Attachment "B"

Monthly Expenditure Report



Reporting Month: October 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 | |
| \$31264.67 | \$2570.09 | \$28694.58 | \$0.00 | \$0.00 | \$28694.58 | |

| Monthly Cash Flow Analysis | | | | | | |
|---------------------------------------|----------------|---|---------------------------|--------------------|---------------|--|
| Budget Category | Adopted Budget | Total Spent this Month | Unspent Budget Balance | Outstanding | Net Available | |
| Office | | \$2037.55 | | \$0.00 | | |
| Outreach | \$34857.00 | \$0.00 | \$28676.56 | \$0.00 | \$28676.56 | |
| Elections | | \$0.00 | | \$0.00 | | |
| Community Improvement Project | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Neighborhood Purpose Grants | \$550.00 | \$532.54 | \$17.46 | \$0.00 | \$17.46 | |
| Funding Requests Under Review: \$0.00 | | Encumbrances: \$0.00 Previous Expenditures: | | litures: \$4142.89 | | |

| | Expenditures | | | | | | |
|---|--------------------------------------|------------|--|--------------------------------------|--------------|-----------|--|
| # | Vendor | Date | Description | Budget Category | Sub-category | Total | |
| 1 | GOOGLE GSUITE_babcnc. | 10/02/2020 | Google Suite 10-01-2020 paid Receipt & Invoice.pdf | General Operations Expenditure | Office | \$210.20 | |
| 2 | JIVE COMM/LOGMEIN | 10/02/2020 | Jive Communications Paid Receipt & Invoice Paid10-02-2020 V2.pdf | General Operations Expenditure | Office | \$28.30 | |
| 3 | THE WEB CORNER, INC | 10/07/2020 | Web Corner Combined Paid Invoice 20921-10-7-20.pdf | General Operations Expenditure | Office | \$150.00 | |
| 4 | 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 | |
| 5 | Citizens for Los Angeles Wildlife | 09/14/2020 | See Signed BABCNC NCFP NPG CLAW | Neighborhood Purpose Grants | | \$532.54 | |
| | Subtotal: | | | | | \$2570.09 | |

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

10/3/2020

https://doc-0s-7c-payments.googleusercontent.com/efe/doc/fa/3jc7e51vk5endva2m3mme704tmnhppti/rd283besiihn0llaglqb603ivfhnnf44/...



Payment Receipt

| Payment date | Oct 1, |
|----------------|--------|
| Billing ID | 7677- |
| Payment method | Maste |

Oct 1, 2020 7677-2853-5183 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 | |
|----------------|----------|
| Description | \$210.20 |
| Payment amount | \$210.20 |

Google

Invoice

Invoice number: 3798924528

Bill to

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

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

| Details | | Google Cloud - G Suite | |
|--|------------|---|--------------------------------|
| Invoice number Invoice date Billing ID | | Total in USD | \$210.20 |
| Domain name | babcnc.org | Summary for Sep 1, 2020 - Sep 30, 2020 | |
| | | Subtotal in USD Tax (0%) Total in USD | \$210.20 \$0.00 \$210.20 |

You will be automatically charged for any amount due.

Google[™] Invoice

Invoice number: 3798924528

| Subscription | Description | Interval | Quantity | Amount(\$) |
|---------------|-------------|-----------------------------|----------|--------------------|
| G Suite Basic | Usage | Sep 1 - Sep 21 | 35 | 147.00 |
| G Suite Basic | Usage | Sep 22 | 36 | 7.20 |
| G Suite Basic | Usage | Sep 23 - Sep 30 | 35 | 56.00 |
| | | Subtotal in USD Tax (0%) | | \$210.20 \$0.00 |
| | | Total in USD | | \$210.20 |

Need help understanding the charges on your invoice? <u>Click here for detailed explanations</u> https://support.google.com/a?p=gsuite-bills-and-charges

Page 2 of 2

Billing

LogMe(n) BILLING

voices Payment Options Billed Call Detai

Accounts

Invoice Details

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

Invoice IN700080888

Date Due October 16, 2020 Date Paid October 02, 2020 Status Paid Payment Method MasterCard ** 9270 7/2020

-

Total Due **\$0.00**

| PAID | | | |
|--|------|--------------------------------------|------------------------------|
| Description | Qty | Rate | Total |
| GoToConnect - 10/01/2020 - 10/31/2020 | 1 | \$22.21 | \$22.21 |
| Standard Phone Numbers (DID) - 10/01/2020 - 10/31/2020 | 1 | \$1.75 | \$1.75 |
| State and Local Regulatory Recovery Fee | 1 | \$2.22 | \$2.22 |
| Universal Service Fee (USF) | 1 | \$0.8069 | \$0.81 |
| Regulatory Recovery Fee | 1 | \$1.3107 | \$1.31 |
| | Paym | Total ents & Credits Total Due | \$28.30 \$28.30 \$0.00 |



LogMeIn Communications, Inc PO BOX 412252 BOSTON, MA 02241-2252

INVOICE

| Invoice Date | |
|--------------|--|
| Invoice # | |
| PO # | |
| Customer ID | |
| Terms | |
| Due Date | |
| Currency | |

10/01/2020 IN7000080888

CN-631494-1701 Net 15 10/16/2020 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 10/01/2020 - 10/31/2020 | 1 | 22.21 | \$22.21 |
| Master | Standard Phone Numbers (DID) 10/01/2020 - 10/31/2020 | 1 | 1.75 | \$1.75 |
| Master | State and Local Regulatory Recovery Fee | 1 | 2.22 | \$2.22 |
| Master | Universal Service Fee (USF) | 1 | 0.81 | \$0.81 |
| Master | Regulatory Recovery Fee | 1 | 1.31 | \$1.31 |
| | | Total | | \$28.30 |

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

*With the recent rebrand of Jive, please note that Jive Communications, Inc. has been renamed LogMeIn Communications, Inc. Please review your payment system and if needed, update it to reflect these changes.

*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 LogMeIn currently displays fees on your invoice, please visit <u>here</u>.

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

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



Catherine Palmer <council@babcnc.org>

Paid Invoice 20921

anna@thewebcorner.com <anna@thewebcorner.com> To: jkennedy@babcnc.org, council@babcnc.org, rgreenberg@babcnc.org Wed, Oct 7, 2020 at 1:07 PM

| The Web Corner, Inc. | |
|---|---------------------------|
| Invoice <i>Due:10/01/2020</i> 20921 | Amount Due: \$0.00 |
| Dear Customer: | |
| Thank you for your payment. Your paid invoice 20921 is attached. | |
| We appreciate your business, | |
| Anna Mkrtchyan The Web Corner, Inc. (818) 345-7443 | |
| | |
| | |

Inv_20921_from_The_Web_Corner_Inc._14228.pdf

The Web Corner, Inc.

