

Monthly Expenditure Report



Reporting Month: July 2020

Budget Fiscal Year: 2020-2021

NC Name: Bel Air-Beverly Crest
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$32000.00	\$1002.28	\$30997.72	\$0.00	\$0.00	\$30997.72

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$34750.00	\$1002.28	\$33747.72	\$0.00	\$33747.72
Outreach		\$0.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$550.00	\$0.00	\$550.00	\$0.00	\$550.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$0.00	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE BABCNC.O	07/01/2020	Google 07-01-2020 Paid Receipt & Invoice	General Operations Expenditure	Office	\$204.00
2	JIVE COMM/LOGMEIN	07/10/2020	Jive LogMein 7-10-20 Paid Receipt & Invoice Paid 07-10-2020.	General Operations Expenditure	Office	\$28.30
3	THE WEB CORNER, INC	07/13/2020	Monthly Web Hosting and Maintenance - The Web Corner	General Operations Expenditure	Office	\$150.00
4	CTS FRONTIER ONLINEPAY	07/14/2020	Frontier Paid Receipt and Statement for the 07-14-2020 Bill.pdf	General Operations Expenditure	Office	\$60.98
5	Lloyd Staffing, Inc.	07/20/2020	Invoice from Lloyd's for Board Administrator services for 4 billing cycles. Dated 07.02.2020. Invoice #415668. Amount: \$559.00	General Operations Expenditure	Office	\$559.00
Subtotal:						\$1002.28

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



Payment Receipt

Google LLC	Payment date	Jul 1, 2020
1600 Amphitheatre Pkwy	Billing ID	7677-2853-5183
Mountain View, CA 94043	Payment method	Mastercard ****9270
United States		

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	\$204.00



Invoice

Invoice number: 3754363870

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 number3754363870

Invoice dateJun 30, 2020

Billing ID7677-2853-5183

Domain namebabnc.org

Google Cloud - G Suite

Total in USD

\$204.00

Summary for Jun 1, 2020 - Jun 30, 2020

Subtotal in USD

\$204.00

Tax (0%)

\$0.00

Total in USD

\$204.00

You will be automatically charged for any amount due.

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	Jun 1 - Jun 30	34	204.00
Subtotal in USD				\$204.00
Tax (0%)				\$0.00
Total in USD				\$204.00



BILLING



Invoices

Payment Options

Billed Call Details

Accounts ▾

Invoice Details

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

Invoice IN6000810783

Total Due **\$0.00**

Date Due **July 16, 2020** Status Paid Date Paid July 10, 2020 Payment Method 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	\$2.24	\$2.24
Universal Service Fee (USF)	1	\$0.7891	\$0.79
Regulatory Recovery Fee	1	\$1.3107	\$1.31

Total \$28.30

Payments & Credits \$28.30

Total Due \$0.00



CITY OF LOS ANGELES
Your Monthly Invoice

Page 1 of 3

Account Summary

New Charges Due Date	7/09/20
Billing Date	6/15/20
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	60.98
Payments Received Thru 5/30/20	-60.98
Thank you for your payment!	
Balance Forward	.00
New Charges	60.98
Total Amount Due	\$60.98


Thank
you

We appreciate your continued business and
remain committed to keeping you connected.

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



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P.O. Box 709, South Windsor, CT 06074-9998

----- manifest line -----



CITY OF LOS ANGELES
P O BOX 252007
LOS ANGELES, CA 90025

**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
Date of Bill
Account Number

Page 3 of 3

6/15/20

310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 06/15/20 to 07/14/20

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	6/15	5.99
310/231-7288		Subtotal	5.99
		Subtotal	5.99



Invoice

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

Date	Invoice #	Due Date
7/1/2020	20474	7/1/2020

PAID
07/13/2020

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



CITY OF LOS ANGELES
Your Monthly Invoice

Page 1 of 3

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Call: 1.800.921.8102 Tech Support: Frontier.com/helpcenter

Email: ContactBusiness@ftr.com



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----- manifest line -----



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P O BOX 252007
LOS ANGELES, CA 90025

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CITY OF LOS ANGELES
Date of Bill
Account Number

Page 3 of 3
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310-231-7288-081418-5

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310/231-7288		Subtotal	5.99
		Subtotal	5.99



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!

