

Monthly Expenditure Report



Reporting Month: June 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
\$15747.89	\$12340.33	\$3407.56	\$0.00	\$0.00	\$3407.56

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$42700.00	\$7348.56	\$2068.35	\$0.00	\$2068.35
Outreach		\$491.77		\$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	\$4500.00	\$-1000.00	\$0.00	\$-1000.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$32791.32	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE BABCNC.O	06/02/2020	Recurring Google Suite for month of June 2020	General Operations Expenditure	Office	\$205.54
2	THE WEB CORNER, INC	06/02/2020	Discounted Monthly Web Hosting from Web Corner, for month of June 2020	General Operations Expenditure	Office	\$150.00
3	MINUTEMAN & MMP	06/02/2020	Postcard Mailers for Outreach. Board Approved item. Please see attached receipt with BAC.	General Operations Expenditure	Office	\$3930.26
4	VISTAPR VistaPrint.com	06/05/2020	Please find attached receipt and BAC for Covid19 lawn signs. A revised BAC that will include the shipping and tax charges will be sent to Martha/Shawna after Board meeting on June 24th.	General Operations Expenditure	Outreach	\$491.77
5	JIVE COMM/LOGMEIN	06/11/2020	Monthly recurring expense. Jive Communications	General Operations Expenditure	Office	\$28.02
6	MICROSOFT STORE	06/14/2020	Microsoft 365 Receipt and Invoice	General Operations Expenditure	Office	\$99.99
7	LLOYD STAFFING INC	06/19/2020	Lloyd Staffing Bel Air NC Payment Receipt/Invoice, Time Card, 06-19-2020	General Operations Expenditure	Office	\$1677.00

8	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
9	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
10	Parents, Educators/Teachers & Students in Action	06/01/2020	NPG From PESA for COVID19 HEROES PROJECT - \$2,500	Neighborhood Purpose Grants		\$2500.00
Subtotal:						\$12340.33

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
Subtotal: Outstanding						\$0.00

Receipts:

The screenshot shows the Microsoft 365 Family account page in a Safari browser. The address bar shows the URL: `account.microsoft.com/services/microsoft365/billing?ref=email.Renewal`. The page title is "Microsoft account | Services & subscriptions". The navigation bar includes links for "Microsoft account", "Your info", "Privacy", "Security", "Rewards", "Payment & billing", "Services & subscriptions", "Devices", and "Family".

The main content area is titled "Microsoft 365 Family". It includes a section for "Annual subscription" which states "Renews on 6/13/2021" and a "Manage" link. There is also a section for "Shares left: 4" with a "Share subscription" link. A "Use Office.com" link is also present.

Below the main content, there are tabs for "Overview", "Manage", "Sharing", and "Installs". The "Manage" tab is selected. A "Show all my subscriptions" link is located in the top right corner of the Manage section.

The "Payment settings" section includes the following information:

- Microsoft 365 Family (with a "Cancel subscription" link)
- Has recurring billing, \$99.99 every year (with a "Change" link)
- MasterCard **9270 (with a "Change how you pay" link)
- Have a prepaid card or code for Microsoft 365 Family? (with a "Redeem a card or code" link)

The "Microsoft 365 Family billing history" section contains a table with the following data:

Date	Order	Paid with	Amount
6/13/2020	8af643a5-6b40-40db-bf44-5358aedf3815	MasterCard **9270	\$99.99
7/3/2019	568297985047803864	MasterCard **5007	\$99.99
7/1/2016	567453557685672145	MasterCard **9955	\$99.99
5/30/2013	566609129258708428	Token	\$0.00

At the bottom of the page, there is a "Help with Microsoft account" link and a "Feedback" button. The macOS dock is visible at the very bottom of the screen.



Invoice

Invoice number: 3741216176

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 number3741216176

Invoice dateMay 31, 2020

Billing ID7677-2853-5183

Domain namebabcnc.org

Google Cloud - G Suite

Total in USD	\$205.54
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Summary for May 1, 2020 - May 31, 2020

Subtotal in USD	\$205.54
Tax (0%)	\$0.00
Total in USD	\$205.54

You will be automatically charged for any amount due.

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	May 1 - May 8	35	54.19
G Suite Basic	Usage	May 9 - May 31	34	151.35
Subtotal in USD				\$205.54
Tax (0%)				\$0.00
Total in USD				\$205.54

Invoice

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

Date	Invoice #	Due Date
6/1/2020	20319	6/1/2020

PAID
06/02/2020

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
0	Monthly Hosting for babcnc.org (included in Maintenance)	15.00	0.00

Please remit payment at your earliest convenience.

Thank you for your business!

Total \$150.00

Payments/Credits -\$150.00

Balance Due \$0.00

ATTACHMENT **C** - Updated Invoice without Taxes



Minuteman Press.
Printing & Mailing for the job you needed Yesterday

14675 Titus Street • Panorama City, CA 91402
 (818) 891-8282 • www.printwithmmp.com

Invoice

No: **71890**

Date: **5/14/20**

Customer PO:

Robin Greenberg
 Beverly Crest | Bel Air Neighborhood Council
 1645 Corinth Avenue, Room 103-4
 Los Angeles CA 90025
 Phone: 310-968-0605
 Fax:
 E-Mail: Robin@RobinGreenberg.com

Quantity	Description	Amount
13,100	Bel Air Beverly Crest NC Covid-19 Postcard, 8.5 x 5.5 White 100# Pacesetter Gloss Cover Gloss, printed, 4 Up, 4 colors front in Process Colors ink, 4 colors back in Process Colors ink Process Job File - PRINT	\$ 939.00
12,789	Resident/Business Mailing Services Resident/Business mailing list rental - ONE TIME USAGE Addressing services 12,789 Inkjet addressing, sort, tie and tray/bag.	\$ 508.67
1	Delivery to Los Angeles Post Office for DSCF entry. ** Ship 300 Postcards to client after mailing - no charge.	\$ 100.00
12,789	** POSTAGE - Standard Rate. Deposit to MMP permit #2929	\$ 2,302.02
2,302	3.5% Surcharge on Postage Only if paid by Credit Card	\$ 80.57
Sales Rep: Taken by: Kevin THANK YOU FOR YOUR BUSINESS!		SUBTOTAL \$ 3,930.26 TAX SHIPPING \$ 0.00 TOTAL \$ 3,930.26 AMOUNT DUE \$ 3,930.26



Building a Better Community

Want the latest COVID-19 info?

