

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	\$34857.00	\$2037.55	\$28676.56	\$0.00	\$28676.56
Outreach		\$0.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$550.00	\$532.54	\$17.46	\$0.00	\$17.46
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$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						\$0.00



Payment Receipt

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

Payment date
Billing ID
Payment method

Oct 1, 2020
7677-2853-5183
Mastercard ••••9270

Tax identification number
77-0493581

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

Description	
Payment amount	\$210.20



Invoice

Invoice number: 3798924528

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 number3798924528
Invoice dateSep 30, 2020
Billing ID7677-2853-5183
Domain namebabnc.org

Google Cloud - G Suite

Total in USD

\$210.20

Summary for Sep 1, 2020 - Sep 30, 2020

Subtotal in USD

\$210.20

Tax (0%)

\$0.00

Total in USD

\$210.20

You will be automatically charged for any amount due.

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				\$210.20
Tax (0%)				\$0.00
Total in USD				\$210.20

Need help understanding the charges on your invoice? [Click here for detailed explanations](#)

<https://support.google.com/a?p=gsuite-bills-and-charges>



BILLING



Invoices

Payment Options

Billed Call Details

Accounts ▾

Invoice Details

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

Invoice IN7000080888

Date Due

October 16, 2020

Status

Paid

Date Paid

October 02, 2020

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
Total			\$28.30
Payments & Credits			\$28.30
Total Due			\$0.00



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

INVOICE

Invoice Date 10/01/2020
Invoice # IN7000080888
PO #
Customer ID CN-631494-1701
Terms Net 15
Due Date 10/16/2020
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 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 [here](#).

*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>

Wed, Oct 7, 2020 at 1:07 PM

To: jkennedy@babcnc.org, council@babcnc.org, rgreenberg@babcnc.org

The Web Corner, Inc.**Invoice** Due: 10/01/2020
20921Amount 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**
55K

The Web Corner, Inc.

19509 Ventura Blvd.

Tarzana, CA 91356

Invoice

PAID
10/07/2020

Date	Invoice #	Terms
10/1/2020	20921	Due on Receipt

Bill To

Bel Air-Beverly Crest NC

Ship To

QTY	Description	Price Each	Amount
1	Monthly Maintenance: includes up to 1.5 hour for; phone support, web development, requests, & website adjustments	150.00	150.00
0	Monthly Hosting for babcnc.org (included in Maintenance)	15.00	0.00

Please remit payment at your earliest convenience.

Thank you for your business!

Total	\$150.00
Payments/Credits	-\$150.00
Balance Due	\$0.00



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

Thank you for choosing Lloyd Staffing

[illegible]



100 445 Broadhollow Road
Melville, NY 11747, Suite 119
Phone: 631-777-7600

STAFFING

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & OR BREAK	TOTAL HOURS
MON	8/10/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	8/11/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	8/12/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	8/13/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	8/14/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	8/15/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	8/16/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING	8/16	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE →			10

INSTRUCTIONS:

1. Please timely use a ball point pen.
 2. Use separate timesheet for each assignment.
 3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
 4. Leave CLIENT copy with client company, retain EMPLOYEE copy for yourself.
 5. Unsigned timesheets will be returned without payment.
- Altered timesheets will not be accepted. All leave must be indicated.

IMPORTANT: Hours must be approved for each day worked. Hours will not be paid if not approved daily. Minimum: 4 hours per employee, per day.

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES - LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is referred to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either if employ this person on a permanent or temporary basis, (a) use this person's services in a consulting or freelance capacity, or (b) 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 annualized 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, 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 unattended premises, cash, negotiables or other valuable 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 the foregoing. LLOYD'S insurance resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage (b) LLOYD'S insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, 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 occurrence, (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to promises awarded or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD'S temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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

Customer acknowledges its understanding that LLOYD'S invoices are for labor and agrees to pay such invoices upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD's 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 its reasonable costs of collection, including its reasonable attorneys' fees and expenses.

LLOYD 10-2007



Lloyd STAFFING
 HQ: 445 Broadhollow Road
 Melville, NY 11747, Suite 119
 Phone: 531-777-7600

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & OR BREAK	TOTAL HOURS
MON	8/17/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	8/18/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	8/19/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	8/20/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	8/21/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	8/22/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	8/23/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING	8/23	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR			15

INSTRUCTIONS:

- Please timely use a ball point pen.
- Use separate timesheet for each assignment.
- Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
- Leave CLIENT copy with client company, retain EMPLOYEE copy for yourself.
- Unsigned timesheets will be returned without payment.

Altered timesheets will not be accepted. All hours must be tabulated.

IMPORTANT: Invoices must be approved for each day worked. Hours will not be paid if not approved daily.

Minimum: 4 hours per employee, per day.

