

Monthly Expenditure Report



Reporting Month: September 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
\$33663.22	\$2398.55	\$31264.67	\$2181.59	\$0.00	\$29083.08

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$34857.00	\$1629.80	\$30714.11	\$1649.05	\$29065.06
Outreach		\$768.75		\$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	\$532.54	\$17.46
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$1744.34	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	AAA FLAG AND BANNER LA	09/02/2020	AAA Banner Receipt & Invoice 9-2-20 & BAC 8-27-20.pdf	General Operations Expenditure	Outreach	\$768.75
2	GOOGLE GSUITE BABCNC.O	09/02/2020	Google 09-02-2020 paid Receipt & Invoice.pdf	General Operations Expenditure	Office	\$210.00
3	CTS FRONTIER ONLINEPAY	09/19/2020	Frontier 9-19-20 Three Statements Receipt/Invoice New Service Order 9-19-20.pdf	General Operations Expenditure	Office	\$217.62
4	JIVE COMM/LOGMEIN	09/23/2020	Jive Communications Paid Receipt & Invoice Paid 09-23-2020 #2.pdf	General Operations Expenditure	Office	\$28.28
5	Lloyd Staffing, Inc.	08/25/2020	Invoice from Lloyd's for Board Administrator services for 4 billing cycles. Dated 08.16.2020. Invoice #416020. Amount: \$1173.90	General Operations Expenditure	Office	\$1173.90
Subtotal:						\$2398.55

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total

1	Lloyd Staffing, Inc.	09/24/2020	Invoice from Lloyd's for Board Administrator services for 5 billing cycles. Dated 09.13.2020. Invoice #416278. Amount: \$1649.05	General Operations Expenditure	Office	\$1649.05
2	Citizens for Los Angeles Wildlife	09/14/2020	See Signed BABCNC NCFP NPG CLAW	Neighborhood Purpose Grants		\$532.54
	Subtotal: Outstanding					\$2181.59



Corporate Office
8955 National Blvd
Los Angeles, CA 90034
310-836-3200

TRANSACTION # **SO353007**
DATE **9/2/2020**
REFERENCE **QTE273789**
SALES TEAM **413 JEREMY & LEE**

**SALES ORDER
INVOICE**

CUSTOMER C200503

Bel Air Beverly Crest Neighborhood Council

PROJECT

Pole Banners permit renewal

PRIMARY CONTACT

Robin Greenberg
310-968-0605
robin@robingreenberg.com

DUE DATE

9/16/2020

SHIPPING METHOD

Installation - AAA Factory

PAYMENT TERMS

Prepayment

CUSTOMER P.O.

pole banner renewal

BILL TO

Bel Air Beverly Crest Neighborhood Council
Po Box252007
Los Angeles CA 90025

SHIP TO

Bel Air Beverly Crest Neighborhood Council
Po Box252007
Los Angeles CA 90025

QTY	ITEM NAME / DETAIL	EACH	TOTAL
1	Permits - non event	\$0.00	\$0.00 *
	Miscellaneous Item permits will be valid through February 2022.		
1	Permit Processing	\$250.00	\$250.00 *
	Miscellaneous Item		
1	Service Call	\$495.00	\$495.00
	Pole Banner Installation		