19509 Ventura Blvd. Tarzana, CA 91356

Invoice

| | | Date | Invoice # | Terms |
|--------------------------|-----------|---|-----------|----------------|
| | | D /1/2020 | 20921 | Due on Receipt |
| Bill To | ADIOTI SP | nip To | Lun - 11 | |
| Bel Air-Beverly Crest NC | | 15. () - (| | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| QTY | Description | | Price Each | Amount |
|---------------------------------|---|------------------|------------|----------|
| 1 | phone support, web de website adjustments Monthly Hosting for bak | | 150.00 | 0.00 |
| | Maintenance) | | | |
| Please remit pa convenience. | ayment at your earliest | Total | | \$150.00 |
| Thank you for y | our business! | Payments/Credits | -\$150.00 | |
| | | Balance Due | | \$0.00 |

INVOICE

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



PO#



Please remit payment to: LLoyd Staffing, Inc. PO Box 780994 Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7434

BILL TO:

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

Thank you for choosing Lloyd Staffing

| DATE | INVOICE NO. | PAGE | ACCOUNT NO. | TERMS: | | |
|---|--------------------------------------|---------------------|-----------------------|-----------------|-------|------------|
| 09/13/2020 | 416278 | 1 | 116863 | Due Upon Receip | t | |
| PERIOD | DESCRIPTION & E | | I | HOURS | RATE | AMOUNT |
| 08/10/20-08/16/20 | TRANSCRIPT | Palmer, Cathe | erine | 10.00 | 27.95 | \$279.50 |
| 08/17/20-08/23/20 | | Palmer, Cathe | erine | 15.00 | 27.95 | \$419.25 |
| 08/24/20-08/30/20 | TRANSCRIPT | Palmer, Cathe | erine | 10.00 | 27.95 | \$279.50 |
| 08/31/20-09/06/20 | TRANSCRIPT | Palmer, Cathe | erine | 12.00 | 27.95 | \$335.40 |
| 09/07/20-09/13/20 | | Palmer, Cathe | | 12.00 | 27.95 | \$335.40 |
| | | | | | | |
| Did you know that LLoyd donat diabetes? | es a portion of all payments to JDRF | to help find a cure | e for Type 1 PAY THIS | AMOUNT > | TOTAL | \$1,649.05 |

| COMPARY MARTE & APSCNC | P. O. | 1.5. 50× 2> 20 1 1 1 20 20 20 | иеронтто К Со Со рерт. уобятие | - KODIN UYLEN WY | FIRST TIME AT THIS CLIENT COMPANY? D Yos D No If yes, Temporary Associates must indicate they have | rocolvod the following Oxfontation Training on filts assignment. (Please check) | srketi by me during the week ending shown abo d above and that I received the required training | office utiler completing the Assignment to dotermine 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 | 1/4 though though / Real - | | | CLIENT SIGNAUNE OF ACCEPTANCE | | INPORTANT FOR GLIENT: Execution of this form by the client constitutes a contribution that the TOTAL hourEffsted are correct as stated, that the work was performed in a satisfactory manner and agreement by the client to the TERINS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employcee. Athinkum 4 hours per employce per day. | Be sure to calt Lloyd Stafting intmodiately when assignment ends or we will assume you are no longer available for work. | | |
|---|---------------------|------------------------------------|--------------------------------|------------------|--|---|--|---|---------------|----------------------------|-------------------|--------|-------------------------------|--|---|--|---|--|
| r Road Nto 1 19 | 200 | E ~ Bo stare to indicate AM or PM. | TOTAL TOTAL | W | 11 | WW | 14 | | 5 | 2 | V V | | | DILERE CO | INFORTANT. Arturns must be approved for each day worked. Hours | www.nov.po pata ti not approved daily. Minimum: 4 heure nor | employee, por day. | |
| HQ: 445 Broadhoflow Road Molville, NY 11747, Suite 119 | Phone: 631-777-7600 | sure to ind | TIME OUT | N CI AM | M U PM | | | MA LI MA | | | | | CI PM | S FOR WEEK TO NEAREST 1/4 HOUR | | n ryoay ngni. LOYEE copy for yoursalf. ni. | slad. | |
| HQ: 445 E Noiville, N | Phone: | | TIME IN | WV | MAR | MA LI | אשר ה. שער ה | MALI MALI | WVC | MIL | INA LI LI PINI | MALI | Md D | TOTAL HOURS FOR WE PLEASE WRITE TOTAL | | ain EMPLOYEE co payment. | tours must be tota | |
| [ofio] | STAFFING | EMPLOYEE PLEASE COMPLET | DATE | 0000 | 202 | 0/21 11 | 12 20 | 02 21 | 10 7. | 3 | 15 20 | Cr2 11 | 1 10 10 | SILU PLEN | INSTRUCTIONS: 1. Press limity: use a ball point pen. 2. Use separate limecheet for each assignment | raau urunureut & arvuute copy to Leyo, to tater tran ri Leovo CLENT copy with client company; ralain EMFLO Ursigned linesteals will be returned without payment. | ilerad timestracts will not be accepted. All heurs much be lotaled. | |
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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 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 approval of the client. Approval must be obtained from us by (1-1/2) your regular rate.

LUNGH

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-TWE-JOB SAFETV 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.

ONINIVIUS 201

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

TERMS & CONDITIONS FOR LLOVD STAFFING

NORICERS COMPENSATION INSURANCE.

Customer advanced at a understanding that LLOYOS involves and agrees to tay such involves upon recolds. If any involves remain upped livity (30) days after involve date, customer agrees to pay LLOYO a fato paramet charge at the recolds. If any involves remain many and an auch unpaid amounts. Customer also agrees to pay LLOYO is reasonable costs of earlier involves from the statements from any expense.

