

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	\$34857.00	\$2759.69	\$25524.83	\$0.00	\$25524.83
Outreach		\$0.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$550.00	\$0.00	\$17.46	\$0.00	\$17.46
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$7105.02	

Expenditures						
#	Vendor	Date	Description	Budget Category	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						\$0.00



Payment Receipt

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

Payment date Dec 1, 2020
Billing ID 7677-2853-5183
Payment method 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	\$210.00



Invoice

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

Details

Invoice number3826789729
Invoice dateNov 30, 2020
Billing ID7677-2853-5183
Domain namebabnc.org

Google Cloud - G Suite

Total in USD **\$210.00**

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				\$210.00
Tax (0%)				\$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)

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

The Web Corner, Inc.

19509 Ventura Blvd.

Tarzana, CA 91356

Invoice

Bill To	Date	Invoice #	Terms
	12/1/2020	21211	Due on Receipt
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.		Total	\$150.00
Thank you for your business!		Payments/Credits	-\$150.00
		Balance Due	\$0.00



CITY OF LOS ANGELES
Your Monthly Invoice

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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
Total Amount Due	\$131.98

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- Online:** Frontier.com/helpcenter
- 1.800.921.8102**
- 1.800.921.8103**
Español
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Frontier.com/helpcenter
- For the hearing impaired**
TTY: 1.877.462.6606



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

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



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

PAYMENT STUB

Total Amount Due **\$131.98**

New Charges Due Date 12/09/20

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



726037310231728808141800000056140000131985



CITY OF LOS ANGELES

Date of Bill

Account Number

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11/15/20

310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 11/15/20 to 12/14/20

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

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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
Total Amount Due	\$56.14

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

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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



4260033102317288081418000000000000000000056145



CITY OF LOS ANGELES

Date of Bill

Account Number

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

TOTAL 65.98**** ACCOUNT ACTIVITY ****

Qty Description	Order Number Effective Dates	
1 Business High Speed Internet Fee	AUTOCH 10/15	5.99
310/231-7288	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 ▲	\$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

Feedback

- ▶ 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



Need help?





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**

PAID

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
Total			\$32.12
Payments & Credits			\$32.12
Total Due			\$0.00



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

INVOICE

Invoice Date	12/01/2020
Invoice #	IN7100088824
PO #	
Customer ID	CN-631494-1701
Terms	AutoPay Scheduled
Due Date	12/16/2020
Currency	US Dollar

Bill To

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

Billing Group	Description	Quantity	Rate	Amount
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
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Your automatic payment is scheduled to be processed around the 10th of the 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 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.



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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	61.98
Total Amount Due	\$61.98

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- Email:** ContactBusiness@ftr.com



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

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



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

DO NOT PAY - You are currently signed up for Auto Pay.
To view your Auto Pay, please log in at www.frontier.com



CITY OF LOS ANGELES

Date of Bill

Account Number

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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		5.99
Partial Month Charges-Detailed Below		1.00
Total Non Basic Charges		61.98

TOTAL 61.98**** ACCOUNT ACTIVITY ****

Qty Description	Order Number	Effective Dates	
1 Business High Speed Internet Fee	AUTOCH	12/15	5.99
310/231-7288		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



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

\$0.00

Feedback

- ▶ 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



Need help?





INVOICE

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

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

Credit Cards Accepted



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

Thank you for choosing Lloyd Staffing

PO#

Thank you for choosing Lloyd Starring					
DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:	
11/15/2020	416835	1	116863	Due Upon Receipt	
PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
10/12/20-10/18/20	TRANSCRIPT	Palmer, Catherine	7.00	27.95	\$195.65
10/19/20-10/25/20	TRANSCRIPT	Palmer, Catherine	7.00	27.95	\$195.65
10/26/20-11/01/20	TRANSCRIPT	Palmer, Catherine	12.00	27.95	\$335.40
11/02/20-11/08/20	TRANSCRIPT	Palmer, Catherine	8.00	27.95	\$223.60

