

# Attachment "B"

## Monthly Expenditure Report



**Reporting Month: April 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
\$16939.21	\$3162.32	\$13776.89	\$1872.65	\$200.00	\$11704.24

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$34857.00	\$3151.98	\$13758.87	\$1872.65	\$11886.22
Outreach		\$0.00		\$0.00	
Elections		\$10.34		\$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: \$18468.35	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE_babcnc.	04/02/2021	Google 04-02-2021 paid Receipt & Invoice.pdf	General Operations Expenditure	Office	\$207.65
2	FACEBK RD2HA4KMV2	04/05/2021	Facebook Invoice/Receipt April 2021.pdf	General Operations Expenditure	Elections	\$10.34
3	LOGMEIN GoToConnect	04/10/2021	LogMein Paid Receipt & Invoice Paid 04-10-2021.pdf	General Operations Expenditure	Office	\$32.45
4	CTS FRONTIER ONLINEPAY	04/30/2021	Frontier Paid Receipt and Statement Due Date 05-10-2021.pdf	General Operations Expenditure	Office	\$60.98
5	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
6	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
<b>Subtotal:</b>						<b>\$3162.32</b>

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	Lloyd Staffing, Inc.	05/05/2021	Payment to Lloyd's for Board Administrator Services for the 5 weeks of services starting: 03/22/2021 and ending on 04/25/2021 Invoice Dated: 04/25/2021 Invoice Number: 418256 Amount: \$1,872.65	General Operations Expenditure	Office	\$1872.65
<b>Subtotal: Outstanding</b>						<b>\$1872.65</b>



# Invoice

Invoice number: 3886409516

## Bill to

Robert Ringler  
Bel Air Beverly Crest Neighborhood Council  
PO Box 252007  
Los Angeles, CA 90025  
United States

## Details

Invoice number ..... 3886409516  
Invoice date ..... Mar 31, 2021  
Billing ID ..... 7677-2853-5183  
Domain name ..... .babnc.org

You will be automatically charged for any amount due.

Google LLC

1600 Amphitheatre Pkwy  
Mountain View, CA 94043  
United States

Federal Tax ID: 77-0493581

## Google Workspace

Total in USD **\$207.65**

## Summary for Mar 1, 2021 - Mar 31, 2021

Subtotal in USD \$207.65  
Tax (0%) \$0.00  
Total in USD \$207.65

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	Mar 1 - Mar 13	35	88.06
G Suite Basic	Usage	Mar 14 - Mar 23	34	65.80
G Suite Basic	Usage	Mar 24	33	6.38
G Suite Basic	Usage	Mar 25 - Mar 31	35	47.41
			Subtotal in USD	\$207.65
			Tax (0%)	\$0.00
			<b>Total in USD</b>	<b>\$207.65</b>

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>



# Payment Receipt

**Payment date** Apr 2, 2021  
**Billing ID** 7677-2853-5183  
**Payment method** Mastercard •••• 9270  
**Payment number** P0zKPZ5l  
**Payment ID** GSUITE\_babcnc.org

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

**Tax identification number**  
 77-0493581

Bel Air Beverly Crest Neighborhood Council  
 Robert Ringler  
 PO Box 252007  
 Los Angeles, CA 90025  
 United States

Description	
Payment amount	\$207.65

# Receipt for BABCNC Facebook Ad Account

Account ID: 708474819831906



Invoice/Payment Date  
**Apr 5, 2021, 12:25 AM**

Payment Method  
**MasterCard · 9270**  
Reference Number: RD2HA4KMV2

Transaction ID  
**3932536920196671-7442105**

Product Type  
**Facebook**

Paid

**\$10.34 USD**

Ad spend since Mar 22, 2021.

## Campaigns

Candidate Recruitment 2021		\$10.34
From Mar 22, 2021, 12:00 AM to Mar 23, 2021, 11:59 PM		
General Recruitment	458 Impressions	\$5.85
Public Schools & Commercial	393 Impressions	\$4.49



# INVOICE

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

Invoice Date 04/01/2021  
Invoice # IN7100323429  
PO #  
Customer ID CN-631494-1701  
Terms **AutoPay Scheduled**  
Due Date 04/16/2021  
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 04/01/2021 - 04/30/2021	1	22.21	\$22.21
Primary	Standard Phone Numbers (DID) 04/01/2021 - 04/30/2021	1	4.55	\$4.55
Primary	State and Local Regulatory Recovery Fee	1	2.78	\$2.78
Primary	Universal Service Fee (USF)	1	1.4	\$1.40
Primary	Regulatory Recovery Fee	1	1.51	\$1.51

**Total \$32.45**

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.



