## Attachment "B"

## **Monthly Expenditure Report**



Reporting Month: December 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
\$28302.54	\$2759.69	\$25542.85	\$0.00	\$0.00	\$25542.85

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office		\$2759.69		\$0.00	
Outreach	\$34857.00	\$0.00	\$25524.83	\$0.00	\$25524.83
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$550.00	\$0.00	\$17.46	\$0.00	\$17.46
Funding Requests Und	der Review: \$0.00	Encumbrar	nces: \$0.00	Previous Expend	ditures: \$7105.02

			Expenditures			
#	Vendor	Date	Description	<b>Budget Category</b>	Sub-category	Total
1	GOOGLE GSUITE BABCNC.O	12/01/2020	Google 12-01-2020 paid Receipt & Invoice.pdf	General Operations Expenditure	Office	\$210.00
2	THE WEB CORNER, INC	12/02/2020	Web Corner Inv/Receipt 21211 from The Web Corner Inc. 19928.pdf	General Operations Expenditure	Office	\$150.00
3	CTS FRONTIER ONLINEPAY	12/06/2020	Frontier Two Statements Receipt 11-15-20.pdf	General Operations Expenditure	Office	\$131.98
4	LOGMEIN GoToConnect	12/10/2020	LogMe In Paid Receipt & Invoice Paid 12-10-2020	General Operations Expenditure	Office	\$32.12
5	CTS FRONTIER ONLINEPAY	12/29/2020	Frontier Pd Receipt and Statement Due Date 12-15-2020.pdf	General Operations Expenditure	Office	\$61.98
6	Lloyd Staffing, Inc.	12/02/2020	Invoice from Lloyd's for Board Administrator services for 4 billing cycles. Dated 11.15.2020. Invoice #416835. Amount: \$950.30	General Operations Expenditure	Office	\$950.30
7	Lloyd Staffing, Inc.	12/02/2020	Invoice from Lloyd's for Board Administrator services for 4 billing cycles. Dated 10.11.2020. Invoice #416523. Amount: \$1048.13	General Operations Expenditure	Office	\$1048.13

8	Robert Schlesinger	12/04/2020	Request for Reimbursement of Out of Pocket Expenses paid by Board Member Robert Schlesinger in the total amount of \$175.18, for Office Supplies for BABCNC (Office Supplies items alre	General Operations Expenditure	Office	\$175.18
	Subtotal:					\$2759.69

	Outstanding Expenditures					
# Vendor Date Description Budget Category Sub-category						Total
	Subtotal: Outstanding	9				\$0.00



## Payment Receipt

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** 

Payment date Billing ID Payment method Dec 1, 2020 7677-2853-5183 Mastercard · · · · 9270

Description		
Payment amount	\$210.00	



Invoice number: 3826789729

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** 

eta	

Invoice number	3826789729
Invoice date	Nov 30, 2020
Billing ID	7677-2853-5183
Domain name	babene.org

Google Cloud - G Suite

\$210.00 Total in USD

Summary for Nov 1, 2020 - Nov 30, 2020

Subtotal in USD	\$210.00
Tax (0%)	\$0.00
Total in USD	\$210.00

You will be automatically charged for any amount due.





Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	Nov 1 - Nov 30	35	210.00
		Subtotal in USD Tax (0%)		\$210.00 \$0.00
		Total in USD		\$210.00

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

19509 Ventura Blvd. Tarzana, CA 91356

## Invoice

	¶ کهم	Date	Invoice #	Terms
		<b>1 1 1 2</b> /1/2020	21211	Due on Receipt
Bill To	1202	Ship To		
Bel Air-Beverly Crest NC	•			

QTY	Description		Price Each	Amount
QTY 1 0			Price Each 150.00 15.00	Amount 150.00 0.00
Please remit paymer convenience. Thank you for your b		Total Payments/Credits		\$150.00 -\$150.00
		Balance Due		\$0.00



## CITY OF LOS ANGELES Your Monthly Invoice

## **Account Summary**

New Charges Due Date	12/09/20
Billing Date	11/15/20
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	56.14
Payments Received Thru 11/15/20	.00
Balance Forward	56.14
New Charges	75.84
<b>Total Amount Due</b>	\$131.98







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

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

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

## PAYMENT STUB **Total Amount Due**

\$131.98

New Charges Due Date

12/09/20

310-231-7288-081418-5

Account Number

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

Amount Enclosed

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

FRONTIER PO BOX 740407 **CINCINNATI OH 45274-0407** 

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CITY OF LOS ANGELES

Date of Bill

Account Number

Page 3 of 3 11/15/20 310-231-7288-081418-5

## **CURRENT BILLING SUMMARY**

Qty Description 310/231-7288.0	Charge
Basic Charges	
Other Charges-Detailed Below	9.00
CA St Public Utilities Commission Fee	.05
Local Utility Users Tax	.81
Total Basic Charges	9.86
Non Basic Charges	
Internet 6 Dynamic IP	59.99
Other Charges-Detailed Below	5.99
Total Non Basic Charges	65.98

TOTAL

75.84

## \*\* ACCOUNT ACTIVITY \*\*

Qty Description

Order Number Effective Dates

1 Late Payment Fee 11/15 9.00 1 Business High Speed Internet Fee AUTOCH 11/15 5.99 310/231-7288 Subtotal 14.99

Subtotal 14.99

## **CUSTOMER TALK**

If your bill reflects that you owe a Balance Forward, you must make a payment immediately in order to avoid collection activities. You must pay a minimum of \$9.86 by your due date to avoid disconnection of your local service. All other charges should be paid by your due date to keep your account current.





