

Monthly Expenditure Report



Reporting Month: March 2021

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
\$20306.15	\$3366.94	\$16939.21	\$2850.90	\$200.00	\$13888.31

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$34857.00	\$3166.66	\$16921.19	\$2850.90	\$14070.29
Outreach		\$200.28		\$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: \$200.00		Previous Expenditures: \$15101.41	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	CTS FRONTIER ONLINEPAY	03/01/2021	Frontier Paid Receipt and Statement Due Date 03-11-2021.pdf	General Operations Expenditure	Office	\$60.98
2	GOOGLE GSUITE_babcnc.	03/01/2021	Google 03-01-2021 paid Receipt & Invoice.pdf	General Operations Expenditure	Office	\$210.00
3	LOGMEIN GoToConnect	03/10/2021	LogMeIn Paid Receipt & Invoice 03-10-2021.pdf	General Operations Expenditure	Office	\$32.36
4	FACEBK BJSK22PLV2	03/10/2021	BJSK22PLV2 Invoice and Receipt 3-9-2021	General Operations Expenditure	Outreach	\$25.00
5	FACEBK XUZ4P3KMOV2	03/12/2021	Facebook Ad Account Invoice/Receipt 03-12-2021 T09-37 Transaction #38648.pdf	General Operations Expenditure	Outreach	\$25.00
6	FACEBK ASFMUZAMV2	03/15/2021	Facebook 03-14-2021 T17-06 Transaction #3660389804078050-7315816.pdf	General Operations Expenditure	Outreach	\$25.00
7	Twitter Online Ads	03/16/2021	Twitter Receipt/Invoice 3-16-2021 600000006949661.pdf	General Operations Expenditure	Outreach	\$15.62

8	FACEBK 3F62V23MV2	03/18/2021	Facebook 3-18-2021 Receipt/ Invoice 3-16-2021 18T07-52 Transaction 3773625929421101-7336384.pdf	General Operations Expenditure	Outreach	\$35.00
9	GOOGLE Google Storage	03/20/2021	Google Play Invoice/Receipt from Mar 20, 2021.pdf	General Operations Expenditure	Office	\$19.99
10	FACEBK 7WZNC2PLV2	03/22/2021	Facebook 03-22-2021 Receipt/Invoice 2021-03-22T15-29 Transaction 3716484935135198-7361749.pdf	General Operations Expenditure	Outreach	\$50.00
11	Twitter Online Ads	03/23/2021	Twitter 03-23-2021 Receipt & Invoice.pdf	General Operations Expenditure	Outreach	\$16.70
12	CTS FRONTIER ONLINEPAY	03/29/2021	Frontier Paid Receipt/Invoice and Statement Due Date 04-08-2021.pdf	General Operations Expenditure	Office	\$60.98
13	Twitter Online Ads	03/30/2021	Twitter 03-30-2021 Paid Receipt & Invoice.pdf	General Operations Expenditure	Outreach	\$7.96
14	Robert Schlesinger	02/05/2021	Request for Reimbursement of Out of Pocket Expenses paid by Board Member Robert Schlesinger in the total amount of \$183.00 for 6 months P.O. BOX fees for BABCNC (P.O.BOX already appr...	General Operations Expenditure	Office	\$183.00
15	Lloyd Staffing, Inc.	02/05/2021	Invoice from Lloyd's for Board Administrator services for 3 billing cycles starting 12/14/20 and ending 01/03/21. Dated 01.08.2021. Invoice #417257. Amount: ...	General Operations Expenditure	Office	\$279.50
16	Lloyd Staffing, Inc.	02/05/2021	Invoice from Lloyd's for Board Administrator services for 4 billing cycles starting 01/04/21 and ending 01/31/21. Dated 01.31.2021. Invoice #417524. Amount: ...	General Operations Expenditure	Office	\$1257.75
17	Lloyd Staffing, Inc.	02/05/2021	Invoice from Lloyd's for Board Administrator services for 5 billing cycles starting 11/09/20 and ending 12/13/20. Dated 12.20.2020. Invoice #417128. Amount: ...	General Operations Expenditure	Office	\$1062.10
Subtotal:						\$3366.94