# BILLING



[Invoices](#) [Payment Options](#) [Billed Call Details](#)

[Accounts](#)

## Invoice Details

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

[Download Invoice](#)

Invoice IN7100323429

Total Due **\$0.00**

Date Due: April 16, 2021  
Status: Paid  
Date Paid: April 10, 2021  
Payment Method: MasterCard \*\* 9270 08/2023

**PAID**

Description	Qty	Rate	Total
GoToConnect - 04/01/2021 - 04/30/2021	1	\$22.21	\$22.21
Standard Phone Numbers (DID) - 04/01/2021 - 04/30/2021	1	\$4.55	\$4.55
State and Local Regulatory Recovery Fee	1	\$2.78	\$2.78
Universal Service Fee (USF)	1	\$1.3997	\$1.40
Regulatory Recovery Fee	1	\$1.5067	\$1.51

**Total \$32.45**  
**Payments & Credits \$32.45**  
**Total Due \$0.00**



**Account Summary**

<b>New Charges Due Date</b>	<b>5/10/21</b>
Billing Date	4/15/21
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	60.98
Payments Received Thru 3/30/21	-60.98
Thank you for your payment!	
Balance Forward	.00
New Charges	60.98
<b>Total Amount Due</b>	<b>\$60.98</b>

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 1.800.921.8102  **Tech support:** Frontier.com/helpcenter

 **Email:** ContactBusiness@ftr.com



**DO NOT PAY - You are currently signed up for Auto Pay. To view your Auto Pay, please log in at [www.frontier.com](http://www.frontier.com)**



CITY OF LOS ANGELES  
Date of Bill  
Account Number

Page 3 of 3  
4/15/21  
310-231-7288-081418-5

**CURRENT BILLING SUMMARY**

Local Service from 04/15/21 to 05/14/21

Qty Description	310/231-7288.0	Charge
<b>Non Basic Charges</b>		
Internet 6 Dynamic IP		54.99
\$5.00 Discount through 12/08/21		
Other Charges-Detailed Below		5.99
<b>Total Non Basic Charges</b>		<b>60.98</b>
	<b>TOTAL</b>	<b>60.98</b>

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

Qty Description	Order Number	Effective Dates	
1 Business High Speed Internet Fee	AUTOCH	4/15	5.99
310/231-7288		<b>Subtotal</b>	<b>5.99</b>
	<b>Subtotal</b>		<b>5.99</b>

**CUSTOMER TALK**

Future delivery of Frontier print directories may be reduced in certain areas. In those areas, directories are available at no charge in printed or digital versions. You can receive a printed copy of your local directory by calling 1-877-243-8339 or you can access a digital version at [www.therealyellowpages.com/](http://www.therealyellowpages.com/) You can opt out of a printed directory by visiting [www.yellowpagesoptout.com](http://www.yellowpagesoptout.com)

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 July 15, 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](http://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](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
Previous Balance	\$60.98
Payments Received <i>Thru Mar 30, 2021</i>	-\$60.98

Current Balance  
New Charges Due Date May 10, 2021

**\$0.00**

Feedback

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

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

### My Services

 **Internet**  
Internet 6 Dynamic IP

### Need help?

 **Troubleshooting**

 **Tool Box**



# 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:		
02/28/2021	417770	1	116863	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT	
02/01/21-02/07/21	TRANSCRIPT	Palmer, Catherine	15.00	27.95	\$419.25	
02/08/21-02/14/21	TRANSCRIPT	Palmer, Catherine	12.00	27.95	\$335.40	
02/15/21-02/21/21	TRANSCRIPT	Palmer, Catherine	15.00	27.95	\$419.25	
02/22/21-02/28/21	TRANSCRIPT	Palmer, Catherine	15.00	27.95	\$419.25	
				<b>TOTAL</b>	<b>\$1,593.15</b>	

Did you know that LLOYD donates a portion of all payments to JDRF to help find a cure for Type 1 diabetes? **PAY THIS AMOUNT >**

