

Monthly Expenditure Report



Reporting Month: May 2020

Budget Fiscal Year: 2019-2020

NC Name: Bel Air-Beverly Crest
Neighborhood Council

| Monthly Cash Reconciliation | | | | | |
|-----------------------------|-------------|-------------------|-------------|-------------|---------------|
| Beginning Balance | Total Spent | Remaining Balance | Outstanding | Commitments | Net Available |
| \$18088.59 | \$2340.70 | \$15747.89 | \$5757.75 | \$0.00 | \$9990.14 |

| Monthly Cash Flow Analysis | | | | | |
|---------------------------------------|----------------|------------------------|------------------------|-----------------------------------|---------------|
| Budget Category | Adopted Budget | Total Spent this Month | Unspent Budget Balance | Outstanding | Net Available |
| Office | \$42700.00 | \$2340.70 | \$9908.68 | \$1257.75 | \$8650.93 |
| Outreach | | \$0.00 | | \$0.00 | |
| Elections | | \$0.00 | | \$0.00 | |
| Community Improvement Project | \$750.00 | \$0.00 | \$750.00 | \$0.00 | \$750.00 |
| Neighborhood Purpose Grants | \$3500.00 | \$0.00 | \$3500.00 | \$4500.00 | \$-1000.00 |
| Funding Requests Under Review: \$0.00 | | Encumbrances: \$0.00 | | Previous Expenditures: \$30450.62 | |

| Expenditures | | | | | | |
|--------------|------------------------|------------|---|--------------------------------|--------------|-----------|
| # | Vendor | Date | Description | Budget Category | Sub-category | Total |
| 1 | CTS FRONTIER ONLINEPAY | 05/01/2020 | CTS Frontier Paid Receipt and Statement 5-11-20 bill. | General Operations Expenditure | Office | \$60.98 |
| 2 | GOOGLE GSUITE BABCNC.O | 05/02/2020 | Google Paid Receipt and Invoice 5-2-20 | General Operations Expenditure | Office | \$206.80 |
| 3 | THE WEB CORNER, INC | 05/04/2020 | Monthly Web Hosting Fees, approved by the Board in the annual budget. | General Operations Expenditure | Office | \$165.00 |
| 4 | ZOOM.US | 05/04/2020 | Zoom license refund | General Operations Expenditure | Office | \$-137.58 |
| 5 | JIVE COMM/LOGMEIN | 05/11/2020 | Jive Communication, Inc. Receipt/Invoice 5-11-20 | General Operations Expenditure | Office | \$28.02 |
| 6 | CTS FRONTIER ONLINEPAY | 05/29/2020 | Frontier monthly recurring expenses | General Operations Expenditure | Office | \$60.98 |
| 7 | Lloyd Staffing, Inc. | 05/11/2020 | Combined 5 weeks of invoices from 3.16.2020 through 4.19.2020 from Lloyd's Staffing re: Board Administrator services. Dated 05.03.2020. Invoice #415084. Amount: \$1,956... | General Operations Expenditure | Office | \$1956.50 |

| | |
|------------------|------------------|
| Subtotal: | \$2340.70 |
|------------------|------------------|

| Outstanding Expenditures | | | | | | |
|---------------------------------|--|-------------|---|--------------------------------|---------------------|------------------|
| # | Vendor | Date | Description | Budget Category | Sub-category | Total |
| 1 | Lloyd Staffing, Inc. | 05/26/2020 | Combined 4 weeks of invoices from 4.20.2020 through 5.17.2020 from Lloyd's Staffing re: Board Administrator services. Dated 05.17.2020. Invoice #415195. Amount: \$1,257... | General Operations Expenditure | Office | \$1257.75 |
| 2 | Laurel Canyon Land Trust | 05/29/2020 | NPG From Laurel Canyon Land Trust for Brush Clearance Services performed by a Contractor on the LAFD's 2020 approved contractors list - \$2,000 | Neighborhood Purpose Grants | | \$2000.00 |
| 3 | Parents, Educators/Teachers & Students in Action | 06/01/2020 | NPG From PESA for COVID19 HEROES PROJECT - \$2,500 | Neighborhood Purpose Grants | | \$2500.00 |
| Subtotal: Outstanding | | | | | | \$5757.75 |