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 Jul 15, 2020

\$65.98
\$0.00
\$60.98
-\$60.98

Feedback

Current Balance

New Charges Due Date Aug 10, 2020

\$65.98

Pay Bill

► View Current Bill

► View Payment History

► Sign up for Auto Pay




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

Thank you for choosing Lloyd Staffing

PO#

[illegible]

 STAFFING				EMPLOYEE PLEASE COMPLETE - DO NOT TO INDICATE ANY OF PM.			
DAY	DATE	TIME IN	TIME OUT	LESS UNPAID % NOT BENE	TOTAL HOURS	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">TOTAL HOURS FOR WEEK TO REQUEST 14 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE</div> <div style="font-size: 2em; margin-left: 10px;">5</div> </div>	
MON	6/15/20	7 AM	3 PM				INSTRUCTIONS: 1. Please think you are paid only 14 hours. 2. Use separate bracket for each assignment. 3. Each individual is allowed only to 14 hours, no later than Friday night. 4. Leave absent early with child company, when employee copy for removal. 5. Unexcused absences will be returned without payment. All other functions will not be accepted. All facts must be indicated.
TUES	6/16/20	7 AM	3 PM				
WED	6/17/20	7 AM	3 PM				
THURS	6/18/20	7 AM	3 PM				
FRI	6/19/20	7 AM	3 PM				
SAT	6/20/20	7 AM	3 PM				
SUN	6/21/20	7 AM	3 PM				

INSTRUCTIONS:
 1. Please think you are paid only 14 hours.
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 4. Leave absent early with child company, when employee copy for removal.
 5. Unexcused absences will be returned without payment.
 All other functions will not be accepted. All facts must be indicated.

[illegible]

EMPLOYEE INFORMATION

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

WORK TIMES

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.



140: 445 Broadview Road
Middletown, NY 13767, Suite 119
Phone: 631-777-7600

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH (1/2 hr max)	TOTAL HOURS
SUN	6/22/20	7 AM	3 PM	1.5	
MON	6/23/20	7 AM	3 PM	1.5	
TUE	6/24/20	7 AM	3 PM	1.5	
WED	6/25/20	7 AM	3 PM	1.5	
THURS	6/26/20	7 AM	3 PM	1.5	
FRI	6/27/20	7 AM	3 PM	1.5	
SAT	6/28/20	7 AM	3 PM	1.5	
SUN	6/29/20	7 AM	3 PM	1.5	
WEEK ENDING	6/28	TOTAL HOURS FOR WEEK TO REPORT 14 HOURS			

PLEASE WRITE TOTAL HOURS WORKED HERE 14

INSTRUCTIONS:
1. Press firmly into a ball point pen.
2. Use separate timesheet for each assignment.
3. Initials must be written on each timesheet.
4. Leave timesheet with client company.
5. Unassigned timesheet will be returned to client company.
6. Allotted timesheet will not be accepted. All times must be included.

IMPORTANT: All times must be approved by each day's supervisor. Hours will not be paid if not approved (call).

ATTENTION: All times must be included.

EMPLOYEE INFORMATION

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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.

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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.

COMPANY NAME BABCONC

ADDRESS PO Box 252007

REPORT TO Robin Greenberg

EMPLOYEE SIGNATURE Catherine Palmer

CLIENT SIGNATURE OF SUPERVISOR Robin Greenberg

IMPORTANT FOR CLIENT: Enclosed 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 as with assistance you are no longer available for work.

EMPLOYEE SOCIAL SECURITY NO. -

EMPLOYEE SIGNATURE -

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EMPLOYEE PLEASE COMPLETE - DO NOT TO INDICATE AVE OF FIVE.									
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & BREAK	TOTAL HOURS				
MON	4 29 20	7 AM	3 PM	1 PM					
TUES	6 30 20	7 AM	3 PM	1 PM					
WED	7 1 20	7 AM	3 PM	1 PM					
THURS	4 2 20	7 AM	3 PM	1 PM					
FRI	7 3 20	7 AM	3 PM	1 PM					
SAT	7 4 20	7 AM	3 PM	1 PM					
SUN	7 5 20	7 AM	3 PM	1 PM					
WEEK ENDING 7/5						TOTAL HOURS FOR WEEK TO REQUEST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE 75			

EMPLOYEE INFORMATION

NAME: BABONE TITLE: 90025

ADDRESS: PO Box 252007 CITY: TOYAH

REPORT TO: Robin Greenberg DEPT: 7/5 WEEK ENDING: 7/5

JOE TITLE: 7/5

EMPLOYEE SIGNATURE

Catherine Palmer

EMPLOYEE SIGNATURE

7/5

CLIENT SIGNATURE OF ASSIGNANCE

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CLIENT SIGNATURE

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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