SUBTOTAL \$745.00

TAX (9.5%)* \$23.75

TOTAL \$768.75

DEPOSITS RECEIVED \$768.75

BALANCE \$0.00

PLEASE MAKE ALL PAYMENTS TO: AAA FLAG & BANNER MFG. CO. • 8955 NATIONAL BLVD • LOS ANGELES • CA • 90034

DESIGN • PRINT • INSTALL

A FINANCE CHARGE OF 1 % PER MONTH WHICH IS EQUIVALENT TO AN ANNUAL PERCENTAGE RATE OF 12% WILL BE APPLIED TO ACCOUNTS PAST DUE.
It is understood and agreed that in event it becomes necessary for AAA Flag & Banner, Mfg. Co to institute action to collect payment for merchandise sold herein, purchaser will pay all collection costs, including reasonable attorney's fees. The goods will be delivered, Ex Works, to the agreed upon AAA Flag & Banner facility (Los Angeles, CA; San Francisco, CA; Miami, FL) and if the Customer desires that the goods be shipped to any other location, the Customer shall bear all cost and risks in shipment of the goods. Any Claims or Returns must be made within 2 days of receipt of goods. Upon approval, stock items will be issued a store credit. Custom products will either be repaired, replaced, or issued a credit upon approval. Goods must be picked up within 15 days of completion, as AAA will not be responsible after this point. AAA Flag & Banner Mfg. Co., Inc. shall not be responsible for shipping/freight costs or for loss of or damage to goods, whether or not Customer chooses to insure the goods. Customer shall have the responsibility for pursuing any such claim against any carrier and if Customer has chosen to insure the goods, then Customer shall have responsibility for pursuing any claim under said insurance. See accompanying Terms and Conditions for further details.



Corporate Office
8955 National Blvd
Los Angeles, CA 90034
310-836-3200

PAYMENT RECEIPT

Date **9/2/2020 2:09 pm**

CUSTOMER C200503

Bel Air Beverly Crest Neighborhood Council

Payment Method	Mastercard
Payment Amount	\$768.75
Card Number	*****9270
Card Name	Robert Allen Ringler
Approval Code	081547

APPLIED TO	TRANSACTION DATE	TRANSACTION TOTAL	AMOUNT APPLIED
SO353007	9/2/2020	\$768.75	\$768.75

DESIGN • PRINT • INSTALL

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: 08/26/2020

Budget Fiscal Year: 2020-2021

Agenda Item No: 14.a.iii.

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

Page 1 of 2: To Approve Pole Banners Permit Renewal for Another Year, February 2021-2022 – Permit Processing \$250.00; Service Call \$495.00 Subtotal: \$745.00; Tax (9.5%) \$23.75; Total \$768.75; QTE273789 expires 09/20/2020 (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			
JL Kennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	Total:	23	0	1	9	0	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

Robert A. Ringler

Authorized Signature:

Nicole Miner

Print/Type Name:

Robert A. Ringler, Second Signatory

Print/Type Name:

Nicole Miner, Alternate Signer

Date: 08/27/2020

Date: 08/27/2020

NCFP 101 BAC Rev020118



Payment Receipt

Payment date

Sep 2, 2020

Billing ID

7677-2853-5183

Payment method

Mastercard ••••9270

Google LLC
1600 Amphitheatre Pkwy
Mountain View, CA 94043
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	\$210.00



Invoice

Invoice number: 3783438130

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 number 3783438130

Invoice date Aug 31, 2020

Billing ID 7677-2853-5183

Domain name babcnc.org

Google Cloud - G Suite

Total in USD

\$210.00

Summary for Aug 1, 2020 - Aug 31, 2020

Subtotal in USD

\$210.00

Tax (0%)

\$0.00

Total in USD

\$210.00

You will be automatically charged for any amount due.

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	Aug 1 - Aug 31	35	210.00
Subtotal in USD				\$210.00
Tax (0%)				\$0.00
Total in USD				\$210.00

Account Summary

New Charges Due Date	10/09/20
Billing Date	9/15/20
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	141.80
Payments Received Thru 9/15/20	.00
Balance Forward	141.80
New Charges	75.82
Total Amount Due	\$217.62

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and data protection

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Act now and get \$5/mo. discount with qualifying broadband.*

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*Frontier Business Internet subscribers receive \$5 off the monthly recurring charge. Limit of one discount per account. Service requires Internet access service, which is not included. Frontier does not warrant that the services will be error-free or uninterrupted. Taxes, governmental and Frontier imposed surcharges, minimum system requirements and other terms and conditions apply. Visit Frontier.com for additional details. Frontier reserves the right to withdraw this offer at any time.

Manage Your Account

To Pay Your Bill

- Online:** Frontier.com By mail
- MyFrontier® App** 1.800.801.6652
- In person:** Frontier.com/walkinpay for locations

To Contact Us

- Chat:** Frontier.com **Online:** Frontier.com/helpcenter
- 1.800.921.8101 | 1.800.921.8103 **Español**
- Tech support:** Frontier.com/helpcenter **For the hearing impaired** TTY: 1.877.462.6606

3 11



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

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



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

PAYMENT STUB

Total Amount Due **\$217.62**

New Charges Due Date 10/09/20

Account Number 310-231-7288-081418-5

Please do not send correspondence with your payment. Make checks payable to Frontier.