LOVD 10-2007

H MARRING

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| GONFRANV MANTE Z APSCANC | | T.J. 150X 22 200 F UP 90035 | aepoints Kondher Der. John 1. 1 View explore | FIRST TIME AT THIS CLEART GOMPANY? - Yos D No II yes, Temporary Associatos must indicate they have | rocaived the following Orientation Training on this assignment. (Please check) \Box Entergency Evacuation Procedures \Box Job Site & General Safety Rubs \Box Policy & Procedure Review | I heroby corlify that the hours shown ware worked by me during the weak ending shown above, and were proparty corlified 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 valiable. | EMPLOYEE HANTE | | | KOPh Manhore Rep Robert Crewhere | 11/190ATANT FOR CLIENT: Execution of the Arm by the client conductors a confification that the TOTAL houre lived are correct as clated, that the work was performed in a substactory mannar and ogroement by the Client to the TENNS and CONDITIONS printed on the reverse side of this form. Please do not advance menies to employees. Minimum 4 hours per employee per day. | Bo sure to call Lloyd Slaffing immediatoly when assignment ends or we will assume yeu are no tenger available for work. | BACK | TERMS & CONDITIONS FOR LLOVD STAFFING | I certify that I am culturated to sign on behalf of the named company ("Customer"), the total hours shown on the evence side of this timeshoot are correct, the vark was partenned in a substance, was partenned and with a substance. We endored that the function to bill the named Customere, we endored that that the person has an employed of LCOYD and is reformed to se on a temporary basis. In the event we or any | of our affailates, er any company to whom we assign this person, either () employ this person on a pormarent or temperary basis, (i) we this person's services in a consulting or freelance capacity, or (ii) use this person's services through monther temperary services within | l one (1) year ulter this correon's temporary assignment, we arree to pay LLOYD a fee of 25% of the total annualized componsation rate |
| HQ: 445 Broadhallow Road Antville. NV 11747. Stifte 119 | Plinne: 631-777-7600 | - Be sure to indicate AM or PM. | TIME OUT LESS UNKOH TOTAL | MM D | WV T | W In | MA D | WV n | L AM L PM | MAU | 1/4 HOUN | | t, will not be paid if not lor yoursoli, approved Gally, Minimum: 4 hours per d. canployee, per day | | NFORMATION | To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client. | | |
| HQ: 445 Br | Phone: 6 | 1111 | TIME IN | MAL C | IN LI MA | MAL OZ | 74-5 CIPM | | 20 LIAM | ZJ ELM | TOTAL HOURS FOR WEE | | oyd, no laler (han Friday night. rany: rotain EMPLOYEE copy for yoursoli. d vittiout paymont. fod. All hours must be fotoled. | | HOUNI BEADINE | e timesheets are ignatures by yo client. | | |
| | STAFFING | EMPLOVEE PLEASE COMPLET | DAY DATE | 17 20 MON | Tues 8 1 16 12 | 8 19 | C CC SUNIT | 6 21 | 8 22 | 2 21 | WEEK ENDING 2/22 | INSTRUCTIONS: INSTRUCTIONS: 1. Press filmly: uso a ball point pon. 2. Use separato linicahoot for each ass | Jubil ORIGIPAL & INVOICE corpy to Layer, no hater than Friday night. Jubic Deve Cleart corp with client company: notal BHPLOYEE corp to A. Lonse Cleart corp with client company: notal BHPLOYEE corp to E. tracigned limestacts will not be accopted. All hours must be totalod. Altored limestactions will not be accopted. All hours must be totalod. | | EMPL | To avoid delays be sure time includes required signat representative of the client. | OVERTIME | LAND A DANK A A REAL A CO |
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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.

HONGH

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.

...... of the omployee in the new capacity.

ci no ompoyen nuo nor analyzino with its employee's services by extending a four (if) hour guarantee period. If for any LUOYD guarantoes satisfaction with its employee's services by extending a four (if) hour guarantee period. If for any amployoe, provided that LLOYD guarantoes satisfactions. TeamInn that the employee assigned by LLOYD satisfactory. we agee that the employee assigned by LLOYD satisfactory. we agee that the employee assigned by LLOYD satisfactory. we agree that the employee assigned by LLOYD satisfactory and any truture services a that the employee assigned by LLOYD satisfactory. we agree that the employee assigned by LLOYD satisfactory and any truture services and employee assigned by LLOYD bearders that and any and any truture services and employees to aprante machinery or moor valicles where it has nay and any truture services and employees to aprante machinery or moor valicles where it has nay and any and therefore accepts and next LLOYD bearders from any such alian acting or to a breaken fullor for and hashare and and therefore accepts and next LLOYD bearders from any such alian acting or to a breaken fullor profession and any resulting from body fullory perparity damago. Mark in the collection to a breaken and any mobilefies or reakening that control and the collection and any therefore accepts and next LLOYD brankes from any each alian acting or to a breaken fullor or apployee adming acti-breaken cargo damage or public fability damage are inclured at the reaging that are constructed are acting damage. The collection and accent and the acting and any truture transportable for claimar adding from work performer adding the address thereoil, involved by any adding acting the intertion acred parater the based addes of the moreover and accent and accent and any induction and the acting adding the more acting acting the address thereoil (profer pole and the acting and acting the intertion accenting adding the acting or antiting accent and accent acrees, adding accent intertion acting anot

WORKERS COMPENSATION INSURANCE.

Cuelonnor acknowledges its understanding that LLCYO's involces are far labor and agrees to pay such involces upon receipt. If any variables membed in the 203 days after involce data. Customer agrees to pay LLCYO a fate payment charge at the rate of 1-173% per month (10% per month) on such unpoind amenda. Customer also agrees to pay LLOYO its reasonable costs of collection, including its reasonable altornoys' flos and organized.

LL0YD 10-2007

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ENPLOYEE INFORMATION

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HONGT

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

ALUMES GOT-URL-NO

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 LLOVD STAFFING

aido of this limeshoot are correct, the work was performed in a satisfactory manner, and my algnature is authorization to bill the named to accorrect Work productmant this portion is an employee of LCPO and the portion of the order and the recent we of any of eatralities, are any company to whom we assign the portion, following the portion of the portionation of the this person's conversion in a consulting or freedame expandity, or (g) use bils person's services of the portionary basis. In the zero of a static services in a consulting or freedame expandity, or (g) use bils person's services of the portion in south we are well one (1) year reflect this person's temperary tablety. i certity that fam authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse

a use on popor num on expansion with its employee's arvices by extending a fear (i) hear gurantee period. If for any cases, we are distanticated with the employee's asylicas by extending a fear (i) hear gurantee period. If for any mergiolyse, provided that LLOYD gurantees the included tastigned. In dist, the include that LLOYD parameters the included tastigned to us, LLOYD before the card of the first four (i) hears worked by such employee, provided that LLOYD parameters the included tastigned by a such employee analyzed by LLOYD parameters the included tastigned by LLOYD before the services purformed hearwarder and any talture services, that (i) custimer state and any talture services puttermer and hearwarder and any talture services, that (i) custimer state and any talture services that cost invegoritables are ofter with the analogy as to optimer and instructions are and any talture services that cost invegoritables are ofter with the analogy as the analogy or more variables without the part without the paramet and any talture services that cost invegoritables are ofter with the analogy taltable services without the parameter, and cost and the analogy taltable. TLOYO's employees and cast the accurated by the analogy and taltable taltable. The customer and the analogy taltable are ofter and the analogy taltable are ofter and the analogy taltable are ofter and the analogy of the analogy or solution and the analogy taltable are ofter and the analogy of the analogy or solution and the analogy taltable are ofter analogy taltable are transported by the area and any taltable the attender according to the analogy taltable are ofter and the analogy taltable are ofter and the analogy taltable are ofter and the analogy taltable are ofter analogy taltable are attender acco

Temporary employees are according to customer's job site based upon the job description given and the innew qualifications of the employees. UNUTRO REGION ON REFERENCE BY LLOYD'S EXPLOYEES IS STRICTLY FOREIDDEN, ANY TELIP ORARY EMPLOYEE MUNEED WHILE ENGAGING IN UNAUTHORIZED VIORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer addrawledges its understanding that LLOYO'S involced are for labor and agrees to pay such involced upon receipt. If any involved waybuilt they [30] days after includes date, Customer agrees to pay LLOYO a tate payment charge at the rate of 4-1756 per menuit, (18% per number) and unpaid anounda. Customer also agrees to pay LLOYO its reasonable costs of collection, including its reasonable attornoys' forse and expenses.

