Monthly Expenditure Report



Reporting Month: November 2019 Budget Fiscal Year: 2019-2020

NC Name: North Hills West Neighborhood Council

Monthly Cash Reconciliation							
Beginning Balance Total Spent Remaining Balance Outstanding Commitments Net Available							
\$48087.13	\$3758.96	\$44328.17	\$1737.35	\$0.00	\$42590.82		

Monthly Cash Flow Analysis							
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available		
Office		\$32.70		\$737.35			
Outreach	\$27000.00	\$726.26	\$22910.87	\$1000.00	\$21173.52		
Elections		\$0.00		\$0.00			
Community Improvement Project	\$8000.00	\$0.00	\$8000.00	\$0.00	\$8000.00		
Neighborhood Purpose Grants	\$7000.00	\$3000.00	\$4000.00	\$0.00	\$4000.00		
Funding Requests Under Review: \$0.00		Encumbrai	nces: \$0.00	Previous Expenditures: \$3330.17			

Expenditures								
#	Vendor	Date	Description	Budget Category	Sub-category	Total		
1	VZWRLSS PRPAY AUTOPAY	11/07/2019	(Credit card transaction)	General Operations Expenditure	Office	\$32.70		
2	NEW HORIZONS - SFV	11/18/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$180.00		
3	NEW HORIZONS - SFV	11/18/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$180.00		
4	NEW HORIZONS - SFV	11/18/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$180.00		
5	UNCLE JOES DONUTS CORP	11/21/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$39.80		
6	FRATELLIS ITALIAN	11/22/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$146.46		
7	North Valley Family YMCA	10/22/2019	Approve NPG of \$500, to North Valley YMCA for	Neighborhood Purpose Grants		\$500.00		
8	New Horizons	New Horizons 10/24/2019 Approve NPG New Horizons		Neighborhood Purpose Grants		\$2500.00		
	Subtotal:					\$3758.96		

			Outstanding Expenditures	5		
#	Vendor	Date	Date Description Budget Category		Sub-category	Total
1	Partners in Diversity, Inc.	10/25/2019	Monthly minute taker services	General Operations Expenditure	Office	\$122.10
2	WENDY L. MOORE / MOORE BUSINESS RESULTS	11/01/2019	Website / Communication Services	General Operations Expenditure Office		\$374.90
3	WENDY L. MOORE / MOORE BUSINESS RESULTS	12/05/2019	Website / Communication Services	General Operations Expenditure	Office	\$240.35
4	City of Los Angeles Congress of Neighborhoods - Event	12/13/2019	Approve \$500 to Congress of Neighborhoods 202	General Operations Expenditure	Outreach	\$500.00
5	City of Los Angeles Budget Advocates	12/13/2019	Approved \$500 to Budget Advocates	General Operations Expenditure	Outreach	\$500.00
	Subtotal: Outstanding					\$1737.35

Receipts:

Merchant Account: New Horizons Date/Time: 11/18/2019 3:55:01 PM PST

Transaction Information

Description: Meeting 10/17/2019 Transaction Amount: \$180.00 Transaction ID: 5019410440 Authorization Code: 071157 Transaction Type : Card Sale

Response : Approved AVS Results : No address or ZIP match CSC Results: CVV2/CVC2 Match

Customer Billing Information

First Name: DAN Last Name: GIBSON

Company: North Hills West Neighborhood Council Address: 16405 Chase St.

City: North Hills State : CA Zip Code : 91343 Country : US

Phone: 6618777538 [Quoted text hidden]

New Horizons Transaction Receipt

4 messages

gsantilli@newhorizons-sfv.org <gsantilli@newhorizons-sfv.org> To: dgibson.nhwnc@gmail.com

Mon, Nov 18, 2019 at 3:51 PM

General Information

Merchant Account: New Horizons Date/Time: 11/18/2019 3:51:50 PM PST

Transaction Information

Description: Meeting 9/19/2019 Transaction Amount: \$180.00 Transaction ID: 5019406768 Authorization Code: 042291 Transaction Type: Card Sale Response: Approved

AVS Results : No address or ZIP match CSC Results : CVV2/CVC2 Match

Customer Billing Information

First Name : DAN Last Name : GIBSON

Company: North Hills West Neighborhood Council

Address: 16405 Chase St.

City: North Hills State: CA Zip Code: 91343 Country: US Phone: 661 877-7538 Fax: 818 8927258

Email: dgibson.nhwnc@gmail.com

Customer Shipping Information

First Name : DAN Last Name : GIBSON

Company: North Hills West Neighborhood Council

Address: 16405 Chase St.