COMPANY NAME BABANC **TOWN** P.O. **ZIP** 90025

ADDRESS P.O. BOX 252007 **LA** 90025

REPORT TO Robin Greenberg **DEPT.** **JOB TITLE** President **WEEK ENDING** 8/23

FIRST TIME AT THIS CLIENT COMPANY? ☐ Yes ☐ No **If Yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)**

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

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

EMPLOYEE NAME CATHERINE PRATER **EMPLOYEE SIGNATURE** *Catherine Prater*

SOCIAL SECURITY NO. **PRINT NAME** Robin Greenberg

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 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 employees. Minimum 4 hours per employee per day.

Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

BACK

EMPLOYEE INFORMATION

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

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

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

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

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

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

TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. No understanding that this person is an employee of LLOYD and is referred to as a temporary basis. In the event we or any of our affiliates, or any company to which we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized 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, 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 entitle LLOYD's employees with unattended premises, cash, negotiables or other valuables or authorize any 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 claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage, (b) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD's employees, and Customer hereafter shall be responsible for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, 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 or failure (a) 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 occurrence, (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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

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

LLOYD 10-0207

*Agenda
 8/31/20
 WTX*



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

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & OR BREAK	TOTAL HOURS
MON	8/24/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	8/25/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	8/26/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	8/27/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	8/28/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	8/29/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	8/30/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		

WEEK ENDING 8/30/20 TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE 40.00

INSTRUCTIONS:
1. Please finish this as a ball point pen.
2. Use separate timesheet for each assignment.
3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
4. Leave CLIENT copy with client company, retain EMPLOYEE copy for yourself.
5. Unsigned timesheets will be returned without payment.
Attached timesheets will not be accepted. All hours must be indicated.
Minimum: 4 hours per employee, per day.

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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.

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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.

COMPANY NAME
(Please print)

BARBANC

ADDRESS

P.O. BOX 252007

ZIP

LA 90025

REPORT TO

Robin Greenberg

DEPT.

President

WEEK ENDING

8/30

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

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

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

EMPLOYEE NAME

CATHERINE PRATER

EMPLOYEE SIGNATURE

SOCIAL SECURITY NO.

PRINT NAME

Robin Greenberg

IMPORTANT FOR CLIENT: Execution of this timesheet 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 employees. Minimum 4 hours per employee per day.

Be sure to call Lloyd Staffing immediately when assignment ends or you will assume you are no longer available for work.

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 authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is returned 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 (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized 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, 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 entitle LLOYD's employees with unprovided premises, cash, negotiables 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 resulting indemnity and hold LLOYD harmless from any such claim arising out of a breach of the foregoing, inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage. (b) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, 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 (a) 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 occurrence, (d) Customer shall be responsible for claims arising from work performed by LLOYD's temporary employees assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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

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

LLOYD 10-2007



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

EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.			
DAY	DATE	TIME IN	TIME OUT
MON	8/31/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
TUES	9/1/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
WED	9/2/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
THURS	9/3/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
FRI	9/4/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
SAT	9/5/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
SUN	9/6/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
WEEK ENDING	9/6	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE \Rightarrow (12)	

INSTRUCTIONS:
1. Please timely use a ball point pen.
2. Use separate timesheet for each assignment.
3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
4. Leave CLIENT copy with client company, retain EMPLOYEE copy for yourself.
5. Unsigned timesheets will be returned without payment.
All hours must be tabulated.

- setup
evening
shift

COMPANY NAME
(Please print)

ADDRESS

P.O.

ZIP

REPORT TO

DEPT.

JOB TITLE

WEEK ENDING

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

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

EMPLOYEE NAME

EMPLOYEE SIGNATURE

SOCIAL SECURITY NO.

CLIENT SIGNATURE OF ACCEPTANCE

PRINT NAME

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 monies to employees. Minimum 4 hours per employee per day.

Be sure to call Lloyd Staffing immediately when assignment ends or you will assume you are no longer available for work.

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES - LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is referred to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized 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, 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 attempt LLOYD's employees with unattended personnel, cash, negotiables 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 the foregoing, inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage. (b) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, 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 (a) 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 occurrence. (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to promised or controlled by Customer and to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employee 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 recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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

LLOYD 10-2007

BACK



HQ: 445 Broadhollow Road
Melville, NY 11747, Suite 119
Phone: 531-777-7600

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & FOR BREAK	TOTAL HOURS
MON	9/7/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
TUES	9/8/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
WED	9/9/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
THURS	9/10/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
FRI	9/11/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SAT	9/12/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SUN	9/13/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		

WEEK ENDING 9/13 TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE **12**

INSTRUCTIONS:
1. Press firmly; use a ball point pen.
2. Use separate timesheet for each assignment.
3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.
5. Unsigned timesheets will not be returned without payment.
Altered timesheets will not be accepted. All figures must be totaled.
Minimum: 4 hours per employee, per day.

