	-1.00
Coupe	il After Discounts	4.98
Retai	ness Solutions Pro	13.980
Busi	You Pay	4.98F
		dieno Vi
Coupon	Number - 58944173	icht Eatheime Sarvicen
		56.76
	Subtotal:	3.88
Sales	Tax:	6.00)
CA Bo	ttle Deposit Fe	66.64
	Total:	66.64
	MasterCard 4209:	
AUTH	CODE 015912	
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ATD	Chip Read 00000000042203 De	2bit
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# Office DEPOT OfficeMax

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OFFICE DEPOT # 16571 Ventura B	
Encino, CA 914	36
Phone: (818) 907-1741 Fax:	
06/05/2017 17.3.2	
STR 949 REG 3 TRN 8478	EMP 640372
SALE SALE MARKED IN MICH.	
Product ID Description 677947 PAPER, PREMIUM	Total
2 @ 55.99	111.98
Instant Savings	-32.00
Business Solutions Prc	111.980
You Pay	79.98SS
524912 PEN, MED, 12PK, B	
2 @ 13.29	26.58
Promotion Promotion	
Business Solutions Prc	19.54
You Pay	19.64SS
610840 WATER, 24PKSPRI	
5 @ 2.99	14.95
Business Solutions Prc	34.950
You Pau	14.96F
677947 PAPER, PREMIUM	55.99
Instant Savings	-16.00
Promotion	-39.99
Retail After Discounts	0.00
Business Solutions Prc	55.990
You Pay	0.0055
524912 PEN, MED, 12PK, B	13.29
Promotion	-13.29
Retail After Discounts	0.00
Business Solutions Prc	9.770
You Pay	0.00SS
Subtotal:	114.47
Subtotal: Sales Tax:	8.71
CA Bottle Deposit Fe	6.00
Total:	129.18
MasterCard 4209:	129.18
Hastervaru 1200.	123.10
AUTH CODE 092804	

AUTH CODE 092804 TDS Chip Read AID A0000000042203 Debit TVR 8000088000 CVS Sig<sup>r</sup> \*\*\*\*\*\*\*

Water & 39.38(AHK Outreach event \$ 39.38(AHK Balance is for office

ENCINO NC JUNE 2017 MER A20. 21

TVR 8000088000

CVS Signature Verified

IBER.PRT

Buca di Beppo Store#0504 Encino, CA 91316 818.995.3288

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06/07/2017 4:02 PM 50004
38.99 38.99 96.99 28.99 28.99 28.99 25.00
257.95 20.38
278.33
278.33

Father Day is June 18th! Make your reservation today! (15%) \$0.00 (18%) \$0.00 (20%) \$0.00

--- Check Closed ---

8

Eliza esta

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Page 1

# Office DEPOT. OfficeMax

Order Number:	933740306-001
Order Placed:	06/05/2017

Status: Picked up Order Placed By: TREASURER@ENCINONC.ORG

Payment Method Debit/Credit Card (CARD-MC-4209) 4209 Amount: \$408.88	Billing Address ENCINO NEIGHBORHOOD COUNCIL 200 N SPRING ST FL 2 LOS ANGELES, CA 90012 (818) 425 - 0965	Store Details Office perfor. ENCINO CA IL 16571 VENTURA BLVD. ENCINO, CA 91436 818-907-1741	<b>Rewards</b> 5602066630
Comments:	(, 0000		

Item Descrip	tion	Qty	Available Qty	Price	Total	Reorder	*
9 10x	HP 80X (CF280X) Black Original Toner Cartridge Item # 385819 Review This	2	2	\$187.99 /each	\$375.98	2	
	Product					Reorder Price: \$187.99 / each	



Subtotal:	\$375.98
Delivery Fee:	\$0.00
Tax Exempt Taxes:	\$32.90

Total: \$408.88

#### **Related Orders**

Order number
933740306-001
933740132-001

**Total** \$408.88 \$181.60 Delivery Date 06/06/2017 06/07/2017 Status Completed Signature Cpt Delivered

# Office DEPOT OfficeMax

OFFICE DEPOT #949

16571 Ventura Blvd. Encino, CA 91436

Phone: (818) 907-1741 Fax: (818) 907-2742 06/06/2017 17.3.2 5:00 PM STR 949 REG 3 TRN 8602 EMP 662986

SALE		
Product ID	Description	Total
1395604 Inv	isible Tape	4.69 SS
546537 GLU	E,STICK,22G	2.59 SS
	Subtotal:	7.28
Sales Tax:		0.64
***PREPAI	D ORDER - PROOF	OF PICK-UP***
Order Manag Approval Co	ement Invoice # de: 023617	9337403060012

114318 JDA GMILL ORDE	0.00 E			
Total:	7.92			
MasterCard 4209:	7.92			

Shop onl ficedepot.com

<b>Office DEPOT</b> .	
<b>OfficeMax</b> <sup>•</sup>	

S	status: Deli	( 740132-001 vered ASURER@ENCINON	Order Numb Order Plac C.ORG		3740132-00 /05/2017	)1		
Processin	g		Shipped				Delivered	4
Payment Me Debit/Credit ( (CARD-MC-4 ************420 Amount: \$187	Card 209) 9	Billing Address ENCINO NEIGHBORHOOD COUNCIL 200 N SPRING ST LOS ANGELES, C 90012 (818) 425 - 0965	PA D EN NI FFL 2 CC CA 16 C/	ATRICIA NCINO EIGHBO OUNCIL 5811 WI /O P BA	EDDINGT	560 ON ST	wards 02066630	
Comments:								
Item Descrip	otion			Qty	Shipped	Price	Total	Reorder
	/ CF280X Yield Blac	oot® Brand OD80Eł ) Remanufactured E k Toner Cartridge It Review This Produ	Extra-High- em		1	\$166.99 /each	\$166.99	1 Reorder Price: \$166.99 / each

Subtotal: \$166.99 Delivery Fee: \$0.00 Tax Exempt Taxes: \$14.61

> \$181.60 Total:

**Related Orders** Order number 933740306-001 933740132-001

Begin Return

**Delivery Date** Total \$408.88 \$181.60

06/06/2017

06/07/2017

Status Completed Signature Cpt Delivered



<u>Print</u>

### **Billing Activity - Invoices**

### Encino Neighborhood Council

 Attn:
 Patricia Bates

 200 N. Spring St FL 20
 Today's Date: 06/19/2017

 Los Angeles CA 90012-4801
 User Name: president@encinonc.org

 US
 P:: 818-971-6996

 Invoices from 04/20/2017 to 06/19/2017
 Charge Amount Credit Amount

 Date
 Description
 Charge Amount
 Credit Amount

 05/27/2017
 Invoice #170736604
 \$20.00 USD

 04/27/2017
 Invoice #169032712
 \$20.00 USD

### **Billing questions?** Contact Support

Constant Contact - 1601 Trapelo Road - Waltham, MA 02451 US