Account Summary

| | |
|--------------------------------|-----------------------|
| New Charges Due Date | 5/11/20 |
| Billing Date | 4/15/20 |
| Account Number | 310-231-7288-081418-5 |
| PIN | 8389 |
| Previous Balance | 60.98 |
| Payments Received Thru 3/30/20 | -60.98 |
| Thank you for your payment! | |
| Balance Forward | .00 |
| New Charges | 60.98 |
| Total Amount Due | \$60.98 |

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Manage Your Account

To Pay Your Bill

 **Online:** Frontier.com  1.800.801.6652

 **Pay by Mail**

To Contact Us

 **Chat:** Frontier.com  **Online:** Frontier.com/helpcenter

 **Call:** 1.800.921.8102  **Tech Support:** Frontier.com/helpcenter

 **Email:** ContactBusiness@ftr.com



DO NOT PAY - You are currently signed up for Auto Pay. To view your Auto Pay, please log in at www.frontier.com.



CITY OF LOS ANGELES

Page 3 of 3

Date of Bill

4/15/20

Account Number

310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 04/15/20 to 05/14/20

| Qty Description | 310/231-7288.0 | Charge |
|--------------------------------|----------------|--------------|
| Non Basic Charges | | |
| Internet 6 Dynamic IP | | 54.99 |
| Other Charges-Detailed Below | | 5.99 |
| Total Non Basic Charges | | 60.98 |

TOTAL 60.98

**** ACCOUNT ACTIVITY ****

| Qty Description | Order Number | Effective Dates | |
|------------------------------------|--------------|-----------------|-------------|
| 1 Business High Speed Internet Fee | AUTOCH | 4/15 | 5.99 |
| 310/231-7288 | | Subtotal | 5.99 |

Subtotal 5.99

CUSTOMER TALK

Future delivery of Frontier print directories may be reduced in certain areas. In those areas, directories are available at no charge in printed or digital versions. You can receive a printed copy of your local directory by calling 1-877-243-8339 or you can access a digital version at www.therealyellowpages.com/ You can opt out of a printed directory by visiting www.yellowpagesoptout.com



As the impact of the Coronavirus continues to unfold, calls may result in longer than normal hold times. For fast, easy and secure ways to manage your account, **find out how** (https://frontier.com/helpcenter/myguide/online-help?icid=20apr03_national_my-account_covid-online-help_link) to sign up for auto pay, manage passwords and more. *

Hi Cathy, welcome to Frontier! *

My Bills

Current Bill

[Compare Bills](#)

Here is a detailed view of your current Frontier bill. Click the plus sign (+) to expand each section and reveal line item charges.

Account

310-231-7288-081418-5 CITY OF LOS ANGELES .

Billing Date: *Apr 15, 2020*

[Feedback](#)

Current Bill for 04/15/20 - 05/14/20

[▶ View Billing History](#)

| | |
|------------------------------|---------|
| - Non Basic Charges | \$60.98 |
| Internet 6 Dynamic IP | \$54.99 |
| Other Charges-Detailed Below | \$5.99 |
| Total Non Basic Charges | \$60.98 |
| Balance Forward | \$0.00 |
| New Charges | \$60.98 |
| Total Bill Amount | \$60.98 |

As the impact of the Coronavirus continues to unfold, calls may result in longer than normal hold times. For fast, easy and secure ways to manage your account, [find out how \(https://frontier.com/helpcenter/myguide/online-help?cid=20apr03_national_my-account_covid-online-help_link\)](https://frontier.com/helpcenter/myguide/online-help?cid=20apr03_national_my-account_covid-online-help_link) to sign up for auto pay, manage passwords and more.

Hi Cathy, welcome to Frontier!