Amount Enclosed \$.

To change your billing address, call 1-800-921-8102

FRONTIER
PO BOX 740407
CINCINNATI OH 45274-0407



626040310231728808141800000141800000217625



CITY OF LOS ANGELES

Date of Bill

Account Number

Page 3 of 3

9/15/20

310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 09/15/20 to 10/14/20

Qty Description	310/231-7288.0	Charge
Basic Charges		
Other Charges-Detailed Below		9.00
CA St Public Utilities Commission Fee		.03
Local Utility Users Tax		.81
Total Basic Charges		9.84
Non Basic Charges		
Internet 6 Dynamic IP		59.99
Other Charges-Detailed Below		5.99
Total Non Basic Charges		65.98

TOTAL 75.82**** ACCOUNT ACTIVITY ****

Qty Description	Order Number	Effective Dates	
1 Late Payment Fee		9/15	9.00
1 Business High Speed Internet Fee	AUTOCH	9/15	5.99
310/231-7288		Subtotal	14.99
		Subtotal	14.99

CUSTOMER TALK

If your bill reflects that you owe a Balance Forward, you must make a payment immediately in order to avoid collection activities. You must pay a minimum of \$19.68 by your due date to avoid disconnection of your local service. All other charges should be paid by your due date to keep your account current.

As described in the enclosed notice, the California Public Utilities Commission is hosting a Public Participation Hearing on October 7, 2020, regarding Frontier's application for approval of its corporate restructuring. Frontier's application and related information is available at www.frontiercalifornia-publicforum.com Questions? Call 1-877-547-9766.





CITY OF LOS ANGELES
Your Monthly Invoice

Page 1 of 3

Account Summary

New Charges Due Date	9/08/20
Billing Date	8/15/20
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	65.98
Payments Received Thru 8/15/20	.00
Balance Forward	65.98
New Charges	75.82
Total Amount Due	\$141.80

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goes where you go

Put your number to work with Frontier SmartVoice.

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- ✓ Enjoy the ability to receive **voicemail-to-email**
- ✓ Manage **over 180 calling features**

Order today by calling **1.877.355.1895**

SmartVoice requires an Internet connection, which is not included. Usage restrictions may apply. Your SmartVoice svc, including 911 svc, will not function w/o electrical or battery backup power. In the event of a power outage, you must have a smartphone with a recent Android or iOS operating system in order to make calls through the Frontier Communicator App. Svcs subject to availability and all applicable Frontier terms & conditions. Frontier reserves the right to withdraw this offer at any time.

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

PAYMENT STUB

Total Amount Due

\$141.80

New Charges Due Date

9/08/20

Account Number

310-231-7288-081418-5

Please do not send correspondence with your payment. Make checks payable to Frontier.

Amount Enclosed \$

To change your billing address, call 1-800-921-8102

FRONTIER
PO BOX 740407
CINCINNATI OH 45274-0407



226074310231728808141800000065980000141805



CITY OF LOS ANGELES

Date of Bill

Account Number

Page 3 of 3

8/15/20

310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 08/15/20 to 09/14/20

Qty Description	310/231-7288.0	Charge
Basic Charges		
Other Charges-Detailed Below		9.00
CA St Public Utilities Commission Fee		.03
Local Utility Users Tax		.81
Total Basic Charges		9.84
Non Basic Charges		
Internet 6 Dynamic IP		59.99
Other Charges-Detailed Below		5.99
Total Non Basic Charges		65.98

TOTAL 75.82**** ACCOUNT ACTIVITY ****

Qty	Description	Order Number	Effective Dates	
1	Late Payment Fee		8/15	9.00
1	Business High Speed Internet Fee	AUTOCH	8/15	5.99
	310/231-7288		Subtotal	14.99
			Subtotal	14.99

CUSTOMER TALK

If your bill reflects that you owe a Balance Forward, you must make a payment immediately in order to avoid collection activities. You must pay a minimum of \$9.84 by your due date to avoid disconnection of your local service. All other charges should be paid by your due date to keep your account current.





CITY OF LOS ANGELES
Your Monthly Invoice

Page 1 of 3

Account Summary

New Charges Due Date	8/10/20
Billing Date	7/15/20
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	60.98
Payments Received Thru 7/15/20	-60.98
Thank you for your payment!	
Balance Forward	.00
New Charges	65.98
Total Amount Due	\$65.98

Business Voice that
goes where you go

Put your number to work with Frontier® SmartVoice.