City: North Hills State: CA Zip Code: 91343 Country: US

Email: dgibson.nhwnc@gmail.com

NORTH HILLS WEST PO BOX 2091 NORTH HILLS,CA 91393

Payment information for NORTH HILLS WEST (818-903-2259) for the period 06/2018 to 11/2019.

Date	Amount		Paid With
Nov. 0, 0010	Paid Amount:	00.00	Marta Oard
Nov 6, 2019		\$30.00	MasterCard
9:07 PM	CA Local Prepaid MTS	\$2.70	
	Total Amount:	\$32.70	
		CA Propold MTS Fee Total Amounts	
Oct 6, 2019	Paid Amount:	\$30.00	MasterCard
9:06 PM	CA Local Prepaid MTS	\$2.70	
	Total Amount:	\$32.70	
	tara	CA Propaid WTS Fee	
0 0 0040	D. I.A.	CA Propried MYS For	
Sep 6, 2019	Paid Amount:	\$30.00	MasterCard
9:03 PM	CA Local Prepaid MTS	\$2.70	
	Total Amount:	\$32.70	
	00000	Paid Amount	
Aug 6, 2019	Paid Amount:	\$30.00	MasterCard
9:02 PM	CA Local Prepaid MTS	\$2.70	
	Total Amount:	\$32.70	
	08.582	double to the state of the stat	
h.l. 0. 0040	Deid Assessed		
Jul 6, 2019	Paid Amount:	\$30.00	MasterCard
9:05 PM	CA Local Prepaid MTS	\$2.70	
	Total Amount:	\$32.70	
	78/2		
Jun 6, 2019	Paid Amount:	\$30.00	MantarCord
9:03 PM			MasterCard
9:03 FW	CA Local Prepaid MTS Total Amount:	\$2.70	
	Iotal Allount:	\$32.70	
May 6, 2010	Paid Amount:	400.00	
May 6, 2019		\$30.00	MasterCard
9:04 PM	CA Local Prepaid MTS	\$2.70	
	Total Amount:	\$32.70	
Apr 6, 2019	Paid Amount:	\$30.00	MasterCard
9:02 PM	CA Prepaid MTS Fee	\$2.70	
	Total Amount:	\$32.70	
	blo viA sealesty/nos aselecturos traumo (vastidi vivw\sealesty/nos aselecturos (vastidis vivos) (vastidis vi	eskeb (vetnaminiogge), smot (vno. a	Inn shakapt na stutistok esia swooshewwen/(patini)
Mar 6, 2019	Paid Amount:	\$30.00	MasterCard
9:04 PM	CA Prepaid MTS Fee	\$2.70	
	Total Amount:	\$32.70	
	(Let el origi -asolativi/mos asolativi/cos/a	6 bs 9 enoth dodings state our energy	hedron Edup films Ass
Feb 6, 2019	Paid Amount:	\$30.00	MasterCard
9:04 PM	CA Prepaid MTS Fee	\$2.70	
	Total Amount:	\$32.70	
	(New Jords)	-retained-methodynogostymasia	
Jan 6, 2019	Paid Amount:	\$30.00	MasterCard
9:00 PM		\$2.70	
	Total Amount:	\$32.70	
	Alectioning Communications of the Communication of		
Dec 6, 2018	Paid Amount:	\$30.00	MasterCard
9:01 PM	CA Prepaid MTS Fee	\$1.67	
	CA Prepaid MTS Fee	\$2.70	
	CA Prepaid MTS Fee	\$0.22	
	Total Amount:	\$34.59	
	Samuring Ca		
	2000 A 2000		Chat nov
** ^ ^^*		***	

General Information

Merchant Account: New Horizons

Date/Time: 11/18/2019 3:58:14 PM PST

Transaction Information

Description: Meeting 11/21/2019 Transaction Amount: \$180.00 Transaction ID: 5019414163 Authorization Code: 064511 Transaction Type: Card Sale

Response: Approved

AVS Results : No address or ZIP match CSC Results: CVV2/CVC2 Match

Customer Billing Information

First Name: DAN Last Name: GIBSON

Company: North Hills West Neighborhood Council

Address: 16405 Chase St.