Follow us on social media to see the latest info on
public health and relief programs:



@BelAirBeverlyCrestNC



@BABCNC

VISIT US ON THE WEB AT BABCNC.ORG



Subscribe to our mailing list
for up-to-date
neighborhood
and City information:

tiny.cc/BABCNCSubscribe

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: 05-28-2020

Budget Fiscal Year: 2019-2020

Agenda Item No: 10

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

Page 1 of 2: Original Motion: BABCNC Board approve expenditure for 13,100 postcards by MinuteMan Press to be mailed in the BABCNC territory in amount of \$\$3,930.26. (Attachment C)

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				
Dr. Robert Garfield, DDS	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		
JLKennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	Total:	15	3	1	11	2	0

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

Authorized Signature:

Print/Type Name:

Jacqueline Le Kennedy, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 05/28/2020

Date: 05/28/2020

Date: 05/28/2020

My Account / Order History / **Order Details**

Account # 4825-6135-4501

Order Details

Order # 192RR-V5A15-3M0

Order Date: 6/4/2020 8:34 PM

Estimated Date of Arrival: 6/12/2020

Order Status: **In Progress**

Shipping Address

Ellen Evans
1320 North Doheny Drive
Los Angeles, CA 90069
United States of America
3104979285
Bel-Air Beverly Crest
[Edit Shipping Address](#)

Billing Address

Robert Allen Ringler
200 N. Spring Street, Room 224
Los Angeles, CA 90012
United States of America
2139781058
Office of the City Clerk:

Delivery Speed

Standard

Payment Information



****9270
Exp. 7/2020

Order Total

Product Total \$431.11

You Saved 20% (\$107.78)!

Shipping & Processing Standard - Est. Arrival Jun 12 \$17.99

Sales Tax \$42.67

You Paid: **\$491.77**

2 Item(s)

Wire Yard Sign Stands

Status: **Processing**

Reorder

Cancel Items

Res

Qty 50

Base Price

~~\$150.00~~ **\$119.99**

Item Total *

\$119.99

18" x 24" Yard Signs

Status: **Processing**

Qty 50

Base Price

~~\$398.89~~ **\$311.12**

Item Total *

\$311.12



[Edit Your Design](#)

* State sales tax is required on this item.

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: 05-22-2020

Budget Fiscal Year: 2019-2020

Agenda Item No: 12.c

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

Page 1 of 2: Motion: c) Discussion and Possible Motion from Outreach Committee: Create logo reminding people about social distancing and masks, and allocate approx. \$300 for 50 single-sided lawn signs from Vistaprint. Moved by Ellen; Seconded by Robin; 4 yes; 0 no; 0 abstentions; passed. Actual amount for 50 lawn signs is \$349.99. (Attachment G)

Amended Motion: To approve final amount for signs including stands in the amount of \$431.11

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					
Dr. Robert Garfield, DDS	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		
JLKennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	Total:	17	0	0	12	3	

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

Authorized Signature:

Print/Type Name:

Jacqueline Le Kennedy, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 05/22/2020

Date: 05/22/2020

☐ Board Member Reimbursement



BILLING

[Invoices](#) [Payment Options](#) [Billed Call Details](#)[Accounts](#)

Invoice Details

Bel Air Beverly Crest Neighborhood Council - CN-631494-1701

Invoice IN6000755818

Total Due **\$0.00**

Date Due	Status	Date Paid	Payment Method
June 16, 2020	Paid	June 11, 2020	MasterCard ** 9270 7/2020

PAID

Description	Qty	Rate	Total
GoToConnect	1	\$22.21	\$22.21
DIDs - service charge, telephone numbers	1	\$1.75	\$1.75
State and Local Regulatory Recovery Fee	1	\$2.17	\$2.17
Universal Service Fee (USF)	1	\$0.5836	\$0.58
Regulatory Recovery Fee	1	\$1.3107	\$1.31
Total			\$28.02
Payments & Credits			\$28.02
Total Due			\$0.00



Checkout the Billing Portal!
my.jive.com/billing

INVOICE

Invoice Date 06/01/2020
Invoice # IN6000755818
PO #
Customer ID CN-631494-1701
Terms Net 15
Due Date 06/16/2020
Currency US Dollar

Jive Communications, Inc.
PO BOX 412252
BOSTON, MA 02241-2252

Bill To

BEL AIR BEVERLY CREST
NEIGHBORHOOD COUNCIL
PO BOX 252007
LOS ANGELES CA 90025

Billing Group	Description	Quantity	Rate	Amount
Master	GoToConnect	1	22.21	\$22.21
Master	DIDs - service charge, telephone numbers	1	1.75	\$1.75
Master	State and Local Regulatory Recovery Fee	1	2.17	\$2.17
Master	Universal Service Fee (USF)	1	0.58	\$0.58
Master	Regulatory Recovery Fee	1	1.31	\$1.31
Total				\$28.02

Please direct billing questions to the following:
855-848-0764 | billing@jive.com | <http://www.jive.com>

*GoToMeeting online meeting services are provided by LogMeIn USA, Inc. and its affiliates; LogMeIn sets the rates, terms and conditions for GoToMeeting services. Jive Communications presents this invoice and collects on behalf of LogMeIn as its agent.

**Telecom fees (incl. USF and Regulatory Recovery Fees) are only applicable to the Jive Services.

NOTICE: Jive is changing how it presents its monthly invoices and fees. You will now see a separate line item for a Universal Service Fee (USF). It is important to note that USF is not a new fee as it was previously included as part of Jive's Regulatory Recovery Fee (RRF) line item. The USF charge is used to recover contributions Jive is required by law to make to the Federal Universal Service Fund (FUSF). The FUSF rate is set by the Federal Communications Commission or FCC on a quarterly basis and is accordingly subject to change. To learn more about these changes, please click [here](#) or if you'd like to know more about how Jive currently displays fees on your invoice, please visit [here](#).