Account Summary

My Account

Here is your account summary and balance. Click [VIEW CURRENT BILL](#) below for more detailed information.

Summary

Account

310-231-7288-081418-5 CITY OF LOS ANGELES

New Charges

Balance Forward ▲

Previous Balance

Payments Received Thru Mar 30, 2020

\$60.98

\$0.00

\$60.98

-\$60.98

Current Balance

New Charges Due Date May 11, 2020

\$0.00

▶ [View Current Bill](#)

▶ [View Payment History](#)

▶ [Manage Auto Pay](#)

Feedback



Payment Receipt

Google LLC
1600 Amphitheatre Pkwy
Mountain View, CA 94043
United States

Payment date May 2, 2020
Billing ID 7677-2853-5183
Payment method Mastercard ****9270

Tax identification number
77-0493581

Bel Air Beverly Crest Neighborhood Council
Alan G. Fine
PO Box 252007
Los Angeles, CA 90025
United States

| Description | |
|----------------|----------|
| Payment amount | \$206.80 |



Invoice

Invoice number: 3728561326

Google LLC
1600 Amphitheatre Pkwy
Mountain View, CA 94043
United States
Federal Tax ID: 77-0493581

Bill to

Alan G. Fine
Bel Air Beverly Crest Neighborhood Council
PO Box 252007
Los Angeles, CA 90025
United States

Details

Invoice number3728561326
Invoice dateApr 30, 2020
Billing ID7677-2853-5183
Domain namebabcnc.org

Google Cloud - G Suite

| | |
|--------------|-----------------|
| Total in USD | \$206.80 |
|--------------|-----------------|

Summary for Apr 1, 2020 - Apr 30, 2020

| | |
|-----------------|----------|
| Subtotal in USD | \$206.80 |
| Tax (0%) | \$0.00 |
| Total in USD | \$206.80 |

You will be automatically charged for any amount due.

Google™ Invoice

Invoice number: 3728561326

| Subscription | Description | Interval | Quantity | Amount(\$) |
|---------------|-------------|-----------------|---------------------|-----------------|
| G Suite Basic | Usage | Apr 1 - Apr 10 | 35 | 70.00 |
| G Suite Basic | Usage | Apr 11 - Apr 26 | 34 | 108.80 |
| G Suite Basic | Usage | Apr 27 - Apr 30 | 35 | 28.00 |
| | | | Subtotal in USD | \$206.80 |
| | | | Tax (0%) | \$0.00 |
| | | | Total in USD | \$206.80 |

Invoice

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

| Date | Invoice # | Due Date |
|----------|-----------|----------|
| 5/1/2020 | 20170 | 5/1/2020 |

PAID
05/04/2020

| |
|--------------------------|
| Bill To |
| Bel Air-Beverly Crest NC |

| P.O. No. | Terms | Project |
|----------|-------|---------|
| | | |

| Quantity | Description | Rate | Amount |
|----------|---|--------|--------|
| 1 | Monthly Maintenance: includes up to 1.5 hour for; phone support, web development, requests, & website adjustments | 150.00 | 150.00 |
| 1 | Monthly Hosting for babcnc.org (included in Maintenance) | 15.00 | 15.00 |

| | | |
|--|-------------------------|-----------|
| Please remit payment at your earliest convenience. Thank you for your business! | Total | \$165.00 |
| | Payments/Credits | -\$165.00 |
| | Balance Due | \$0.00 |



Zoom Video Communications Inc.
55 Almaden Blvd, 6th Floor
San Jose, CA 95113
billing@zoom.us

Invoice Date: 05/04/2020
Invoice #: INV19119272
Payment Terms: Due Upon Receipt
Due Date: 05/04/2020
Account Number: 118481906
Currency: USD
Account Information: Department of Neighborhood Empowerment
200 N. Spring St.,
Los Angeles, California 90012
United States

Purchase Order #:

