

Monthly Expenditure Report



Reporting Month: June 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
\$11150.81	\$2235.69	\$8915.12	\$0.00	\$0.00	\$8915.12

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$34857.00	\$1935.69	\$8897.10	\$0.00	\$8897.10
Outreach		\$300.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$550.00	\$0.00	\$17.46	\$0.00	\$17.46
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$24256.75	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE BABCNC.O	06/01/2021	Google G Suite 06-01-2021 Paid Receipt/Invoice.pdf	General Operations Expenditure	Office	\$210.00
2	THE WEB CORNER, INC	06/02/2021	The Web Corner, Inc. Invoice-Receipt #22065.pdf - BABCNC.pdf	General Operations Expenditure	Office	\$150.00
3	LOGMEIN GoToConnect	06/10/2021	LogMeIn Paid Receipt/Invoice 06-10-2021.pdf	General Operations Expenditure	Office	\$32.45
4	Microsoft	06/13/2021	Microsoft 365 account Order Invoice/Receipt 6/12/2021.pdf	General Operations Expenditure	Office	\$99.99
5	LLOYD STAFFING INC	06/16/2021	Lloyd Staffing Refund Receipt.png	General Operations Expenditure	Office	\$978.25
6	OFFICE DEPOT #879	06/20/2021	Office Depot Printer HP Ink Jet Cartridges x 2 Receipt/Invoice BABCNC Paid Receipt.pdf	General Operations Expenditure	Office	\$269.35
7	LLOYD STAFFING INC	06/21/2021	Lloyd Staffing Refund Receipt.png	General Operations Expenditure	Office	\$-978.25

8	Lloyd Staffing, Inc.	05/26/2021	Payment to Lloyd's for Board Administrator Services for the 1 week of services starting: 04/26/2021 and ending on 05/02/2021 Invoice Dated: 05/23/2...	General Operations Expenditure	Office	\$195.65
9	Lloyd Staffing, Inc.	05/26/2021	Payment to Lloyd's for Board Administrator Services for the 3 weeks of services starting: 05/03/2021 and ending on 05/23/2021 Invoice Dated: 05/23/...	General Operations Expenditure	Office	\$978.25
10	City of Los Angeles Congress of Neighborhoods - Event	06/02/2021	NC approved funding contribution for L.A. Congress of Neighborhoods (LACC 22.801) Event in the amount of \$100	General Operations Expenditure	Outreach	\$100.00
11	City of Los Angeles Congress of Neighborhoods - Awards	06/02/2021	NC approved funding contribution for L.A. Congress of Neighborhoods (LAAC 22.801) Empower LA Awards in the amount of \$100	General Operations Expenditure	Outreach	\$100.00
12	City of Los Angeles Budget Advocacy	06/02/2021	NC approved funding contribution for Neighborhood Council Budget Advocacy (L.A. Charter Section 909) in the amount of \$100	General Operations Expenditure	Outreach	\$100.00
Subtotal:						\$2235.69

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

Receipts:

LLOYD STAFFING INC

445 BROADHOLLOW RD
MELVILLE, NY 11747
631-777-7600

6/21/2021 4:34:28 PM

====REFUND=====

Reference Number:	400319857
Total:	\$978.25
Transaction Type:	Refund
Transaction Status:	Pending Settlement
Card Type:	MasterCard
Card Number:	xxxxxxxxxxxx9270
Entry Method:	Keyed
Customer Name:	
Invoice:	418519

Thank You

LLOYD STAFFING INC

445 BROADHOLLOW RD
MELVILLE, NY 11747
631-777-7600

6/21/2021 4:34:28 PM

====REFUND=====

Reference Number:	400319857
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Transaction Status:	Pending Settlement
Card Type:	MasterCard
Card Number:	xxxxxxxxxxxx9270
Entry Method:	Keyed
Customer Name:	
Invoice:	418519

Thank You



Invoice

Invoice number: 3916161278

Google LLC

1600 Amphitheatre Pkwy

Mountain View, CA 94043

United States

Federal Tax ID: 77-0493581

Bill to

Robert Ringle

Bel Air Beverly Crest Neighborhood Council

PO Box 252007

Los Angeles, CA 90025

United States

Details

Invoice number3916161278

Invoice dateMay 31, 2021

Billing ID7677-2853-5183

Domain namebabnc.org

Google Workspace

Total in USD **\$210.00**

Summary for May 1, 2021 - May 31, 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	May 1 - May 31	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>