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	LLoyd Staffing Inc	04/06/2021	Payment to Lloyd's for Board Administrator services for the 4 weeks of services starting:02/01/2021 and ending 02/28/2021 Invoice Dated:02/28/2021 ...	General Operations Expenditure	Office	\$1593.15

2	Lloyd Staffing, Inc.	04/13/2021	Payment to Lloyd's for Board Administrator Services for the 3 weeks of services starting: 03/01/2021 and ending 03/21/2021. Invoice dated: 03/21/2021 Invoice Number: 417956 Amount: \$1,257.75	General Operations Expenditure	Office	\$1257.75
	Subtotal: Outstanding					\$2850.90



CITY OF LOS ANGELES
Your Monthly Invoice

Page 1 of 3

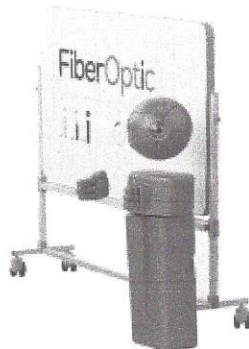
Account Summary

New Charges Due Date	3/11/21
Billing Date	2/15/21
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	60.98
Payments Received Thru 1/30/21	-60.98
Thank you for your payment!	
Balance Forward	.00
New Charges	60.98
Total Amount Due	\$60.98

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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



11



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

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



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

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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

2/15/21

310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 02/15/21 to 03/14/21

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
Total Non Basic Charges		60.98

TOTAL 60.98

**** ACCOUNT ACTIVITY ****

Qty Description	Order Number	Effective Dates	
1 Business High Speed Internet Fee	AUTOCH	2/15	5.99
310/231-7288		Subtotal	5.99
		Subtotal	5.99



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	\$60.98
Balance Forward ▼	\$0.00

Current Balance
New Charges Due Date Mar 11, 2021

\$0.00

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

Feedback

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



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	Mar 1, 2021
Billing ID	7677-2853-5183
Payment method	Mastercard •••• 9270
Payment number	P0z1Obsc
Payment ID	GSUITE_babcnc.org

Description	
Payment amount	\$210.00



Invoice

Invoice number: 3872516222

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 number3872516222
Invoice dateFeb 28, 2021
Billing ID7677-2853-5183
Domain namebabenc.org

Google Workspace

Total in USD **\$210.00**

Summary for Feb 1, 2021 - Feb 28, 2021

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	Feb 1 - Feb 28	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>



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

INVOICE

Invoice Date 03/01/2021
Invoice # IN7100252122
PO #
Customer ID CN-631494-1701
Terms AutoPay Scheduled
Due Date 03/16/2021
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 03/01/2021 - 03/31/2021	1	22.21	\$22.21
Primary	Standard Phone Numbers (DID) 03/01/2021 - 03/31/2021	1	4.55	\$4.55
Primary	State and Local Regulatory Recovery Fee	1	2.76	\$2.76
Primary	Universal Service Fee (USF)	1	1.33	\$1.33
Primary	Regulatory Recovery Fee	1	1.51	\$1.51

Total \$32.36

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.



Invoices

Payment Options

Billed Call Details

Accounts ▾

Invoice Details

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

Download Invoice

Invoice IN7100252122

Date Due

March 16, 2021

Status

Paid

Date Paid

March 10, 2021

Payment Method

MasterCard ** 9270 08/2023

Total Due **\$0.00**

PAID

Description	Qty	Rate	Total
GoToConnect - 03/01/2021 - 03/31/2021	1	\$22.21	\$22.21
Standard Phone Numbers (DID) - 03/01/2021 - 03/31/2021	1	\$4.55	\$4.55
State and Local Regulatory Recovery Fee	1	\$2.76	\$2.76
Universal Service Fee (USF)	1	\$1.3327	\$1.33
Regulatory Recovery Fee	1	\$1.5067	\$1.51
Total			\$32.36
Payments & Credits			\$32.36
Total Due			\$0.00

Receipt for BABCNC Facebook Ad Account

Account ID: 708474819831906



Invoice/Payment Date
Mar 9, 2021, 8:22 PM

Payment Method
MasterCard*9270
Reference Number: BJSK22PLV2

Transaction ID
3681179565332402-7288856

Product Type
Facebook

Paid

\$25.00 USD

You're being billed because you reached your \$25.00 billing threshold.