## CITY OF LOS ANGELES Your Monthly Invoice

## **Account Summary**

New Charges Due Date	11/09/20
Billing Date	10/15/20
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	217.62
Payments Received Thru 9/20/20	-217.62
Thank you for your payment!	
Other Charges & Credits	-9.84
Balance Forward	-9.84
New Charges	65.98
<b>Total Amount Due</b>	\$56.14

## Around-the-clock device and data protection

Frontier' Security Pro Bundle just \$15.99/mo. (plus taxes and fees)
Act now and get \$5/mo. discount with qualifying broadband.\*

- Helps detect and eliminate viruses & spyware
- Gives you the security of automatic software upgrades
- Saves and syncs files to a secure personal cloud

## Order today by calling 1.855.613.0433

\*Francies Business Internet subscribers receive \$5 off the monthly incurring charge. Limit of one discount per assount.

Service requires Internet access service, which innot included. Francisc does not warrest that the services call be exact feel or uninformation. These, governmental and francie improved suntingue, minimum system requirements and other teams and conditions apply. Well institute continuabilities of states are services to entire the services and other teams and conditions.



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

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

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

PAYMENT STUB Total Amount Due

\$56.14

New Charges Due Date

11/09/20

Account Number

310-231-7288-081418-5

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

Amount Enclosed

\$

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

FRONTIER PO BOX 740407 CINCINNATI OH 45274-0407

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CITY OF LOS ANGELES

Date of Bill

Account Number

Page 3 of 3 10/15/20 310-231-7288-081418-5

## **Detail of Other Charges & Credits**

**Detail of Other Charges & Credits** 

Late Fee Adjustment

-9.84

## **CURRENT BILLING SUMMARY**

Local Service from 10/15/20 to 11/14/20 Qty Description Non Basic Charges

Internet 6 Dynamic IP
Other Charges-Detailed Below
Total Non Basic Charges

310/231-7288.0

Charge

59.99 5.99 **65.98** 

TOTAL

65.98

## \*\* ACCOUNT ACTIVITY \*\*

Qty Description

Order Number Effective Dates

1 Business High Speed Internet Fee 310/231-7288

AUTOCH 10/15

5.99

Subtotal 5.99

Subtotal

5.99

## **CUSTOMER TALK**

We are making improvements to our bill format to make charges easier to understand. Beginning with this bill, you may notice the display of promotion expiration dates. Questions? Please contact customer service.

Effective October 1st, the California PUC tax increased to 0.52%. Questions? Please contact customer service.

As the impact of the Coronavirus continues to unfold, calls may result in longer than normal hold times. For fast, easy and secure ways to manage your account, find out how (https://frontier.com/helpcenter/myguide/online-help? icid=20apr03\_national\_my-account\_covid-online-help\_link) to sign up for auto pay, manage passwords and more.

Account Summary

## My Account

Here is your account summary and balance. Click VIEW CURRENT BILL below for more detailed information.

## Summary

New Charges	\$75.84
Balance Forward A	\$56.14
Previous Balance	\$56.14
Payments Received Thru Nov 15, 2020	\$0.00

**Current Balance** 

New Charges Due Date Dec 9, 2020

\$0.00

- ▶ View Current Bill
- ▶ View Payment History
- ▶ Manage Auto Pay

Your MasterCard2 ending in 9270 will be charged 10 day(s) before your due date.

## My Services



Internet Internet 6 Dynamic IP

## Need help?



Troubleshooting





BILLING

## Invoice Details

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

## Download Invoice

Invoice IN7100088824

Date Due

December 16, 2020

Date Paid

December 10, 2020

Status

Paid

Payment Method

MasterCard \*\* 9270 08/2023

Total Due **\$0.00** 

Description	Qty	Rate	Total
GoToConnect - 12/01/2020 - 12/31/2020	1	\$22.21	\$22.21
Standard Phone Numbers (DID) - 12/01/2020 - 12/31/2020	1	\$4.55	\$4.55
State and Local Regulatory Recovery Fee	1	\$2.71	\$2.71
Universal Service Fee (USF)	1	\$1.1357	\$1.14
Regulatory Recovery Fee	1	\$1.5067	\$1.51
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4

Total \$32.12

Payments & Credits \$32.12

**Total Due** \$0.00



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

## INVOICE

Invoice Date Invoice # PO #

Customer ID Terms Due Date Currency 12/01/2020 IN7100088824 CN-631494-1701 AutoPay Scheduled 12/16/2020

US Dollar

## **Bill To**

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

Billing Group	Description	Quantity	Rate	Amount
Primary	GoToConnect 12/01/2020 - 12/31/2020	1	22.21	\$22.21
Primary	Standard Phone Numbers (DID) 12/01/2020 - 12/31/2020	1	4.55	\$4.55
Primary	State and Local Regulatory Recovery Fee	1	2.71	\$2.71
Primary	Universal Service Fee (USF)	1	1.14	\$1.14
Primary	Regulatory Recovery Fee	1	1.51	\$1.51

Total					\$32	.12
Your	automatic	payment	is	scheduled	to	be
proce	ssed around	the 10th o	f the	e month		

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 <u>LogMeIn affiliate</u> 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.

61.98

\$61.98



## CITY OF LOS ANGELES Your Monthly Invoice

## **Account Summary**

New Charges Due Date	1/08/21
Billing Date	12/15/20
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	131.98
Payments Received Thru 12/07/20	-131.98
Thank you for your payment!	
Balance Forward	.00

New Charges

Total Amount Due

## Introducing Frontier FiberOptic for Business

Frontier FiberOptic for Business is the new name for our services known as FiOS' by Frontier – you'll be hearing more about this over the next few months.

Only the name has changed. It's still the same great 100% fiber-optic network your business depends on today – with the same promise of no data caps, ever.

Learn More: myfiberopticbiz.com

The BOS' marks are caused by Vectors Trademark Services U.C. and used under Issense.