City: North Hills State: CA

Zip Code: 91343 Country: US

Phone: 6618777538 Fax: 818 8927258 [Quoted text hidden]

11-21-2019 #0

4X 9.95 a
PLU008 39.80
CASH 39.80

ITEM 4
1CL 0460 14:42TM

UNCLE JOES DONUTS CORPOR

8704 WOODLEY AVE NORTH HILLS, CA 91343 8188930824

Transaction 012019

Total

\$39.80

CREDIT CARD SALE MASTERCARD 5486 \$39.80

Retain this copy for statement validation

21-Nov-2019 2:39:00P \$39.80 | Method: EMV MASTERCARD XXXXXXXXXXX5486 DANNY GIBSON Ref #: 932500616480 Auth #: 068013 MID: *******3996 AID: A0000000041010 AthNtwkNm: MASTERCARD SIGNATURE VERIFIED

thank for your business



FRATELLIS ITALIAN

16153 PARTHENIA ST NORTH HILLS, CA 91343 8188939233

FOLLOW US ON INSTAGRAM @FRATELLISPIZZANH WE DELIVER WITHIN 3 MILES AND 15\$ MINIMUM ORDER!

ORDER: 07 DELIVERY

Dave

Cashier: Alma 21-Nov-2019 1:33:27P

Transaction 304776

1	Delivery Large Pizza _Large Pizza: Fratelli Combo Pizzi	\$10.00 \$0.00 \$18.95
1	Large Pizza _Large Pizza: Marguerite Pizza	\$0.00 \$18.95
1	Large Pizza _Large Pizza: Pesto Chicken Pizza	\$0.00 \$20.95
1	Large Pizza _Large Pizza: Mediterranean Pizza	\$0.00 \$20.95
7	Large Pizza Large Pizza: Alfredo Pizza : mushrooms and c	\$0.00 \$18.95 hicken
1 Cat	Salads ering Salads: Garden Or Caesar Sala Tray \$	\$0.00 ad 1/2

Subtotal Tax	\$133.75 \$12.71
Total	\$146.46
CREDIT CARD AUTH	
MASTERCARD 5486	\$146.46

Tip

Total

146.46

Retain this copy for statement validation

21-Nov-2019 2:36:16P \$146.46 | Method: SWIPED

Neighborhood Council Funding Program APPLICATION for Neighborhood Purposes Grant (NPG)



This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. The Neighborhood Council (NC), upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

	Name of NC from which you are seeking this grant:	No No	rth Hills We	st Neigl	nborhood Co	ouncil
SEC	TION I- APPLICANT INFORMATION					
1a)	North Valley Family YMCA	95-1644	052	CA		01/02/88
,	Organization Name	Federa	i I.D. # (EIN#)	State of	Incorporation	Date of 501(c)(3) Status (if applicable
1b)	11336 Corbin Avenue	Porter R	anch		CA	91326
,	Organization Mailing Address	City	1940		State	Zip Code
1c)	Business Address (If different)	City			State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
	Jane Stanton	(818) 368-	3231		janestanton@ym	cala.org
	Name	Phone			Email	
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Grant Request on School Letterhead	or 🛅	501(c)(3) Non Attach IRS D		(other than religion tion Letter	ıs institutions)
	Name / Address of Affiliated Organization (If applicable)		City		State	Zip Code

SECTION II - PROJECT DESCRIPTION

4) Please describe the purpose and intent of the grant.

The YMCA conducts an annual Thanksgiving Baskets distribution to needy families in the north San Fernando Valley area. We collect funds and food items to distribute to 3600 low-income families during the second week of November. Families are identified by the School Principals and non-profit agencies we work with through our YMCA and childcare programs. Funding support from the North Hills West NC would help buy the turkeys, canned goods, and side dishes that are included in the meal baskets distributed to families at schools and youth groups.

5) How will this grant be used to primarily support or serve a public purpose and benefit the public at-large. (Grants cannot be used as rewards or prizes for individuals)

As noted above, funding will be used to support our annual Thanksgiving baskets program, to purchase needed food items to distribute meals to low-income families and individuals in our community, helping them to have a holiday meal for Thanksgiving. Each meal provided to families contains a Happy Thanksgiving flyer listing generous supporters who make this program possible. At the \$500 support level, we would include the North Hills West Neighborhood Council's name on the flyer on the baskets, in our e-blasts, and in press releases sent to local media. We appreciate this support, which will reflect the spirit of our community to so many.