Campaigns

Candidate Recruitment 2021		\$25.00
From Mar 6, 2021, 12:00 AM to Mar 9, 2021, 8:22 PM		

General Recruitment	900 Impressions	\$20.38
Youth Seat Recruitment	582 Impressions	\$4.62

Receipt for BABCNC Facebook Ad Account

Account ID: 708474819831906



Invoice/Payment Date
Mar 12, 2021, 9:37 AM

Payment Method
MasterCard*9270
Reference Number: XUZ4P3KMOV2

Transaction ID
3864814600302237-7302809

Product Type
Facebook

Paid

\$25.00 USD

You're being billed because you reached your \$25.00 billing threshold.

Campaigns

Candidate Recruitment 2021		\$25.00
From Mar 9, 2021, 12:00 AM to Mar 12, 2021, 9:37 AM		

Youth Seat Recruitment	371 Impressions	\$2.31
General Recruitment	1,448 Impressions	\$22.69

Receipt for BABCNC Facebook Ad Account

Account ID: 708474819831906



Invoice/Payment Date
Mar 14, 2021, 5:06 PM

Payment Method
MasterCard*9270
Reference Number: ASFMUZAMV2

Transaction ID
3660389804078050-7315816

Product Type
Facebook

Paid

\$25.00 USD

You're being billed because you reached your \$25.00 billing threshold.

Campaigns

Candidate Recruitment 2021		\$25.00
From Mar 12, 2021, 12:00 AM to Mar 14, 2021, 5:06 PM		

General Recruitment	1,607 Impressions	\$22.78
Youth Seat Recruitment	381 Impressions	\$2.22



INVOICE

Twitter Inc

1355 Market Street, Suite 900
San Francisco, CA 94103

Invoice for

Robert Ringler

200 North Spring Street
Suite 2005
Los Angeles 90012, CA
United States

Invoice number 600000006949661

Invoice date March 16, 2021

Billing period March 22, 2019 - March 14, 2021

Date	Description	Total amount in (USD \$)
March 14, 2021	Find Candidates · #25568928	\$15.62
Total		\$15.62

Receipt for BABCNC Facebook Ad Account

Account ID: 708474819831906



Invoice/Payment Date
Mar 18, 2021, 7:52 AM

Payment Method
MasterCard*9270
Reference Number: 3F62V23MV2

Transaction ID
3773625929421101-7336384

Product Type
Facebook

Paid

\$35.00 USD

You're being billed because you reached your \$35.00 billing threshold.

Campaigns

Candidate Recruitment 2021		\$35.00
From Mar 14, 2021, 12:00 AM to Mar 18, 2021, 7:52 AM		

General Recruitment	2,754 Impressions	\$32.48
Youth Seat Recruitment	373 Impressions	\$2.52



Search

C

Apps

Movies & TV

Books

Devices

Account

Payment methods

Play Points New

My subscriptions

Redeem

Buy gift card

My wishlist

My Play activity

Parent Guide

Total you've spent in March






\$ 19.99

Your budget only applies to this account, and you can change it at any time.

[Set budget](#)

Order history

CATEGORIES ▾

	100 GB	\$19.99	Mar 19, 2021	Apps	Report a problem
	100 GB	\$19.99	Mar 20, 2020	Apps	Report a problem
	Google Duo - High Quality Video Calls	\$0.00	Oct 19, 2019	Apps Communication	
	Spotify: Listen to podcasts & find music you love	\$0.00	Oct 19, 2019	Apps Music & Audio	
	SmartThings	\$0.00	Oct 19, 2019	Apps Lifestyle	

3/24/2021

Your Google Play Order Receipt from Mar 20, 2021 - council@babarc.org - Bel Air/Beverly Crest Neighborhood Council Mail



in: draft



3 of 550

Your Google Play Order Receipt from Mar 20, 2021

Inbox x

100 GB (Google Drive) (by Google LLC)
\$19.99/Year

Ordered from
Google Play

Total cost
\$19.99/Year

[View order](#)

Items
100 GB (Google Drive) (by Google LLC)

Google Play <googleplay-noreply@google.com>
to me

Mar 20, 2021, 3:06 PM (4 days ago)



Thank you.