# Manage Your Account To Pay Your Bill Online: Frontier.com 1.800.801.6652 By mail To Contact Us Chat: Frontier.com Online: Frontier.com/helpcenter 1.800.921.8102 Tech support: Frontier.com/helpcenter Email: ContactBusiness@ftr.com



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

---- manifest line -----

լոմիլովորիիրդիկնիկիկիլիննիոնիներիկիկիկի

CITY OF LOS ANGELES P O BOX 252007 LOS ANGELES, CA 90025 DO NOT PAY - You are currently signed up for Auto Pay.
To view your Auto Pay, please log in at www.frontier.com

CITY OF LOS ANGELES Date of Bill **Account Number** 

Page 3 of 3 12/15/20 310-231-7288-081418-5

## **CURRENT BILLING SUMMARY**

Local Service from 12/15/20 to 01/14/21 **Qty Description** 310/231-7288.0 Charge Non Basic Charges Internet 6 Dynamic IP 54.99 \$5.00 Discount through 12/08/21 Other Charges-Detailed Below Partial Month Charges-Detailed Below Total Non Basic Charges 5.99 1.00 **61.98** 

TOTAL

## \*\* ACCOUNT ACTIVITY \*\*

Qty Description Order Number Effective Dates

1 Business High Speed Internet Fee 310/231-7288 AUTOCH 12/15 5.99 Subtotal 5.99 Partial Month Charges 1 Internet 6 Dynamic IP 073943311 12/09 12/14 11.00 310/231-7288 Subtotal 11.00

> Subtotal 6.99

61.98

As the impact of the Coronavirus continues to unfold, calls may result in longer than normal hold times. For fast, easy and secure ways to manage your account, find out how (https://frontier.com/helpcenter/myguide/online-help? icid=20apr03\_national\_my-account\_covid-online-help\_link) to sign up for auto pay, manage passwords and more.

Account Summary

## My Account

Here is your account summary and balance. Click VIEW CURRENT BILL below for more detailed information.

## Summary

New Charges	\$61.98
Balance Forward 🔺	\$0.00
Previous Balance	\$131.98
Payments Received Thru Dec 7, 2020	-\$131.98

**Current Balance** 

New Charges Due Date Jan 8, 2021

- ▶ View Current Bill
- View Payment History
- ▶ Manage Auto Pay

Your MasterCard2 ending in 9270 will be charged 10 day(s) before your due date.

## My Services



Internet Internet 6 Dynamic IP

## Need help?



Troubleshooting



Tool Box

## INVOICE

**Celloyd** 

Please remit payment to: LLoyd Staffing, Inc.

PO Box 780994 Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7434 Routing #: 121000248

You may pay by ACH/wire to:

Wells Fargo Bank, N.A. Account #: 4060542594

**Credit Cards Accepted** 







Attention of: Jacqueline Le Kennedy

BILL TO:

diabetes?

Bel Air Beverly Crest Nc

Po Box 252007

Los Angeles, CA 90025

Thank you for choosing Lloyd Staffing

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:			
11/15/2020	416835	1	116863	Due Upon Receip	t		
PERIOD	DESCRIPTION 8	EMPLOYEE		HOURS	RATE	AMOUNT \$195.65	
10/12/20-10/18/20	TRANSCRIPT	Palmer, Cathe	rine	7.00	27.95	\$195.65	
10/19/20-10/25/20	TRANSCRIPT	Palmer, Cathe	rine	7.00	27.95	\$195.65	
10/26/20-11/01/20	TRANSCRIPT	Palmer, Cathe	rine	12.00	27.95	\$335.40	
1/02/20-11/08/20	TRANSCRIPT	Palmer, Cathe		8.00	27.95	\$223.60	
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	18 No. 200 Control of the Control of						
	onates a portion of all payments to	17,777 27 12 122 127	DAY THE	S AMOUNT >	TOTAL	\$950.3	

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One of the last		- PIVI.	TOTAL							1	H	INPORTANTAll hours must be approved for each day worked. Hours	ald if not Ny.
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adhollow R	Wille, NY 11747, Suito Phone: 631-777-7600	re - Bo sure to indicate AM or PM.	TING OUT	C C PR	JAM J PM	LIAM	L PM	CPM	CAM	CUAN	JURS FORWEEK TO NEAREST 1/4 HOUR WOITE TOTAL HOURS WORKED HERE		ni. r for yourself.
HD: 445 Broadhollow Road	McWille, NY 1 Phone: 63	PLETE - Bo su	THAE IN	LAM	LI AM	LAM	LAM	MALL PRI	CAM	O O	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE	F	later than friday night. etain EMPLOYEE copy for yourself.
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GHT -	FING	EE PLE	DATE	7	w	7	K	2	平	13	0.18	a ball point	MVOICE cop
	STAFFING	EMPLOYEE PLEASE COMPLET		10	0	5	0	5	0.1	2	1	INSTRUCTIONS: 1. Prots firmly; use a ball point pon-	<ol> <li>Mail ORIGINAL &amp; INVOICE copy to Lloyd, no later</li> <li>Leave CLIENT copy with clioni company; retain</li> </ol>
			DAY	MOM	TUES	WED	THURS	FRI	SAT	SUN	WEEK ENDING	1. Prots	3. Mail C

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Minimum: 4 hours per employee, per day.

1. Peros finally, uso a ball point pon.
2. Uso separate function for each assignment.
3. Kall englishM. & IMVOICE copy to Livel, no later than Fittisy night.
4. Leave CLEAT copy vith cleful company. Each EMPLOYEE copy for yourself.
5. Instigned timesteels will be returned without payment.
6. Altered innesteels will be returned without payment.

## enployee information

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

## 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.

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

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

## THAINING

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

## TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that (amadhaitzed to algn on bahalf of the named company ("Outdemer"), the total haurs shown on the rowing aide of this Ilmeaheat are certeet, the work was performed in a satisfactory mainors, and my signature is authorization to bill the reamed Customer Was understand that this person is an employee of LLOYD and is referred to the on a temporary basis, in the ovent, we of any of our additistes, or any company to whem we assign this person, dishering methely this person on a perminant or temporary basis, and the person state of the company scribe. With this person's consulting or freelance appeally, or (ii) use this person's services integrals another temperary scribe within one (it to employed in title this person's ampetary scribe.)