Payment Receipt

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

Payment date	Jun 1, 2021
Billing ID	7677-2853-5183
Payment method	Mastercard •••• 9270
Payment number	M07253076786
Payment ID	GSUITE_babcnc.org

Description	
Payment amount	\$210.00

Merchant: The Web Corner, Inc

19509 Ventura Blvd.
Tarzana, CA 91356
US

8183457443

Order Information

Description: Invoice # 22065

Order Number:

P.O. Number:

Customer ID:

Invoice Number:

Billing Information

Robert Ringler
Bel Air-Beverly Crest NC

Shipping Information

Shipping: 0.00

Tax: 0.00

Total: USD 150.00

Payment Information

Date/Time: 02-Jun-2021 13:13:21 MDT

Transaction ID: 42715824488

Transaction Type: Authorization w/ Auto Capture

Transaction Status: Captured/Pending Settlement

Authorization Code: 004656

Payment Method: MasterCard XXXX9270



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

INVOICE

Invoice Date 06/01/2021
Invoice # IN7100422548
PO #
Customer ID CN-631494-1701
Terms **AutoPay Scheduled**
Due Date 06/16/2021
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 06/01/2021 - 06/30/2021	1	22.21	\$22.21
Primary	Standard Phone Numbers (DID) 06/01/2021 - 06/30/2021	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 IN7100422548

Date Due

June 16, 2021

Status

Paid

Date Paid

June 10, 2021

Payment Method

MasterCard ** 9270 08/2023

Total Due **\$0.00**

PAID

Description	Qty	Rate	Total
GoToConnect - 06/01/2021 - 06/30/2021	1	\$22.21	\$22.21
Standard Phone Numbers (DID) - 06/01/2021 - 06/30/2021	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



Order details

June 12, 2021

Order number a106e84b-d6b2-435e-8b1a-8fcefef9f9ee



Microsoft 365 Family
Subscription

Completed
[Manage subscriptions](#)

\$99.99

Paid with

MasterCard *
*9270

Billing address

4312 Woodm
an Avenue, S
uite 200
Sherman Oak
s, CA 91423-5
548
US

Subtotal

\$99.99

Tax

\$0.00

Total

\$99.99

BABCNC

Receipt for two HP ink cartridges for
PLU Committee and for the office
purchased on 06-20-2021.

BABCNC 6/20/21
Office DEPOT
OfficeMax

HOLLYWOOD - (323) 957-1274

06/20/2021 3:02 PM



V2VTTY5P3655MCX6M

SALE 879-1-1935-902387-21.6.2

431632 INK, HP952, CMYB

2 @ 122.99

245.98

You Pay

245.98SS

Subtotal:

245.98

Sales Tax:

23.37

Total:

269.35

MasterCard 9270:

269.35

AUTH CODE 000238

TDS Chip Read

AID A0000000041010 MASTERCARD

TVR 0000088000

CVS No Signature Required

Shop online at www.officedepot.com

WE WANT TO HEAR FROM YOU!

Visit survey.officedepot.com

and enter the survey code below:

560H K3VT 52ZX



INVOICE

Please remit payment to:

Lloyd Staffing, Inc.

PO Box 780994

Philadelphia, PA 19178-0994

Questions: 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:
05/23/2021	418520	1	116863	Due Upon Receipt

PERIOD	DESCRIPTION & EMPLOYEE	HOURS	RATE	AMOUNT
04/26/21-05/02/21	TRANSCRIPT Palmer, Catherine	7.00	27.95	\$195.65

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 >**

TOTAL

\$195.65

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					
Board Quorum: 15	Total:	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

Authorized Signature:

Print/Type Name:

Nicole Miner, Alternate Signer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 02/24/2021

Date: 02/24/2021

☐ Board Member Reimbursement

Date: 02/24/2021

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)	
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	\$ 26,857.56

*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

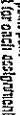
Election Expenditures Category	
Election Materials, Flyers, Placards, Signage	\$ 5,500.00
Total Election Expenditures	\$ 5,500.00