**Lloyd's**  
STAFFING

RD: 245 Broadhollow Road  
Melville, NY 11749, SoHo 119  
Phone: 631-277-7600

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH 6.00 HOURS	TOTAL HOURS
MON	2/22/21	3 AM	3 AM		
TUES	2/23/21	3 AM	3 AM		
WED	2/24/21	3 AM	3 AM		
THURS	2/25/21	3 AM	3 AM		
FRI	2/26/21	3 AM	3 AM		
SAT	2/27/21	3 AM	3 AM		
SUN	2/28/21	3 AM	3 AM		
WEEK ENDING	2/28				21

INSTRUCTIONS:  
1. Print name, use a ball point pen.  
2. Use original Worksheet for each assignment.  
3. Mark original & Working copy to LHM, no later than Friday night.  
4. Leave Working copy with each company, mark EMPLOYEE copy for yourself.  
5. Unapproved assignments will be returned without payment.  
6. Approval assignments will not be accepted. All hours must be indicated.

APPROVAL: *[Signature]*  
must be approved for each day worked. Hours will not be paid if not approved daily.  
Attendance: 4 hours per employee, per day.

TOTAL HOURS FOR WEEK TO HIGHEST 14 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE **21**

CORPORATE NAME **RSASC INC**  
Address **PO Box 252007**  
City **PORTLAND** State **OR** ZIP **97205**

REP BY **Rehin Greenblatt** DEPT **Product** WEEK ENDING **2/28**

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

I hereby certify that no 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 outside sales company the Assignment to determine if there is other work available for me. I agree that I do not contact the office upon completion of an assignment, they can assume I am not available.

EMPLOYEE NAME **Astoria Palmer** SIGNATURE *[Signature]*  
SOCIAL SECURITY NO. **REDACTED**

CLIENT SIGNATURE OF APPROVAL **Rehin Greenblatt** PHOT NAME **Rehin Greenblatt**

APPROPRIATE 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 alternate months to employees. Minimum 4 hours per employee per day. Do not call Lloyd Staffing immediately upon assignment ends or we will assume you are no longer available for work.

**EMPLOYEE INFORMATION**

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

**OVERTIME**

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

**LUNCH**

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

**ABSENCES - LATENESS**

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

**ON-THE-JOB SAFETY**

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

**TRAINING**

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

**TERMS & CONDITIONS FOR LLOYD STAFFING**

I hereby read and understand the above and agree on behalf of the named company ("Customer") the total hours shown on the reverse side of this Worksheet 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. On the event we or any of our affiliates, or any company to whom we assign the person, either will employ this person on a permanent or temporary basis, (1) the person's services in a continuing or successive capacity, or (2) use the person's services through another temporary service within the United States, we agree to pay LLOYD a fee of 25% of the total unworked compensation rate of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's conduct 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 a substitute.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any other work. I confirm that (a) Customer shall not contact LLOYD's employees with unauthorized promises, cash, negotiable or other valuables or otherwise such employees to operate machinery or in other vehicles without the prior written consent of LLOYD in each instance and shall remain indemnified and hold LLOYD harmless from any such claim arising out of a breach of the foregoing, including 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 or deobligate Customer from the obligation to indemnify LLOYD's employees, and Customer shall remain liable for any claims, including the above stated, 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 making out of or involving vehicle by Customer or claimant (a) above, (b) LLOYD is not responsible for claims made under its Public Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence; (c) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to personnel owned or controlled by Customer and to which LLOYD's employees are assigned and (d) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employee. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INVIOLATE WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE. Customer acknowledges its understanding that LLOYD's workers are for labor and subject to pay rates in force upon receipt of any invoice should apply thirty (30) days after invoice date. Customer agrees to pay LLOYD a flat payment charge of 1-1/2% per month (\$15 per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable cost of collection, including its reasonable attorney's fees and expenses.



Prefer  
to work  
FR

Get up  
out

Lloyd STAFFING		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7400	
EMPLOYEE PLEASE COMPLETE - Do not send to the office. All or P.M.	DATE	TITLE IN	TITLE OUT
MON	2/15/21	J. AM	J. AM
TUES	2/16/21	J. AM	J. AM
WED	2/17/21	J. AM	J. AM
THURS	2/18/21	J. AM	J. AM
FRI	2/19/21	J. AM	J. AM
SAT	2/20/21	J. AM	J. AM
SUN	2/21/21	J. AM	J. AM
WEEK ENDING	2/21	J. AM	J. AM
TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR		15	
PLEASE WRITE TOTAL HOURS WORKED HERE		15	

INSTRUCTIONS:  
 1. Please bring up a bill each pay.  
 2. Use separate timesheet for each assignment.  
 3. Last ORIGINAL & SERVICE COPY to Lloyd, no later than Friday night.  
 4. Leave CLEAR copy with client company, retain EMPLOYEE COPY for yourself.  
 5. Unapproved time will be returned without payment.  
 All time must be booked.