To ensure prompt and proper payment receipt, before you release payment please take a moment to update your records to reflect our updated remittance details below.

If you are setup for Autopay your automatic payment will be processed around the 10th.

The receipt for 325217453 has been successfully emailed to RAringler@babenc.org

LLOYD STAFFING INC

445 BROADHOLLOW RD
MELVILLE, NY 11747
631-777-7600

6/19/2020 12:26:32 PM

Reference Number:	325217453
Total:	\$1,677.00
Transaction Type:	Sale
Transaction Status:	Pending Settlement
Card Type:	MasterCard
Card Number:	xxxxxxxxxx9270
Entry Method:	Keyed
Approval Code:	095593
Approval Message:	APPROVAL
CSC Result:	Match
Customer Name:	
Invoice:	415427

Thank You



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

BILL TO:

PO#

[illegible]



89-445 Broadway Road
Middletown, NY 13761, Suite 318
Phone: 607-773-7600

EMPLOYEE PLEASE COMPLETE - DO NOT WRITE IN THESE SPACES

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH (15 MIN)	TOTAL HOURS
MON	5/25/20	7 AM	3 PM		
TUES	5/26/20	7 AM	3 PM		
WED	5/27/20	7 AM	3 PM		
THURS	5/28/20	7 AM	3 PM		
FRI	5/29/20	7 AM	3 PM		
SAT	5/30/20	7 AM	3 PM		
SUN	5/31/20	7 AM	3 PM		
WEEK ENDING	5/31	TOTAL HOURS FOR WEEK TO REQUEST PAYMENT			
		PLEASE PRINT TOTAL HOURS WORKED HERE			

COMPANY NAME: **BATON** (Please Print)
ADDRESS: **P.O. BOX 252003**
CITY: **NEW ORLEANS**
STATE: **LA** ZIP: **70008**
REPORT TO: **Robin Greenberg** (Name)
JOB TITLE: **Product** (Job Title)
I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by me as a representative of the hourly named above and that I received the regular pay for the hours shown. I understand I am to certify the hours after completing the Assignment to determine if I have met the requirements for pay. I agree that I do not control the office upon completion of an assignment they can assume I am not available.
☐ Emergency Relocation Procedures ☐ Job Site & General Safety Rules ☐ Policy & Procedures Review
EMPLOYEE SIGNATURE: **Catherine Palmer**
SOCIAL SECURITY NO.: **123-45-6789**
DATE: **5/31/20**
I agree to be called back immediately when assignment ends if we will assign you over the longer available to 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.

OVERSIGHT

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 - ILLENESS

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, the undersigned, do hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by me as a representative of the hourly named above and that I received the regular pay for the hours shown. I understand I am to certify the hours after completing the Assignment to determine if I have met the requirements for pay. I agree that I do not control the office upon completion of an assignment they can assume I am not available.

EMPLOYEE SIGNATURE: **Robin Greenberg**
SOCIAL SECURITY NO.: **123-45-6789**
DATE: **5/31/20**

1. I, the undersigned, do hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by me as a representative of the hourly named above and that I received the regular pay for the hours shown. I understand I am to certify the hours after completing the Assignment to determine if I have met the requirements for pay. I agree that I do not control the office upon completion of an assignment they can assume I am not available.



HQ: 445 Broadview Road
Metairie, LA 70001
Phone: 504-777-7500

EMPLOYEE PLEASE COMPLETE - Do not use for scheduling ADD or PM.

DATE	TIME IN	TIME OUT	LESS LUNCH & AM BREAK	TOTAL HOURS
MON	6:11	2:00	0.50	1.60
TUES	6:12	2:00	0.50	1.60
WED	6:13	2:00	0.50	1.60
THURS	6:14	2:00	0.50	1.60
FRI	6:15	2:00	0.50	1.60
SAT	6:16	2:00	0.50	1.60
SUN	6:17	2:00	0.50	1.60
WEEK ENDING	6:17	2:00	0.50	1.60

- INSTRUCTIONS:
1. Print clearly and a full name.
 2. Use separate timesheet for each assignment.
 3. Use separate timesheet for each day of the week.
 4. Leave all dates with client company, not Lloyd Staffing.
 5. If you are not working, please indicate the reason.

GENERAL NAME: **BACON**
ADDRESS: **P.O. Box 252007**
CITY: **Metairie**
STATE: **LA**
ZIP: **70002**

REPORT TO: **Robin Greer**
DEPT: **President**
JOB TITLE: **1/7**

EMPLOYEE NAME: **Catherine Palmer**
EMPLOYEE SIGNATURE: *Catherine Palmer*

CLIENT SIGNATURE OF ACCEPTANCE: *Robin Greer*
CLIENT NAME: **Robin Greer**

IMPORTANT: This timesheet is to be used for scheduling only. It is not to be used for billing. Please print the name of the client and the name of the employee. If you are not working, please indicate the reason.

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

1. I certify that I am authorized to sign on behalf of the named company. I understand that the named company is not responsible for the actions of its employees. I understand that the named company is not responsible for the actions of its employees. I understand that the named company is not responsible for the actions of its employees.

2. I understand that the named company is not responsible for the actions of its employees. I understand that the named company is not responsible for the actions of its employees. I understand that the named company is not responsible for the actions of its employees.

3. I understand that the named company is not responsible for the actions of its employees. I understand that the named company is not responsible for the actions of its employees. I understand that the named company is not responsible for the actions of its employees.

4. I understand that the named company is not responsible for the actions of its employees. I understand that the named company is not responsible for the actions of its employees. I understand that the named company is not responsible for the actions of its employees.



STAFFING

HR: 445 Broadview Road
Brooklyn, NY 11211, Suite 119
Phone: 631-771-7600

DATE

EMPLOYEE PLEASE COMPLETE - Be sure to include AID or PHL

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH / S.M. BREAK	TOTAL HOURS
MON	6/8/20	7 AM	3 PM		
TUES	6/9/20	7 AM	3 PM		
WED	6/10/20	7 AM	3 PM		
THURS	6/11/20	7 AM	3 PM		
FRI	6/12/20	7 AM	3 PM		
SAT	6/13/20	7 AM	3 PM		
SUN	6/14/20	7 AM	3 PM		
WEEK ENDING	6/14	TOTAL HOURS FOR WEEK TO MEASUREMENT		TOTAL HOURS WORKED HERE	

INSTRUCTIONS:

1. Please bring in a full shift log.
2. Hours must be accounted for each assignment.
3. Original & NOVICE copy to Lloyd no later than Friday night.
4. Leave client copy with client company, while NOVICE copy for review.
5. Unchecked timesheets will not be accepted. All hours must be tabular.