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	\$ 26,857.56
Outreach Expenditures	\$ 2,500.00
Election Expenditures	\$ 5,500.00
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

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 >**

 STAFFING					HQ: 449 Broadway Road Metairie, NY 11754, Suite 110 Phone: 631-777-6808	
EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.						
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH (8 AM BREAK)	TOTAL HOURS	
MON	5/3/21	7 AM	3 PM			
TUES	5/4/21	7 AM	3 PM			
WED	5/5/21	7 AM	3 PM			
THURS	5/6/21	7 AM	3 PM			
FRI	5/7/21	7 AM	3 PM			
SAT	5/8/21	7 AM	3 PM			
SUN	5/9/21	7 AM	3 PM			
WEEK ENDING	5/9/21	TOTAL HOURS FOR WEEK TO NEXT MONDAY		PLEASE WRITE TOTAL HOURS WORKED HERE		10

INSTRUCTIONS: 1. Please bring a valid photo ID. 2. Use separate department for each assignment. 3. NO OVERTIME & NO LATE PAY TO LATE, no later than Friday night. 4. Late client pay with client company. (cash employee copy for yourself) 5. Assigned employees will be returned without payment. 6. Assigned employees will not be accepted. All hours must be logged.		AFFIRMATION: 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.	
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COMPANY NAME BVA3 CNE		TOWN	
ADDRESS		P.O.	
P.O. BOX 252007		70205	
REPORT TO Robin Greengard		DEPT.	
IF YES, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)		JOB TITLE	
<input type="checkbox"/> Emergency Evacuation Procedures		<input type="checkbox"/> Job Site & General Safety Rules	
<input type="checkbox"/> Policy & Procedure Review		WEEK ENDING	
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.		WEEK ENDING 5/9	
EMPLOYEE NAME		EMPLOYEE SIGNATURE	
Michelle Talano		[Signature]	
SOCIAL SECURITY NO.		PHONE NO.	
[Redacted]		[Redacted]	
CLIENT SIGNATURE OF ASSIGNMENT		CLIENT SIGNATURE	
John Greengard		John Greengard	

IMPORTANT FOR CLIENT: Execution of the 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's Staffing immediately when assignment ends or we will assume you are no longer available for work.

EMPLOYEE INFORMATION

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

OVERTIME:
You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. **WORK WEEK:** Work in excess of (40) 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 - LATENESSES:
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 first, am obligated to sign on behalf of the named company, "Customer", the fact having shown on the reverse side of this document no contest, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We agree that this person is an employee of LLOYD and is returned to us on a permanent basis. In the event we or any of our affiliates or any company, require this person, either employ this person on a temporary basis, full or part time, or hire this person's services in a consulting or freelance capacity, or fill in the person's services through another temporary service within one (1) year after the person's assignment, we agree to pay LLOYD a fee of 25% of the total unbillable compensation rate of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's services by extending a five (5) day guarantee period. If, for any reason, we are dissatisfied with an employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replace 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.

Leading the first agreement between LLOYD and Customer with regard to the services performed hereunder and that any future services, that (a) Customer shall not contact LLOYD's employees with instructions, prohibitions, cash, repudiation or other violations or instructions such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in such instances, and will therefore indemnify, and hold LLOYD harmless from any such claim resulting out of a breach of, the foregoing, including all 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, (c) LLOYD's employees, and Customer themselves 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 acting while performing his or her assigned duties, and (d) LLOYD shall not be responsible for claims made against its employees or its liability for bodily injury, property damage or other claims (a) below, (b) above, (c) above, (d) above other circumstances (b) Customer shall indemnify and hold LLOYD harmless from claims and damages arising out of the Occupational Safety and Health Act in a failure to provide covered or controlled by Customer and to violate LLOYD's employees are not affected and (b) involve circumstances with LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are requested 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 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 HAVING BEEN ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD's timesheet are far labor and agrees to pay such invoices upon receipt. If any invoice remains unpaid thirty (30) days after invoice date Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (15% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD the reasonable costs of collection, including its reasonable attorney's fees and expenses.