Your subscription from Google on Google Play continues and you've been



Receipt for BABCNC Facebook Ad Account

Account ID: 708474819831906



Invoice/Payment Date
Mar 22, 2021, 3:29 PM

Payment Method
MasterCard · 9270
Reference Number: 7WZNC2PLV2

Transaction ID
3716484935135198-7361749

Product Type
Facebook

Paid

\$50.00 USD

You're being billed because you reached your \$50.00 billing threshold.

Campaigns

Candidate Recruitment 2021			\$50.00
From Mar 18, 2021, 12:00 AM to Mar 22, 2021, 3:29 PM			
General Recruitment	3,311 Impressions		\$40.79
Youth Seat Recruitment	114 Impressions		\$0.82
Public Schools & Commercial	599 Impressions		\$8.39



INVOICE

Twitter Inc

1355 Market Street, Suite 900
San Francisco, CA 94103

Invoice for

Robert Ringer

200 North Spring Street
Suite 2005
Los Angeles 90012, CA
United States

Invoice number 600000006964164

Invoice date March 23, 2021

Billing period March 15 - March 21, 2021


Date	Description	Total amount in (USD \$)
March 15, 2021	Find Candidates · #25568928	\$4.70
March 19, 2021	Deadline coming! · #25662058	\$4.00
March 20, 2021	Deadline coming! · #25662058	\$4.00
March 21, 2021	Deadline coming! · #25662058	\$4.00
Total		\$16.70

Invoice #600000006964164

Download PDF

Billed to
Robert Ringler
200 North Spring Street
Suite 2005
Los Angeles, CA 90012

Amount
\$16.70
Status
Paid

Funding source
 Mastercard ending 9270
Billing period
Mar 15, 2021 to Mar 21, 2021

Description	Billing period	Amount (USD)
Find Candidates	Mar 15, 2021	\$4.70
Deadline coming!	Mar 19, 2021 to Mar 21, 2021	\$12.00
Promoted tweets	Mar 15, 2021 to Mar 21, 2021	\$16.70

Total Amount \$16.70



CITY OF LOS ANGELES
Your Monthly Invoice

Page 1 of 3

Account Summary

New Charges Due Date	4/08/21
Billing Date	3/15/21
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	60.98
Payments Received Thru 3/02/21	-60.98
Thank you for your payment!	
Balance Forward	.00
New Charges	60.98
Total Amount Due	\$60.98

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 **1.800.921.8102**  **Tech support:**
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 **Email:** ContactBusiness@ftr.com



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



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

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CITY OF LOS ANGELES

Date of Bill

Account Number

Page 3 of 3

3/15/21

310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 03/15/21 to 04/14/21

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
Total Non Basic Charges		60.98

TOTAL 60.98**** ACCOUNT ACTIVITY ****

Qty Description	Order Number	Effective Dates	
1 Business High Speed Internet Fee	AUTOCH	3/15	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 will notice certain charges were moved to the Monthly Service Charges section of your bill. Questions? Please contact customer service.

Frontier is committed to keeping customers connected during this difficult time. California residential and small business customers with voice service that are experiencing a financial hardship as a result of COVID-19 may be qualified to defer Frontier payments through June 30, 2021. Please contact us at 1-800-921-8105 to let us know about your change in financial circumstances due to COVID-19 and discuss payment options for voice service. This protection does not apply to broadband or video services which may be subject to disconnection for non-payment. You can also visit www.frontier.com/resources/covid-19 to learn more about the customer protections Californians may be entitled to. Questions? Contact customer service 1-800-921-8105.