LLOYD guaranteer salistation with its employee's services by extending a four (4) hour guarantee period. If, for sny reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first teur (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unlass we contact LLOYD before the and of the first feur (4) hours, we agree that the employee assigned by LLOYD is satisfied or.

Inclinify the page of the proposal between LLOYD and Customer with respect to the services performed herounder and any future services, that (is Customer their not entire). Semployees with unattended promises, cash, nagetlables or other valuables future services, that (is Customer their not entire). Semployees with unattended promises, cash, nagetlables or other valuables or either or expected in the property and the property and the property of the property and the property an

their emplayment, job suspanners, pay procedures, etc., with LLOYD.

qualifications of the amplayers, unauthorized work Pericornics by LLOYD'S EMPLOYEES IS STRICTLY FORBIDGEN, ANY
TEMPORARY EMPLOYEE INJURIED WHILE ENGAGING IN UNAUTHORIZED WORK PERICORNES WORK MAY NOT BE COVERED LINDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges the undorstanding that LLOYO'S twofces are for labor and agrees to pay such involces upon receipt. If any involces remain unpaid thirty (40) days after involce date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/29% per menth (16% per unnum) en such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including the reasonable allomeys' leas and expenses.

LLOYD 10-2007

WED

	12 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	JOBATUE C. TYGEK BADING	Shi Weenson Museum 10.31	Yes (1 No II yes, Temporary Assion this assignment, (Please check)	cequee no more and procedures Jub Site & General Safety Rules Clelicy & Procedure Review Cleves and were properly certified by an	I hereby certify that the hours shown were worked by the contact it is called the required training. I understand I am to contact the authorized representative of the facility named above and that I received the representative of the facility named above and that I received two flats for me. I agree that If I do not contact the office after completing the Assignment to determine If there is other world available for me. I agree that If I do not contact the	oifice upon completion of an assignment they can assume tain not administration of an assignment they can assume tain tot administration of an assignment they can assume tain total administration of an assignment they can assume the	weing raims lextral	1	CLIENT SIGNATURE OF ACCEPTANCE IN THE PARK COMMISSION OF STATES	IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct important FOR CLIENT: Execution of this formation among the constitution of the CRNOTIONS	as stated, that the work was performent a second of advance monios to employees. Minimum 4 hours per employee per day, printed on the reverse side of this form. Please do not advance monios to employees. Minimum 4 hours per encilable for work.	
COMPANY NAME	(Please print)	-	ILEDANT TO	FIRST TIME AT	received mong	I horoby certify authorized repr	office upon con	Cat	SOCIAL SECURITY NO.	CLIENT SIGNATUR	IMPORTANTE	as stated, that printed on the	
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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 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 (1-1/2) your regular rate.

## LUNCE

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.

## ON-THE-JOB SAFETY

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

## PRAINING

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

## TERMS & CONDITIONS FOR LLOYD STAFFING

side of this limeshoot are correct, the work was performed in a satisfactory manner, and my algorature is suffered to the named of our affiliation of control and a temporary basis. In the overtive or any company to whom we assign this person at large on a person on permanent or fromparary basis, (ii) to our affiliation, or any company to whom we assign this person at large on a person of permanent or fromparary basis, (ii) to one (i) type and the person's conformation of the person of th I contity that I am authorized to sign on bohalf of the named company ("Gustamer"), the total haws shown on the revorse

LLOYD guaranteer satisfaction with its employee's services by extending a four (4) hour guarantee period. It, for any recessor, we are distantisfed with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such remployee, provided that LLOYD replaces the includual assigned. Unloss we contact LLOYD before the end of the first four (4) hours, we sprea that the employee assigned by LLOYD is substitutely.

we agree that the employee pasignes by LLO 10 is passingtony. With negated to the services performed honounder and any differ agreement between LLO 200 employees with unattended premises, cash, negatishes or other adulables (tuture son/local state) and the son the son that the son the son that the son the son that the son the son that the son the son that the son that the son that the son the son that the

thoir employment, job ausignments, pay procedures, etc., with LLOVD.

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

Cuatomer acknowledges for understanding that LLOYD'S invoices are for labor and agrees to pay auch invoices upon receipt. If my livelaces ontain impaid thirty, (30) days after livelac date, Customer agrees to pay LLOYD a late payment charge at the rade of +120's per meant (18% per entering) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable casts of collection, including its reasonable attentions? focs and expenses.

LOYD 10-2007

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printed on the reverse side of this form. Please do not advance monies to amplayees. Minimum 4 hours por amplayee par day. Bo sure to call Llayd Stattling immediately when assignment ends or we will assume you are no longer available for work. mirunsinalista tagis must bo approved for each day worked, Hours Will not bo unid if not approved dally. Allalmum: 4 haurs per employed, per day.

# TERMS & CONDITIONS FOR LLOYD STAFFING

I cartify that I am outherized to sign on behalf of the named company ("Custemer"), the total hours always on the record of the state of the named size of this limesticular to be a substant of the named of our affiliates, or any company to whom we analyse that the present an environment of a substant of the named of our affiliates, or any company to whom we analyse this present and an environment of substant of the named to the na

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Customor adenowledgas its understanding that LLOYD'S involces are for labor and agrees to pay such involces upon receipt. If any involces remain unpaid that y (30) days affor involce deta. Customer agrees to pay LLOYD a late payment charge at the rate of 1-172% per month (18% per annual) on such unpaid amounts. Customer also agrees to pay LLOYD its restaintible costs of collection, shelt-sing its restaintible to such any according the masenable attention. WORKERS COMPENSATION INSURANCE.

LOYD 10-2007

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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

To avoid defays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized

representative of the client.

OVERTIME

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Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client. adserons - Lateness minimum of 1/2 hour of lunch.

you are assigned. When working a full day, the law requires a

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

ON-THE-JOB SAFETY

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to a new assignment.