 STAFFING		EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.									
		DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & NOT BREAK	TOTAL HOURS				
INSTRUCTIONS: 1. Please 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 be returned without payment. *Allotted timesheets will not be accepted. All hours must be located.		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE ⇒		IMPORTANT...All hours must be approved for each day worked. Hours will not be paid if not approved daily. Minimum: 4 hours per employee, per day.							
		WEEK ENDING 10/18		7							
		MON 10/12/20		<input type="checkbox"/> AM <input type="checkbox"/> PM							
		TUES 10/13/20		<input type="checkbox"/> AM <input type="checkbox"/> PM							
		WED 10/14/20		<input type="checkbox"/> AM <input type="checkbox"/> PM							
		THURS 10/15/20		<input type="checkbox"/> AM <input type="checkbox"/> PM							
		FRI 10/16/20		<input type="checkbox"/> AM <input type="checkbox"/> PM							
SAT 10/17/20		<input type="checkbox"/> AM <input type="checkbox"/> PM									
SUN 10/18/20		<input type="checkbox"/> AM <input type="checkbox"/> PM									

COMPANY NAME BARBON		TOWNSHIP LA		ZIP 90025	
ADDRESS P.O. Box 252007		DEPT. Reinforcing		WEEK ENDING 10/18	
REPORT TO Reinforcing		JOB TITLE President		If Yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Yes <input type="checkbox"/> No	
FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> 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 Palmer		EMPLOYEE SIGNATURE <i>Catherine Palmer</i>			
SOCIAL SECURITY NO. - - - - -		PRINT NAME Catherine Palmer			
CLIENT SIGNATURE OF ACCEPTANCE <i>[Signature]</i>		PRINT NAME Catherine Palmer			
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.					

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.

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.

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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.

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. In any case, we agree 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 entreat LLOYD's employees with untended 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 therefore indemnify and hold LLOYD harmless from any such claim adding 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 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 attorneys' fees and expenses.

LLOYD 10-3007

		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 & JOB BREAK	TOTAL HOURS
MON	10/19/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	10/20/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	10/21/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	10/22/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	10/23/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	10/24/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	10/25/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR					
PLEASE WRITE TOTAL HOURS WORKED HERE =>					7
WEEK ENDING 10-25					

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. Mail CLIENT copy with client company, retain EMPLOYEE copy for yourself.
5. Unused timesheets will be returned without payment.
6. Altered timesheets will not be accepted. All hours must be booked.

COMPANY NAME (Please print) Bacon	P.O. LA 90225	ZIP 21
ADDRESS P.O. Box 252007	CITY LA	STATE LA
DEPT. Reinforcement	JOB TITLE President	WEEK ENDING 10-25

☐ 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 Palmer	EMPLOYEE SIGNATURE
SOCIAL SECURITY NO. 	PRINT NAME Robert Greenberg

CLIENT SIGNATURE OF ACCEPTANCE

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.

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) 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



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	10/26/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	10/27/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	10/28/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	10/29/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	10/30/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	10/31/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	11/1/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING	11-1	TOTAL HOURS FOR WEEK TO BEARST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE =>			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.
- Altered timesheets will not be accepted. All times must be tabulated.

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

Maximum: 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.

COMPANY NAME **BAS CNC**

(Please print)

ADDRESS

PO Box 252007

P.O.

LA 90025

ZIP

REPORT TO

Admin Green

DEPT.

President

JOB TITLE

11-1

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

Lateneine Valmet

EMPLOYEE SIGNATURE

Lateneine Valmet

SOCIAL SECURITY No.

CLIENT SIGNATURE OF ACCEPTANCE

Tom Green

PRINT NAME

Tom Green

IMPORTANT FOR CLIENT: Expectation 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.

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 two or any of our affiliates, or any company to whom we assign this person, either (a) employ this person on a permanent or temporary basis, (b) use this person's services in a consulting or freelance capacity, or (c) use this person's services through another temporary service within and (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 next 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 unauthorized promises, 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 or in connection with the foregoing. (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 be responsible for claims arising from claims and demands arising out of the Occupational Safety and Health Act as it relates to LLOYD's employees, and (e) LLOYD's employees are assigned and (f) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within thirty (30) days after the last date of the temporary employee's assignment to the Customer. Customer 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 invoice remains unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.