APPROVAL: All hours must be approved for each day worked. Hours will not be paid if not approved daily.  
 Calculators & stamps per employee, per day.

CONTRACT NAME: BRASCAN  
 ADDRESS: PO BOX 252007  
 CITY: TOWN  
 STATE: VA  
 ZIP: 90025

REPORTING TO: Robin Greuber  
 REPORTING TO TITLE: Assistant  
 REPORTING TO PHONE: 2121

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 shown above and that I received the required training. I understand I am to submit the office after completion of the assignment to determine if there is other work available for me. I agree that I do not consent to the office upon completion of an assignment. They can assume I am not available.

EMPLOYEE NAME: CATHERINE PHARO  
 EMPLOYEE SIGNATURE: CSP  
 SOCIAL SECURITY NO.: -  
 CLIENT SIGNATURE OF ACCEPTANCE: Robin Greuber  
 PRINT NAME: Robin Greuber

IMPORTANT FOR CLIENT: Escrowable within term by the client's convenience a certification that the TOTAL hours listed are correct or false, 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 made or you will assume you are no longer available for work.

**EMPLOYEE INFORMATION**

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

**OVERTIME**

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

**LUNCH**

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

**ABSENCES - LATENESS**

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

**ON-THE-JOB SAFETY**

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

**TRAINING**

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

**TERMS & CONDITIONS FOR LLOYD STAFFING**

I certify that I am authorized to sign on behalf of the named company ("Customer"). The total hours shown on the reverse side of this timesheet are correct. The work was performed in a satisfactory manner, and any agreement to authorize to bill the named Customer. We understand that the 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 as employee or temporary basis, (I) use this person's services in a consulting or freelance capacity, or (II) use this person's services through another temporary services which one (1) year after the person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total estimated compensation rate of the employee in the next capacity.

LLOYD guarantees satisfaction with its employee's services by conducting 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 (one) (1) hour worked by each employee, provided that LLOYD reduces the hourly assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not contact LLOYD's employees with unfavorable criticism, censure, reprobation or other variables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will reimburse LLOYD for any such claim arising out of a breach of the foregoing, including the liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage. (b) LLOYD's insurance does not cover damages or claims caused by the operations of Customer's owned or leased equipment. LLOYD's employees and Customer therefore accept 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's conduct, whether or not arising out of or resulting from the operations of Customer's owned or leased equipment. (c) LLOYD is not responsible for claims under any third party liability insurance from claims and demands arising out of the Occupational Safety and Health Act or its provisions owned or controlled by Customer and for claims by LLOYD's employees and claims and demands arising out of or resulting from LLOYD's operations. (d) LLOYD is not responsible for claims arising from work safety 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 decrease all matters concerning their employment, job assignments, pay, processing, etc., with LLOYD.

Temporary employees are assigned to Customer's job listed upon the job description form and the known qualifications of the employee. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY PROHIBITED. ANY TEMPORARY EMPLOYEE INCURRED WHILE ASSIGNING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD's policies are for labor and agrees to pay each employee upon receipt of 1-1/2 weeks pay (14 days pay) upon their last day of work. Customer agrees to pay LLOYD a fee of 25% of the total estimated compensation rate of the employee in the next capacity. Customer also agrees to pay LLOYD a reasonable cost of collection, including 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: 02/24/2021

Budget Fiscal Year: 2020-2021

Agenda Item No: 10.a.i.

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

Page 1 of 2: Motion: To approve reallocation of \$3,000 from Facilities (AJU) to Elections category toward the \$4,500 spent on elections mailers, leaving \$1,000 in Elections; (there was \$2,500 in Elections category) and to approve the Amended Budget based on B&F Committee's approved motion. (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 / Resigned Vacant	At Large Rep.				X Vacant		
Shawn Bayliss	At Large Rep.	X					
Philip Enderwood	At Large: Youth Seat Rep.	X					
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
<b>Board Quorum: 15</b>	<b>Total:</b>	22	0	0	9	2	

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: <i>Nicole Miner</i>	Authorized Signature: <i>Robert A. Ringler</i>
Print/Type Name: Nicole Miner, Alternate Signer	Print/Type Name: Robert A. Ringler, Second Signatory
Date: 02/24/2021	Date: 02/24/2021

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: 02/24/2021

Budget Fiscal Year: 2020-2021

Agenda Item No: 10.a.i.