LLOYD 10-2007

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| EZABCINC D. BOX 25207 IA 9002 | Johne Mart | FIRE AT THIS CLIENT CORPANY 7-1 Yes D NO 11 yes, Tomporary Associator must indicate floy have | roceived the following Orfentation Training on this assignment. (Prasse eneck) C Emergency Evocuation Procedures | I hereby cardify that the heurs shown were worked by me during the week ending shown above, and were property corlified by an authentized representative of the facility named above and that I received the required training. A understand I am to contact the authentized representation of the contact the solver work even here in the received the resolved the received the resolved the received the resolved the received the resolved the received th | olice alor completing up Assignment to volument a vive source and and an and available. | Eure March / ach - | | AGGEPTANGE FPRISS ANALE | Kobir Lo on by Company in the citent constitutes a cartification that the 7019, hours have are correct | we of the close to be added to be added on a solution of the close of the close to the TERNS and CONDITIONS as stated, that the vect was porformed in a sublicitory manuer and agreement by the client to the TERNS and CONDITIONS printed on the reverse side of this form. Please do not advance montes to amployees. Minimum 4 hours per amployee per day. | Bo sure to call Lloyd Staffing Immediatoly when appignment ends or we will assume you are no longer available for work. |
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| 445 Broadhollow Road Me, NY 11747, Suite 119 home: 631-777-7609 – Bo sture to indicata AM or PM. | 2 /OR BREAK | | | | | | | | | Intronthur.Althours must be approved for pach day worked. Hours | van 195 og dally. approved dally. Alfeimum: 4 heurs per empleyee, per day. |
| : 445 Broadhollow Road Allo, NY 11747, Suito 119 Phone: 531-777-7600 | TIME OUT | | MAL b | | MALL AM | M LU PM | A LL AM | | RS FOR WEEK TO NEAREST 1/4 HOUR | | ugut. cpy for yourself. taled. |
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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

a work week (Monday-Sunday) will be paid at one and one-half 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 (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.

DNINIVEL

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

TERMS & CONDITIONS FOR LLOYD STAFFING

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their employment, job assignments, pay procedures, ele, with LLOVD. Temporary employment, job assignments, pay procedures, ele, with LLOVD. Restification of the individual of Customer's job stored upon the job deteription given and the known quasifications of the compleyeor. JNAUTHORIZED WORK PERFORMED SY LLOVD'S EMPLOYEES IS STREATY FOR employeors, for another and the known quasifications of the compleyeors, individed the construction of the complexity of t

Customer acknowledges its understanding that LLOYO'S involces are for fabor and agrees to tray and involces upon teceipt. If any involces remain unpaid they? (30) days after involce date. Castomer agrees to pay LLOYO a line payment charge at the rate of 1-1.02% per memb, (18% per ennum) on such unpaid amounts. Customer agrees to pay LLOYO its reasonable at the collection, including its unseenable attorneys' feet and expertures.

LL0YD 10-2007

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| CONPART NAME BABANC | in in iteration is a second se | 1.2. 30 × 23 200 1 1 × 200 × | Diric Klond her Der. Johnne Merkenburg | -malant | FIRST TIME AT THIS CLIENT COMPANY? - Yes D No If yes, Temporary Associatos must indicate they have | n this assignment. (Please check) | 🗆 Emergency Evacuation Procedures 🛛 Job Site & General Safety Rulos 🛛 🗆 Policy & Procedure Review | l hereby cardify that the hours shown were worked by me during the week ending shown above, and wore property certified by an authorized representative of the facility anmed 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 | ATTENDE PANED / RUN - | social sectarity to. | | CLIENT SIGNATURE OF ACCEPTANCE | Robertreenberg Rober Oreenberg | IMPORTANT FOR CLIENT: Execution 64445 Torm by the client constitutes a certification that the TOTAL hours Highed are correct | as stated, that the work was porformed in a satisfactory manner and agroomont 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 whon assignment ends er we will assume you are no fonger available for work. | |
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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

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

LUZOR

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.

ABSENCIN - 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 LLOVD STAFFING

side of this timeshoat are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the name Customer, We understand that this person is an employee of LLOYD and is reforred to us on a temperary basis. In the event we or any of our affiliates, or any compary to when we assign this person, tabre (i) simpley this person on apermate of immorary basis. (i) use this person's services in a consulting or froelance capacity, or (ii) use this person's acceleration to the morared variance of the person's services it mouth and the temperary available will be (i) year affinities, or not the person's temporary acceleration we agree to pay LLOYD a fee of 25% of the total annualized compensation rule of the employee in the new aspacity. Lecritiy that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse

LLOYD guaranteer satisfaction with its employee's services by extending a four (4) hour guarantee period. It, for any reason, we are dissuitated 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 addidicent.

evant services, ratis ty constantive animaticuty to be originate with service proprinted comprehense or universe with the model within the prior write constraint of LOYD in cosh instance and or autimative service of the foregraph induction of the service of the servi I confirm the prior gargment to between LLOYD and Cuttamer with respect to the services performed hereunder and any future services, that (a) Custamer shall not entrust LLOYD'S employees with unattended promises, cash, negotiables or other valuables

WORKERS COMPENSATION INSURANCE.

Cuelomor advicewind ges its understanding that LLDYD'S involved and one and agrees to pay such involves upon receipt. If any involves meanin upoid linkty (30) adva stator involve date. Castomer agrees to pay LLDYD a take payment charge at the receipt. If any involved part means the state of 3-1/254 per means of the constraint charge at the receipt. If any involved the state of 3-1/254 per means of the state of 3-1/254 per means the pay LLDYD is reasonable costs of collection, including its reasonable attorneys' floar and expenses.