REPORT TO: Robin Greenberg **DEPT:** IT **DATE:** 6/14

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

FIRST TIME AT THIS CLIENT COMPANY? ☒ Yes ☐ No

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 how 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

SIGNATURE Cathy

EMPLOYEE SIGNATURE

DATE 6/14

CLIENT SIGNATURE OF ACCEPTANCE

Robert Greenberg **DATE** 6/14

IMPORTANT FOR CLIENTS: Upon receipt of this log, the client understands a notification that the TOTAL hours listed are correct and subject 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 return mobile to employee. Withhold 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.

COOPER T. L. & M. E.

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.

LUNGE

UNLAWFUL 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.

ABSENCE - LATENESS

ABSENCE - Call ahead
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

[illegible]

LLOYD guaranteed satisfaction with an employee's new assignment. In the past, LLOYD had not charged for the first hour (a) hours worked by each employee, provided that LLOYD replaces the individual assigned. Under the contract LLOYD follows the end of the first hour (d) hours, an employee assigned by LLOYD to another job.

[illegible]

Temporary employees not assigned to Customer's job and could perform any job covered by the contract. Temporary employees not assigned to Customer's job and could perform any job covered by the contract. Temporary employees not assigned to Customer's job and could perform any job covered by the contract.

[illegible]



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

Thank you for choosing Lloyd Staffing

[illegible]



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 & /OR BREAK	TOTAL HOURS
MON	4/20	7 AM	4 PM		
TUES	4/21	7 AM	4 PM		
WED	4/22	7 AM	4 PM		
THURS	4/23	7 AM	4 PM		
FRI	4/24	7 AM	4 PM		
SAT	4/25	7 AM	4 PM		
SUN	4/26	7 AM	4 PM		
WEEK ENDING	4/26	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE			

COMPANY NAME **BACON** TOWN **ROCK** ZIP **90028**

ADDRESS **P.O. BOX 252007** DEPT. **REPAIR** WEEK ENDING **4/26**

REPORT TO **Robin Greenberg** JOB TITLE **Product**

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 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**

SOCIAL SECURITY NO. **123-45-6789** PHOTOCOPY **John Good**

CLIENT SIGNATURE OF ACCEPTANCE **John Good** PRINT NAME **John Good**

IMPORTANT FOR CLIENT: Executive of this firm 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 agreement by the client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not substitute 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.

BACK

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 authentication to call the named Customer and advise them that the person is an employee of LLOYD and is referred to us on a temporary basis. In the event we or any of our affiliates or any company to whom we assign this person, either (a) employ this person on a permanent or temporary basis, (b) use the person's services in a consulting or freelance capacity, or (c) use this person's services through another temporary services affiliate one (1) year after the person's assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee. LLOYD agrees to indemnify and hold the Customer harmless for any damages, including reasonable attorney's fees, incurred by the Customer in connection with the employee assigned to us. LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is substitution.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services. (a) Customer shall not employ LLOYD's employees with unlimited permission, cash, negotiable or other valuables or anything of value) employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing including liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage. (b) 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 agrees to indemnify LLOYD for any claims, including reasonable attorney's fees, incurred by LLOYD as a result of a LLOYD employee driving such vehicle(s), or arising out of or involving, including but not limited to, a LLOYD employee driving such vehicle(s). (c) 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. (d) 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 (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignment, pay procedure, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employee. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD's invoices are for labor and agrees to pay such invoices upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (15% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD for reasonable costs of collection, including its reasonable attorney's fees and expenses.



HQ: 445 Broadhollow Road
Methuen, NY 11774, Suite 119
Phone: 603-777-7500

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & ON BREAK	TOTAL HOURS
MON	5/11/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	5/12/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	5/13/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	5/14/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	5/15/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	5/16/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	5/17/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING	5/17	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR			
		PLEASE WRITE TOTAL HOURS WORKED HERE: 15			

COMPANY NAME: **BACON** ADDRESS: **P.O. Box 252007** CITY: **TOXA** STATE: **GA** ZIP: **30082**

REPORT TO: **Robin Greenberg** DEPT: **TRAINING** JOB TITLE: **Trainer** WEEK ENDING: **5/17**

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 week ending shown above, and were properly verified 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: *Catherine Palmer*

SOCIAL SECURITY NO.: **123-45-6789**

CLIENT SIGNATURE OF ACCEPTANCE: *John Greenberg* PRINT NAME: **John Greenberg**

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct and that the work was performed in a satisfactory manner and agreement by the client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.

Be sure to call Lloyd Staffing immediately when assignment ends or we 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 total hours shown on the reverse side of this timesheet are correct. The work was performed in a satisfactory manner, and my signature is a certification to bill the named Customer. We understand that the person is an employee of LLOYD and is referred to us on a temporary basis. In the event we or any of our affiliates or any company pay to whom we assign the person, other than LLOYD, the person on assignment or temporary basis, (a) use of the person's services in a way that is not in accordance with the terms of the assignment, or (b) use the person's services through another company within one (1) year after the person's assignment, we agree to pay LLOYD a fee of 25% of the total assigned compensation rate of the employee for the next assignment.

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are not satisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, and we will have LLOYD replace the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

Customer agrees to enter agreement between LLOYD and Customer with respect to the services performed hereunder and any other matters that may arise. LLOYD shall not be responsible for any damages, claims, liabilities or other obligations of the Customer or its affiliates or any company pay to whom we assign the person, other than LLOYD, the person on assignment or temporary basis, (a) use of the person's services in a way that is not in accordance with the terms of the assignment, or (b) use the person's services through another company within one (1) year after the person's assignment, we agree to pay LLOYD a fee of 25% of the total assigned compensation rate of the employee for the next assignment.