LOYD STAFFING
100-405 Broadway Road
Northvale, NY 17471, Suite #10
Phone: 631-771-7600

EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.
DATE TIME IN TIME OUT LESS LUNCH
MON 7 6:20 1:00
TUES 7 7:20 1:00
WED 7 8:20 1:00
THURS 7 9:20 1:00
FRI 7 10:20 1:00
SAT 7 11:20 1:00
SUN 7 12:20 1:00

EMPLOYEE INFORMATION
NAME: Catherine Palmer
JOB TITLE: Receptionist
SSN: [REDACTED]
DOB: [REDACTED]
MARRIAGE: [REDACTED]
CHILDREN: [REDACTED]
VEHICLE: [REDACTED]
TOTAL HOURS: 7/12

EMPLOYER INFORMATION
NAME: BABCNC
ADDRESS: PO Box 252007
CITY: TORONTO
STATE: ONTARIO
ZIP: M9C 2S5
CONTACT: [REDACTED]
PHONE: [REDACTED]
FAX: [REDACTED]
E-MAIL: [REDACTED]

TERMS & CONDITIONS FOR LLOYD STAFFING
I hereby certify that the hours shown were worked by me during the week ending [REDACTED] 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 certify the hours after completing the Assignment to determine if there is other work available for me. I agree that if I do not certify the hours upon completion of an assignment they can assume I am not available.
I hereby certify that the hours shown were worked by me during the week ending [REDACTED] 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 certify the hours after completing the Assignment to determine if there is other work available for me. I agree that if I do not certify the hours upon completion of an assignment they can assume I am not available.

EMPLOYEE INFORMATION
NAME: Catherine Palmer
JOB TITLE: Receptionist
SSN: [REDACTED]
DOB: [REDACTED]
MARRIAGE: [REDACTED]
CHILDREN: [REDACTED]
VEHICLE: [REDACTED]
TOTAL HOURS: 7/12

EMPLOYER INFORMATION
NAME: BABCNC
ADDRESS: PO Box 252007
CITY: TORONTO
STATE: ONTARIO
ZIP: M9C 2S5
CONTACT: [REDACTED]
PHONE: [REDACTED]
FAX: [REDACTED]
E-MAIL: [REDACTED]

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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: 06/24/2020

Budget Fiscal Year: -2020-2021

Agenda Item No: 9.b.

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

Page 1 of 2: Motion: Approval of the 2020-2021 Administrative Budget Packet (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:	19	1	3	8	1	

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: 06/24/2020

Date: 06/24/2020

Fiscal Year
2020 -2021

Office of the City Clerk
Neighborhood Council Funding Program
Fiscal Year Administrative Packet

Neighborhood Council: Bel Air-Beverly Crest

NEIGHBORHOOD COUNCIL FUNDING PROGRAM
FINANCIAL OFFICERS LETTER OF ACKNOWLEDGEMENT & AGREEMENT

We, the undersigned, do hereby declare that as a result of an official action of the Governing Body of the Neighborhood Council (NC) named below:

- (1) we are authorized to request City funding to support NC general operations,
- (2) all items or services described or included in any related funding requests are exclusively intended to further the goals and objectives of the Neighborhood Council, and
- (3) all reasonable precautions shall be exercised by the undersigned to fully safeguard, control and account for all use of funds. Proper accountability of all City funds is critical to the success of the NC Funding Program.

Therefore, by the signature(s) below, and on behalf of the Neighborhood Council named below, WE HEREBY AGREE to the terms and conditions as set forth in this Letter of Acknowledgement and all related documents as provided by the City, agree to expend funds in accordance with any applicable City rules, policies or procedures, and specifically agree to expend monies received by the Office of the City Clerk solely for public purposes relating to the goals and purposes of the Neighborhood Council named below, consistent with the scope and authority under the City Charter, the Plan for a Citywide System of Neighborhood Councils and any implementing ordinances. We have attended and participated in the City-provided training relating to the NC Funding Program.

WE FURTHER ACKNOWLEDGE and WE AGREE to comply with any requirements regarding use of the NC funds. WE AGREE to provide NC financial reports and/or supporting documentation to the Office of the City Clerk, Neighborhood Council Funding Program as requested and at monthly meetings to the Governing Body and stakeholders of the NC named below. WE AGREE that the Office of the City Clerk and other City representatives may make on-site visits to inspect and review all NC financial records, upon providing reasonable advance notice to the NC Treasurer or designated representatives.