TaxExemptCertificateID:

rtingler@babnc.org

[Zoom W-9](#)

| CHARGE DETAILS | | | | |
|--|-----------------------|------------|--------|------------|
| Charge Description | Service Period | Subtotal | Tax | TOTAL |
| Charge Name: Standard Pro Annual -- Proration Credit Quantity: 1 Unit Price: \$149.90 | 05/04/2020-04/03/2021 | (\$137.58) | \$0.00 | (\$137.58) |

| INVOICE TOTALS | |
|-------------------------------|------------|
| Subtotal: | (\$137.58) |
| Total (Including Tax): | (\$137.58) |
| Invoice Balance: | \$0.00 |

| TAX DETAILS | | | | |
|-------------|----------|--------------|------------------|---------------|
| Charge Name | Tax Name | Jurisdiction | Charge Amount | Tax Amount |
| | | | Total Tax | \$0.00 |

| TRANSACTIONS | | | | |
|----------------------|--------------------|---------------------------|-----------------|-------------------|
| Invoice Total | | | | (\$137.58) |
| Transaction Date | Transaction Number | Transaction Type | Description | Applied Amount |
| 05/04/2020 | CBA-00603260 | Credit Balance Adjustment | | \$137.58 |
| | | | Invoice Balance | \$0.00 |



Zoom Phone services provided by Zoom Voice Communications, Inc. Rates, terms and conditions for Zoom Phone services are set by Zoom Voice Communications, Inc.



Receipt from Jive Communications, Inc.

Receipt #1969-1626

| AMOUNT PAID | DATE PAID | PAYMENT METHOD |
|-------------|--------------|--------------------------|
| \$28.02 | May 10, 2020 | MasterCard – 9270 |

SUMMARY

| | |
|--------------------------------------|----------------|
| Payment to Jive Communications, Inc. | \$28.02 |
| Amount paid | \$28.02 |

If you have any questions, contact us at billing@jive.com or call at +1 801-980-1838.

Something wrong with the email? [View it in your browser.](#)

You're receiving this email because you made a purchase at [Jive Communications, Inc.](#), which partners with [Stripe](#) to provide invoicing and payment processing.

Account Summary

| | |
|--------------------------------|-----------------------|
| New Charges Due Date | 6/08/20 |
| Billing Date | 5/15/20 |
| Account Number | 310-231-7288-081418-5 |
| PIN | 8389 |
| Previous Balance | 60.98 |
| Payments Received Thru 5/02/20 | -60.98 |
| Thank you for your payment! | |
| Balance Forward | .00 |
| New Charges | 60.98 |
| Total Amount Due | \$60.98 |

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 **Chat:** Frontier.com  **Online:** Frontier.com/helpcenter

 **Call:** 1.800.921.8102  **Tech Support:**
Frontier.com/helpcenter

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CITY OF LOS ANGELES
Date of Bill
Account Number

Page 3 of 3
5/15/20
310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 05/15/20 to 06/14/20

| Qty Description | 310/231-7288.0 | Charge |
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| Other Charges-Detailed Below | | 5.99 |
| Total Non Basic Charges | | 60.98 |
| TOTAL | | 60.98 |

**** ACCOUNT ACTIVITY ****

| Qty Description | Order Number | Effective Dates | |
|------------------------------------|--------------|-----------------|-------------|
| 1 Business High Speed Internet Fee | AUTOCH | 5/15 | 5.99 |
| 310/231-7288 | | Subtotal | 5.99 |
| Subtotal | | | 5.99 |

CUSTOMER TALK

Here are some Federal Trade Commission guidelines to avoid Coronavirus scams: 1) Ignore offers for vaccinations and home test kits. Scammers are selling products to treat or prevent COVID-19 without proof that they work. 2) Hang up on robocalls. Scammers use illegal sales calls to get your money and your personal information. 3) Watch out for phishing emails and text messages. Don't click on links in emails or texts you didn't expect. 4) Research before you donate. Don't let anyone rush you into making a donation. Get tips on donating wisely at ftc.gov/charity 5) Stay in the know. Go to ftc.gov/coronavirus for the latest information on scams. Sign up to get FTC alerts at ftc.gov/subscribe



As the impact of the Coronavirus continues to unfold, calls may result in longer than normal hold times. For fast, easy and secure ways to manage your account, [find out how \(https://frontier.com/helpcenter/myguide/online-help?icid=20apr03_national_my-account_covid-online-help_link\)](https://frontier.com/helpcenter/myguide/online-help?icid=20apr03_national_my-account_covid-online-help_link) to sign up for auto pay, manage passwords and more.