LLOYD 10-2007



HD: 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 BREAKS	TOTAL HOURS
MON	11	2:30	11:00	1 AM	
TUES	11	3:20	11:00	1 AM	
WED	11	4:30	11:00	1 AM	
THURS	11	5:20	11:00	1 AM	
FRI	11	6:20	11:00	1 AM	
SAT	11	4:30	11:00	1 AM	
SUN	11	3:20	11:00	1 AM	
WEEK ENDING	11-8	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE =>			8

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 4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.
 5. Unsigned timesheets will be returned without payment.
- Allocated timesheets will not be accepted. All hours must be located.*

IMPORTANT: All 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

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TRAINING

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BACK

TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on this 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 related 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 the 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 billed 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 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 inclusion 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 hereinafter 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 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.

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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.

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

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)

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		
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	Total:	28	0	0	5	0	0

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

Authorized Signature

Authorized Signature:

Print/Type Name:

Jacqueline Le Kennedy, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 09/23/2020

Date: 09/23/2020

NCFP 101 BAC Rev020118

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

September 25, 2020

DATE

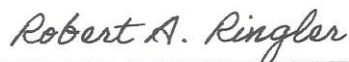
jkennedy@babcnc.org

EMAIL

310-292-8887

PHONE NUMBER

CONTINUES OTHER SIDE

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

BOARD POSITION

September 25, 2020

DATE

raringler@babcnc.org

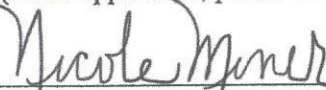
EMAIL

310-365-5723

PHONE NUMBER

Alternate Signer

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

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

SIGNATURE OF THE ALTERNATE SIGNER

Nicole Miner

PRINT NAME OF THE ALTERNATE SIGNER

Assistant Treasurer

BOARD POSITION

September 25, 2020

DATE

nminer@babcnc.org

EMAIL

310-710-8248

PHONE NUMBER

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

BOARD POSITION

September 25, 2020

DATE

raringler@babcnc.org

EMAIL

310-365-5723

PHONE NUMBER

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

BOARD POSITION

September 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

September 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

September 25, 2020

DATE

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

*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	\$ 29,857.56
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



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

Thank you for choosing Lloyd Staffing

[illegible]

LLOYD STAFFING
151-445 Broadway Road
Mahwah, NY 11747, Suite 310
Phone: 833-777-7800

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & BREAK	TOTAL HOURS
MON	10/5/20	1 AM	1 PM		
TUES	10/6/20	1 AM	1 PM		
WED	10/7/20	1 AM	1 PM		
THURS	10/8/20	1 AM	1 PM		
FRI	10/9/20	1 AM	1 PM		
SAT	10/10/20	1 AM	1 PM		
SUN	10/11/20	1 AM	1 PM		
WEEK ENDING 10/11		TOTAL HOURS FOR WEEK TO REPORT IN HOUR		PLEASE WRITE TOTAL HOURS WORKED HERE => 7	

INSTRUCTIONS:
1. Please timely pay a bill print out.
2. Use separate timesheet for each assignment.
3. Last ORIGINAL & DUPLICATE 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.
Allotted timesheets will not be accepted. All hours must be checked.

GOVERNMENT AGENCY
(Please print) **BABCONC** P.O. **90025**

ADDRESS **P.O. Box 252007** **TONY**

REPORT TO **Robin Greenberg** **DEPT** **DEVELOP** **WEEK ENDING** **10/11**

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 Palmer** **EMPLOYEE SIGNATURE** *Catherine Palmer*

SOCIAL SECURITY NO. **PROXY NAME** **John Greenberg**

CLIENT SIGNATURE OF AGENT/PRINCIPAL *John Greenberg*

IMPORTANT FOR CLIENT: Enclosed is this form by the client certifying that the TOTAL hours listed are correct as shown, that the work was performed in a satisfactory manner and approved by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance money 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.