(b) Customer shall not be responsible for any damages, claims, liabilities or other obligations of the Customer or its affiliates or any company pay to whom we assign the person, other than LLOYD, the person on assignment or temporary basis, (a) use of the person's services in a way that is not in accordance with the terms of the assignment, or (b) use the person's services through another company within one (1) year after the person's assignment, we agree to pay LLOYD a fee of 25% of the total assigned compensation rate of the employee for the next assignment.

LLOYD shall not be responsible for any damages, claims, liabilities or other obligations of the Customer or its affiliates or any company pay to whom we assign the person, other than LLOYD, the person on assignment or temporary basis, (a) use of the person's services in a way that is not in accordance with the terms of the assignment, or (b) use the person's services through another company within one (1) year after the person's assignment, we agree to pay LLOYD a fee of 25% of the total assigned compensation rate of the employee for the next assignment.

LLOYD shall not be responsible for any damages, claims, liabilities or other obligations of the Customer or its affiliates or any company pay to whom we assign the person, other than LLOYD, the person on assignment or temporary basis, (a) use of the person's services in a way that is not in accordance with the terms of the assignment, or (b) use the person's services through another company within one (1) year after the person's assignment, we agree to pay LLOYD a fee of 25% of the total assigned compensation rate of the employee for the next assignment.

Customer acknowledges its understanding that LLOYD's invoices are for labor and agrees to pay such invoices upon receipt. If any invoice remains unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD the payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD the reasonable costs of collection, including its 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

Authorized Signature:

Print/Type Name: Philip Enderwood, Treasurer

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

Date: September 25, 2019

Date: September 25, 2019

☐ Board Member Reimbursement

Date: September 25, 2019

<p style="text-align: center;">Bel Air-Beverly Crest</p> <hr/> <p style="text-align: center;">Neighborhood Council Annual Budget for Fiscal Year 2019-2020</p>	
Annual Budget Funds	42,000.00
Rollover Funds***	6,539.21
Total Annual Budget Funds	\$48,539.21

Office/Operational Expenditures Category	
Temporary Staff for Admin, Agenda, and Minutes (LLoyd Staffing)	21,000.00
Meeting Facilities, Space Rental, and Refreshments (AJU)	3,500.00
Website Hosting and Maintenance (Web Corner)	3,500.00
Email Provider for Board Members (Google Apps for Work)	2,200.00
WLA Municipal Building Office Internet (Frontier Communications)	1,950.00
Printed Materials for Board and Committee Meetings (LA Press Printing)	800.00
Office Supplies	550.00
Board Member Badges (NiceBadge) and Business Cards	500.00
Council P.O. Box Rental (USPS)	400.00
Telephone Answering Service (Jive Communications)	350.00
Total Office/Operational Expenditures	\$34,750.00

***The Funding Program will notify each NC of their Fiscal Year closing balance including available rollover funds, if any, on August 1st or next business day. Depending on when an NC submits its Admin Packet/annual budget, the NC may need to revise and resubmit its annual budget to account for any rollover funds received.

Outreach Expenditures Category	
Council Website Design Refresh and Updates (Web Corner)	3,000.00
Special Events, Speakers, and Outreach Activities	2,000.00
Banner and Billboard Advertisements (AAA Flag and Banner)	1,250.00
Council Marketing Materials and Swag	1,250.00
Council Email Newsletter Delivery (Mailchimp)	250.00
Online Advertisement Space for Facebook, Twitter, Nextdoor, et al.	200.00
Total Outreach Expenditures	\$7,950.00

Election Expenditures Category	
N/A for 2019-2020 FY	0.00
Total Election Expenditures	\$0.00

Neighborhood Purposes Grants (NPG) Expenditures Category	
Neighborhood Purpose Grants	3,500.00
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

Neighborhood Council Funding Program
APPLICATION for Neighborhood Purposes Grant (NPG)

ATTACHMENT "K"



This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

Name of NC from which you are seeking this grant: Bel-Air Beverly Crest Neighborhood Council

SECTION I - APPLICANT INFORMATION

- 1a) Laurel Canyon Land Trust 82-1342893 California May 8, 2017
Organization Name **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**
- 1b) 8453 Kirkwood Drive Los Angeles CA 90046
Organization Mailing Address **City** **State** **Zip Code**
- 1c) _____
Business Address (If different) **City** **State** **Zip Code**
- 1d) **PRIMARY CONTACT INFORMATION:**
- Catherine Deakins 917 776-5841 catdeakins@gmail.com
Name **Phone** **Email**
- 2) **Type of Organization- Please select one:**
☐ Public School (not to include private schools) **or** ☒ 501(c)(3) Non-Profit (other than religious institutions)
Attach Signed letter on School Letterhead **Attach IRS Determination Letter**
- 3) _____
Name / Address of Affiliated Organization (if applicable) **City** **State** **Zip Code**

SECTION II - PROJECT DESCRIPTION

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

The purposes of the grant is to pay for annual brush clearance services for three parcels owned by the Laurel Canyon Land Trust. The Land Trust is a non-profit 501(c)(3) organization whose mission is to accept donations of open space, purchase open space and educate the public as to the value of these lands. Currently, the Laurel Canyon Land Trust owns three parcels in Laurel Canyon within the boundaries of the Bel-Air Beverly Crest Neighborhood Council. None of the parcels are fenced and they are publicly accessible. Because the lands are located within the City's Very High Fire Hazard Severity Zone, brush clearance is required by the Los Angeles Fire Department on an annual basis. More information regarding this requirement can be found at <https://www.lafd.org/fire-prevention/brush>.

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)

According to the Los Angeles Fire Department, brush fires threaten life and property. As a result, the City of Los Angeles established the Very High Fire Hazard Severity Zone in 1999. LAFD now provides a thorough and comprehensive brush program in order to protect lives and property for those who live and enjoy the hillside communities within the City of Los Angeles. The grant funds will support and serve a public purpose (and benefit the public at large) by reducing the fire risk both within the Very High Fire Hazard Severity Zone and within the Bel-Air Beverly Crest Neighborhood Council. LAFD states that "public safety can be significantly increased with proper brush clearance." LAFD maintains a brush clearance contractors list and the Laurel Canyon Land Trust expects to use a contractor from this list. See [lafd.org/fire-prevention/brush/clearance-contractor-list](https://www.lafd.org/fire-prevention/brush/clearance-contractor-list). No trees will be removed during the brush clearance process.