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

Balance Forward ▲

Previous Balance

Payments Received Thru Mar 2, 2021

\$60.98
\$0.00
\$60.98
-\$60.98

Feedback

Current Balance

New Charges Due Date Apr 8, 2021

\$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



INVOICE

Twitter Inc

1355 Market Street, Suite 900
San Francisco, CA 94103

Invoice for

Robert Ringler

200 North Spring Street
Suite 2005
Los Angeles 90012, CA
United States

Invoice number 600000006978766

Invoice date March 30, 2021

Billing period March 22 - March 28, 2021

Date	Description	Total amount in (USD \$)
March 22, 2021	Deadline coming! · #25662058	\$4.00
March 23, 2021	Deadline coming! · #25662058	\$3.96
Total		\$7.96



Campaigns

Creatives

Analytics

Tools

Help?

Bel Air Crest NC

Invoice #6000000006978766

Download PDF

Billed to

Robert Ringler
200 North Spring Street
Suite 2005
Los Angeles, CA 90012

Amount

\$7.96

Status

Paid

Funding source

Mastercard ending 9270

Billing period

Mar 22, 2021 to Mar 28, 2021

Description	Billing period	Amount (USD)
Deadline coming!	Mar 22, 2021 to Mar 23, 2021	\$7.96
Promoted tweets	Mar 22, 2021 to Mar 23, 2021	\$7.96

Total Amount

\$7.96



WEST LOS ANGELES FINANCE
11420 SANTA MONICA BLVD
LOS ANGELES, CA 90025-9998
(800)275-8777

01/11/2021 11:22 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Box Renewal			\$183.00
-------------	--	--	----------

Zip Code: 90025
Box #: 252007
Rental Start Date: 02/01/2021
Next Renewal Date: 07/31/2021
Customer Name: CATHERINE PALMER

Grand Total: \$183.00

Debit Card Remitted \$183.00

Card Name: MasterCard
Account #: XXXXXXXXXXXX3000
Approval #
Transaction #: 066
Receipt #: 026388
Debit Card Purchase: \$183.00
AID: A0000000042203 Chip
AL: US Debit
PIN: Verified

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or scan this code with your mobile device,



or call 1-800-410-7420.

UFN: 054573-0025
Receipt #: 840-59000029-4-6143658-2
Clerk: 23

City, State, ZIP Code
11420 Santa Monica Blvd
West Los Angeles Finance
Postmaster
PO BOX FEE PAYMENT

POSTAGE WILL BE PAID BY ADDRESSEE
FIRST-CLASS MAIL PERMIT NO. 99998
BUSINESS REPLY MAIL

If Undeliverable as Addressed,
Return to Local Postmaster



LAST DAY OF THIS MONTH.

If the fee is not paid by the due date, a late payment charge will apply. You may make payments noted on the inside top portion of this envelope.

to "U.S. Postal Service." If the bank returns payment by the due date, your PO Box service will be charged.

It has been made.

☐ Annual
☒ Semiannual
\$ 183.00
Amount

Box Number

Office Box Service Fee Due

Box # 252007 90025
BEL AIR BEVERLY CREST NEIGHBORHOOD
6 Months: \$183.00 12 Months: \$366.00
Due Date: 01/31/2021

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: 01/27/2021

Budget Fiscal Year: 2020-2021

Agenda Item No: Special Meeting Agenda Item #4

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

Page 1 of 2: Motion: Approval of Reimbursement to BABCNC Board Member, Robert Schlesinger, for \$183.00, which he paid with his personal credit card for one-half a year of service for use of PO Box 252007 @ USPS 11420 Santa Monica Boulevard, LA CA 90025-9998. (Attachment)

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:	25	0	0	5	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:

Nicole Miner, Alternate Signer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 01/27/2021

Date: 01/27/2021



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#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:				
01/08/2021	417257	1	116863	Due Upon Receipt				
PERIOD				DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
12/14/20-12/20/20				TRANSCRIPT Palmer, Catherine		5.00	27.95	\$139.75
12/21/20-12/27/20				TRANSCRIPT Palmer, Catherine		2.00	27.95	\$55.90
12/28/20-01/03/21				TRANSCRIPT Palmer, Catherine		3.00	27.95	\$83.85