- ✓ Send and receive calls from your business number on a **mobile device or computer**
- ✓ Enjoy the ability to receive **voicemail-to-email**
- ✓ Manage **over 180 calling features**

Order today by calling **1.877.355.1895**

SmartVoice requires an Internet connection, which is not included. Usage restrictions may apply. Your Frontier SmartVoice service, including 911 service, will not function without electrical or battery backup power. In the event of a power outage, you must have a smartphone with a recent Android or iOS operating system in order to make calls through the Frontier Communicator App. Services subject to availability and all applicable Frontier terms and conditions. Frontier reserves the right to withdraw this offer at any time.

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

PAYMENT STUB

Total Amount Due

\$65.98

New Charges Due Date

8/10/20

Account Number

310-231-7288-081418-5

Please do not send correspondence with your payment. Make checks payable to Frontier.

Amount Enclosed

\$

To change your billing address, call 1-800-921-8102

FRONTIER
PO BOX 740407
CINCINNATI OH 45274-0407



9260073102317288081418000000000000000000065985



CITY OF LOS ANGELES
Date of Bill
Account Number

Page 3 of 3

7/15/20

310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 07/15/20 to 08/14/20

Qty Description	310/231-7288.0	Charge
Non Basic Charges		
Internet 6 Dynamic IP		59.99
Other Charges-Detailed Below		5.99
Total Non Basic Charges		65.98

TOTAL 65.98

**** ACCOUNT ACTIVITY ****

Qty Description	Order Number	Effective Dates	
1 Business High Speed Internet Fee	AUTOCH	7/15	5.99
310/231-7288		Subtotal	5.99
		Subtotal	5.99



Hi Cathy, welcome to Frontier!

My Payments

Payment Confirmation



Your payment has been successfully made.

Your MasterCard2 account ending in 9270 will be charged \$217.62 on or after Sep 19, 2020. Thank you.

Account

310-231-7288-081418-5

Payment confirmation:

216770185

PRINT

Done

Feedback





Catherine Palmer <council@babcnc.org>

Please review your Order Confirmation CZ73558280

Frontier Communications <noreply@frontier.com>
Reply-To: Frontier Communications <noreply@frontier.com>
To: council@babcnc.org

Fri, Sep 18, 2020 at 11:35 PM



[Account Login](#)

Details of Requested Service Changes

Your services, including changes, are outlined below.

Review your order: CZ73558280



Service Ready Date:
09/25/2020

[View Order Status/Change Date](#)

New Service Bundle

Internet 12 Dynamic IP	\$34.99
\$25.00 Discount For 12 Months	

Estimated Taxes and Other Charges

Business High Speed Internet Fee	\$5.99
----------------------------------	--------

Estimated Monthly Total	\$40.98
--------------------------------	----------------

Services Removed

Internet 6 Dynamic IP

One Time Charges

Partial Month Charges/Credits

Internet 12 Dynamic IP 09/25-10/14	\$23.33
------------------------------------	---------

Internet 6 Dynamic IP 09/25-10/14	-\$38.00
-----------------------------------	----------

Total One Time Charges	-\$14.67
-------------------------------	-----------------

Estimated Next Bill Total	\$26.31
----------------------------------	----------------

Important:

Frontier services are sold on a monthly subscription basis and Frontier bills one full month in advance. Services are subject to applicable taxes, surcharges, and partial month charges, which are estimated above based on your bill cycle and scheduled effective date. Estimate is subject to change based on installation date, changes made after initial order, duration of discounts, usage, balance, adjustments and/or installments. Maximum speed is your wired speed and may be lower than the maximum speed in product tier. Service speed is not guaranteed and will depend on many factors including Wi-Fi usage. See frontier.com/internetdisclosures for performance details. DISH services are not included.