	Personnel Related Expenses		Requested of NC	Total Projects 4.0
-	NA		Transport of MC	Total Projected Cost
L				
6b)	Non-Personnel Related Expenses		Requested of NC	Evin i
	Food items			Total Projected Cost
E	Truck rental, toilet rental		\$ 500.00	\$ 43,000.0
- E	bags, supplies, storage facility			\$ 2,000.0
7) F	Javo vou (amplicant) and Late			\$ 5,000.0
,, ,	lave you (applicant) applied to ar	ly other Neighborhood Coun	cils requesting funds for	this project?
	Tes, please list na	mes of NCs: Chatsworth, North	nridge South, Northridge East, S	ylmar
8) 1	s the implementation of this spec	ific program or purpose des	cribed in box 4 above con	tingent on any other
f	actors or sources or funding? (In	icluding NPG applications to	other NCs) No	Yes, please describe
gene	Source of Funding		•	-
	ndividual and business donations		Amount	Total Projected Cost
		***		\$ 50,000.0
L				
9) W	What is the TOTAL amount of the			
	What is the TOTAL amount of the	grant runding requested with	n this application:	\$ 500.0
0a) S	tart date: 09/01/19 10b)	Date Funds Required:	11/15/19	
10c)	Expected completion date:			
100)		CANDED TO THE STATE OF THE STAT	of the project, the applic	ant must submit a
FCTI	follow-up form to the Neighbort ON IV - POTENTIAL CONFLICTS	1000 Colincii and the Denart	ment of Neighborhood E	mpowerment)
ia) U	o you (applicant) have a former o	r existing relationship with a	Board Member of the NO	??
N	ame of NC Board Member	describe below:	ID-1-4	
			Relationship	to Applicant
_				
L				
1b) If	yes, did you request that the boa	rd member consult the Offic	e of the City Attorney hef	OPA .
62 B	ing this application? Lives	U No *(Please note that	if a Board Member of the	UIG
911	terest and completes this form, o	or participates in the discussi		NC has a conflict of
in	***		ion and voting of this NP	NC has a conflict of G. the Department
in	ill deny the payment of this grant	in its entirety.)	ion and voting of this NP	NC has a conflict of G, the Department
in Wi	iii deny trie payment of this grant	in its entirety.)	ion and voting of this NP	NC has a conflict of G, the Department
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at (213) 978-1551 for instructions on completing this form

Revised 012615 - Page 2 of 2

Internal Revenue Service

Department of the Treasury

District Director

P.O. Box 2350 Los Angeles, Calif. 90053

Person to Contact:

Gilda Lewis Telephone Number:

(213) 894-2336 Refer Reply to:

Date: EO (1109)93 ROV 1-6 1993

Young Mens Christian Association of Metropolitan Los Angeles 625 S. New Hampshire Ave. Los Angeles, CA 90005-1371

Young Men's Christian Association of Metropolitan Los Angeles - EIN: 95-1644052

'Gentlemen:

RE:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal Income Tax in January 1988 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the code, because it is an organization described in Section 170(b)(1)(A)(vi).

The exempt status for the determination letter issued in January 1988 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely

GILDA LEWIS

Disclosure Assistant



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MAKE A DIFFERENCE

Thanksgiving Baskets 2019 NORTH VALLEY FAMILY YMCA



MISSION

At the Y, strengthening our community is our cause. Every day, we work side-by-side with our neighbors – like you – to ensure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

HISTORY

At the Y we believe that every family deserves to have a Thanksgiving dinner. Since the program started in 2006, the North Valley Family YMCA has provided Thanksgiving baskets to families in our community who are in need. Last year we were able to provide Thanksgiving baskets to over 3,600 families.



PRESENT

This year we have extended our goal to 3,600 families. We are asking for your help to provide Thanksgiving baskets to those families who might otherwise go without.

BASKET

Each family receives a food basket containing a frozen turkey, fresh produce, and non-perishable canned goods for their holiday meal. Families can also choose to receive a grocery store gift card if they do not have the means to cook a frozen turkey.

Donations Needed for a Complete Dinner

1 - Canned Corn

1 - Canned Green Beans

1 - Cranberry Sauce

1 - Chicken Broth

2 – Gravy Packets

1 - \$15 Grocery Gift Card

1 - Stuffing

1 - Dessert

1– Reusable Bac

OR

\$40 Check Payable to
North Valley Family YMCA - 2019
Thanksgiving to Sponsor a Family of

All donations DUE by November 8, 2019

For More Information or Sponsorship Opportunities contact:
North Valley Family YMCA at Porter Ranch
Jessica Vera
(818) 368 - 3231 ext. 2340
Email: JessicaVera@ymcala.org
Or visit

http://www.ymcala.org/north-valley Tax ID: 95-1644052





MAKE A DIFFERENCE

Thanksgiving Baskets 2019
NORTH VALLEY FAMILY YMCA



At the Y we believe that every family deserves to have a Thanksgiving dinner. Since the program started in 2006, the North Valley Family YMCA has provided Thanksgiving baskets to families in our community who are in need. Last year we were able to provide Thanksgiving baskets to over 3,600 families.