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## 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

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

## PRAINING

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

## TERMS & CONDITIONS FOR LLOYD STAFFING

side of this timeshoot are correct, the work was parformed in a satisfactory manner, and my alginature is authorization to bill the named Cuclomer. We understand that this parson is an employee of LLOYD and is referred to us on a temporary basis. In the event wor on any company to whom we assign titls parson, allowing by this person's sarvicas in a censualized or freelance capacity, or (fil) use this person's sarvicas in another temporary assign titls person's another this person's investign and the person's another this person's temporary assignment, we agree to pay LLOYD a for of 25% of the feld annualized compensation rate of the employee in the new appatity. contify that I am authanized to sign on behalf of the named company ("Custamer"), the total hours ahown on the reverse

of the employee and packing and an employee's awkees by extending a four (it) hour guarantee patied. If, for any tocach, we are diseatated sailarteation with its employee, services by each an employee, previously the employee aregimed to us, LLOYD will not charge for the first four (it) hours worked by each an employee, previously the employee aregimed by LLOYD is additicated. Unless we contact LLOYD before the end of the first four (it) hours, employee, previously and produced that the employee aregimed by LLOYD is additicated.

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LL070 16-2007

### Office of the City Clerk Administrative Services Division Neighborhood Council (NC) Funding Program Board Action Certification (BAC) Form NC Name: Bel Air-Beverly Crest NC Meeting Date: 09-23-2020 Budget Fiscal Year: 2020-2021 Agenda Item No: 5.e.ii. Page 1 of 2: Motion: Approval of amended budget showing rollover funds of \$3,407.56 with total allocation of \$35,407.56. [Previous budget had an estimated rollover amount of \$3,300; difference is \$107.56.] (Attachment C) Board Motion and/or Public Benefit Statement (CIP and NPG): ☐ Credit Card ☐ Board Member Reimbursement ☐ Check Method of Payment: (Select One) **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. Recused Ineligible No Abstain Absent Board Member's First and Last Name **Board Position** Bel Air Crest Master Assn. Rep. X Irene Sandler X Mark Goodman, M.D. Bel Air District Rep. Bel Air District Rep. X Gail Sroloff X Bel Air Glen District Rep. Larry Leisten Bel Air Hills Assn. (RVA) Rep. X Robin Greenberg Wendy Morris Bel Air Hills Assn. (RVA) Rep X X Andre Stojka Bel Air Ridge Assn. Rep. X Robert Schlesinger Benedict Cyn. Assn. Rep. Benedict Cyn. Assn. Rep. X Don Loze X Nickie Miner Benedict Cyn. Assn. Rep. X Benedict Cyn. Assn. Rep. Mindy Mann X Casiano Estates Assn. Rep. Dr. Robert Garfield, DDS X Travis Longcore, Ph.D. Custodian of Open Spaces Rep. Χ Jackie DeFede Faith-Based Organizations Rep X Franklin-Coldwater District Rep. Maureen Smith K-6 Private Schools Rep X Teresa Lee X 7-12 Private Schools Rep. Jon Wimbish X Kristie Holmes Public Ed. Institutions Rep. X Holmby Hills Assn. Rep. Jason Spradlin Jamie Hall Laurel Cyn. Assn. Rep. X X Laurel Cyn. Assn. Rep. Stephanie Savage Laurel Cyn. Assn. Rep. X Cathy Wayne Laurel Cyn. Assn. Rep. X Heather Roy X At Large Rep. Chuck Maginnis X At Large Rep. Marcia Hobbs X At Large Rep. Shawn Bayliss X Philip Enderwood At Large: Youth Seat Rep. X Commercial/Office District Rep Jacqueline Le Kennedy 0 5 Board Quorum: 15 Total: 28 0 We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present. Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory Authorized Signature

Date: 09/23/2020

Jacqueline Le Kennedy, Treasurer

Date: 09/23/2020

Office of the City Clerk						w/1		
Administrative Services Division						No. market		
Neighborhood Council (NC) Funding Progr	ram					1000		
Board Action Certification (BAC) Form						- Cly	Con o Ul	
NC Name: Bel Air-Beverly Crest NC	Meeting Date:	9/23/2020						
Budget Fiscal Year: 2020-2021			Agenda Item No	5.e.ii				
Board Motion and/or Public Benefit Statement (CIP and NPG):	ended budget showing rollover funds of \$3,407.56 with total allocation of ollover amount of \$3,300; difference is \$107.56.] (Attachment C)							
Method of Payment: (Select One)	☐ Check		☐ Credit Card		☐ Board	d Member Reimbu	irsement	
wethod of Payment, (Select One)	1 Crick	Vo	te Count					
Recused Board Member	s must leave the room prior	to any discu	ssion and may no	t return to the ro	om until after t	he vote is comple	ite.	
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	X						
	North of Sunset District Rep	X						
Patricia Murphy								
Robert A. Ringler	Residents of Beverly Glen Rep.	X	1					
Dan Palmer	Residents of Beverly Glen Rep	X						
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Board Quorum: 15	Total:				1			
We, the authorized signers of the above meeting was held in accordance with a meeting where a quorum of the Board w	Il laws, policies, and procedu	cil, declare res. The ab	that the informati ove was approved	on presented on by the Neighbor	this form is ac rhood Council E	curate and compli loard, at a Brown	ete, and that a public Act compliant public	
Authorized Signature Jacque	ine Farmedy	_	Authorized Sig	Authorized Signature: Robert A. Ringler  Print/Type Name: Robert A. Ringler, Second Signatory				
Authorized Signature Jacqueline Le	e Kennedy, Treası	ırer			A. Ringler,	Second Sig	natory	
Date: 09/23/2020		- Mark	Date: 09/23	Date: 09/23/2020				

## 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:

	if a new Treasurer is being appointed
Jaqueline Fennedy	September 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