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BC-NI-v19



Invoice Details

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

[Download Invoice](#)

Invoice IN7000047033

Date Due

September 16, 2020

Date Paid

September 23, 2020

Status

Paid

Payment Method

MasterCard ** 9270 7/2020

Total Due **\$0.00**

PAID

Description	Qty	Rate	Total
GoToConnect - 09/01/2020 - 09/30/2020	1	\$22.21	\$22.21
Standard Phone Numbers (DID) - 09/01/2020 - 09/30/2020	1	\$1.75	\$1.75
State and Local Regulatory Recovery Fee	1	\$2.22	\$2.22
Universal Service Fee (USF)	1	\$0.7891	\$0.79
Regulatory Recovery Fee	1	\$1.3107	\$1.31
Total			\$28.28
Payments & Credits			\$28.28
Total Due			\$0.00



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

INVOICE

Invoice Date 09/01/2020
Invoice # IN7000047033
PO #
Customer ID CN-631494-1701
Terms Net 15
Due Date 09/16/2020
Currency US Dollar

Bill To

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

Billing Group	Description	Quantity	Rate	Amount
Master	GoToConnect 09/01/2020 - 09/30/2020	1	22.21	\$22.21
Master	Standard Phone Numbers (DID) 09/01/2020 - 09/30/2020	1	1.75	\$1.75
Master	State and Local Regulatory Recovery Fee	1	2.22	\$2.22
Master	Universal Service Fee (USF)	1	0.79	\$0.79
Master	Regulatory Recovery Fee	1	1.31	\$1.31
Total				\$28.28

View and Pay your invoices online: <https://my.jive.com/billing>
Billing Support: <https://support.goto.com/jive/billing-user-guide>

*Certain audio Services are provided by the applicable LogMeIn affiliate who sets the rates, terms, and conditions for audio services. LogMeIn USA, Inc. presents this invoice and collects on behalf of the applicable LogMeIn affiliate as its agent.

*Telecom fees (incl. USF and Regulatory Recovery Fees) are only applicable to Jive, GoToConnect, and OpenVoice Services. If you'd like to know more about how Jive currently displays fees on your invoice, please visit [here](#).

*Connect Bundle is comprised of GoToConnect and GoToMeeting Pro. GoToConnect is provided by Jive Communications, Inc.

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



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

Credit Cards Accepted



Thank you for choosing Lloyd Staffing

PO#

[illegible]

We thank you for partnering with Lloyd for your staffing needs. We truly appreciate your business and we're grateful for the trust you've placed in us.

LLOYD STAFFING
 173-445 Broadway Road
 Manhattan, NY 10017, SAT 110
 Phone 631-777-7600

EMPLOYEE PLEASE COMPLETE - Do not write in indicated area or P.M.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & BREAK	TOTAL HOURS
MON	7-13-20	7:00	14:00	1:00	3:00
TUES	7-14-20	7:00	14:00	1:00	3:00
WED	7-15-20	7:00	14:00	1:00	3:00
THURS	7-16-20	7:00	14:00	1:00	3:00
FRI	7-17-20	7:00	14:00	1:00	3:00
SAT	7-18-20	7:00	14:00	1:00	3:00
SUN	7-19-20	7:00	14:00	1:00	3:00
TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR					10

INSTRUCTIONS:
 1. Please arrive on a full night rest.
 2. Use separate timesheet for each assignment.
 3. All assignments are 100% full time.
 4. Less a client may call client company, retain EMPLOYEE copy for yourself.
 5. Increased timesheets will be returned without payment.
 6. All times must be checked.

EMPLOYEE INFORMATION
 COMPANY NAME: **BABSON**
 ADDRESS: **P.O. Box 252007**
 CITY: **NEW YORK**
 STATE: **NY**
 ZIP: **10025**

REPORT TO: **Robin Greenberg**
 DEPT: **DEPT**
 JOB TITLE: **DEPT**

FIRST TIME AT THIS CLIENT COMPANY? ☒ Yes ☐ No ☐ If yes, Temporary/Assignment only indicates they have received the following Orientation Training on this assignment. (Please check)
☐ Emergency Orientation Procedures ☐ Job Site & General Safety Rules ☐ Policy & Procedures 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 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*
SCOUT SECURITY ID: **1000000000**
PRINT NAME: **Robin Greenberg**
CLIENT SIGNATURE OF SUPERVISOR: *Robin Greenberg*
PRINT NAME: **Robin Greenberg**

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

We agree to end 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.