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

Page 2 of 2: Motion: To approve reallocation of \$3,000 from Facilities (AJU) to Elections category toward the \$4,500 spent on elections mailers, leaving \$1,000 in Elections; (there was \$2,500 in Elections category) and to approve the Amended Budget based on B&F Committee's approved motion. (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
Yves Mieszala	North of Sunset District Rep.	X					
Ellen Evans	North of Sunset District Rep.	X					
Barbara Dawson for Patricia Murphy	North of Sunset District Rep.	X					
Robert A. Ringler	Residents of Beverly Glen Rep.				X		
Dan Palmer	Residents of Beverly Glen Rep.				X		
Board Quorum: 15	Total:						

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: *Nicole Miner*  
Print/Type Name: Nicole Miner, Alternate Signer  
Date: 02/24/2021

Authorized Signature: *Robert A. Ringler*  
Print/Type Name: Robert A. Ringler, Second Signatory  
Date: 02/24/2021

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

<b>Office/Operational Expenditures Category</b>	
Temporary Staff (Lloyd's Staffing)	<b>\$ 18,750.00</b>
Meeting Facilities & Space Rental, and Ancillary Meeting Expenses (AJU or other)	
Website Hosting, Maintenance, and Updates (Web Corner)	<b>\$ 2,107.56</b>
Office Internet and Technology Services (Frontier Communications)	<b>\$ 750.00</b>
Google Gsuite	<b>\$ 2,500.00</b>
Phone Answering Services (Jive Communications)	<b>\$ 350.00</b>
Office Supplies, Software, Printing, Miscellaneous Expenses, etc.	<b>\$ 2,000.00</b>
Neighborhood Council P.O. Box Rental (USPS)	<b>\$ 400.00</b>
<b>Total Office/Operational Expenditures</b>	<b>\$ 26,857.56</b>

\*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



<b>Neighborhood Purposes Grants (NPG) Expenditures Category</b>	
Neighborhood Purpose Grants	\$ 550.00
<b>Total NPG Expenditures</b>	<b>\$ 550.00</b>

<b>Community Improvement Projects (CIP) Expenditures Category</b>	
Community Improvement Projects	\$ 0.00
<b>Total CIP Expenditures</b>	<b>\$ 0.00</b>

<b>TOTAL ANNUAL BUDGET ALLOCATIONS</b>	
Office/Operational Expenditures	\$ 26,857.56
Outreach Expenditures	\$ 2,500.00
Election Expenditures	\$ 5,500.00
<b>General and Operational Expenditures</b>	<b>\$ 34,857.56</b>
Neighborhood Purposes Grants (NPG) Expenditures	\$ 550.00
Community Improvement Projects (CIP) Expenditures	\$ 0.00
<b>TOTAL EXPENDITURES FOR FISCAL YEAR 2020-2021</b>	<b>\$ 35,407.56</b>



# INVOICE

Please remit payment to:

**Lloyd Staffing, Inc.**

PO Box 780994

Philadelphia, PA 19178-0994

Questions: [AR@LloydStaffing.com](mailto:AR@LloydStaffing.com)

Pay by ACH/wire to:

Wells Fargo Bank, N.A.

Routing #: 121000248

Account #: 4060542594

**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:	
03/21/2021	417956	1	116863	Due Upon Receipt	
PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
03/01/21-03/07/21	TRANSCRIPT	Palmer, Catherine	15.00	27.95	\$419.25
03/08/21-03/14/21	TRANSCRIPT	Palmer, Catherine	15.00	27.95	\$419.25
03/15/21-03/21/21	TRANSCRIPT	Palmer, Catherine	15.00	27.95	\$419.25
Did you know that LLOYd donates a portion of all payments to JDRF to help find a cure for Type 1 diabetes?				<b>TOTAL</b>	<b>\$1,257.75</b>



HQ: 416 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	TOTAL HOURS
		J AM	J PM	J AM	J PM		
MON	3 1 21						
TUES	3 2 21						
WED	3 3 21						
THURS	3 4 21						
FRI	3 5 21						
SAT	3 6 21						
SUN	3 7 21						
WEEK ENDING	3/17	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE →					30