LLOYD 10-2007

EMPLOYEE PLEASE COMPLETE - Be sure to indicate ANY or PM.					TOTAL HOURS	
DAY	DATE	TIME IN	TIME OUT	HOURS WORKED	TOTAL HOURS	TOTAL HOURS
MON	5/10/21	7 AM	3 PM	8 HOURS		
TUE	5/11/21	7 AM	3 PM	8 HOURS		
WED	5/12/21	7 AM	3 PM	8 HOURS		
THURS	5/13/21	7 AM	3 PM	8 HOURS		
FRI	5/14/21	7 AM	3 PM	8 HOURS		
SAT	5/15/21	7 AM	3 PM	8 HOURS		
SUN	5/16/21	7 AM	3 PM	8 HOURS		
TOTAL HOURS FOR WEEK TO NEXT 1/2 HOUR					40	40
PLEASE WRITE TOTAL HOURS WORKED HERE					40	40

INSTRUCTIONS: 1. Press firmly on a ball point pen. 2. Use separate line for each assignment. 3. Add ORIGINAL & INVOICE copy to file, no later than Friday night. 4. Leave CLIENT copy with client company, retain BUREAU copy for yourself. 5. Uncollected Invoices will not be returned without payment. Allotted Invoices will not be returned. All items must be located.		APPOINTMENT must be approved for each day worked, hours will not be paid if not approved daily. Minimum 4 hours per appointment, per day.
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COMPANY NAME: BATS INC ADDRESS: P.O. BOX 252007 CITY: ATLANTA, GA STATE: GA ZIP: 30325		CLIENT SIGNATURE OF AGENT/OWNER: [Signature] PRINT NAME: John Greener
EMPLOYEE NAME: Catherine Talant EMPLOYEE SIGNATURE: [Signature] PRINT NAME: Catherine Talant	ASSIGNMENT: [Blank] DATE: [Blank] TIME: [Blank]	CLIENT SIGNATURE OF AGENT/OWNER: [Signature] PRINT NAME: John Greener

I hereby certify that the hours shown were worked by me during the work ending 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.

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

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.

UNION: 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.

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

IN-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.


ORGANIZATIONAL NAME Pittsburgh Civic		TOTAL HOURS P.O. BOX 252007		P.O. # 90025	
ADDRESS P.O. BOX 252007		CITY Pittsburgh		STATE PA	
REPORT TO Robin Greenberg		DEPT -		JOB TITLE President	
FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment: (Please check)			
<input type="checkbox"/> Emergency Evacuation Procedures		<input type="checkbox"/> Job Site & General Safety Rules		<input type="checkbox"/> Policy & Procedure Review	
<p>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 it may be caused 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.</p>					
EMPLOYEE NAME Cherrie Palmer		EMPLOYEE SIGNATURE Cherrie 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 induce incentives 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.			

testify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this statement 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 referred to us as a temporary staff. In the event we do any work on our facilities or any equipment to which this person, either directly or indirectly, is assigned, we agree to pay LLOYD, at the end of each calendar month, a fee of \$100 per hour for the person's services. In the event the person is assigned to provide services with this person's services at a consulting or freelance capacity, or if/when we do not use the person through another temporary services with one (1) year after this present temporary assignment, we agree to pay LLOYD a fee of 25% of the total anticipated 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 send change for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD within the end of the first four (4) hour work period that the employee assigned by LLOYD is satisfactory.

As a condition of this contract, we acknowledge and hereby warrant that we

[illegible]

EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.					 STAFFING		HO: 445 Broadhollow Road Melville, NY 11747, Suite 115 Phone: 631-771-7000		
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS	REPORT TO	DEPT.	JOB TITLE	WEEK ENDING
MON	5/17/21	7 AM	4 PM			Robin Greenberg	DEPT.	President	5/18/21
TUES	5/18/21	7 AM	4 PM						
WED	5/19/21	7 AM	4 PM						
THURS	5/20/21	7 AM	4 PM						
FRI	5/21/21	7 AM	4 PM						
SAT	5/22/21	7 AM	4 PM						
SUN	5/23/21	7 AM	4 PM						
WEEK ENDING 5/23/21						TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR 15			
PLEASE WRITE TOTAL HOURS WORKED HERE 15						INSTRUCTIONS: <ol style="list-style-type: none"> 1. Please timely use a ball point pen. 2. Use separate line item for each assignment. 3. Use ORIGINAL & XEROX copy to Lloyd, no later than Friday night. 4. Xerox CLEVER copy with client company, retain EMPLOYEE copy for yourself. 5. Incomplete line items will be returned without payment. 6. Altered line items will not be accepted. All notes must be dated. 			
IMPORTANT: All line items must be approved for each day received. Hours will not be paid if not approved daily. Minimum: 4 hours per assignment, per day.						COMPANY NAME BABS CNC ADDRESS P.O. Box 252007 PHONE 703 50025 F.O. 703 50025			
CLIENT SIGNATURE OF ACCEPTANCE Catherine Talano						EMPLOYEE SIGNATURE Carol			
SOCIAL SECURITY NO.						WEEK ENDING 5/18/21			
CLIENT SIGNATURE OF ACCEPTANCE Robin Greenberg						EMPLOYEE SIGNATURE Robin Greenberg			
IMPORTANT FOR CLIENT: Expectation of this form by the client constitutes a certification that the TOTAL HOURS listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not invoice monies to comply/coo. 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.			