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

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

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

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

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

TERMS & CONDITIONS FOR LLOYD STAFFING

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

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, you are dissatisfied 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 satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any other services that LLOYD may provide to Customer. LLOYD's employees will maintain professional, courteous, and reliable conduct and will adhere to all applicable laws and regulations. LLOYD's employees will not engage in any activity that is in violation of LLOYD's policies or procedures, including but not limited to, the use of LLOYD's name or logo for any purpose other than that authorized by LLOYD. LLOYD's employees will not engage in any activity that is in violation of LLOYD's policies or procedures, including but not limited to, the use of LLOYD's name or logo for any purpose other than that authorized by LLOYD. LLOYD's employees will not engage in any activity that is in violation of LLOYD's policies or procedures, including but not limited to, the use of LLOYD's name or logo for any purpose other than that authorized by LLOYD.

Customer acknowledges its understanding that LLOYD's services are for labor and services, and that such services are not subject to any franchise, trademark, or other intellectual property rights. Customer agrees to pay LLOYD its reasonable costs of such services, including its reasonable attorney's fees and expenses.

LLOYD 10-2007

LLOYD
STAFFING

110: 445 Broadway Road
Newark, NJ 07102, Suite 110
Phone: 973-777-7000

EMPLOYEE PLEASE COMPLETE -- Be sure to indicate all of PM.

DAY	DATE	TIME IN	TIME OUT	LESS OVERTIME & ABSENCE	TOTAL HOURS
MON	7 20 20	7 AM	3 PM	1 AM	
TUES	7 21 20	7 AM	3 PM	1 PM	
WED	7 22 20	7 AM	3 PM	1 PM	
THURS	7 23 20	7 AM	3 PM	1 PM	
FRI	7 24 20	7 AM	3 PM	1 PM	
SAT	7 25 20	7 AM	3 PM	1 PM	
SUN	7 26 20	7 AM	3 PM	1 PM	

TOTAL HOURS FOR WEEK TO REQUEST 24 HOURS
PLEASE WRITE TOTAL HOURS WORKED HERE **15**

INSTRUCTIONS:

1. Please fill in; use a ball point pen.
2. Use separate timesheet for each assignment.
3. Use OVERTIME & ABSENCE copy in Lloyd, no later than Friday night.
4. Leave CLIENT copy with client company; retain BAP/OVER copy for yourself.
5. Assigned timesheets will be returned without payment.

Assigned timesheets will not be accepted. All times must be indicated.

EMPLOYEE'S 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.

QUALITY-ASSURED SERVICE

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.

EMPLOYEE NAME: **BABONE** P.O. **90025**

ADDRESS: **P.O. Box 252007** CITY: **MIAMI**

REPORT TO: **Robin Greenberg** DEPT.: **Project** WEEK ENDING: **7/26**

FIRST TIME AT THIS CLIENT COMPANY? ☒ Yes ☐ No If yes, Temporary Assignments unless indicated they have received the following Orientation Training on this assignment. (Please check)

☐ Emergency Evacuation Procedures ☐ Job Site & General Safety Rules ☐ Policy & Procedures 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 this 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 SIGNATURE: **Catherine Palmer** PROJECT NAME: **Robin Greenberg**

SOCIAL SECURITY NO. **---**

CLIENT SIGNATURE OF ACCEPTANCE: **Robin Greenberg**

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct and 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 advance money to employees. Minimum of 1 hour 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.

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 were worked, the work was performed in a satisfactory manner, and my signature is authorized to bill the named Customer. We understand that this form is an employee of Lloyd and is to be used as a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either if employed by this person or a temporary basis, (b) use this person's services in a capacity or as a consultant or as a subcontractor, or (c) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total invoice compensation rate of the employee in the new entity.

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied 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 satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not contact LLOYD's employees with unauthorized personnel, cash, negotiable or other valuables or authorize such 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 this foregoing indemnity of liability resulting from bodily injury, property damage, loss, 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 accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, (c) theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such vehicle(s) or acting out of or in violation of the terms of the agreement, (d) LLOYD is not responsible for claims made under its policy, third party claims, such claims are reported in writing to it by Customer within thirty (30) days after occurrence, (e) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to practices owned or controlled by Customer and to which LLOYD's employees are assigned and (f) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within thirty (30) days after the last date of the temporary employee's assignment to the Customer. Customer agrees to pay LLOYD's employee's compensation with its personnel and accepts the obligation to deduct all matters concerning their employment, job assignments, pay protection, 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 HAVING WHILE WORKING IN UNAUTHORIZED WORK MAY NOT BE CONVENED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD's employees are for labor and agrees to pay each invoice upon receipt. If any invoice remains 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 (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.