VERTICAL

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 hereby 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 authentication to bill the named Customer. We understand that the person to whom this timesheet is submitted is to be used as a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, other (employ this person on a permanent or temporary basis, fill out this person's services in a consulting or freelance capacity, or fill out the person's services through another temporary service within one (1) year after this person's temporary assignment, you 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 unauthorized promises, cash, negotiables or other valuables or authorities such employees to perform any work or other services without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claims arising out of a breach of the foregoing, including liability resulting from bodily injury, property damage, loss, theft, damage, 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 damage thereof, involving bodily injury, property damage, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such vehicle(s) or acting out of or resulting from the operation of a vehicle(s) owned or leased by LLOYD's employee; (c) LLOYD is not responsible for claims made under its policies, those made under policies 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 damages arising out of the Occupational Safety and Health Act or its related provisions 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 accepts LLOYD's employee's relationship with the 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 EXERCISING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD's policies also for labor and agrees to pay such policies upon receipt, if any, because payable until 100 days after incident 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 attorney's fees and expenses.



STAFFING
 131- 445 Broadhollow Road
 Melville, NY 11747, Suite 110
 Phone: 516-777-7600

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH (15 min break)	TOTAL HOURS
MON	9/21/07	11 AM	1 PM		
TUES	9/22/07	11 AM	1 PM		
WED	9/23/07	11 AM	1 PM		
THURS	9/24/07	11 AM	1 PM		
FRI	9/25/07	11 AM	1 PM		
SAT	9/26/07	11 AM	1 PM		
SUN	9/27/07	11 AM	1 PM		
WEEK ENDING 9/27		TOTAL HOURS FOR YEAR TO DATE 14 HOURS			

INSTRUCTIONS:
 1. Press hourly rate at top right.
 2. Use separate timesheet for each assignment.
 3. This timesheet is for use only by the client. It is not to be used for any other purpose.
 4. Leave client copy with client company. Return employee copy for yourself.
 5. Assigned timesheet will be returned to you. All times must be indicated.

CONTRACT NUMBER
 343300

ADDRESS
 PO Box 252007
 Tampa, FL 33625

REPORT TO
 Robin Greenberg

PERCENT
 100%

WEEK ENDING
 9/27

EMPLOYEE SIGNATURE
 Catherine Palmer

EMPLOYEE SIGNATURE
 Robin Greenberg

SIGNATURE OF ACCEPTANCE
 Robin Greenberg

IMPORTANT FOR CLIENT: Execution of this contract is contingent upon the client's agreement to the terms and conditions set forth in the contract. The client's agreement is required for the contract to be valid.

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.

OVER TIME
 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.

WORKING CONDITIONS
 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.

TERMS OF EMPLOYMENT
 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 not to be used on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (a) employ this person on a permanent or temporary basis, (b) use this person's services in a consulting or freelance capacity, or (c) use 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 realized 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 rendered hereunder and any future services that (a) Customer shall not contact LLOYD's employees with matters that constitute a breach of the agreement and any other matters that may be subject to the prior written consent of LLOYD in each instance and (b) LLOYD shall not be responsible for any such claim arising out of or in breach of the foregoing inclusion of liability resulting from bodily injury, property damage, fire, theft, claims, cargo damage or other public liability damage. LLOYD's insurance does not cover such 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, or arising out of or involving violation by Customer of clause (b) above. (c) LLOYD is not responsible for claims made under its liability 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 or no liability to LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees, unless such claims are reported in writing to LLOYD by the Customer within thirty (30) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts its obligation to discuss all matters concerning their employment, job assignments, pay practices, 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 ENGAGED IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.**

Customer understands that LLOYD's services are for labor and agrees to pay such services upon receipt. If any invoices remain unpaid after 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 11-2707

LLOYD'S
STAFFING

111: 445 Broadway Road
Melville, NY 11747, Suite 110
Phone: 631-777-7800

INTERVIEW NAME: **BABSON** P.O. **90025**
ADDRESS: **PO Box 252007** CITY: **TOU** ZIP: **90025**

REPORT TO: **Robin Greenberg** JOB TITLE: **Project** WEEK ENDING: **9/20**

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 in duration 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 Palmer** EMPLOYEE SIGNATURE: *Catherine Palmer*
SOCIAL SECURITY NO.: **111-111-1111**

CLIENT SIGNATURE OF ACCEPTANCE: *John Greenberg* PRINT NAME: **John 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 approved by the client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance money to employees. Minimum 4 hours per employee per day. Be sure to call Lloyd Staffing immediately when assignment ends or will assume yet not no longer available for work.