Please make checks payable to:
North Valley Family YMCA - 2019
North Valley Family YMCA at Porter Ranch,
11336 Corbin Ave., Porter Ranch, CA 91326
QUESTIONS?
Jessica Vera, (818) 368—3231 Ext. 2340
Email: JessicaVera@ymcala.org

Platinum Sponsor \$5,000

Recognition in Newsletter
YMCA Thanksgiving Wall Recognition
YMCA Founder Displayed Name in YMCA Lobby
Chairman's Roundtable Plaque

Gold Sponsor \$2,500

Recognition in Newsletter YMCA Thanksgiving Wall Recognition YMCA Benefactor Displayed Name in YMCA Lobby Chairman's Roundtable Plaque

Silver Sponsor \$1000

Recognition in Newsletter

YMCA Thanksgiving Wall Recognition

YMCA Member Displayed Name in YMCA Lobby

Chairman's Roundtable Plaque

Bronze Sponsor \$500

Recognition in Newsletter YMCA Thanksgiving Wall Recognition YMCA Family Sponsor Plaque

Community Sponsor \$250

YMCA Donor Certificate
YMCA Thanksgiving Wall Recognition

Family Sponsor \$40

Provides a Food Basket for One Family YMCA Thanksgiving Wall Recognition

2019 Sponsorship Form

NAME:			1
	STATE:		
TELEPHONE:	FAX:		
EMAIL:			
CC#:	EXP DATE:	_/	

For more sponsorship opportunities please visit:

http://www.ymcala.org/north-valley

Tax ID: 95-1644052

Office of the City Clerk							
Administrative Services Division						and the same of th	
Neighborhood Council (NC) Funding Prog	ram					1001	
Board Action Certification (BAC) Form			-			261	Toto Title
NC Name: North Hills West NC)			October 17	, 2019		
Budget Fiscal Year:2019-2020	T		Agenda Item N				
Statement (CIP and NPG):	Approve NPG of \$500, to Basket distribution to need to be a statement (CIP and NPG):					nnual Than	iksgiving
Method of Payment: (Select One)	■ Check		☐ Credit Card		☐ Boar	d Member Reimb	ursement
Recused Board Member	rs must leave the room prio		ote Count ussion and may n	ot return to the ro	oom until after (the vote is compl	ete.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Dan Gibson	President	X					
Carol Hart	Vice-President				X		
Madlena Minasian	Treasurer	X					
Dave Brown	Secretary	Χ					
Heather Hudson-Beeber		X					
Jay Beeber		Χ					
Gil Brenner		Χ					
Pat Crone		Χ		0			
Maggie Elliott		X					
Punam Gohel		X					
David Hyman		-			X		
Carlos Peleaz					Х		
Kreshell Ramey					Х		
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			1	-	 		
Board Quorum:7	Total:	9	-	+	4	CONT.	8 - 1 - 1 - 1
We, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board was	laws, policies, and procedu	ncil, declare t			this form is acc		
Authorized Signature	Authorized Signature			gnature:			
Print/Type Name: DAN GIBSON	,,,,	*****		me:MADLEN	NA MINAS	SIAN	
Date: 10/17/2019			Date: 10/17/2019				

Neighborhood Council Funding Program APPLICATION for Neighborhood Purposes Grant (NPG)





This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

Name of NC from which you are seeking this grant: North Hills West Neighborhood Council

SEC	TION I- APPLICANT INFORMATION				
4.5	New Horizons: Serving Individuals with Special Need	s 95	5-1862084	California	N/A
1a)	Organization Name		deral I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable)
1b)	15725 Parthenia Street	Ν	orth Hills	CA	91434
	Organization Mailing Address	Cit	ty	State	Zip Code
1c)	N/A	N	/A	N/A	N/A
	Business Address (If different)	Cit	ty	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:				
	Daryl Rubin	818-	894-7422	drubin@newho	orizons-sfv.org
	Name	P	Phone	Email	
2)	Type of Organization- Please select one: ☐ Public School (not to include private schools) Attach Signed letter on School Letterhead	or	or 501(c)(3) Non-Profit (other than religious institutions) Attach IRS Determination Letter		
	N/A		N/	A N/	A N/A
3)	Name / Address of Affiliated Organization (if app	licable)	City	State	Zip Code

SECTION II - PROJECT DESCRIPTION

4) Please describe the purpose and intent of the grant.

The purpose of intent for the grant being requested is to help sponsor the New Horizons Holiday Festival where we will be opening our gates to the community providing Holiday Music and festivities here in North Hills, CA. In the past, New Horizons has hosted an event called Holiday Cheer with upwards of 200 participants in attendance. We are deciding to include more festivities and accommodate for an even larger community attendance and celebrate the holiday season.

5) How will this grant be used to primarily support or serve a public purpose and benefit the public at-large. (Grants cannot be used as rewards or prizes for individuals)

The grant, if approved, will provide entertainment. Entertainment will mainly be in the form of holiday music from multiple cultures and holiday traditions. We will be hiring local chorus groups amongst other musical performers from the community to perform.