LLOYD STAFFING
111-445 Brookhaven Road
Melville, NY 11747, Suite #15
Phone: 833-777-7600

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & BREAK	TOTAL HOURS
MON	8/3/20	7:00	3:00	1:00	2:00
TUES	8/4/20	7:00	3:00	1:00	2:00
WED	8/5/20	7:00	3:00	1:00	2:00
THURS	8/6/20	7:00	3:00	1:00	2:00
FRI	8/7/20	7:00	3:00	1:00	2:00
SAT	8/8/20	7:00	3:00	1:00	2:00
SUN	8/9/20	7:00	3:00	1:00	2:00

WEEK ENDING 8-9 TOTAL HOURS FOR WEEK TO REPORT IN HOUR 10
PLEASE WRITE TOTAL HOURS WORKED HERE 10

INSTRUCTIONS:
1. Please hand in a bill point per.
2. Use separate timesheet for each assignment.
3. Submit timesheet to Lloyd no later than Friday night.
4. Leave client copy with client company; retain copy for yourself.
5. Unassigned timesheets will be returned without payment.
After 10 timesheets will not be accepted. All times must be marked.

EMPLOYEE INFORMATION
SCHEMATIC NAME: BABNC
ADDRESS: P.O. Box 252007
CITY: TORONTO
P.O. 90025
REPORT TO: Robin Greenberg
DEPT:
JOB TITLE:
EMPLOYEE SIGNATURE: Catherine Palmer
SOCIAL SECURITY NO.:
CLIENT SIGNATURE OF ACCEPTANCE: Robin Greenberg
DATE: 8/10/2020

IMPORTANT FOR CLIENT: Exceptions to this form by the client constitutes a certification that the TOTAL HOURS listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the client to the TERMS AND CONDITIONS printed on the reverse side of this form. Please do not advance monies to employee, minimum 1 hour per employee per day.

Do not in cash 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.

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

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

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

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

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

TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on this timesheet of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorized to bill the named Customer. We understand that this person is an employee of LLOYD and is released 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 this person's services in a consulting or freelance capacity, or (c) use his person's services through another temporary services within one (1) year after this person's temporary reassignment, we agree to pay LLOYD a fee of 25% of the total installed compensation into of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's services by refunding a fee (a) four guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD releases 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.

I confirm the job agreement between LLOYD and Customer with respect to the services performed hereunder and any timesheet services, that (a) Customer shall not attempt to employ LLOYD's employees with unexpired guarantee periods, and any other such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in such instances and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing limitation of liability resulting from such employees' negligence, theft, fraud, embezzlement, 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 accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, theft, embezzlement, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such vehicle(s); or arising out of or involving violation by Customer of clause (b) above; (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 such claims; (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 practices and/or conditions of work performed by LLOYD's employees assigned and (e) under no circumstances will LLOYD be responsible for claims made under any workers' compensation, disability benefit, or other employee benefit plan of the Customer. Customer shall release LLOYD from all claims, damages, costs, expenses, and attorneys' fees, which may be asserted against 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's relationship with its personnel and accepts the obligation to deduct all monies concerning their unemployment, job assignments, pay, benefits, etc., with LLOYD.

Customer agrees to indemnify and hold LLOYD harmless from all claims, damages, costs, expenses, and attorneys' fees, which may be asserted against LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer shall release LLOYD from all claims, damages, costs, expenses, and attorneys' fees, which may be asserted against 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's relationship with its personnel and accepts the obligation to deduct all monies concerning their unemployment, job assignments, pay, benefits, etc., with LLOYD.

Customer understands that LLOYD's services are for labor and agrees to pay such services upon receipt. If any invoice is not paid within thirty (30) days after the last date of the temporary employee's assignment to the Customer, LLOYD shall have the right to suspend its services until payment in full is received. Customer agrees to pay LLOYD a fee payable at the rate of \$1,000 per month (plus any amount on such unpaid amount). Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorney's fees and expenses.

LLOYD 10-2020

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@babcnc.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@babcnc.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@babcnc.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)