Finally, the Land Trust normally engages in fundraising to pay for this annual maintenance activity. However, the COVID-19 pandemic put a huge damper on fundraising due to the disruption to the local economy.

SECTION III - PROJECT BUDGET OUTLINE

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

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

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Brush Clearance Contractor	\$ 2000	\$ 2000
		\$	\$
		\$	\$

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

☒ No

☐ Yes

If Yes, please list names of NCs: _____

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

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

9) What is the TOTAL amount of the grant funding requested with this application: **\$ 2000**

10a) Start date: 06 / 01 / 2020 10b) Date Funds Required: 06 / 30 / 2020 10c) Expected Completion Date: 06 / 30 / 2020
(After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

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

☐ No

☒ Yes

If Yes, please describe below:

Name of NC Board Member	Relationship to Applicant
Jamie T. Hall	President of Laurel Canyon Land Trust
Heather Roy	Director of Laurel Canyon Land Trust

11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?

☒ Yes

☐ No

*(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment of this grant in its entirety.)

SECTION V - DECLARATION AND SIGNATURE

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

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

Catherine Deakins

Treasurer

Signature

May 19, 2020

PRINT Name

Title

Date

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

Julian K. Quattlebaum

Secretary

Signature

May 19, 2020

PRINT Name

Title

Date

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

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

DEPARTMENT OF THE TREASURY

Date: **MAY 08 2017**

LAUREL CANYON LAND TRUST
8453 KIRKWOOD DRIVE
LOS ANGELES, CA 90046-0000

Employer Identification Number:
82-1342893
DLN:
26053524001517
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
March 13, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

LAUREL CANYON LAND TRUST

Sincerely,

Stephen a. martin

Director, Exempt Organizations
Rulings and Agreements

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: 05-22-2020

Budget Fiscal Year: 2019-2020

Agenda Item No: 11.d

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

Page 1 of 2: NPG from 501(c)(3), Laurel Canyon Land Trust for brush clearance of acquired open space parcels; contractor from LAFD 2020 Brush Contractor's List.
Requested of NC: Personnel Related: \$0;
Non-Personnel Related: \$2,000.00 (Total Projected Cost: \$2,000.00) (Attachment K)

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					
Dr. Robert Garfield, DDS	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		
Rob Farber for JLKennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	Total:	14	4	2	7	2	3

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

Authorized Signature:

Print/Type Name:

Jacqueline Le Kennedy, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 05/22/2020

Date: 05/22/2020

APPLICATION for Neighborhood Purposes Grant (NPG)



This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

Name of NC from which you are seeking this grant: Bel Air-Beverly Crest Neighborhood Council

SECTION I- APPLICANT INFORMATION

1a) Parents, Educators/Teachers & Students in Action 46-2694430 California 12/2013
Organization Name **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**

1b) 18017 Chatsworth Street, Suite 337 Granada Hills Ca. 91344
Organization Mailing Address **City** **State** **Zip Code**

1c) _____
Business Address (if different) **City** **State** **Zip Code**

1d) PRIMARY CONTACT INFORMATION:

Seymour Amster 818-943-0613 Seymour.Amster@pesa-edu.org
Name **Phone** **Email**

2) Type of Organization- Please select one:

☐ Public School (not to include private schools) or ☒ 501(c)(3) Non-Profit (other than religious institutions)
Attach Signed letter on School Letterhead **Attach IRS Determination Letter**

3) _____
Name / Address of Affiliated Organization (if applicable) **City** **State** **Zip Code**

SECTION II - PROJECT DESCRIPTION

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

COVID-19 CRITICAL NEED SERVICES

Parents, Educators/Teachers & Students in Action (PESA) as the community based organization (CBO) of the Los Angeles Superior Court Teen Court program (see letter from Judge Wesley attached) receives referrals of diverted youth from the Los Angeles Police Department, as part of their juvenile arrest diversion program as well as referrals from the Los Angeles County District Attorney Office.

PESA has partnered with the Museum of Tolerance to address issues of racism and hatred caused by the COVID-19 pandemic, as part of the SHADES program of Teen Court. These issues will be addressed by online seminars and through the COVID-19 HERO project created by PESA. The COVID-19 HERO project is composed of the youth being educated on the value of not making offensive racial remarks concerning what race could have caused the COVID-19 pandemic. In addition the COVID-19 HERO series educate the youth about the COVID-19 virus and what they can do to prevent the spread of it, giving them the opportunity to being a COVID-19 HERO by writing a letter describing how they are a COVID-19 HERO and receiving a certificate of being a COVID-19 HERO.

**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)**

This grant will address a critical public purpose that will benefit the public at large, reducing the issues of hate and racism stemming from the COVID-19 pandemic and educating the youth about COVID-19 and why they need to comply with the social distancing orders. As the social distancing rules are modified the COVID-19 HERO series will be modified to reflect these changes.

It is important to make sure our youth are educated as to why they have to follow the instructions of their parents and their teachers concerning social distancing. It is important to start educating them on this now. So that when schools are reopened they will be willing to cooperate with their teachers concerning social distancing instructions. In addition the issues of hate and racism have already been reported as a result of COVID-19, these issues will only be exacerbated when schools open up again. By educating the youth now and being able to continue that education when they go back to school the issue will be addressed. In person presentations will be created to be presented in the schools when they open up again in compliance with social distancing orders.

THIS PROJECT HAS BEEN MADE A RESOURCE TOOL TO ALL OF THE SCHOOLS IN THE COUNTY OF LOS ANGELES THROUGH THE LOS ANGELES COUNTY BOARD OF EDUCATION (LACOE).

Thus with the funding from this grant PESA will make sure that the residents and the schools in Bel Air-Beverly Crest Neighborhood Council benefit from this project. Bel Air-Beverly Crest Neighborhood Council will receive recognition on all materials and items published in connection with this project.