[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: 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					
Board Quorum: 15	Total:	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

Authorized Signature:

Print/Type Name:

Nicole Miner, Alternate Signer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 02/24/2021

Date: 02/24/2021

☐ Board Member Reimbursement

Date: 02/24/2021

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)	
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	\$ 26,857.56

*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	\$ 5,500.00
Total Election Expenditures	\$ 5,500.00

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	\$ 26,857.56
Outreach Expenditures	\$ 2,500.00
Election Expenditures	\$ 5,500.00
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

Neighborhood Council Funding Contribution Form
Congress of Neighborhoods/Budget Advocacy Special Accounts – FY2020-2021

I, Robin Greenberg (President or Vice-President [VP] name),
declare that I am the President or VP of the Bel Air-Beverly Crest Neighborhood Council
Neighborhood Council (NC) and that on May 26, 2021 (meeting date), a Brown Act-
noticed public meeting was held by the NC with a quorum of 19 (number) board members
present and that by a vote of 15 (number) Yea, 0 (number) Nay, and 4 (number)
Abstentions, the NC approved funding contribution(s) for the following Department of Neighborhood
Empowerment Special Account(s):

☒ Neighborhood Council Budget Advocacy (L.A. Charter Section 909) in the amount of:

*\$ 100.00

☒ L.A. Congress of Neighborhoods (LAAC 22.801) – Event in the amount of:


*\$ 100.00

☒ L.A. Congress of Neighborhoods (LAAC 22.801) – EmpowerLA Awards in the amount of:

*\$ 100.00

Therefore, the Neighborhood Council requests that the Office of the City Clerk, NC Funding Program
issue payment from our NC's current Fiscal Year funds to the Department of Neighborhood
Empowerment for the Congress and/or Budget Advocacy Special Account(s).

Contributions for Neighborhood Council Budget Advocacy and the Congress of Neighborhoods support
activities and programs which advance the purpose of the Neighborhood Council System as determined
by the Department of Neighborhood Empowerment. Funds do not support any specific entity, alliance,
or group.


Signature of President or VP

May 28, 2021
Date

=====

To request payment, the Neighborhood Council Treasurer must submit this completed form through the
NC Funding System portal as the "Payment Request Document" along with the respective Board Action
Certification (BAC) form. Forms must be submitted by the annual deadline for check payment requests
(normally June 1st) in order to process the payment from current Fiscal Year funds.

Make checks payable to each respective Special Account as approved by your NC Board:

"City of Los Angeles Budget Advocacy" or
"City of Los Angeles Congress of Neighborhoods - Event" or
"City of Los Angeles Congress of Neighborhoods - Awards"

Address: 200 N. Spring St., Suite 224, Los Angeles, CA 90012

- You may also search the respective Special Account in the Vendor section of the
Funding System portal when submitting the payment request(s).
- Please submit separate payment requests for each Special Account contribution.

*Please indicate a specific funding amount; Statements such as "unused funding for this fiscal year"
will disqualify the payment request.