2nd Signer	Please check here if a new 2nd Signer is being appointed
Robert A. Ringler	September 25, 2020
SIGNATURE OF THE 2 <sup>nd</sup> SIGNER	DATE
Robert A. Ringler	raringler@babcnc.org
PRINT NAME OF THE 2 <sup>ND</sup> SIGNER	EMAIL
Secretary & Second	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
Micole Mones	September 25, 2020
SIGNATURE OF THE ALTERNATE SIGNER	DATE
Nicole Miner	nminer@babcnc.org
PRINT NAME OF THE ALTERNATE SIGNER	EMAIL
<b>Assistant Treasurer</b>	310-710-8248
BOARD POSITION	PHONE NUMBER
1st Bank Cardholder	Please check here if a new Cardholder is being appointed
Robert A. Ringler	September 25, 2020
SIGNATURE OF THE 1st BANK CARD HOLDE	DATE
Robert A. Ringler	raringler@babcnc.org
PRINT NAME OF THE 1st BANK CARD HOLDE	R EMAIL
Secretary & Second	d Signer 310-365-5723
BOARD POSITION	PHONE NUMBER
2 <sup>nd</sup> Bank Cardholder	Please check here if a new Cardholder is being appointed
Robertheenberg	September 25, 2020
SIGNATURE OF THE 2 <sup>nd</sup> BANK CARD HOLDE	
Robin Greenberg	rgreenberg@babcnc.org
PRINT NAME OF THE 2nd BANK CARD HOLD	
President	310-968-0605
BOARD POSITION	PHONE NUMBER

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

1st Bank Cardholder

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

September 25, 2020

Robert A. Ringler

PRINT NAME OF THE 1st BANK CARD HOLDER

2<sup>nd</sup> Bank Cardholder

Robin diseasting
SIGNATURE OF THE 2nd BANK CARD HOLDER

September 25, 2020

Robin Greenberg

PRINT NAME OF THE 2nd BANK CARD HOLDER

## Bel Air-Beverly Crest Neighborhood Council Annual Budget for Fiscal Year 2020-2021 Annual Budget Funds \$32,000.00 Rollover Funds\* \$3,407.56 Encumbered Funds\* Total Annual Budget Funds \$35,407.56

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)	\$ 2,107.56
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	\$ 29,857.56

<sup>\*</sup>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. <a href="PLEASE NOTE: Encumbered funds are intended only for earmarked expenditures submitted in the "Encumbrance Request Form" and approved by the Funding Program</a>

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

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

TOTAL ANNUAL BUDGET ALLOCATIONS	
Office/Operational Expenditures	\$ 29,857.56
Outreach Expenditures	\$ 2,500.00
Election Expenditures	\$ 2,500.00
General and Operational Expenditures	\$ 34,857.56
Neighborhood Purposes Grants (NPG) Expenditures	\$ 550.00
Community Improvement Projects (CIP) Expenditures	\$ 0.00
TOTAL EXPENDITURES FOR FISCAL YEAR 2020-2021	\$ 35,407.56



**C**lloyd Please remit payment to:

LLoyd Staffing, Inc. PO Box 780994

10/05/20-10/11/20

Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7434

Attention of: Jacqueline Le Kennedy

Bel Air Beverly Crest Nc **BILL TO:** 

Po Box 252007

**TRANSCRIPT** 

Los Angeles, CA 90025

PO#

You may pay by ACH/wire to:

Wells Fargo Bank, N.A.

Routing #: 121000248 Account #: 4060542594

Credit Cards Accepted

7.00

27.95

Thank you for choosing Lloyd Staffing

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
10/11/2020	416523	1	116863	Due Upon Recei	ot	
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
09/14/20-09/20/20 TRANSCRIPT Palmer, Catherine		10.50	27.95	\$293.48		
09/21/20-09/27/20	TRANSCRIPT	Palmer, Cathe	erine	10.00	27.95	\$279.50
09/28/20-10/04/20	TRANSCRIPT Palmer, Catherine		10.00	27.95	\$279.50	

Palmer, Catherine

\$195.65

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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,

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ABSENCES - LATENESS Call us immediately if you must be absent or late. Do not call

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## ON-THE-JOB SAFETY

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

## Terms a conditions for Llovo Staffing

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

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

## Terms & Conditions for Lloyd Staffing

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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.

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## Terms a conditions for Lloyd Staffing

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Your lunch hour will be determined by your supervisor to whom you are assigned. When worlting a full day, the taw requires a minimum of 1/2 hour of lunch. ABSENCES — LATENESS Call us immedialely if you must be absent or late. Do not call the client, LLOYD STAFFING will call the client.

## TARESES SOFTERNO

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.

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

## Terms a compitions for Lloyd Staffing

Lectify that (an outlooked to algo on halalf of the mand company P.Customer'), the total hours shears on the navaro adds of the lancation of or contect, the work was performed in neutralessive manned dedonce, who is not contected in the person is an employed of LLOYD, and is notward to use on a temporary basis, in the centre of any contrary to be admitted as on employed of LLOYD, and is notward or a temporary basis, in the central way of our all fastes, or any contrary to value the person of LLOYD, and is notward or temporary basis, the second of the person of speriorary to be admitted to the person of the pers