LLOVD 10-2007

| Office of the City Clerk | | | | | | 15 | | | | | |
|--|------------------------------------|-------------------------------------|---|--------------------------------|-------------------------------------|--------------------------------------|---|--|--|--|--|
| Administrative Services Division | | | | | | Search 1 | San State | | | | |
| Neighborhood Council (NC) Funding Prog | ram | | | | | | | | | | |
| Board Action Certification (BAC) Form | | | | s | | - Sator | 1 101 b 190' | | | | |
| NC Name: Bel Air-Beverly Crest NC | | | Meeting Date: 06/24/2020 | | | | | | | | |
| Budget Fiscal Year: -2020 - 2021 Board Motion and/or Public Benefit | Γ | | Agenda Item No | | | | 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - | | | | |
| Statement (CIP and NPG): | Page 1 of 2: Mo Packet (Attachm | tion: Ap nent C) | oproval of the | ≥ 2020-20 |)21 Admin | istrative Bu | udget | | | | |
| Method of Payment: (Select One) | Check | | Credit Card | | 🗌 Boar | d Member Reimb | ursement | | | | |
| Recused Board Member | rs must leave the room prior | | | return to the r | oom until after | the vote is compl | ete. | | | | |
| Board Member's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused | | | | |
| Irene Sandler | Bel Air Crest Master Assn. Rep. | | | Х | | | | | | | |
| Mark Goodman, M.D. | Bel Air District Rep. | | | | X | | | | | | |
| Gail Sroloff | Bel Air District Rep. | Х | | | | | | | | | |
| Larry Leisten | Bel Air Glen District Rep. | Х | | | | | | | | | |
| Robin Greenberg | Bel Air Hills Assn. (RVA) Rep. | Х | | | | 1 | | | | | |
| Wendy Morris | Bel Air Hills Assn. (RVA) Rep | Х | | | | | | | | | |
| Andre Stojka | Bel Air Ridge Assn. Rep. | Х | | | | | | | | | |
| Robert Schlesinger | Benedict Cyn. Assn. Rep. | Х | | | | | | | | | |
| Don Loze | Benedict Cyn. Assn. Rep. | Х | | | | | | | | | |
| 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. | Х | | | | | | | | | |
| Jackie DeFede | Faith-Based Organizations Rep. | | | | Х | | | | | | |
| Maureen Smith | Franklin-Coldwater District Rep. | Х | | | | | | | | | |
| Teresa Lee | K-6 Private Schools Rep. | | | | X | | | | | | |
| Jon Wimbish | 7-12 Private Schools Rep. | n in de standere beneren | | | X | | | | | | |
| Kristie Holmes | Public Ed. Institutions Rep. | Х | | | | | | | | | |
| Jason Spradlin | Holmby Hills Assn. Rep. | | | | X | | | | | | |
| Jamie Hall | Laurel Cyn. Assn. Rep. | | | | X | | | | | | |
| Stephanie Savage | Laurel Cyn. Assn. Rep. | Х | | | | | | | | | |
| Cathy Wayne | Laurel Cyn. Assn. Rep. | Х | | | 1 | | | | | | |
| Heather Roy | Laurel Cyn. Assn. Rep. | Х | | | | | | | | | |
| Chuck Maginnis | At Large Rep. | Х | | | | 1 | | | | | |
| Marcia Hobbs | At Large Rep. | Х | | | 1 | | <u> </u> | | | | |
| Shawn Bayliss | At Large Rep. | Х | | | <u> </u> | | | | | | |
| Philip Enderwood | At Large: Youth Seat Rep. | | X | | | 1 | | | | | |
| JLKennedy | Commercial/Office District Rep. | Х | | | | | | | | | |
| Board Quorum: 15 | Total: | 19 | 1 | 3 | 8 | 1 | | | | | |
| We, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board wa | laws, policies, and procedu | cil, declare t res. The abo | that the information ove was approved by | presented on y the Neighbor | this form is acc hood Council Br | urate and comple bard, at a Brown | te, and that a public Act compliant public | | | | |
| Authorized Signature | eline to Kennedy | / | Authorized Signa | ture: RAK | ert. A | Rinalas. | | | | | |
| Print/Type Name: Jacqueline Le P | Kennedy, Treasure | r | Print/Type Name | "Robert A | . Ringler, S | <i>Ringler</i> Second Sigr | natory | | | | |
| Date: 06/24/2020 | | | Date: 06/24/2020 | | | | | | | | |

NCFP 101 BAC Rev020118

| Office of the City Clerk | | nan an | | | | a Chân șe Cân de resta de la comune para | | | | | |
|--|--|---|---|--------------------------------------|---|---|--|--|--|--|--|
| Administrative Services Division | | | | | | -1 | 103 | | | | |
| Neighborhood Council (NC) Funding Prog | ram | | | | | 7.6.5 | | | | | |
| Board Action Certification (BAC) Form | | | | | | 906°96 | | | | | |
| NC Name: Bel Air-Beverly Crest NC | | - 1 | Denting Dates | | and interventions of a second second second | | | | | | |
| Budget Fiscal Year: -2020 - 2021 | | | Meeting Date: 06/24/2020 Agenda Item No: 9.b. | | | | | | | | |
| Board Motion and/or Public Benefit Statement (CIP and NPG): | Page 2 of 2: Mot Packet (Attachm | ion: Ap ent C) | oproval of the 2020-2021 Administrative Budget | | | | | | | | |
| Method of Payment: (Select One) | | | Credit Card | | 🗆 Board | d Member Reimb | ursement | | | | |
| Recused Board Member | s must leave the room prior | | ote Count ussion and may no | t return to the ro | om until after t | he vote is compl | ete. | | | | |
| Board Member's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused | | | | |
| Yves Mieszala | North of Sunset District Rep. | | | X | | | | | | | |
| Ellen Evans | North of Sunset District Rep. | Х | | | | | | | | | |
| Robert A. Ringler | Residents of Beverly Glen Rep. | X | | <u> </u> | | | | | | | |
| Dan Palmer | Residents of Beverly Glen Rep. | ~ | | | | | | | | | |
| Dan Famer | Residents of Bevery Gien Rep. | | | | X | | | | | | |
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| Board Quorum: 15 | Total: | | | | | | | | | | |
| We, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board wa | named Neighborhood Cound laws, policies, and procedur | cil, declare t es. The abo | that the information ove was approved 1 | n presented on t by the Neighbori | this form is accu nood Council Bc | l urate and comple bard, at a Brown | l te, and that a public Act compliant public | | | | |
| Authorized Signature | ky. | | Authorized Signature: Rabout & Risala | | | | | | | | |
| Print/Type Name: Jacqueline Le F | Cennedy, Treasurer | • | Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory | | | | | | | | |
| Date: 06/24/2020 | | | Date: 06/24/ | | | | | | | | |

NCFP 101 BAC Rev020118

ATTACHMENT "C"