Handwritten notes:
9/13/20
Carter
EX 207
Carter
set up
Employee
got out
208-200
9/17/20
Carter
9/18/20

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

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BACK

TERMS & CONDITIONS FOR LLOYD STAFFING

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Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 06/24/2020

Budget Fiscal Year: -2020-2021

Agenda Item No: 9.b.

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

Page 1 of 2: Motion: Approval of the 2020-2021 Administrative Budget Packet (Attachment C)

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

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

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Irene Sandler	Bel Air Crest Master Assn. Rep.			X			
Mark Goodman, M.D.	Bel Air District Rep.				X		
Gail Sroloff	Bel Air District Rep.	X					
Larry Leisten	Bel Air Glen District Rep.	X					
Robin Greenberg	Bel Air Hills Assn. (RVA) Rep.	X					
Wendy Morris	Bel Air Hills Assn. (RVA) Rep.	X					
Andre Stojka	Bel Air Ridge Assn. Rep.	X					
Robert Schlesinger	Benedict Cyn. Assn. Rep.	X					
Don Loze	Benedict Cyn. Assn. Rep.	X					
Nickie Miner	Benedict Cyn. Assn. Rep.			X			
Mindy Mann	Benedict Cyn. Assn. Rep.				X		
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.					X	
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	X					
Jackie DeFede	Faith-Based Organizations Rep.				X		
Maureen Smith	Franklin-Coldwater District Rep.	X					
Teresa Lee	K-6 Private Schools Rep.				X		
Jon Wimbish	7-12 Private Schools Rep.				X		
Kristie Holmes	Public Ed. Institutions Rep.	X					
Jason Spradlin	Holmby Hills Assn. Rep.				X		
Jamie Hall	Laurel Cyn. Assn. Rep.				X		
Stephanie Savage	Laurel Cyn. Assn. Rep.	X					
Cathy Wayne	Laurel Cyn. Assn. Rep.	X					
Heather Roy	Laurel Cyn. Assn. Rep.	X					
Chuck Maginnis	At Large Rep.	X					
Marcia Hobbs	At Large Rep.	X					
Shawn Bayliss	At Large Rep.	X					
Philip Enderwood	At Large: Youth Seat Rep.		X				
JLKennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	Total:	19	1	3	8	1	

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

Authorized Signature

Authorized Signature:

Print/Type Name:

Jacqueline Le Kennedy, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 06/24/2020

Date: 06/24/2020

Fiscal Year
2020 -2021

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

Neighborhood Council: Bel Air-Beverly Crest

NEIGHBORHOOD COUNCIL FUNDING PROGRAM
FINANCIAL OFFICERS LETTER OF ACKNOWLEDGEMENT & AGREEMENT

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

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

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

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

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

Neighborhood Council Financial Officers - Names and Signatures:

Treasurer



SIGNATURE OF THE TREASURER

Jacqueline Le Kennedy

PRINT NAME OF THE TREASURER

Treasurer

BOARD POSITION

☐ Please check here if a new Treasurer is being appointed

June 25, 2020

DATE

jkennedy@babnc.org

EMAIL

310-292-8887

PHONE NUMBER

CONTINUES OTHER SIDE

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

BOARD POSITION

June 25, 2020

DATE

raringler@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)

**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.

Bel Air Beverly Crest

Name of NC from which you are seeking this grant: _____

SECTION I - APPLICANT INFORMATION

1a)	Citizens for Los Angeles Wildlife	46-3104169	Ca.	June 19,
	<i>Organization Name</i>	<i>Federal I.D. # (EIN#)</i>	<i>State of Incorporation</i>	<i>Date of 501(c)(3) Status (if applicable)</i>
1b)	P.O. Box 50003	Studio City	Ca.	91614
	<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1c)	2226 Stanley Hills Dr.	L.A.	Ca.	90046
	<i>Business Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

1d) **PRIMARY CONTACT INFORMATION:**

Tony Tucci 310-968-6314 tony@clawonline.org

Name

Phone

Email

2) **Type of Organization- Please select one:**

☐ Public School (not to include private schools)
Attach Signed letter on School Letterhead

or

☒ 501(c)(3) Non-Profit (other than religious institutions)
Attach IRS Determination Letter

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

SECTION II - PROJECT DESCRIPTION4) **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.

SECTION III - PROJECT BUDGET OUTLINE

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

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
2 Bushnell 30 MP Core Trail Cam with SD Card	\$	\$ 459.96
2 Security Boxes	\$	\$ 72.58
	\$	\$

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
<i>Tony Tucci</i>	\$	\$
	\$	\$
	\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?
☒ No ☐ Yes If Yes, please list names of NCs: _____

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

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

9) What is the TOTAL amount of the grant funding requested with this application: \$ 532.54

10a) Start date: 09/23/2020 10b) Date Funds Required: 7/1/2020 10c) Expected Completion Date: 01/23/2021
 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?
☒ No ☐ Yes If Yes, please describe below:

Name of NC Board Member	Relationship to Applicant
1	

11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?
☐ Yes ☐ No *(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment of this grant in its entirety.)