DAY	DATE	TIME IN	TIME OUT	TOTAL HOURS
MON	9/14/20	7 AM	3 PM	6
TUES	9/15/20	7 AM	3 PM	6
WED	9/16/20	7 AM	3 PM	6
THURS	9/17/20	7 AM	3 PM	6
FRI	9/18/20	7 AM	3 PM	6
SAT	9/19/20	7 AM	3 PM	6
SUN	9/20/20	7 AM	3 PM	6
WEEK ENDING	9/20	TOTAL HOURS FOR WEEK TO HEREIN: 14 HOURS		10.5

INSTRUCTIONS:
 1. Please limit: no bill paid part.
 2. Use separate timesheet for each assignment.
 3. Use ORIGINAL & duplicate copy in Lloyd, no later than Friday night.
 4. Leave client copy with client company; retain EMPLOYEE copy for yourself.
 5. Unassigned timesheets will be returned without payment.
 6. Altered timesheets will not be accepted. All times must be checked.

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

BAKERS

EMPLOYEE INFORMATION

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

WORK TIME
 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, therefore, in no way a temporary associate of our office, or any company to whom we assign this person, either (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, you are dissatisfied with the employee assigned to you, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not contact LLOYD's employees with unauthorized promises, cash, negotiable or other valuable or otherwise such employees to complete machinery or other vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claims arising out of a breach of this temporary agreement of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage (a) 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 caused or incurred as a result of a LLOYD's employee driving such vehicle(s), or acting 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 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 employees unless such claims are reported in writing to LLOYD by the Customer within thirty (30) days after the last date of the temporary employee's assignment to the Customer. Customer agrees to indemnify LLOYD's employees against all claims, damages, costs, expenses, attorney's fees and expenses, including the reasonable attorney's fees and expenses, arising out of or from any such claims.

Customer understands its understanding that LLOYD's employees are for labor and agrees to pay such employees upon receipt. If any invoice remains unpaid for 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 amount. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorney's fees and expenses.

LLOYD 10-2007

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.

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

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)

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		
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	Total:	28	0	0	5	0	0

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

Authorized Signature

Authorized Signature:

Print/Type Name:

Jacqueline Le Kennedy, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 09/23/2020

Date: 09/23/2020

NCFP 101 BAC Rev020118

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

September 25, 2020

DATE

jkennedy@babcnc.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

September 25, 2020

DATE

raringler@babcnc.org

EMAIL

310-365-5723

PHONE NUMBER

Alternate Signer

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

☐ Please check here if a new Alt. Signer is being appointed*Nicole Miner*

SIGNATURE OF THE ALTERNATE SIGNER

Nicole Miner

PRINT NAME OF THE ALTERNATE SIGNER

Assistant Treasurer

BOARD POSITION

September 25, 2020

DATE

nminer@babcnc.org

EMAIL

310-710-8248

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

September 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

September 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

September 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

September 25, 2020

DATE

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

*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	\$ 29,857.56
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: HP 952 Black/Cyan/Magenta/Yellow Ink
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



VTVTYP4PMU5YMBEE6

SALE	2206-2-5995-984098-20.9.2	
431632 INK,HP952,CMYB	122.99	SS
196517 PPR,X9,8.5X11,	64.99	SS
Instant Savings	-28.00	
You Pay	36.99	SS
572398 REWARDS ENROLL	0.01	
Promotion	-0.01	
You Pay	0.00	SS
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:
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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: 11/18/2020

Budget Fiscal Year: 2020-2021

Agenda Item No: 7.f.ii.

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

Page 1 of 2: Approve \$175.18 reimbursement to PLU Chair Robert Schlesinger for Office Depot purchase on 09/26/20 of HP 952 Black & Color Cartridges for PLU printer & Case of Paper for Office & PLU Printers (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		
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	Total:	21	0	0	9	3	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

Authorized Signature:

Print/Type Name:

Jacqueline Le Kennedy, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 11/18/2020

Date: 11/18/2020