WE ACKNOWLEDGE THAT A NEW LETTER OF ACKNOWLEDGEMENT MUST BE FILED IF THERE IS ANY CHANGE OF FINANCIAL OFFICERS.

Neighborhood Council Financial Officers - Names and Signatures:

Treasurer



SIGNATURE OF THE TREASURER

Jacqueline Le Kennedy

PRINT NAME OF THE TREASURER

Treasurer

BOARD POSITION

☐ Please check here if a new Treasurer is being appointed

June 25, 2020

DATE

jkennedy@babnc.org

EMAIL

310-292-8887

PHONE NUMBER

CONTINUES OTHER SIDE

2nd Signer☐ Please check here if a new 2nd Signer is being appointed*Robert A. Ringler*SIGNATURE OF THE 2nd SIGNER**Robert A. Ringler**PRINT NAME OF THE 2nd SIGNER**Secretary & Second Signer**

BOARD POSITION

June 25, 2020

DATE

raringler@babenc.org

EMAIL

310-365-5723

PHONE NUMBER

Alternate Signer☐ Please check here if a new Alt. Signer is being appointed

(If not applicable, please indicate "N/A")

SIGNATURE OF THE ALTERNATE SIGNER

N/A

PRINT NAME OF THE ALTERNATE SIGNER

BOARD POSITION

DATE

EMAIL

PHONE NUMBER

1st Bank Cardholder☐ Please check here if a new Cardholder is being appointed*Robert A. Ringler*SIGNATURE OF THE 1st BANK CARD HOLDER**Robert A. Ringler**PRINT NAME OF THE 1st BANK CARD HOLDER**Secretary & Second Signer**

BOARD POSITION

June 25, 2020

DATE

raringler@babenc.org

EMAIL

310-365-5723

PHONE NUMBER

2nd Bank Cardholder☐ Please check here if a new Cardholder is being appointed*Robin Greenberg*SIGNATURE OF THE 2nd BANK CARD HOLDER**Robin Greenberg**PRINT NAME OF THE 2nd BANK CARD HOLDER**President**

BOARD POSITION

June 25, 2020

DATE

rgreenberg@babenc.org

EMAIL

310-968-0605

PHONE NUMBER

***** Bank Cardholders, please read further next page *****

1st Bank Cardholder

Robert A. Ringler

SIGNATURE OF THE 1st BANK CARD HOLDER

Robert A. Ringler

PRINT NAME OF THE 1st BANK CARD HOLDER

June 25, 2020

DATE

2nd Bank Cardholder

Robin Greenberg

SIGNATURE OF THE 2nd BANK CARD HOLDER

Robin Greenberg

PRINT NAME OF THE 2nd BANK CARD HOLDER

June 25, 2020

DATE

Bel Air-Beverly Crest Neighborhood Council Annual Budget for Fiscal Year 2020-2021	
Annual Budget Funds	\$32,000.00
Rollover Funds*	\$ 3,300.00
Encumbered Funds*	
Total Annual Budget Funds	\$ 35,300.00

Office/Operational Expenditures Category	
Temporary Staff (Lloyd's Staffing)	\$ 18,750.00
Meeting Facilities & Space Rental, and Ancillary Meeting Expenses (AJU or other)	\$ 3,000.00
Website Hosting, Maintenance, and Updates (Web Corner)	\$ 2,000.00
Office Internet and Technology Services (Frontier Communications)	\$ 750.00
Google Gsuite	\$ 2,500.00
Phone Answering Services (Jive Communications)	\$ 350.00
Office Supplies, Software, Printing, Miscellaneous Expenses, etc.	\$ 2,000.00
Neighborhood Council P.O. Box Rental (USPS)	\$ 400.00
Total Office/Operational Expenditures	\$ 29,750.00

*The Funding Program will notify each NC of their Fiscal Year closing balance including available rollover funds and/or approved encumbered 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 and/or encumbered funds. PLEASE NOTE: Encumbered funds are intended only for earmarked expenditures submitted in the "Encumbrance Request Form" and approved by the Funding Program

Outreach Expenditures Category	
Mailers, Banners, Swag, Newsletter, Events, etc.	\$ 2,250.00
Social Media Campaigns	\$ 250.00
Total Outreach Expenditures	\$ 2,500.00

Election Expenditures Category	
Election Materials, Flyers, Placards, Signage	\$ 2,500.00
Total Election Expenditures	\$ 2,500.00