Hi Cathy, welcome to Frontier!

[Account Summary](#)

My Account

Here is your account summary and balance. Click [VIEW CURRENT BILL](#) below for more detailed information.

Summary

Account

310-231-7288-081418-5 CITY OF LOS ANGELES.

Feedback

New Charges

Balance Forward

Previous Balance

Payments Received Thru May 2, 2020

Current Balance

New Charges Due Date Jun 8, 2020

\$0.00

[▶ View Current Bill](#)

[▶ View Payment History](#)

[▶ Manage Auto Pay](#)



INVOICE

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

Please remit payment to:

Lloyd Staffing, Inc.
PO Box 780994
Philadelphia, PA 19178-0994
Billing inquiries: 631.370.7434

Credit Cards Accepted



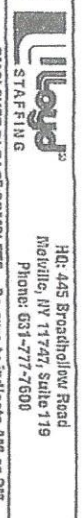
BILL TO: Attention of: Jacqueline Le Kennedy
Bel Air Beverly Crest Nc
Po Box 252007
Los Angeles, CA 90025

Thank you for choosing Lloyd Staffing

PO#

| DATE | INVOICE NO. | PAGE | ACCOUNT NO. | TERMS: | | |
|-------------------|------------------------|-------------------|-------------|-----------------------------|--------------|-------------------|
| 05/03/2020 | 415084 | 1 | 116863 | Due Upon Receipt | | |
| PERIOD | DESCRIPTION & EMPLOYEE | | | HOURS | RATE | AMOUNT |
| 03/16/20-03/22/20 | TRANSCRIPT | Palmer, Catherine | | 15.00 | 27.95 | \$419.25 |
| 03/23/20-03/29/20 | TRANSCRIPT | Palmer, Catherine | | 10.00 | 27.95 | \$279.50 |
| 03/30/20-04/05/20 | TRANSCRIPT | Palmer, Catherine | | 15.00 | 27.95 | \$419.25 |
| 04/06/20-04/12/20 | TRANSCRIPT | Palmer, Catherine | | 15.00 | 27.95 | \$419.25 |
| 04/13/20-04/19/20 | TRANSCRIPT | Palmer, Catherine | | 15.00 | 27.95 | \$419.25 |
| | | | | PAY THIS AMOUNT > | TOTAL | \$1,956.50 |

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



HQ: 445 Broadhollow Road
Melville, NY 11747, State 119
Phone: 631-777-7600

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

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH HOURS | TOTAL HOURS |
|-------------|---------|---|---|------------------|-------------|
| MON | 3/16/20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| TUES | 3/17/20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| WED | 3/18/20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| THURS | 3/19/20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| FRI | 3/20/20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| SAT | 3/21/20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| SUN | 3/22/20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| WEEK ENDING | 3-22 | TOTAL HOURS FOR WEEK TO REQUEST 1/4 HOUR | | | 15 |
| | | PLEASE WRITE TOTAL HOURS WORKED HERE | | | |

COMPANY NAME BAPOENC
ADDRESS P.O. BOX 252007
TOWN R.O.
ZIP 90028

REPORT TO Robin Brearley
DEPT. Resident
JOB TITLE Resident
WEEK ENDING 3-22

FIRST TIME AT THIS CLIENT COMPANY? Yes No
 If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment: (Please check)
 Emergency Evacuation Procedures Job Site & General Safety Rules Policy & Procedure Review

I hereby certify that the hours shown were worked by me during the work ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that I do not conduct the office upon completion of an assignment they can assume I am not available.