SECTION III - PROJECT BUDGET OUTLINE

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

6a)	Personnel Related Expenses	Requested of NC	Total Projected Cost
	COVID-19 HERO PROJECT	\$ 1,000.00	\$ 3,500.00
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	COVID-19 HERO PROJECT	\$ 1,500.00	\$ 2,500.00
		\$	\$
		\$	\$

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

☐ No

☒ Yes

If Yes, please list names of NCs: Most of the other Neighborhood Councils as it relates to their boundaries

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

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

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

10a) Start date: 05 / 01 / 2020 10b) Date Funds Required: 05 / 05 / 2020 10c) Expected Completion Date: 09 / 01 / 2020
(After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

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

☒ No

☐ Yes

If Yes, please describe below:

Name of NC Board Member	Relationship to Applicant

11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?

☐ Yes

☐ No

*(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment of this grant in its entirety.)

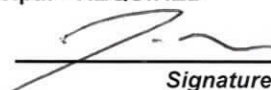
SECTION V - DECLARATION AND SIGNATURE

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

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

Seymour I. Amster

Executive Director



05/03/2020

PRINT Name

Title

Signature

Date

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

Francine S. Amster

Secretary



05/03/2020

PRINT Name

Title

Signature

Date

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



"Creating a Better Future for Our Community through Advocacy, Mentorship and Education"

COVID-19 CRITICAL NEED SERVICES BEING OFFERED

- **Online Career Fair - Distinguished Speaker Series.**

Every week PESA is hosting speakers from different professions to give career advice to middle school students, high school students, college students and graduate students.

- **Tutoring and mentoring for diverted youth referred by LAPD or District Attorney's office.**

- **Tutoring for all K-12 students who need educational assistance.**

- **Virtual Playdates for all K-12 students.**

To reduce the stress and feeling of isolation we are offering virtual playdates that can include insightful discussions, art/stem projects, workshops and tutoring, so our youth can interact with their friends from school.

- **COVID-19 Hero Project.**

To help our children understand what COVID-19 is and the reason to comply with parent and teacher requests for social distancing by getting a certificate acknowledging them as a COVID-19 HERO for doing so.

- **Combating Racism and Hate Incidents caused by COVID-19.**

PESA has partnered with the Museum of Tolerance to address this issue through online interactive presentations.

PESA through its COVID-19 HERO series has created online art projects and booklets to be distributed to the community to address this issue.

- **Mental Health Counseling for the Community.**

- **Mental Health Counseling for diverted youth being monitored.**

**THESE SERVICES HAVE BEEN RECOGNIZED BY THE
LOS ANGELES COUNTY BOARD OF EDUCATION (LACOE)
AS A VALUABLE RESOURCE TO EDUCATORS.**

PESA 18017 Chatsworth Street # 337 Granada Hills, California 91344 (800)-894-7201 Fax (818) 781-8180

PESA is a 501(c)(3) Non-profit organization registered with the IRS.

Your donation is tax exempt as permitted by law.



The Superior Court

INGLEWOOD JUVENILE COURTHOUSE

110 E. REGENT STREET

INGLEWOOD, CALIFORNIA 90301

CHAMBERS OF

DAVID S. WESLEY

JUDGE (RETIRED)

TELEPHONE

(310) 412-8341

FAX

(310) 330-7071

EMAIL

DWesley@LACourt.org

June 7, 2019

To Whom It May Concern:

I am the Director of the Los Angeles Superior Court Teen Court program (hereinafter referred to as "LASC Teen Court Program"). Parents, Educators/Teachers & Students in Action (hereinafter referred to as "PESA") is a non-profit, that has been designated as the Community Based Organization for the LASC Teen Court program through a Memorandum of Understanding executed by the Superior Court and PESA (hereinafter referred to as "MOU"), a true and correct copy of the MOU is attached to this letter and incorporated herein by reference.

One of the purposes of the MOU is to designate PESA as the entity that can receive funds for the LASC Teen Court program. That is why the following language was included in the MOU:

6. Any monies received by PESA designated for use in the Teen Court, SHADES or CAYC programs cannot be used for any other program, and a categorized budget designating how monies will be spent must be submitted by PESA prior to any expenditures of the designated monies and be approved by the Judicial Director of the Program or his designee. The Judicial Director of the Program or his designee will have the right to conduct an audit concerning the expenditure of the monies.

PESA has received monies in the past from both private and public entities, such as the County of Los Angeles, for this purpose.

As such if the entity you represent has been authorized or desires to provide support to the LASC Teen Court program I would appreciate you transmitting the funds to PESA, and in compliance with the MOU, it will be used for and budgeted for use for the LASC Teen Court Program. Thank you for your support, if you have any questions or comments, please do not hesitate to contact me.

Sincerely,

A handwritten signature in dark ink, appearing to read "David S. Wesley", is written over the printed name.

David S. Wesley, Judge (Retired)
Director of the Judge David S. Wesley
LASC Teen Court Program

MEMORANDUM OF UNDERSTANDING between the Los Angeles Superior Court and Parents, Educators/Teachers and Students in Action.

1. The Los Angeles Superior Court (hereinafter referred to as "LASC") is a governmental entity that as part of its outreach to the community seeks to educate citizens, especially the youth about government, the role of the courts in a democratic society, and the significance of civic participation. One of the community service programs of the LASC is the Teen Court Program of the Los Angeles Superior Court (hereinafter referred to as "Teen Court").
2. Parents, Educators/Teachers & Students in Action (hereinafter referred to as "PESA") is a 501 (c) (3) corporation whose mission statement is "Creating a better future for our community through Advocacy, Mentorship, and Education." PESA has as one of its programs the Teen Court Project for Justice. Through this program:
 - PESA agrees to assist Teen Court through its Teen Court Project for Justice program. PESA will assist Teen Court by providing support to the host school as needed. The purpose of this support will ensure that the Teen Court Program is not burdensome to the host school.
 - PESA will also assist the host school participating in Teen Court in any way possible to enhance student achievement.
 - PESA will assist Teen Court by providing opportunities to the students and juveniles involved in the Teen Court.
 - PESA will assist Teen Court by arranging and providing support for field trips or other events, such as SHADES and CAYC, that the Teen Court participants desire to engage in related to the goals of Teen Court.
 - PESA will assist Teen Court by arranging and/or hosting training programs for the participants of the program.
 - PESA will assist Teen Court by arranging or hosting presentations to occur on subjects of interest to the Teen Court participants.
 - PESA will assist Teen Court by causing opportunities for the judicial officers to become a part of the host school community, by doing things such as presenting on Senior Awards night to a graduating student(s) who participated in Teen Court.
 - PESA will assist Teen Court by providing assistance when needed in monitoring the juvenile offenders who have been sentenced.
 - PESA will assist when requested with the victims of the offenses brought before Teen Court.
 - PESA will assist the Teen Court Program by providing any other appropriate assistance to the program.
3. This MOU becomes effective on the date both parties have signed the MOU. Either party may terminate this MOU upon thirty (30) days prior written notice. If either party believes that the