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	onnel Related Expenses	n a separate sheet if necessar	Requested of NC	Total Projected Cost
Perso	Budget at	tached	\$ N/A	\$N/A
	- Budget at	lacried	\$	\$
			\$	\$
b) Non-	Personnel Related Expenses		Requested of NC	Total Projected Cost
	Budget At	tached	\$	\$
			\$	\$
			\$	\$
■ No		ease list names of NCs: N/A		
sources	plementation of this specific or funding? (Including NPG a	program or purpose describe	ed in Question 4 conting No	ngent on any other factors or es, please describe:
	ce of Funding	pprisations to outer nos) =	Amount	Total Projected Cost
30411	N/A		\$ N/A	\$ N/A
			\$	\$
			\$	\$
) What is	the TOTAL amount of the gra	nt funding requested with th	is application: \$2,	500
(After) SECTION I	completion of the project, the	applicant should submit a P	roject Completion Rep	ompletion Date: 12 ,08 ,19 port to the Neighborhood Coun
	(applicant) have a current or		oard Member of the N	C?
■ No	☐ Yes If Yes, pl	former relationship with a Bease describe below:		
■ No				ip to Applicant
■ No	☐ Yes If Yes, pl			
Name	☐ Yes If Yes, pl of NC Board Member	ease describe below:	Relationsh	ip to Applicant
No Name	☐ Yes If Yes, pl of NC Board Member did you request that the boar ☐ No *(Please note that the discussion)	ease describe below: N/A d member consult the Office	Relationsh of the City Attorney b	ip to Applicant
No Name	☐ Yes If Yes, pl of NC Board Member did you request that the boar ☐ No *(Please note that the boar ticipates in the discussion in its entirety.)	N/A d member consult the Office at if a Board Member of the and voting of this NPG, the	Relationsh of the City Attorney b	ip to Applicant N/A efore filing this application? nterest and completes this fo
No Name 11b) If yes, Yes or par grant SECTION V I hereby aff and accura interest" or benefit pro Purposes (this applic	did you request that the boar No *(Please note that ticipates in the discussion in its entirety.) /- DECLARATION AND SIGNATION that, to the best of my kately stated. I further affirm f this application and affirm bject/program and that no construction. I further affirm that if	N/A d member consult the Office at if a Board Member of the and voting of this NPG, the ATURE nowledge, the information that I have read the docu that the proposed project(seconflict of interest exist the a current Board Member of the grant received is not the	provided herein and oments "What is a Post and/or program(s) at would prevent the the Neighborhood Cused in accordance were	ip to Applicant N/A efore filing this application? nterest and completes this fo
No Name 11b) If yes, Yes or par grant SECTION V I hereby af and accura Interest" or benefit pro Purposes (this applic stated here 12a) Exec	did you request that the boar No *(Please note that ticipates in the discussion in its entirety.) - DECLARATION AND SIGNATION that, to the best of my kately stated. I further affirm f this application and affirm oject/program and that no construction. I further affirm that if e, said funds shall be returned to the s	N/A d member consult the Office at if a Board Member of the and voting of this NPG, the and voting of this NPG, the and the docuthat I have read the docuthat the proposed project(stonflict of interest exist the acurrent Board Member of the grant received is not used immediately to the Neightforporation or School Princip	provided herein and of the City Attorney by NC has a conflict of it is NC Funding Program (s) and/or program(s) at would prevent the the Neighborhood Curroll.	efore filing this application? nterest and completes this fo m will deny the payment of t communicated otherwise is trublic Benefit," and "Conflicts fall within the criteria of a pul awarding of the Neighborho council to whom I am submitt with the terms of the applicat
No Name 11b) If yes, Yes or par grant SECTION V I hereby af and accura Interest" or benefit pro Purposes (this applic stated here 12a) Exec	did you request that the boar No *(Please note that ticipates in the discussion in its entirety.) Y - DECLARATION AND SIGNATION that, to the best of my kately stated. I further affirm f this application and affirm oject/program and that no construction. I further affirm that if a, said funds shall be returned.	N/A d member consult the Office at if a Board Member of the and voting of this NPG, the ATURE nowledge, the information that I have read the docu that the proposed project(seconflict of interest exist the a current Board Member of the grant received is not the ded immediately to the Neigh	Provided herein and of the City Attorney by NC has a conflict of it is NC Funding Program (s) and/or program (s) at would prevent the the Neighborhood Coursel in accordance with the Neighborhood Coursel (s) and - REQUIRED.	efore filing this application? nterest and completes this fo m will deny the payment of t communicated otherwise is trublic Benefit," and "Conflicts fall within the criteria of a pul awarding of the Neighborho