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:

| - Sector S | June 25, 2020 | | | | |
|-----------------------------|---------------------|--|--|--|--|
| SIGNATURE OF THE TREASURER | DATE | | | | |
| Jacqueline Le Kennedy | jkennedy@babcnc.org | | | | |
| PRINT NAME OF THE TREASURER | EMAIL | | | | |
| Treasurer | 310-292-8887 | | | | |
| BOARD POSITION | PHONE NUMBER | | | | |

CONTINUES OTHER SIDE

OFFICE OF THE CITY CLERK | clerk.ncfunding@lacity.org| 213-978-1058

Page 3 of 12

| 2nd Signer | Please check here if a new 2 nd Signer is being appointed |
|---|---|
| Robert A. Ringler | June 25, 2020 |
| SIGNATURE OF THE 2nd SIGNER | DATE |
| Robert A. Ringler | raringler@babcnc.org |
| PRINT NAME OF THE 2ND SIGNER | EMAIL |
| Secretary & Secon | d Signer 310-365-5723 |
| BOARD POSITION | PHONE NUMBER |
| Alternate Signer [(If not applicable, please indicate "N/A") | Please check here if a new Alt. Signer is being appointed |
| SIGNATURE OF THE ALTERNATE SIGNER | 35 A 17 5 |
| N/A | DATE |
| | |
| PRINT NAME OF THE ALTERNATE SIGNER | EMAIL |
| | |
| BOARD POSITION | PHONE NUMBER |
| 1st Bank Cardholder Robert A. Ringler SIGNATURE OF THE 1st BANK CARD HOLDE Robert A. Ringler | Please check here if a new Cardholder is being appointed JUNE 25, 2020 DATE raringler@babcnc.org |
| PRINT NAME OF THE 1" BANK CARD HOLDE | |
| | |
| Secretary & Secon | d Signer 310-365-5723 |
| BOARD POSITION | PHONE NUMBER |
| 2 nd Bank Cardholder | Please check here if a new Cardholder is being appointed |
| Dohip Assadant | June 25, 2020 |
| SIGNATURE OF THE 2 nd BANK CARD HOLDE | |
| Robin Greenberg | rgreenberg@babcnc.org |
| PRINT NAME OF THE 2nd BANK CARD HOLD | ER EMAIL |
| President | 310-968-0605 |
| BOARD POSITION | PHONE NUMBER |
| | |
| *** Bank Cardholders, please read fur | ther next nage *** |

OFFICE OF THE CITY CLERK | clerk.ncfunding@lacity.org | 213-978-1058

Bel Air-Bevoily Crest

1st Bank Cardholder

Robert A. Ringler SIGNATURE OF THE 1st BANK CARD HOLDER

SIGNATURE OF THE 1st BANK CARD HOLDER Robert A. Ringler

PRINT NAME OF THE 14 BANK CARD HOLDER

2nd Bank Cardholder

SIGNATURE OF THE 2nd BANK CARD HOLDER

Robin Greenberg

PRINT NAME OF THE 2nd BANK CARD HOLDER

June 25, 2020

Page 5 of 12

DATE

June 25, 2020

DATE

OFFICE OF THE CITY CLERK | clerk.ncfunding@lacity.org | 213-978-1058

Bel Air-Beverly Crost

| Bel Air-Beverly Crest Annual Budget for Fiscal Year 2020-2021 | | |
|--|--------------------------|--------------|
| Annual Budget Funds | | \$32,000.00 |
| Rollover Funds* | | \$ 3,300.00 |
| Encumbered Funds* | | |
| 1 | otal 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 |
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| | |
| 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. <u>PLEASE NOTE: Encumbered funds are intended only for earmarked expenditures submitted in the "Encumbrance Request Form" and approved by the Funding Program</u>

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

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

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

| Community Improvement Projects (CIP) Expenditures Categor | У | |
|--|---------|--|
| 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 |

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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 agendize 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:

| Existing(may need to renew ag | greement) New(new agreement may be needed) Donated 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:

| □ Existing(may need to renew ag | reement) New(new agreement may be needed) Donated 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:

| □ Existing(may need to renew agree | nent) 🗆 | New(new | agreement may | be needed) | □ Donated | NA NA |
|------------------------------------|---------|---------|---------------|------------|--|--|
| Facility Name/Owner | | | | | | |
| Facility Address: | | | | | | |
| Facility Owner Phone Number: | | | | | 659 i ar de comencia a de tado en esta comencia de comencia de la decimidad de la decimidad de la decimidad de | a an |
| Facility Owner Email: | | | | | | |
| Name on Facility Account: | | | | | | |

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P.O. Box:

| □ Existing(may need to renew ag | reement) \Box New(new agreement may be needed) \Box Donated \checkmark 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:

| 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) |

Neighborhood Council Funding Program

ATTACHMENT "H"

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 | | | | | | |
|---|---|---------|---|-------------|--------------|------------------------------------|--|--|--|
| | | • | *************************************** | | | | | | |
| SEC | TION I- APPLICANT INFORMATION | | | | | | | | |
| | Citizens for Los Angeles Wildlife | 46 | -3104169 | Ca. | | June 19, | | | |
| 1a) | Organization Name | Fea | leral I.D. # (EIN#) | State of Ir | ncorporation | Date of 501(c)(3) | | | |
| 1b) | P.O. Box 50003 | St | udio City | | Ca. | <i>Status (if applicable</i> 91614 | | | |
| | Organization Mailing Address | City | / | | State | Zip Code | | | |
| 1c) | 2226 Stanley Hills Dr. | L., | L.A. | | Ca. | 90046 | | | |
| | Business Address (If different) | City | / | | State | Zip Code | | | |
| 1d) | PRIMARY CONTACT INFORMATION: Tony Tucci 310-968-6314 tony@clawonline.org | | | | | | | | |
| | Name | PI | none | E | Email | | | | |
| 2) | Type of Organization- Please select one: | | | | | | | | |
| | Public School (not to include private schools) Attach Signed letter on School Letterhead | or | or 501(c)(3) Non-Profit (other than religion Attach IRS Determination Letter | | | institutions) | | | |
| • | | | | | | | | | |
| 3) | Name / Address of Affiliated Organization (if appli | icable) | City | | State | Zip Code | | | |
| SEC | TION II - PROJECT DESCRIPTION | | | | | | | | |
| | | 3 | | | | | | | |

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

The purpose of the grant is to fund two Bushnell Trail Cameras and accessories.