MOU might violate any law or regulation, either party may terminate the MOU immediately upon written notice to the other party.

4. LASC may use PESA's name verbally in reference to the matters referred to in this MOU. PESA grants LASC the right to use PESA's name and logo in writing for matters referred to in this MOU. LASC grants PESA the right to use the LASC Teen Court Logo in writing for matters referred to in this MOU, subject to approval by the Judicial Director of the program. PESA may not use the LASC Teen Court Logo for fundraising activities.
5. Each party acknowledges that the relationship with the other is that of an independent contractor, however all activities of PESA with respect to any outreach program of the Los Angeles Superior Court must be approved by the Judicial Director of the program or the Los Angeles Superior Court Outreach Committee.
6. Any monies received by PESA designated for use in the Teen Court, SHADES or CAYC programs cannot be used for any other program, and a categorized budget designating how the money will be spent must be submitted by PESA prior to any expenditures of the designated monies and be approved by the Judicial Director of the Program or his designee. The Judicial Director of the Program or his designee will have the right to conduct an audit concerning the expenditure of the monies.
7. Each party agrees to abide by all applicable Federal and State Laws. This MOU shall be governed by and construed with the laws of the State of California. Jurisdiction for any claim, dispute, or lawsuit shall be in Los Angeles County.
8. This MOU outlines the framework of a working relationship between PESA and LASC and does not create a joint venture nor is it a binding contract.
9. This MOU does not create any rights, title for any entity other than for PESA and LASC.
10. This writing constitutes the entire MOU between LASC and PESA and can only be amended in writing.

Date:



SHERRI R. CARTER
Los Angeles Superior Court

Date: 2/27/17



SEYMOUR I. AMSTER

PESA

APPROVED AS TO FORM:



Court Counsel

OGDEN UT 84201-8029

In reply refer to: 4077591934
Oct. 28, 2015 LTR 4168C 0
46-2694430 000000 00

00030922

BODC: TE

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

007650

Employer Identification Number: 46-2694430
Person to Contact: Ms. Wiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 05, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 2013.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077591934
Oct..28, 2015 LTR 4168C 0
46-2694430 000000 00
00030923

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

If you have any questions, please call us at the telephone number
shown in the heading of this letter.

Sincerely yours,



Jeffrey I. Cooper
Director, EO Rulings & Agreement

**CITY OF LOS ANGELES**

Office of Finance

P.O. Box 53200

Los Angeles CA 90053-0200

18017 CHATSWORTH STREET SUITE #337
GRANADA HILLS, CA 91344-5608*****5-DIGIT 91344 139
PARENTS, EDUCATORS / TEACHERS & AMP; STUDENTS IN ACTION
42397
18017 CHATSWORTH ST STE 337
GRANADA HILLS CA 91344-5608

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

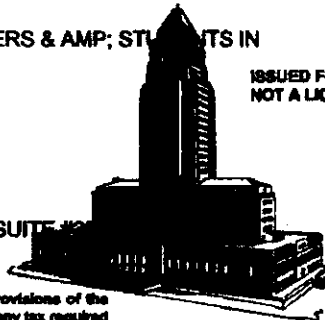
CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATETHIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED
BUSINESS TAX

ISSUED: 5/7/2018

ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002893373-0001-4	L049	Professions / Occupations	3/1/2016	ACTIVE

PARENTS, EDUCATORS / TEACHERS & AMP; STUDENTS IN
ACTION
18017 CHATSWORTH ST STE 337
GRANADA HILLS CA 91344-5608ISSUED FOR TAX COMPLIANCE PURPOSES ONLY
NOT A LICENSE, PERMIT, OR LAND USE AUTHORIZATION

ISSUED TO

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

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

ISSUED BY:

Clare Bantel

DIRECTOR OF FINANCE

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS - Office of Finance, P.O. Box 53200, Los Angeles CA 90053-0200

FORM 2000 (Rev. 11/15)

IMPORTANT - READ REVERSE SIDE

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Parents, Educators/Teachers & Students in Action

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ►

Non-Profit Corporation exempt under 501 (c)(3)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

Applies to accounts maintained outside the U.S.

5 Address (number, street, and apt. or suite no.) See instructions.

18017 Chatsworth Street, Suite 337

6 City, state, and ZIP code

Granada Hills, Ca. 91344

Requester's name and address (optional)

7 List account number(s) here (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

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

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - _____

or

Employer identification number

4 8 - 2 6 9 4 4 3 0

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person ►

Date ► April 22, 2020

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

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: 05-22-2020

Budget Fiscal Year: 2019-2020

Agenda Item No: 11.b.

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

Page 1 of 2: NPG from 501(c)(3) by Parents, Educators/Teachers and Students in Action, submitted by Seymour Amster, Exec Director for "COVID-19 Critical Needs Services," "COVID-19 Hero Project"
 Requested of NC: Personnel Related: \$1,000 (Total Projected Cost: \$3,500)
 Requested of NC: Non-Personnel Related: \$1,500 (Total Projected Cost: \$2,500) (Attachment D)

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					
Dr. Robert Garfield, DDS	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:	17	4	0	7	2	2

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

Authorized Signature:

Print/Type Name:

Jacqueline Le Kennedy, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 05/22/2020

Date: 05/22/2020