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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: 09-23-2020 Budget Fiscal Year: 2020-2021 Agenda Item No: 5.e.ii. Page 1 of 2: Motion: Approval of amended budget showing rollover funds of \$3,407.56 with total allocation of \$35,407.56. [Previous budget had an estimated rollover amount of \$3,300; difference is \$107.56.] (Attachment C) Board Motion and/or Public Benefit Statement (CIP and NPG): ☐ Credit Card ☐ Board Member Reimbursement ☐ Check Method of Payment: (Select One) **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. Recused Ineligible No Abstain Absent Board Member's First and Last Name **Board Position** Bel Air Crest Master Assn. Rep. X Irene Sandler X Mark Goodman, M.D. Bel Air District Rep. Bel Air District Rep. X Gail Sroloff X Bel Air Glen District Rep. Larry Leisten Bel Air Hills Assn. (RVA) Rep. X Robin Greenberg Wendy Morris Bel Air Hills Assn. (RVA) Rep X X Andre Stojka Bel Air Ridge Assn. Rep. X Robert Schlesinger Benedict Cyn. Assn. Rep. Benedict Cyn. Assn. Rep. X Don Loze X Nickie Miner Benedict Cyn. Assn. Rep. X Benedict Cyn. Assn. Rep. Mindy Mann X Casiano Estates Assn. Rep. Dr. Robert Garfield, DDS X Travis Longcore, Ph.D. Custodian of Open Spaces Rep. Χ Jackie DeFede Faith-Based Organizations Rep X Franklin-Coldwater District Rep. Maureen Smith K-6 Private Schools Rep X Teresa Lee X 7-12 Private Schools Rep. Jon Wimbish X Kristie Holmes Public Ed. Institutions Rep. X Holmby Hills Assn. Rep. Jason Spradlin Jamie Hall Laurel Cyn. Assn. Rep. X X Laurel Cyn. Assn. Rep. Stephanie Savage Laurel Cyn. Assn. Rep. X Cathy Wayne Laurel Cyn. Assn. Rep. X Heather Roy X At Large Rep. Chuck Maginnis X At Large Rep. Marcia Hobbs X At Large Rep. Shawn Bayliss X Philip Enderwood At Large: Youth Seat Rep. X Commercial/Office District Rep Jacqueline Le Kennedy 0 5 Board Quorum: 15 Total: 28 0 We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present. Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory Authorized Signature

Date: 09/23/2020

Jacqueline Le Kennedy, Treasurer

Date: 09/23/2020

Office of the City Clerk						w/1	
Administrative Services Division						No. market	
Neighborhood Council (NC) Funding Progr	ram					1000	
Board Action Certification (BAC) Form						- Cly	Con o Ul
NC Name: Bel Air-Beverly Crest NC			Meeting Date:	9/23/2020			
Budget Fiscal Year: 2020-2021			Agenda Item No	5.e.ii			
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 2 of 2: Motion: Appr \$35,407.56. [Previous budget had an e						1
Method of Payment: (Select One)	☐ Check		☐ Credit Card		☐ Board	d Member Reimbu	irsement
wethod of Payment, (Select One)	1 Crick	Vo	te Count				
Recused Board Member	s must leave the room prior	to any discu	ssion and may no	t return to the ro	om until after t	he vote is comple	ite.
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	X					
	North of Sunset District Rep	X					
Patricia Murphy							
Robert A. Ringler	Residents of Beverly Glen Rep.	X	1				
Dan Palmer	Residents of Beverly Glen Rep	X					
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Board Quorum: 15	Total:				1		
We, the authorized signers of the above meeting was held in accordance with a meeting where a quorum of the Board w	Il laws, policies, and procedu	cil, declare res. The ab	that the informati ove was approved	on presented on by the Neighbor	this form is ac rhood Council E	curate and compli loard, at a Brown	ete, and that a public Act compliant public
Authorized Signature Jacque	ine Farmedy	_	Authorized Sig	gnature: Robo	rt A. K	ingler	
Authorized Signature Jacqueline Le	e Kennedy, Treası	ırer			A. Ringler,	<i>lingler</i> Second Sig	natory
Date: 09/23/2020		- Mark	Date: 09/23	/2020			CED 101 RAC Rev02011

## 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:

	if a new Treasurer is being appointed
Jaqueline Fennedy	September 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

2nd Signer	Please check here if a new 2nd Signer is being appointed
Robert A. Ringler	September 25, 2020
SIGNATURE OF THE 2 <sup>nd</sup> SIGNER	DATE
Robert A. Ringler	raringler@babcnc.org
PRINT NAME OF THE 2 <sup>ND</sup> SIGNER	EMAIL
Secretary & Second	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
Micole Mones	September 25, 2020
SIGNATURE OF THE ALTERNATE SIGNER	DATE
Nicole Miner	nminer@babcnc.org
PRINT NAME OF THE ALTERNATE SIGNER	EMAIL
<b>Assistant Treasurer</b>	310-710-8248
BOARD POSITION	PHONE NUMBER
1st Bank Cardholder	Please check here if a new Cardholder is being appointed
Robert A. Ringler	September 25, 2020
SIGNATURE OF THE 1st BANK CARD HOLDE	DATE
Robert A. Ringler	raringler@babcnc.org
PRINT NAME OF THE 1st BANK CARD HOLDE	R EMAIL
Secretary & Second	d Signer 310-365-5723
BOARD POSITION	PHONE NUMBER
2 <sup>nd</sup> Bank Cardholder	Please check here if a new Cardholder is being appointed
Robertheenberg	September 25, 2020
SIGNATURE OF THE 2 <sup>nd</sup> BANK CARD HOLDE	
Robin Greenberg	rgreenberg@babcnc.org
PRINT NAME OF THE 2nd BANK CARD HOLD	
President	310-968-0605
BOARD POSITION	PHONE NUMBER

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

1st Bank Cardholder

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

September 25, 2020

Robert A. Ringler

PRINT NAME OF THE 1st BANK CARD HOLDER

2<sup>nd</sup> Bank Cardholder

Robin diseasting
SIGNATURE OF THE 2nd BANK CARD HOLDER

September 25, 2020

Robin Greenberg

PRINT NAME OF THE 2nd BANK CARD HOLDER

## Bel Air-Beverly Crest Neighborhood Council Annual Budget for Fiscal Year 2020-2021 Annual Budget Funds \$32,000.00 Rollover Funds\* \$3,407.56 Encumbered Funds\* Total Annual Budget Funds \$35,407.56

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)	\$ 2,107.56
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	\$ 29,857.56