Volunteers

Executives

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

**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: **BABCNC** P.O. **LA 90025** ZIP  
 ADDRESS: **P.O. Box 252007** TOVIN DEPT. **President** WEEK ENDING **3/17**  
 REPORT TO: **Robin Greenberg** JOB TITLE: **President**

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 Erection 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 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 Talbot** EMPLOYEE SIGNATURE: *Catherine Talbot*  
 SOCIAL SECURITY No. **---** PRINT NAME: **---**  
 CLIENT SIGNATURE OF ACCEPTANCE: *Robert D. ...* PRINT NAME: **---**

**IMPORTANT FOR CLIENT:** Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day. Do sure to call Lloyd Staffing immediately when assignment ends or you 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 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 replaced 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 request LLOYD's employees with unattended practices, cash, negotiable 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 (b) above; (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence; (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to practices owned or controlled by Customer and to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the 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 agree to pay such invoices upon receipt. If any invoice remains unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.



HQ: 445 Broadhollow Road  
Brookville, NY 11747, Suite 110  
Phone: 631-777-7000

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

DAY	DATE	TIME IN	TIME OUT	LESS BREAK	TOTAL HOURS
MOR	3/8/21	7 AM	3 PM	6 AM	
TUES	3/9/21	7 AM	3 PM	6 AM	
WED	3/10/21	7 AM	3 PM	6 AM	
THURS	3/11/21	7 AM	3 PM	6 AM	
FRI	3/12/21	7 AM	3 PM	6 AM	
SAT	3/13/21	7 AM	3 PM	6 AM	
SUN	3/14/21	7 AM	3 PM	6 AM	
WEEK ENDING	3/14	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE →			18

**INSTRUCTIONS:**  
 1. Please bring 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 CLEAR copy with client company; retain EMPLOYEE copy for yourself.  
 5. Mailed timesheets will be returned without payment.  
 Alloted timesheets will not be accepted. All hours must be tabular.  
**MINIMUM: 4 hours per employee, per day.**

UNIONIST  
 PLU mtg

**COMPANY NAME:** BABBCNC  
**ADDRESS:** P.O. Box 252007  
**JOHN:** CA 90025  
**ZIP:** CA 90025

**REPORT TO:** Robin Greenberg  
**DEPT.:** President  
**JOB TITLE:** President  
**WEEK ENDING:** 3/14

**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 work 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 Talow  
**EMPLOYEE SIGNATURE:** *Catherine Talow*  
**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.  
 Do sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

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

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

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

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

**TERMS & CONDITIONS FOR LLOYD STAFFING**  
 I hereby certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature to authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is intended to be used on a temporary basis. In the event we or any other affiliate, or any company to whom we assign this person, either directly or through a permanent or temporary basis, (i) use this person's name in a recruiting or advertising capacity, or (ii) use this person's services through another temporary service provider, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the next capacity.

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by any 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 revisions, that (a) Customer shall not contact LLOYD's employees with imitated promises, cash, negotiables or other valuables or authorize such employee 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 any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD'S employee driving such vehicle(s); or arising out of or involving violation by Customer of clause (b) above; (c) LLOYD is not responsible for claims made under its fidelity bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence; (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to 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 thirty (30) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employer-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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

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





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

EMPLOYEE PLEASE COMPLETE - Do zero to indicate AM or PM.

DAY	DATE	TIME IN		TIME OUT		TOTAL HOURS
		AM	PM	AM	PM	
MON	3/15					
TUES	3/16					
WED	3/17					
THURS	3/18					
FRI	3/19					
SAT	3/20					
SUN	3/21					
WEEK ENDING	3/21	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE →				15

INSTRUCTIONS:  
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 4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.  
 5. Unfilled timesheets will be returned without payment.  
 Altered timesheets will not be accepted. All hours must be tabular.  
 IMPORTANT - Hours must be approved for each day worked. Hours will not be paid if not approved daily.  
 Minimum: 4 hours per employee, per day.