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: 05/26/2021

Budget Fiscal Year: 2020-2021

Agenda Item No: 25

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

Page 1 of 2: Motion: To contribute \$100 to the Budget Advocates, \$100 to the Congress of Neighborhoods on Saturday September 25 and \$100 to EmpowerLA Awards

☐ Neighborhood Council Budget Advocacy (L.A. Charter Section 909) in the amount of: *\$ 100.00

☐ L.A. Congress of Neighborhoods (LAAC 22.801) – Event in the amount of: *\$ 100.00

☐ L.A. Congress of Neighborhoods (LAAC 22.801) – EmpowerLA Awards in the amount of: *\$ 100.00

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 Association Rep.	X					
Larry Leisten	Bel Air Glen District Rep.				X		
Robin Greenberg	Bel Air Hills Assn. Rep.	X					
Wendy Morris	Bel Air Hills Assn. 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			
Maureen Levinson	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:	15	0	4	14		

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, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 05/26/2021

Date: 05/26/2021

☐ L.A. Congress of Neighborhoods (LAAC 22.801) – EmpowerLA Awards in the amount of: *\$ 100.00

☐ Board Member Reimbursement

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

Total:

Date: 05/26/2021

Neighborhood Council Funding Contribution Form
Congress of Neighborhoods/Budget Advocacy Special Accounts – FY2020-2021

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☒ L.A. Congress of Neighborhoods (LAAC 22.801) – EmpowerLA Awards in the amount of:

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Therefore, the Neighborhood Council requests that the Office of the City Clerk, NC Funding Program
issue payment from our NC's current Fiscal Year funds to the Department of Neighborhood
Empowerment for the Congress and/or Budget Advocacy Special Account(s).

Contributions for Neighborhood Council Budget Advocacy and the Congress of Neighborhoods support
activities and programs which advance the purpose of the Neighborhood Council System as determined
by the Department of Neighborhood Empowerment. Funds do not support any specific entity, alliance,
or group.


Signature of President or VP

May 28, 2021
Date

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Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 05/26/2021

Budget Fiscal Year: 2020-2021

Agenda Item No: 25

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

Page 1 of 2: Motion: To contribute \$100 to the Budget Advocates, \$100 to the Congress of Neighborhoods on Saturday September 25 and \$100 to EmpowerLA Awards

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☐ L.A. Congress of Neighborhoods (LAAC 22.801) – EmpowerLA Awards in the amount of: *\$ 100.00

Method of Payment: (Select One)

☒ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

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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 Association Rep.	X					
Larry Leisten	Bel Air Glen District Rep.				X		
Robin Greenberg	Bel Air Hills Assn. Rep.	X					
Wendy Morris	Bel Air Hills Assn. 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			
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Chuck Maginnis	At Large Rep.			X			
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Shawn Bayliss	At Large Rep.	X					
Philip Enderwood	At Large: Youth Seat Rep.				X		
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Board Quorum: 15	Total:	15	0	4	14		

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Authorized Signature

Authorized Signature:

Print/Type Name:

Nicole Miner, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 05/26/2021

Date: 05/26/2021

☐ L.A. Congress of Neighborhoods (LAAC 22.801) – EmpowerLA Awards in the amount of: *\$ 100.00

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Total:

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Neighborhood Council Funding Contribution Form
Congress of Neighborhoods/Budget Advocacy Special Accounts – FY2020-2021

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Signature of President or VP

May 28, 2021
Date

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Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 05/26/2021

Budget Fiscal Year: 2020-2021

Agenda Item No: 25

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

Page 1 of 2: Motion: To contribute \$100 to the Budget Advocates, \$100 to the Congress of Neighborhoods on Saturday September 25 and \$100 to EmpowerLA Awards

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☐ L.A. Congress of Neighborhoods (LAAC 22.801) – EmpowerLA Awards in the amount of: *\$ 100.00

Method of Payment: (Select One)

☒ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

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Mark Goodman, M.D.	Bel Air District Rep.				X		
Gail Sroloff	Bel Air Association Rep.	X					
Larry Leisten	Bel Air Glen District Rep.				X		
Robin Greenberg	Bel Air Hills Assn. Rep.	X					
Wendy Morris	Bel Air Hills Assn. 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			
Maureen Levinson	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:	15	0	4	14		

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

Print/Type Name: Nicole Miner, Treasurer

Date: 05/26/2021

Authorized Signature:

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

Date: 05/26/2021

☐ L.A. Congress of Neighborhoods (LAAC 22.801) – EmpowerLA Awards in the amount of: *\$ 100.00

☐ Board Member Reimbursement

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

Total:

Date: 05/26/2021