Lloyd STAFFING
120-445 Broadway Road
Melville, NY 11747, Suite 110
Phone: 516-777-7610

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & BREAK	TOTAL HOURS
MON	12/14/20	9 AM	4 PM	1 PM	2
TUES	12/15/20	9 AM	4 PM	1 PM	2
WED	12/16/20	9 AM	4 PM	1 PM	2
THURS	12/17/20	9 AM	4 PM	1 PM	2
FRI	12/18/20	9 AM	4 PM	1 PM	2
SAT	12/19/20	9 AM	4 PM	1 PM	2
SUN	12/20/20	9 AM	4 PM	1 PM	2
WEEK ENDING	12-20	TOTAL HOURS FOR WEEK TO HERE: 14 HOURS PLEASE WRITE TOTAL HOURS WORKED HERE: 14			14

INSTRUCTIONS:
1. Please timely use a ball point pen.
2. Use separate timesheet for each assignment.
3. Last 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.
6. Altered timesheets will not be accepted. All factors must be followed.

IMPORTANT - No change must be approved for each day worked. Hours will not be paid if not approved daily.
Approval: 4 hours per employee, per day.

Board -
nuty

COMPANY NAME BABCNC
ADDRESS PO Box 252007
REPORT TO Robin Greenberg
DEPT.
WEEK ENDING 12-20

EMPLOYEE NAME Catherine Palmer
EMPLOYEE SIGNATURE [Signature]
CLIENT SIGNATURE OF ACCEPTANCE [Signature]
IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL HOURS listed are correct and that the work was performed in a satisfactory manner and in accordance with 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.

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.

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 released to us on a temporary basis. In the event one or more 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 unsatisfied 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 warrant the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not attempt to employ LLOYD's employees without LLOYD's written consent, (b) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (c) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (d) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (e) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (f) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (g) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (h) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (i) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (j) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (k) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (l) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (m) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (n) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (o) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (p) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (q) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (r) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (s) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (t) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (u) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (v) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (w) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (x) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (y) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent, (z) LLOYD's employees shall not be employed by any other company or individual without LLOYD's written consent.

LLOYD's 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 services are for labor and agrees to pay such services 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 attorney's fees and expenses.

LLOYD 10-2007

COMPANY NAME BABONE

ADDRESS PO Box 252007

REPORT TO Robin Greenberg

DEPT.

EMPLOYEE NAME Catherine Palmer

EMPLOYEE SIGNATURE *Catherine Palmer*

SOCIAL SECURITY NO.

CLIENT SIGNATURE OF ACCEPTANCE *Robin Greenberg*

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct and 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 authorize anyone to employees. Minimum 4 hours per employee per day.

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

ZIP 90025

WEEK ENDING 12-27

JOY TITLE *Manager*

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.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & BREAK	TOTAL HOURS
MON	12/21/20	7 AM	3 PM		
TUES	12/22/20	7 AM	3 PM		
WED	12/23/20	7 AM	3 PM		
THURS	12/24/20	7 AM	3 PM		
FRI	12/25/20	7 AM	3 PM		
SAT	12/26/20	7 AM	3 PM		
SUN	12/27/20	7 AM	3 PM		
WEEK ENDING 12-27					TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR
					PLEASE WRITE TOTAL HOURS WORKED HERE => 20

INSTRUCTIONS:

- Print clearly; use a ball point pen.
- Use separate timesheet for each assignment.
- Use ORIGINAL & DUPLICATE copy to Lloyd, no later than Friday night.
- Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.
- Unauthorized timesheets will be returned without payment.

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

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 authentication to bill the named Customer. We understand that this person is an employee of LLOYD and is released to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (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 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 invoice compensation rate of the person 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 unsatisfied 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 extend LLOYD'S employee's assignment without the prior written consent of LLOYD in each instance and authorize such employee 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 as a result of the foregoing, including but not limited to bodily injury, property damage, loss, theft, collision, cargo damage or other public liability damage; (b) LLOYD'S insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD'S employee, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, loss, 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 involving violation by Customer of clause(s) 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 practices covered or controlled by Customer and to which LLOYD'S employee is assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD'S temporary employee unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employee-employee relationship with its personnel and accepts its obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc. with LLOYD.