*Personal  
 Personal  
 Personal  
 Personal  
 Personal*

COMPANY NAME: **BATS CMC** P.O. **LA 90025** ZIP  
 ADDRESS: **P.O. Box 252007** TOWN: **LA**  
 REPORT TO: **Robin Greenberg** DEPT.: **President** WEEK ENDING: **3/21**  
 JOB TITLE: **President**

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 Lamm** EMPLOYEE SIGNATURE: *Catherine Lamm*  
 SOCIAL SECURITY NO.: **- - - - -** PRINT NAME: **Catherine Lamm**  
 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.  
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I certify that I am authorized to sign on behalf of the named company ("Customer"), the local 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 intended to be 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 unutilized 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 this first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not attempt to employ LLOYD's employees with unutilized time, 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 practices owned or controlled by Customer and to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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

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

LLOYD 10-2007

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: 02/24/2021

Budget Fiscal Year: 2020-2021

Agenda Item No: 10.a.i.

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

Page 1 of 2: Motion: To approve reallocation of \$3,000 from Facilities (AJU) to Elections category toward the \$4,500 spent on elections mailers, leaving \$1,000 in Elections; (there was \$2,500 in Elections category) and to approve the Amended Budget based on B&F Committee's approved motion. (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 / Resigned Vacant	At Large Rep.				X Vacant		
Shawn Bayliss	At Large Rep.	X					
Philip Enderwood	At Large: Youth Seat Rep.	X					
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
<b>Board Quorum: 15</b>	<b>Total:</b>	22	0	0	9	2	

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: <i>Nicole Miner</i>	Authorized Signature: <i>Robert A. Ringler</i>
Print/Type Name: Nicole Miner, Alternate Signer	Print/Type Name: Robert A. Ringler, Second Signatory
Date: 02/24/2021	Date: 02/24/2021

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: 02/24/2021

Budget Fiscal Year: 2020-2021

Agenda Item No: 10.a.i.

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

Page 2 of 2: Motion: To approve reallocation of \$3,000 from Facilities (AJU) to Elections category toward the \$4,500 spent on elections mailers, leaving \$1,000 in Elections; (there was \$2,500 in Elections category) and to approve the Amended Budget based on B&F Committee's approved motion. (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	
Yves Mieszala	North of Sunset District Rep.	X						
Ellen Evans	North of Sunset District Rep.	X						
Barbara Dawson for Patricia Murphy	North of Sunset District Rep.	X						
Robert A. Ringler	Residents of Beverly Glen Rep.				X			
Dan Palmer	Residents of Beverly Glen Rep.				X			
<b>Board Quorum: 15</b>		<b>Total:</b>						

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: *Nicole Miner*  
Print/Type Name: Nicole Miner, Alternate Signer

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

Date: 02/24/2021

Date: 02/24/2021

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

<b>Office/Operational Expenditures Category</b>	
Temporary Staff (Lloyd's Staffing)	<b>\$ 18,750.00</b>
Meeting Facilities & Space Rental, and Ancillary Meeting Expenses (AJU or other)	
Website Hosting, Maintenance, and Updates (Web Corner)	<b>\$ 2,107.56</b>
Office Internet and Technology Services (Frontier Communications)	<b>\$ 750.00</b>
Google Gsuite	<b>\$ 2,500.00</b>
Phone Answering Services (Jive Communications)	<b>\$ 350.00</b>
Office Supplies, Software, Printing, Miscellaneous Expenses, etc.	<b>\$ 2,000.00</b>
Neighborhood Council P.O. Box Rental (USPS)	<b>\$ 400.00</b>
<b>Total Office/Operational Expenditures</b>	<b>\$ 26,857.56</b>

\*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



<b>Neighborhood Purposes Grants (NPG) Expenditures Category</b>	
Neighborhood Purpose Grants	\$ 550.00
<b>Total NPG Expenditures</b>	<b>\$ 550.00</b>

<b>Community Improvement Projects (CIP) Expenditures Category</b>	
Community Improvement Projects	\$ 0.00
<b>Total CIP Expenditures</b>	<b>\$ 0.00</b>

<b>TOTAL ANNUAL BUDGET ALLOCATIONS</b>	
Office/Operational Expenditures	\$ 26,857.56
Outreach Expenditures	\$ 2,500.00
Election Expenditures	\$ 5,500.00
<b>General and Operational Expenditures</b>	<b>\$ 34,857.56</b>
Neighborhood Purposes Grants (NPG) Expenditures	\$ 550.00
Community Improvement Projects (CIP) Expenditures	\$ 0.00
<b>TOTAL EXPENDITURES FOR FISCAL YEAR 2020-2021</b>	<b>\$ 35,407.56</b>