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)

CLAW is a non-profit organization focused on the well being of L.A. wildlife and their habitat. One type of data we collect is documentation of what species are in an area. Identifying critical open space with trail cameras ensures that we can maintain the best possible ecosystem services such as pollination and pest predation and maintain buffers between urbanization and open space to the benefit of residents and wildlife. These cameras will replace two existing cameras in the Bel Air Beverly Crest region, which are not operating correctly as equipment in the elements year-after-year tends to wear out and fail.

| Personnel Related Expenses | a separate sheet if necessa | Requested of NC | Total Projected Cost |
|--|--|--|--|
| 2 Bushnell 30 MP Core Tr | ail Cam with SD Card | \$ | \$ 459.96 |
| 2 Security | Boxes | \$ | \$ 72.58 |
| | | \$ · | \$ |
| Non-Personnel Related Expenses | | Requested of NC | Total Projected Cost |
| | Tony Tuc | • \$ | \$ |
| | Tony ruce | \$ | \$ |
| | 0 : | \$ | \$ |
| Is the implementation of this specific p sources or funding? (Including NPG ap Source of Funding | rogram or purpose descril pplications to other NCs) | | gent on any other factors on any other factors of the section of t |
| | | \$ | S |
| | | \$ | \$ |
| | | \$ | l\$ |
| What is the TOTAL amount of the gran 09/23/2020 20 20 a) Start date:// 10b) Date (After completion of the project, the | Funds Required: 7/1 | 09/23/2020 10c) Expected C | 32.54 010/23/2020 completion Date:/ |
| A) Start date: 10b) Date (After completion of the project, the second se | Funds Required:/ applicant should submit a | 09/23/2020 10c) Expected Completion Rep | 010/23/29297 ompletion Date:// port to the Neighborhood C |
| a) Start date: 10b) Date (After completion of the project, the start of the project, the start of the project, the start of the project of the projec | Funds Required: 7 / 4 applicant should submit a INTEREST former relationship with a | 09/23/2020 10c) Expected Completion Rep | 010/23/29297 ompletion Date:// port to the Neighborhood C |
| a) Start date: 10b) Date (After completion of the project, the start of the project, the start of the project, the start of the project of the projec | Funds Required:/ applicant should submit a | 09/23/2020 10c) Expected Co Project Completion Rep Board Member of the NO | 010/23/29297 ompletion Date:// port to the Neighborhood C |
| a) Start date:/ 10b) Date (After completion of the project, the section of the project of the project, the section of the project of the pr | Funds Required: 7 / 4 applicant should submit a INTEREST former relationship with a | 09/23/2020 10c) Expected Co Project Completion Rep Board Member of the NO | 010/23/2020 ompletion Date:// port to the Neighborhood C |
| a) Start date:/ 10b) Date (After completion of the project, the section of the project of the project, the section of the project of the pr | Funds Required: 7 / 1 applicant should submit a INTEREST former relationship with a ase describe below: | 09/23/2020 10c) Expected Co Project Completion Rep Board Member of the NO | 010/23/2020 ompletion Date:// port to the Neighborhood C |
| a) Start date:/ 10b) Date (After completion of the project, the start date:/ 10b) Date (After completion of the project, the start of the project) of the start of the project of the start of the star | Funds Required: 7 / 1 applicant should submit a INTEREST former relationship with a ase describe below: 1 member consult the Offic if a Board Member of the | 09/23/2020 | 010/23/2020 ompletion Date: port to the Neighborhood C C? ip to Applicant efore filing this application terest and completes this |

| 12a) Executive Director of Non-Profit Tony Tucci | Corporation or School Principal Co-Director | - REQUIRED | 5/14/20 |
|---|--|----------------|---------|
| PRINT Name | Title | Signature | Date |
| 12b) Secretary of Non-profit Corporat | ion or Assistant School Principa | al - REQUIRED* | |
| Shawn Silver | Co-Director | | 5/14/20 |
| 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 <u>clerk.ncfunding@lacity.org</u> for instruction, on completing this form



Bushnell 30MP CORE Trail Camera

★★★☆☆ × 27 ratings | 17 answered questions

Earn up to \$225 in savings with the Amazon Business Prime American Express Card.

| No glow_119977C | No glow_119977C with 32GB |
|------------------|--|
| \$219.99 | \$229.98 |
| vprime | <pre></pre> |
| low glow_119975C | low glow_119975C with 32GB SD Memory Card |
| \$199.99 | 209.98 |
| vprime | ✓ prime |

- 30 MP Images 1080p 60fps Video
- 80' No Glow Infrared Night Range
- Ideal for DSLR and interchangeable-lens cameras and high performance camcorders
 - Up to 40MB/s write speeds for faster shot-to-shot performance and up to 90 MB/s read speeds for faster transfer
- High performance SD card with both video speed Class (V30) and UHS speed Class 3 (U3) ratings for capturing 4K UHD and full HD video

Report incorrect product information.

\$229.98 vprime

Want these items Tuesday, May 19? Choose the fastest ship

options at checkout. Details

In Stock.

Qty: 1 V



i Your transaction is secure

Ships from and sold by Amazon.com.

Add a Protection Plan:

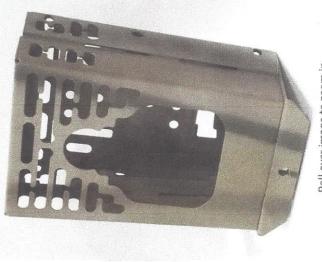
3 Year Camera Accident

Protection Plan for \$33.99 Protection Plan for \$24.99 2 Year Camera Accident

O Deliver to Tony - Los Angeles

90046





Roll over image to zoom in

Camlockbox Security Box Compatible with Bushnell Impulse 119900A 19900V Trail Cameras by CAMLOCKbox ****** 2 ratings

2

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Price: \$36.29 & FREE Shipping

Get \$125 off: Pay \$0.00 upon approval for the Amazon Business Prime Card. Terms

apply.

Not eligible for Amazon Prime.

- These are custom designed boxes made from heavy 16-gauge steel
 - These boxes are also fully compatible with 5/16 python cable locks
- Holes cut in the boxes allow for external power hookup to your Bushnell trail camera
 - This great accessory helps protect your trail camera from the elements

Compare with similar items

Report incorrect product information.





\$36.29 & FREE Shipping Arrives: May 20 - 22

O Deliver to Tony - Los Angeles 90046 Only 1 left in stock - order

soon.