EMPLOYEE NAME Catherine Palmer
EMPLOYEE SIGNATURE *Cathy Palmer*

SOCIAL SECURITY NO. - - - - -

CLIENT SIGNATURE OF ACCEPTANCE *Robin Brearley*
CLIENT NAME *Robin Brearley*

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and approved by the client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day. Be sure to call Lloyd Staffing immediately when assignment ends or you will assume you are no longer available for work.

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES - LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorized to bill the named Customer. My understanding that this person is an employee of LLOYD and is referred to us on a temporary basis, in the event we are or our affiliate, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total uncollected compensation of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's services by extending a four (4) year guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first hour (4) hours of each assignment, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first hour (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the agreement between LLOYD and Customer with respect to the employee's performance and any future services, that (a) Customer shall not contact LLOYD's employees with respect to any assignment, and (b) LLOYD shall not be held liable for any damages, loss, theft, collision, compensation or other public liability damages, (c) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD's employees, and Customer, therefore, accepts full responsibility for any damage, including the damage, theft, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damages sustained or incurred as a result of a LLOYD's employee driving such vehicle(s), or acting out of or involving violation by Customer of clause (b) above, (d) LLOYD is not responsible for claims made under its fidelity bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence, (e) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD's employees are assigned and (f) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless claims are reported in writing to LLOYD by the Customer within thirty (30) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee/customer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignment, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer as set forth in the job description above and the known qualifications of the employee. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE MUST SIGN AND SIGNATURE IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer shall indemnify LLOYD from and against all claims, damages, losses, costs, expenses, attorney's fees, and costs of defense, including the reasonable attorney's fees and expenses.



Hq: 445 Broadhollow Road
Melville, NY 11747, Suite 119
Phone: 631-777-7600

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

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH (AM/PM) | TOTAL HOURS |
|-------------|---------|--|--|-----------------------|----------------|
| MON | 3/23/20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| TUES | 3/24/20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| WED | 3/25/20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| THURS | 3/26/20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| FRI | 3/27/20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| SAT | 3/28/20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| SUN | 3/29/20 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| WEEK ENDING | 3/29 | TOTAL HOURS FOR WEEK TO REPORT (1/4 HOUR) | | | 10 |
| | | REGULAR TIME TOTAL HOURS WORKED HERE | | | |

COMPANY NAME: **BACONC** P.O. # **95008**

ADDRESS: **P.O. BOX 252007** TOWNSHIP: **ROSELAND**

REPORT TO: **Robin Greenberg** DEPT: **DEVELOPMENT** JOB TITLE: **Assistant** WEEK ENDING: **3/29/20**

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

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

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.

EMPLOYEE NAME: **Catherine Palmer** EMPLOYEE SIGNATURE: **Cathy P**

CLIENT SIGNATURE OF ACCEPTANCE: **Robin Greenberg** PHOT NAME: **Robin Greenberg**

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL HOURS listed are correct as shown, that the work was performed in a satisfactory manner and agreement by the client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day. Be sure to call Lloyd Staffing immediately when assignment ends or you will assume you are no longer available for work.

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES - LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

TERMS & CONDITIONS FOR LLOYD STAFFING

I hereby certify that I am authorized to sign on behalf of the named company ("Customer"), the signatory shown on the reverse side of this timesheet in regard to the work performed in a satisfactory manner and agreement by the client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day. Be sure to call Lloyd Staffing immediately when assignment ends or you will assume you are no longer available for work.

Customer acknowledges its understanding that LLOYD'S invoices are for labor and agrees to pay such invoice upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD the amount due plus all the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD by remittance copy of collection, including the reasonable attorney's fees and expenses.

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 09-25-2019

Budget Fiscal Year: 2019-2020

Agenda Item No: 10.f.