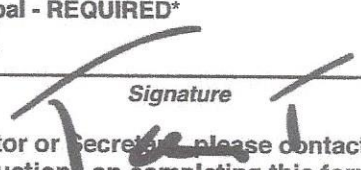
SECTION V - DECLARATION AND SIGNATURE

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

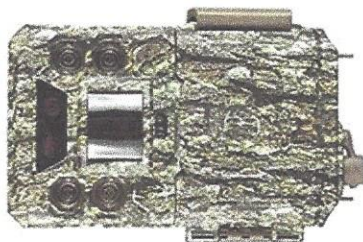
12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED*

Tony Tucci	Co-Director		5/14/20
PRINT Name	Title	Signature	Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - 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 clerk.ncfunding@lacity.org for instruction on completing this form



Bushnell 30MP CORE Trail Camera

by Bushnell by Primos

★★★★☆ 27 ratings | 17 answered questions

Bundle Price: **\$229.98** ✓prime

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

Style: **low glow_119975C with 32GB SD Memory Card**

No glow_119977C

\$219.99
✓prime

No glow_119977C with 32GB
SD Memory Card
\$229.98
✓prime

low glow_119975C

\$199.99
✓prime

low glow_119975C with 32GB
SD Memory Card
209.98
✓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
✓prime

Want these items Tuesday, May 19? Choose the fastest ship options at checkout. [Details](#)

In Stock.

Qty: 1 ▼



Add to Cart



Buy Now

📘 Your transaction is secure

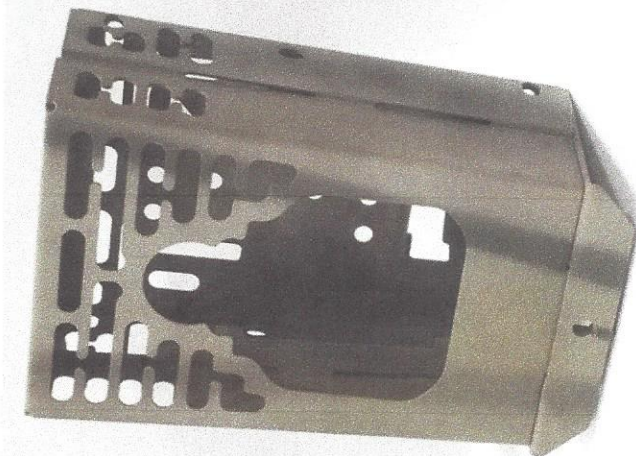
Ships from and sold by Amazon.com.

Add a Protection Plan:

- ☐ 3 Year Camera Accident Protection Plan for **\$33.99**
- ☐ 2 Year Camera Accident Protection Plan for **\$24.99**

📍 Deliver to Tony - Los Angeles 90046

Back to results



Roll over image to zoom in

Camlockbox Security Box Compatible with Bushnell Impulse 119900A 19900V Trail Cameras

by CAMLOCKbox

★★★★★ 2 ratings

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.

\$15 off coupon

20MP WiFi Game camera

TOGUARD WiFi Trail Camera 20MP 1296P...

\$99.88 ✓prime



Ad feedback

\$36.29

& **FREE Shipping**

Arrives: May 20 - 22

Deliver to Tony - Los Angeles
90046

Only 1 left in stock - order soon.



Add to Cart



Buy Now

Your transaction is secure

Ships from and sold by
OutdoorTrailCams.

Add a Protection Plan:

☐ 3 Year Portable Electronic
Accident Protection Plan for
\$4.99

☐ 2 Year Portable Electronic
Accident Protection Plan for
\$2.99

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: 16.b

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

Page 1 of 2: Motion: Re-Vote on CLAW NPG, With A New BAC (Vote Count Sheet) in the 2020-2021 FY. This NPG was approved at the 05/22/2020 meeting; however, per Funding, application had a 07/01/2020 completion date, pushing it into new fiscal year.
 NPG from 501(c)(3), Citizens for Los Angeles Wildlife, (CLAW) submitted by Tony Tucci, Co-Director, to purchase two (2) Bushnell 30 MP Core Trail Cameras with SD Card and two (2) security boxes for purpose of documenting open space/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: \$532.54 (Attachment H)

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:	20		5	8		

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

Authorized Signature *Robert A. Ringler*

Authorized Signature:

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

Print/Type Name: Nicole Miner, Alternate Signer

Date: 08/27/2020

Date: 08/27/2020

Date: 08/27/2020