Buy Now

i Your transaction is secure

Ships from and sold by OutdoorTrailCams. Add a Protection Plan:

3 Year Portable Electronic

Accident Protection Plan for

Accuent Frotection Flam 10
\$4.99
2 Year Portable Electronic
Accident Protection Plan for

\$2.99

Ad feedback

| Office of the City Clerk | | | | | | /> | | | |
|--|---|---|---|---------------------------------------|-------------------------------------|--------------------------------------|---|--|--|
| Administrative Services Division | | | | | | 20 meters | CONTRACTOR OF | | |
| Neighborhood Council (NC) Funding Prog | ram | | | | | to Take The | | | |
| Board Action Certification (BAC) Form NC Name: Bel Air-Beverly Crest NC | | | Meeting Data | 08/26/2020 | | | | | |
| Budget Fiscal Year: 2020-2021 | Meeting Date: 08/26/2020 Agenda Item No: 16.b | | | | | | | | |
| Board Motion and/or Public Benefit | AC (Vote Count Sheet) in the 2020-2021 FY. This NPG was approved at the 05/22/2020 meeting; however, per Funding, application | | | | | | | | |
| Statement (CIP and NPG): | had a 07/01/2020 completion date, pushi NPG from 501(c)(3) Citizens for Los And | ng it into new fisca teles Wildlife (CL) | rear. W submitted by Tony Tucci, Co-Director, to purchase two (2) Bushnell 30 MP Core Trail Cameras with SD Card and two (2) security habitat in Los Angeles, replacing two cameras in the Bel Air-Beverly Crest region. Requested of NC: Personnel Related: \$0 rent H) | | | | | | |
| Method of Payment: (Select One) | Check | | Credit Card | | 🗌 Board | d Member Reimbu | ursement | | |
| Recused Board Member | s must leave the room prior | | ote Count ussion and may no | ot return to the ro | om until after t | he vote is comple | ete. | | |
| Board Member's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused | | |
| Irene Sandler | Bel Air Crest Master Assn. Rep. | Х | | | | | | | |
| Mark Goodman, M.D. | Bel Air District Rep. | | | Х | | | | | |
| Gail Sroloff | Bel Air District Rep. | | | Х | | | | | |
| Larry Leisten | Bel Air Glen District Rep. | Х | | | | | | | |
| Robin Greenberg | Bel Air Hills Assn. (RVA) Rep. | Х | | | | | | | |
| Wendy Morris | Bel Air Hills Assn. (RVA) Rep | Х | | | | | | | |
| Andre Stojka | Bel Air Ridge Assn. Rep. | | | Х | | | | | |
| Robert Schlesinger | Benedict Cyn. Assn. Rep. | | | | Х | | | | |
| Don Loze | Benedict Cyn. Assn. Rep. | | | | Х | | | | |
| Nickie Miner | Benedict Cyn. Assn. Rep. | Х | | | | | | | |
| Mindy Mann | Benedict Cyn. Assn. Rep. | Х | | | | | | | |
| Dr. Robert Garfield, DDS | Casiano Estates Assn. Rep. | Х | | | | | | | |
| Travis Longcore, Ph.D. | Custodian of Open Spaces Rep. | Х | | | | | | | |
| Jackie DeFede | Faith-Based Organizations Rep. | | | | Х | | | | |
| Maureen Smith | Franklin-Coldwater District Rep. | | | | Х | | | | |
| Teresa Lee | K-6 Private Schools Rep. | Х | | | | | | | |
| Jon Wimbish | 7-12 Private Schools Rep. | Х | | | | | | | |
| Kristie Holmes | Public Ed. Institutions Rep. | Х | | | | | | | |
| Jason Spradlin | Holmby Hills Assn. Rep. | | | | Х | | | | |
| Jamie Hall | Laurel Cyn. Assn. Rep. | | | Х | | | | | |
| Stephanie Savage | Laurel Cyn. Assn. Rep. | | | | X | | | | |
| Cathy Wayne | Laurel Cyn. Assn. Rep. | Х | | | | | | | |
| Heather Roy | Laurel Cyn. Assn. Rep. | | | Х | | _ | | | |
| Chuck Maginnis | At Large Rep. | Х | | - | _ | | | | |
| Marcia Hobbs | At Large Rep. | | | | X | | | | |
| Shawn Bayliss | At Large Rep. | Х | | | | | | | |
| Philip Enderwood | At Large: Youth Seat Rep. | Х | | | | | | | |
| JLKennedy | Commercial/Office District Rep. | Х | | | | | | | |
| Board Quorum: 15 | Total: | 20 | | 5 | 8 | | | | |
| We, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board wa | laws, policies, and procedu as present. | res. The abo | that the information was approved | ion presented on I by the Neighbor | this form is acc hood Council Be | urate and comple pard, at a Brown | te, and that a public Act compliant public | | |
| Authorized Signature Robert | A. Ringler | | Authorized Sig | gnature: | icol | 1 Mu | nn | | |
| Authorized Signature Robert, Print/Type Name: Robert A. Ring | ler, Second Signate | ory | Print/Type Na | NICOLEII | Viner, Alte | rnate Signe | r | | |
| Date: 08/27/2020 | | | | Date: 08/27/2020 | | | | | |

| Office of the City Clerk | | | | | | | | |
|--|--------------------------------|--|---|-----------------|-------------------|------------------|---------------------------------------|--|
| Administrative Services Division | | | | | | | 105 4 | |
| Neighborhood Council (NC) Funding Prog | gram | | | | | Net Post | | |
| Board Action Certification (BAC) Form | | | | | | OG The | 5 | |
| NC Name: Bel Air-Beverly Crest NC | | | Meeting Date: 0 | 08/26/2020 | | | | |
| Budget Fiscal Year: 2020-2021 | Agenda Item No: 16.b. | | | | | | | |
| Board Motion and/or Public Benefit Statement (CIP and NPG): NPG from 501(c)(3), Citzens for Los Angeles Wildlife in their habitat in Los Angeles, replacing two cameras in the Bel Air-Beverly Crest region. Requested of NC: Personnel Related: \$0 Requested of NC: Non-Personnel Related: \$0 Requested of NC: Non-Personnel Related: \$0 Related: | | | | | | | | |
| Method of Payment: (Select One) | Check | V | Credit Card | | 🗆 Board | Member Reimbu | ursement | |
| 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 | |
| Yves Mieszala | North of Sunset District Rep. | Х | | | | | | |
| Ellen Evans | North of Sunset District Rep | Х | | | | | | |
| Patricia Murphy | North of Sunset District Rep | Х | | | | | | |
| Robert A. Ringler | Residents of Beverly Glen Rep. | Х | | | | | | |
| Dan Palmer | Residents of Beverly Glen Rep | | | | Х | | | |
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| Board Quorum: 15 We, the authorized signers of the above r | Total: | l, declare th | nat the information | presented on th | nis form is accur | ate and complete | e, and that a public | |
| neeting was held in accordance with all l meeting where a quorum of the Board was | laws, policies, and procedure | s. The abov | ve was approved by | the Neighborh | ood Council Boa | rd, at a Brown A | ct compliant public | |
| Authorized Signature Robert A. | Ringler | | Authorized Signature: Jucoli Minur | | | | | |
| Print/Type Name: Robert A. Ringler, Second Signatory | | | Print/Type Name: Nicole Miner, Alternate Signer | | | | | |
| | | | Date: 08/27/2020 | | | | | |

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