Neighborhood Purposes Grants (NPG) Expenditures Category	
Neighborhood Purpose Grants	\$ 550.00
Total NPG Expenditures	\$ 550.00

Community Improvement Projects (CIP) Expenditures Category	
Community Improvement Projects	\$ 0.00
Total CIP Expenditures	\$ 0.00

TOTAL ANNUAL BUDGET ALLOCATIONS	
Office/Operational Expenditures	\$ 29,750.00
Outreach Expenditures	\$ 2,500.00
Election Expenditures	\$ 2,500.00
General and Operational Expenditures	\$ 34,750.00
Neighborhood Purposes Grants (NPG) Expenditures	\$ 550.00
Community Improvement Projects (CIP) Expenditures	\$ 0.00
TOTAL EXPENDITURES FOR FISCAL YEAR 2020-2021	\$ 35,300.00

NEIGHBORHOOD COUNCIL FUNDING PROGRAM

LEASES & AGREEMENTS

Please complete the following information, as applicable, for any leases or service agreements your NC currently has or plans on securing in the Fiscal Year involving office space, meeting space, storage facilities, P.O. Boxes, and/or website services. If sections below do not apply to your NC, please select NA on the sections that do not apply. If you have more than one Meeting Location, then please provide the same information on an additional page. The information provided on this form is to confirm services that an NC may currently have or that it would like to secure in the Fiscal Year which may require a City agreement. If an agreement needs to be drafted from the information provided, the NC board will be notified and advised to agendaize and approve the drafted agreement at a future board meeting; The approval the Administrative Packet/annual budget does not replace the vote the board will need to take to approve any agreements needed.

Office Location:

<input type="checkbox"/> Existing(may need to renew agreement) <input type="checkbox"/> New(new agreement may be needed) <input type="checkbox"/> Donated <input checked="" type="checkbox"/> NA	
Property Name:	West LA Municipal Building
Property Address:	1645 Corinth, Rm #103-4, Los Angeles CA 90025
Property Owner Name:	City of LA (Facilities Manager: Alex@Office CM Mike Bonin, 2nd Floor)
Property Owner Phone Number:	Facilities Manager: 310-575-8461
Property Owner Email:	

Meeting Location:

<input type="checkbox"/> Existing(may need to renew agreement) <input type="checkbox"/> New(new agreement may be needed) <input type="checkbox"/> Donated <input checked="" type="checkbox"/> NA	
Property Name:	American Jewish University
Property Address:	15600 Mulholland Drive, Los Angeles CA 90077
Property Owner Name:	Logistics Manager: Rusty Meyer Logistics: 310-476-9777, ext. 288
Property Owner Phone Number:	Adrian Breitfeld MAJCS, MBA Vice President for Finance & Administration
Property Owner Email:	Adrian.Breitfeld@aju.edu 310-440-1532

Storage Facility:

<input type="checkbox"/> Existing(may need to renew agreement) <input type="checkbox"/> New(new agreement may be needed) <input type="checkbox"/> Donated <input checked="" type="checkbox"/> NA	
Facility Name/Owner	
Facility Address:	
Facility Owner Phone Number:	
Facility Owner Email:	
Name on Facility Account:	

P.O. Box:

<input type="checkbox"/> Existing(may need to renew agreement) <input type="checkbox"/> New(new agreement may be needed) <input type="checkbox"/> Donated <input checked="" type="checkbox"/> NA	
Property Name/Owner:	US Postal Service
NC P.O. Box Address	PO Box 252007
Property Owner Address:	11420 Santa Monica Blvd., Los Angeles CA 90025
Property Owner Phone Number:	800-275-8777
Property Owner Email:	uspstechnicalsupport@mailps.custhelp.com
Name on P.O. Box Account:	Bel Air-Beverly Crest Neighborhood Council

Website Services:

<input type="checkbox"/> Existing(may need to renew agreement) <input type="checkbox"/> New(new agreement may be needed) <input type="checkbox"/> Donated <input checked="" type="checkbox"/> NA	
Name of Website Services Provider:	The Web Corner, Inc.
Service Provider Address:	19509 Ventura Blvd., Tarzana CA 91356
Service Provider Phone Number:	818-345-7443
Service Provider Email:	ncsupport@thewebcorner.com
Type of Services Provided:	Monthly Website Hosting and Maintenance; Custom Web Designs & Updates; Other ancillary technology services (No contract needed; services rendered upon request & Board approval)