Board Motion and/or Public Benefit Statement (CIP and NPG):

Page 1 of 2: f. Motion to approve \$6,539.21 rollover funds and amended budget reflecting rollover funds with budget allocations reflecting our total annual allocation of \$48,539.21 for 2019-2020 Fiscal Year. (Attachment F)

Method of Payment: (Select One)

Check

Credit Card

Board Member Reimbursement

Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

| Board Member's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused |
|------------------------------------|----------------------------------|-----|----|---------|--------|------------|---------|
| Irene Sandler | Bel Air Crest Master Assn. Rep. | X | | | | | |
| Mark Goodman, M.D. | Bel Air District Rep. | | | | X | | |
| Gail Sroloff | Bel Air District Rep. | X | | | | | |
| Larry Leisten | Bel Air Glen District Rep. | X | | | | | |
| Robin Greenberg | Bel Air Hills Assn. (RVA) Rep. | X | | | | | |
| Wendy Morris | Bel Air Hills Assn. (RVA) Rep. | X | | | | | |
| Andre Stojka | Bel Air Ridge Assn. Rep. | X | | | | | |
| Robert Schlesinger | Benedict Cyn. Assn. Rep. | X | | | | | |
| Don Loze | Benedict Cyn. Assn. Rep. | X | | | | | |
| Nickie Miner | Benedict Cyn. Assn. Rep. | X | | | | | |
| Mindy Mann | Benedict Cyn. Assn. Rep. | X | | | | | |
| Sam Sanandaji | Casiano Estates Assn. Rep. | | | | X | | |
| Travis Longcore, Ph.D. | Custodian of Open Spaces Rep. | X | | | | | |
| Jackie DeFede | Faith-Based Organizations Rep. | X | | | | | |
| Maureen Smith | Franklin-Coldwater District Rep. | | | | X | | |
| Teresa Lee | K-6 Private Schools Rep. | X | | | | | |
| Jon Wimbish | 7-12 Private Schools Rep. | X | | | | | |
| Kristie Holmes | Public Ed. Institutions Rep. | X | | | | | |
| Jason Spradlin | Holmby Hills Assn. Rep. | | | | X | | |
| Jamie Hall | Laurel Cyn. Assn. Rep. | X | | | | | |
| Stephanie Savage | Laurel Cyn. Assn. Rep. | X | | | | | |
| Cathy Wayne | Laurel Cyn. Assn. Rep. | X | | | | | |
| Heather Roy | Laurel Cyn. Assn. Rep. | | | | X | | |
| Chuck Maginnis | At Large Rep. | X | | | | | |
| Marcia Hobbs | At Large Rep. | X | | | | | |
| Shawn Bayliss | At Large Rep. | X | | | | | |
| Philip Enderwood | At Large: Youth Seat Rep. | | | | X | | |
| Jacqueline Le Kennedy | Commercial/Office District Rep. | X | | | | | |
| Board Quorum: 15 | Total: | 24 | | | 8 | | |

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature: *Philip Enderwood*

Authorized Signature: *Robert A. Ringler*

Print/Type Name: Philip Enderwood, Treasurer

Print/Type Name: Robert A. Ringler, Second Signatory

Date: September 25, 2019

Date: September 25, 2019

| Neighborhood Purposes Grants (NPG) Expenditures Category | |
|---|-------------------|
| Neighborhood Purpose Grants | 3,500.00 |
| | |
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| | |
| | |
| | |
| | |
| Total NPG Expenditures | \$3,500.00 |

| Community Improvement Projects (CIP) Expenditures Category | |
|---|-----------------|
| Community Improvement Projects | 750.00 |
| | |
| | |
| | |
| | |
| | |
| Total CIP Expenditures | \$750.00 |

| TOTAL BUDGET ALLOCATIONS | |
|---|--------------------|
| Office/Operational Expenditures | \$34,750.00 |
| Outreach Expenditures | \$7,950.00 |
| Elections Expenditures | \$0.00 |
| General and Operational Expenditures | \$42,700.00 |
| Neighborhood Purposes Grants (NPG) Expenditures | \$3,500.00 |
| Community Improvement Project (CIP) Expenditures | \$750.00 |
| TOTAL EXPENDITURES FOR FISCAL YEAR 2019-2020 | \$46,950.00 |