No Name 11b) If yes, Yes or par grant SECTION V I hereby af and accura Interest" or benefit pro Purposes (this applic stated here 12a) Exec	did you request that the boar No *(Please note that ticipates in the discussion in its entirety.) - DECLARATION AND SIGNATION that, to the best of my kately stated. I further affirm f this application and affirm oject/program and that no construction. I further affirm that if e, said funds shall be returned to the s	N/A d member consult the Office at if a Board Member of the and voting of this NPG, the and voting of this NPG, the and the docuthat I have read the docuthat the proposed project(stonflict of interest exist the acurrent Board Member of the grant received is not used immediately to the Neightforporation or School Princip	provided herein and of the City Attorney by NC has a conflict of it is NC Funding Program (s) and/or program(s) at would prevent the the Neighborhood Curroll.	efore filing this application? nterest and completes this fo m will deny the payment of t communicated otherwise is trublic Benefit," and "Conflicts fall within the criteria of a pul awarding of the Neighborho council to whom I am submitt with the terms of the applicat
No Name Name 11b) If yes, Yes or par grant SECTION hereby aff and accura interest" or benefit pro Purposes (this applic stated here 12a) Execution	did you request that the boar * (Please note that ticipates in the discussion in its entirety.) /- DECLARATION AND SIGNATION that, to the best of my kately stated. I further affirm that, to the best of my kately stated. I further affirm opect/program and that no of Grant. I affirm that I am not ation. I further affirm that if e, said funds shall be returned that the cutive Director of Non-Profit Con C. Brauer	N/A d member consult the Office of if a Board Member of the and voting of this NPG, the and voting of this NPG, the and voting of this NPG, the and voting of the information that I have read the docu that the proposed project(sonflict of interest exist the acurrent Board Member of the grant received is not used immediately to the Neight corporation or School Princip President and CEO	Provided herein and of the City Attorney by NC has a conflict of it is NC Funding Program (s) and/or program (s) at would prevent the the Neighborhood Courcil. Signature	efore filing this application? nterest and completes this form will deny the payment of the communicated otherwise is trublic Benefit," and "Conflicts fall within the criteria of a pull awarding of the Neighborho ouncil to whom I am submitt with the terms of the applicate
No Name 11b) If yes, Yes or par grant SECTION V I hereby aff and accura interest" or benefit pro Purposes (this applic stated here 12a) Exect Joh 12b) Secr	did you request that the boar *(Please note that ticipates in the discussion in its entirety.) /- DECLARATION AND SIGNATION that, to the best of my kately stated. I further affirm that, to the best of my kately stated. I further affirm of this application and affirm object/program and that no construction. I further affirm that if a, said funds shall be returned to the control of the control	N/A d member consult the Office of if a Board Member of the and voting of this NPG, the and voting of this NPG, the and voting of this NPG, the and voting of the information that I have read the docu that the proposed project(sonflict of interest exist the acurrent Board Member of the grant received is not used immediately to the Neight corporation or School Princip President and CEO	Provided herein and of the City Attorney by NC has a conflict of it is NC Funding Program (s) and/or program (s) at would prevent the the Neighborhood Courcil. Signature	efore filing this application? nterest and completes this form will deny the payment of the communicated otherwise is trublic Benefit," and "Conflicts fall within the criteria of a pull awarding of the Neighborho council to whom I am submitted with the terms of the application.