<sup>\*</sup>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. <a href="PLEASE NOTE: Encumbered funds are intended only for earmarked expenditures submitted in the "Encumbrance Request Form" and approved by the Funding Program</a>

Outreach Expenditures Category	
Mailers, Banners, Swag, Newsletter, Events, etc.	\$ 2,250.00
Social Media Campaigns	\$ 250.00
Total Outreach Expend	ditures \$ 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 Categor	У
Community Improvement Projects	\$ 0.00
Total CIP Expenditures	\$ 0.00

TOTAL ANNUAL BUDGET ALLOCATIONS			
Office/Operational Expenditures	\$ 29,857.56		
Outreach Expenditures	\$ 2,500.00		
Election Expenditures	\$ 2,500.00		
General and Operational Expenditures	\$ 34,857.56		
Neighborhood Purposes Grants (NPG) Expenditures	\$ 550.00		
Community Improvement Projects (CIP) Expenditures	\$ 0.00		
TOTAL EXPENDITURES FOR FISCAL YEAR 2020-2021	\$ 35,407.56		

## Attachment "C" for Agenda Item # 7.f.ii.

Reimbursement to Robert Schlesinger, Board Member & Planning and Land Use Chairman for \$175.18 Office Depot purchase dated 09/26/20, which includes: <a href="https://example.com/HP 952 Black/Cyan/Magenta/Yellow Ink">HP 952 Black/Cyan/Magenta/Yellow Ink</a> Cartridges for PLU Committee printer & case of paper for Office & PLU printers.

## Office DEPOT OfficeMax

LOS ANGELES - (310) 551-3006 09/26/2020 1:04 PM



SALE	2206-2-59	995-984098-20.9.2			
431632	INK, HP952, CMYB	122.99 SS			
196517	PPR, X9, 8.5X11,	64.99\$\$			
Insta	int Savings	-28.00			
	You Pay	36.9988			
572398	REWARDS ENROLL	0.01			
Promotion		-0.01			
	You Pay	0.00SS			
	Subtotal:	159 98			

You Pay 0.005 Subtotal: 159.98 Sales Tax: 15.20 Total: 175.18 Debit Card 3000: 175.18

TDS Chip Read AID A0000000042203 US Debit TVR 0000048000

CVS PIN Verified

Total Savings: \$28.01

WE WANT TO HEAR FROM YOU!

Visit survey.offlcedepot.com

and enter the survey code below:

15RB D4FR G8BH

Office of the City Clerk

Administrative Services Division

Print/Type Name: Jacqueline Le Kennedy, Treasurer

Date: 11/18/2020





purchase on 09/26/20	of HP 9 (Attachr	952 Black & Coment C)  Gredit Card	o: 7.f.ii. ent to PLU Ch	s for PLU pri	chlesinger fo nter & Case o	r Office Dep of Paper for							
purchase on 09/26/20 Office & PLU Printers □ Check	of HP 9 (Attachr	8 reimburseme 52 Black & Coment C)	ent to PLU Ch	s for PLU pri	chlesinger fo nter & Case o	r Office Dep of Paper for							
	Vo					Page 1 of 2: Approve \$175.18 reimbursement to PLU Chair Robert Schlesinger for Office De purchase on 09/26/20 of HP 952 Black & Color Cartridges for PLU printer & Case of Paper fo Office & PLU Printers (Attachment C)							
nust leave the room prior to	Vo		☐ Credit Card ☐ Board Member Reimbursement										
	o any discu	ote Count ussion and may no	t return to the ro	om until after t	ne vote is comple	te.							
Board Position	Yes	No	Abstain	Absent	Ineligible	Recused							
Bel Air Crest Master Assn. Rep.					Х								
Bel Air District Rep.				X									
Bel Air District Rep.				X									
Bel Air Glen District Rep.	Х												
Bel Air Hills Assn. (RVA) Rep.	Х												
Bel Air Hills Assn. (RVA) Rep	Х												
Bel Air Ridge Assn. Rep.	X												
Benedict Cyn. Assn. Rep.					Х								
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Benedict Cyn. Assn. Rep.				Х									
Casiano Estates Assn. Rep.				Х									
Custodian of Open Spaces Rep.	X				,								
Faith-Based Organizations Rep.				Х									
Franklin-Coldwater District Rep.	Χ												
K-6 Private Schools Rep.	Χ			>1									
7-12 Private Schools Rep.	Χ												
Public Ed. Institutions Rep.				Х									
Holmby Hills Assn. Rep.	Χ												
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Date: 11/18/2020

Office of the City Clerk								
Administrative Services Division						and A	01.05.46	
Neighborhood Council (NC) Funding Prog	ram					76.00		
Board Action Certification (BAC) Form						<u>Obj. Sin</u>	Stante He	
NC Name: Bel Air-Beverly Crest NC			Meeting Date: 11/18/2020					
Budget Fiscal Year: 2020-2021 Board Motion and/or Public Benefit			Agenda Item No: 7.f.ii.					
Statement (CIP and NPG):	Dogo 2 of 2: Approve \$175.10 reinshausement to DILLObein Debert October 1							
Method of Payment: (Select One)	☐ Check		☐ Credit Card		☐ Boar	d Member Reimb	ursement	
Recused Board Membe	rs must leave the room pric		ote Count ussion and may n	ot return to the ro	oom until after t	he vote is comple	ete.	
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.	X						
Dan Palmer	Residents of Beverly Glen Rep				Х			
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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	laws, policies, and procedu	icil, declare the res. The abor	hat the information we was approved	on presented on t by the Neighborh	his form is accu nood Council Bo	ard, at a Brown	te, and that a public Act compliant public	
Authorized Signature Jacque	line Fanned	y	Authorized Signature: Robert A. Ringler  Print/Type Name: Robert A. Ringler, Second Signatory					
Print/Type Name: Jacqueline Le	Kennedy, Treasur	4						
<sup>Date:</sup> 11/18/2020			Date: 11/18/2020					