Temporary employee's assignment 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 incidents are for labor and appears in pay such incidents upon receipt. If any incident results in unpaid liability (30) days after invoice date, Customer agrees to pay LLOYD a fee payment equal to the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD for reasonable costs of collection, including its reasonable attorney's fees and expenses.

LLOYD 10-2007

LLOYD
STAFFING

140 445 Broadway Road
Melville, NY 11747, Suite 110
Phone: 631-777-7690

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & ON BREAK	TOTAL HOURS
MON	12/23/20	7 AM	3 PM	7 AM	
TUES	12/24/20	7 AM	3 PM	7 AM	
WED	12/30/20	7 AM	3 PM	7 AM	
THURS	12/31/20	7 AM	3 PM	7 AM	
FRI	1/1/21	7 AM	3 PM	7 AM	
SAT	1/2/21	7 AM	3 PM	7 AM	
SUN	1/3/21	7 AM	3 PM	7 AM	
TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE →					3

INSTRUCTIONS:
1. Please timely use a ball point pen.
2. Use separate timesheet for each assignment.
3. Last ORIGINAL & INVOICE copy is Lloyd, no later than Friday night.
4. Less 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 labeled.

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

CUSTOMER NAME: BABANC
ADDRESS: Po Box 252007
CITY: TAMPA
STATE: FL
ZIP: 90025

REPORT TO: Robin Greenberg
DEPT.:
JOB TITLE: Analyst
WEEK ENDING: 1/3-21

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 verified 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 that we assume I am not available.

EMPLOYEE NAME: Catherine Palmer
EMPLOYEE SIGNATURE: *Catherine Palmer*
SOCIAL SECURITY NO.:
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 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 authorized to act 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 services within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total invoiced compensation rate of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, 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 will not instruct LLOYD's employees with unauthorized premises, tools, 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 reimburse LLOYD and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage, (b) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD's employees, and Customer therefore accepts full responsibility for such 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 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 so 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 direct 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 ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD's invoice, and for labor and agrees to pay such invoice upon receipt. If any invoice remains unpaid thirty (30) days after receipt 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.

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

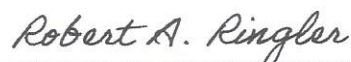
jkennedy@babcnc.org

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

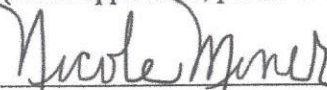
EMAIL

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
 HQ: 445 Broadhollow Road
 Melville, NY 11747, Suite 110
 Phone: 631-777-7600

EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.
 DAY DATE TIME IN TIME OUT LESS LUNCH & OR BREAK HOURS TOTAL HOURS

MON	1/4/24	7 AM	3 PM				
TUES	1/5/24	7 AM	3 PM				
WED	1/6/24	7 AM	3 PM				
THURS	1/7/24	7 AM	3 PM				
FRI	1/8/24	7 AM	3 PM				
SAT	1/9/24	7 AM	3 PM				
SUN	1/10/24	7 AM	3 PM				

WEEK ENDING 1/10/24
 TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR: 18
 PLEASE WRITE TOTAL HOURS WORKED HERE: 18

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; obtain EMPLOYEE copy for yourself.
 5. Unsigned timesheets will be returned without payment.
 6. Altered timesheets will not be accepted. All hours must be totaled.

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.

COMPANY NAME BABINC
ADDRESS PO BOX 252007
TOWN JOPATTE
STATE VA
ZIP 90025

REPORT TO Robin Greenberg
DEPT. President
WEEK ENDING 1/10/24

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. - - - - -
CLIENT SIGNATURE OF ACCEPTANCE Robin Greenberg
PRINT NAME Robin Greenberg

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.
 Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