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^{*} If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or clerk.ncfunding@lacity.org for instructions on completing this form

2019 Holiday Cheer Festival Budget	2019 Budget
REVENUE	
Grants	5,000.00
Games	350.00
Photo Booth	300.00
Food/Refreshments	1,500.00
Vendor Booths (face painters, workshops)	1,200.00
TOTA	8,350.00
REVENUE TOTAL	8,350.00
EXPENSES	2019 Budget
Food/Refreshments	500.00
	1,500.00
Food/Refreshments Vendors (face painting, balloon twisters etc)	
Vendors (face painting, balloon twisters etc) Entertainment	1,500.00 2,500.00
Vendors (face painting, balloon twisters etc)	1,500.00
Vendors (face painting, balloon twisters etc) Entertainment	1,500.00 2,500.00 750.00
Vendors (face painting, balloon twisters etc) Entertainment Photo Booth	1,500.00 2,500.00 750.00
Vendors (face painting, balloon twisters etc) Entertainment Photo Booth Tota DECORATIONS & PRIZES	1,500.00 2,500.00 750.00
Vendors (face painting, balloon twisters etc) Entertainment Photo Booth Tota	1,500.00 2,500.00 750.00 4,750.00

Total	800.00
Total	000.00
PRINTING & POSTAGE	
PRINTING & POSTAGE	
Design & Printing (artwork for invites, banners, signage)	1,500.00
besign a rinting (artifornion artifornion)	·
Postage	500.00
Total	2,000.00
MISCELLANEOUS EVENT EXPENSE -Other	
Office & Art Supplies	450.00
Misc	100.00
Total	550.00
TOTAL PURPLIE	0.100.00
TOTAL EXPENSE	8,100.00
	2019 Budget
	2013 Dauget
Gross Revenue	8,350.00
GIOSS REPORTED	
Expenses	8,100.00
	250.00

Form W-9 (Rev. November 2005) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

1	Business name, if different from above
1	
Print or type	Check appropriate box: ☐ Individual/ ☐ Corporation ☐ Partnership ☐ Other ► ☐ Exempt from backup withholding
Print o	Address (number, street, and apt. or suite no.) 15725 PARTHEN IA ST. Requester's name and address (optional)
ij.	City, state, and ZIP code NORTH HILLS, CA 91343
2000	List account number(s) here (optional)
Pa	rt I Taxpayer Identification Number (TIN)
bac	ryour TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid keep withholding. For individuals, this is your social security number (SSN). However, for a resident is sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.
	e. If the account is in more than one name, see the chart on page 4 for guidelines on whose ber to enter. Employer identification number 9 5 + 1 8 6 2 5 8 4
Pέ	rt II Certification
Unc	er penalties of perjury, I certify that:
1.	The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
	am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3.	am a U.S. person (including a U.S. resident alien).
with	Ification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup notifing because you have falled to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply, mortgage interest paid, acquisition or an individual retirement of secured property, cannellation of debt, contributions to an individual retirement igement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must

Purpose of Form

Sign

Here

provide your correct TIN. (See the

Signature of

U.S. person

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

instructions on page 4.)

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.

in 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

 An individual who is a citizen or resident of the United States

Date >

 A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

8

 Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership Income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United Statos is in the following onces:

The U.S. owner of a disregarded entity and not the entity,

Internal Revenue Service P.O. Box 2508 _ Cincinnat; OH 45201

Date: November 14, 2013

NEW HORIZONS: SERVING INDIVIDUALS WITH SPECIAL NEEDS 15725 PARTHENIA ST SEPULVEDA CA 91343-4913

IR5

Department of the Treasury

Person to Contact:
Mrs. Day #0110209
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
95-1862084

Dear Sir or Madam:

This is in response to your October 31, 2013 request for information regarding your tax-exempt status.

Our records indicate you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in April 1957.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/charities for information regarding filing requirements. Specifically, note that section 6033(j) of the Code automatically revokes the tax-exemption of any organization that fails to satisfy its filing requirement for three consecutive years. The automatic revocation of exemption is effective as of the due date of the third required annual filing or notice. The IRS maintains a list of organizations whose tax-exempt status was automatically revoked at IRS.gov.

If you have any questions, please call the phone number in the heading of this letter.

Sincerely,

Acting Director, Exempt Organizations

Kenneth Corbin

NC Name: North Hills West NC			Meeting Date:	October 17	, 2019			
Budget Fiscal Year:2019-2020			Agenda Item N					
Board Motion and/or Public Benefit Approve NPG of \$2,500			, to New Horizons, serving individuals with special or the annual New Horizons Holiday Festival, Sunday					
Method of Payment: (Select One)	■ Check ☐ Credit Card ☐ Board Member Reimbursement						ursement	
Recused Board Member	rs must leave the room prior		e Count sion and may no	ot return to the ro	om until after t	he vote is comple	ete.	
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused	
Dan Gibson	President	X						
Carol Hart	Vice-President				Χ			
Madlena Minasian	Treasurer	X						
Dave Brown	Secretary	X						
Heather Hudson-Beeber		X						
Jay Beeber		X						
Gil Brenner		X						
Pat Crone		X						
Maggie Elliott		X						
Punam Gohel		X						
David Hyman					Х			
Carlos Peleaz					X			
Kreshell Ramey			<u> </u>		X			
reconcil reality	 	e in a voice facilities						
	 							
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	-							
						16	and the second	
						S. S.		
						5 1		
The second secon								
Board Quorum:7	Total:	9			4			
Ve, the authorized signers of the above neeting was held in accordance with all neeting where a quorum of the Board was	laws, policies, and procedure							
Authorized Signature	authorized Signature			Authorized Signature:				
Print/Type Name: DAN GIBSON			Print/Type Name: MADLENA MINASIAN					
Date: 10/17/2019			Date: 10/17/2019					