BACK

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

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

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

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

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

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

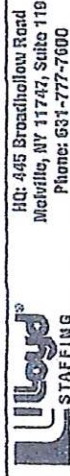
TERMS & CONDITIONS FOR LLOYD STAFFING
 I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. 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 fee basis capacity, or (iii) use this person's services through another temporary services within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not entitle LLOYD's employees with unattended premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage; (b) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor 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 (a) above; (c) LLOYD is not responsible for claims made under its Fidelity Bond and 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 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 Customer's job site based upon the job description given and the known qualifications of the employees. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

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



HQ: 445 Broadhollow Road
Melville, NY 11747, Suite 119
Phone: 631-777-7000

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & ON BREAK	TOTAL HOURS
MON	1/11/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	1/12/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	1/13/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	1/14/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	1/15/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	1/16/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	1/17/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING	1/17/21	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE =>			7

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 hours must be totaled.

PWC-

Prep. as per Board call for

COMPANY NAME (Please print)

ADDRESS

REPORT TO

JOB TITLE

DEPT.

WEEK ENDING

ZIP

P.O.

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1/17/21

EMPLOYEE NAME: Catherine Tamm
EMPLOYEE SIGNATURE: Catherine Tamm
SOCIAL SECURITY NO.:
CLIENT SIGNATURE OF ACCEPTANCE: Robin Greenberg
PRINT NAME: Robin Greenberg
IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL HOURS listed are correct. No stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.
Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

BACK

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES - LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

TERMS & CONDITIONS FOR LLOYD STAFFING

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

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not 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 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.

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LLOYD 10-2007

Lloyd STAFFING
 HQ: 445 Broadhollow Road
 Melville, NY 11747, Suite 110
 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	1/18/21	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	1/19/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	1/20/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	1/21/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	1/22/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	1/23/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	1/24/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING 1/24/21		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE 47.5			

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

inf
 board
 mve

COMPANY NAME BASCNC **TOWN** LA **ZIP** 90025
ADDRESS P.O. Box 252007
REPORT TO Robin Greenberg **JOB TITLE** President **WEEK ENDING** 1/24/21

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 PARNER **EMPLOYEE SIGNATURE** *Catherine Parnier*
SOCIAL SECURITY NO. **PRINT NAME** Robin Greenberg

CLIENT SIGNATURE OF ACCEPTANCE *Robin Greenberg*

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

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BACK

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ABSENCES - LATENESS

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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 returned to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not entitle LLOYD's employees with 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 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 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 (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 applied for 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 invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.

Lloyd STAFFING
 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 & BREAK	TOTAL HOURS
MON	1/25/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	1/26/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	1/27/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	1/28/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	1/29/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	1/30/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	1/31/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING 1/31/21		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR		15	

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 not be accepted. All hours must be totaled.
 Allotted timesheets will not be accepted. All hours must be totaled.

COMPANY NAME (Please print) BABSON **TOVIN** LA 50035 **ZIP**
ADDRESS P.O. Box 252007
REPORT TO Robin Greenberg **DEPT.** President **WEEK ENDING** 1/31/21
JOB TITLE President
EMPLOYEE NAME Catherine Fabus **EMPLOYEE SIGNATURE** Catherine Fabus
SOCIAL SECURITY NO. - - - - - **PRINT NAME** Robin Greenberg
CLIENT SIGNATURE OF ACCEPTANCE Robin Greenberg
IMPORTANT FOR CLIENT: Execution of this timesheet constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.
 Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

BACK

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES - LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet and 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 released to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (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.

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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 such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage; (b) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such vehicle(s), or arising out of or involving violation by Customer of clause (a) above; (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence; (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to 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-employee relationship with its personnel and accepts its obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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LLOYD 10-2007

BABSON
 P.O. Box 252007
 LA 50035
 1/31/21
 15
 1/31/21
 15

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

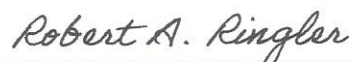
jkennedy@babcnc.org

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

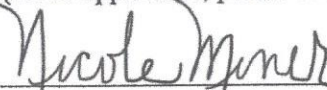
EMAIL

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]

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

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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

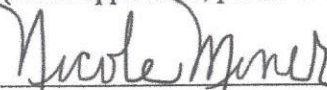
EMAIL

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	
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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