Department of Neighborhood Empowerment

Reporting Month:	**SEPTEMBER**	**MONTHLY EXPENDITURE REPORT**
NC Name:	**NHWNC**	**Submitted: 3/16/2015 9:23:32**
Budget Fiscal Year:	2014-2015	

FILL IN ALL THE UNSHADED (WHITE) FIELDS (Must be submitted to the Department within 10 days of Board Approval along with documentation and hard copy)

EXPENDITURES BY LINE ITEM (for more than 12 expenditures, you may continue entering on page 3 of this worksheet - see below)

A	Date / Item / Service Description	BUDGET CATEGORY	VENDOR	INVOICE NUMBER	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1	Food 4 Less-Comm BBQ-pd cash Helen Donovan	OUTREACH	Helen Donovan	receipt attached			$49.47
2	9/6/14	OUTREACH	AAA Rents & Events	107932806	☑		$475.00
3	Valley Park Church-Comm BBQ site 9-6-14	OUTREACH	Valley Park Church		☑		$200.00
4	Challenge Graphics Comm BBQ Flyers	OUTREACH	Challenge Graphics	57435			$545.00
5	Costco-8-21-2014 GBM Refreshments	OPERATIONS	Costco	receipt attached			$105.92
6	& etc	OUTREACH	Debra Perkins	receipt attached			$2,425.94
7	Tasty Sounds Entertainment-Comm BBQ 9-6-14	OUTREACH	Tasty Sounds Entertainment	987			$700.00
8	USPS-Priority mail package to DONE	OPERATIONS	Debra Perkins	receipt attached			$19.15
9	Verizon Wireless-board phone	OPERATIONS	Verizon Wireless	9730869132			$67.98
10	Food 4 Less-8-21-14 GBM-Fruit & Veggie tray	OPERATIONS	Debra Perkins	receipt attached			$15.98
11	Partner in Diversity Temp Agency-David Levin	OPERATIONS	David Levin	19626			$170.94
12	Granada Hills Community Foundation	NPG	Granaha Hills Comm Found	NPG			$2,500.00
	SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered)						$7,275.38
B	**CUMULATIVE EXPENDITURES FROM PRIOR MONTHS**						$3,971.28
C	**OUTSTANDING COMMITMENTS**						
	C 1. Outstanding Checks (checks that have been issued, but have not yet cleared the account)						
	C 2. Rent/Lease						
	C 3. Contractual Services						
	C 4. Large Purchases						
	C 5. Neighborhood Purpose Grants (pending or in process)						
	C 6. Temporary Staffing Services						
	C 7. Storage						
	C 8. Other Outstanding Commitments ==> Description:						
	SUBTOTAL: Outstanding Commitments						$0.00
D	**Total Expenditures & Commitments**						**$11,246.66**
E	**Total Adjustments by Department (such as use taxes assessed, credits from prior fiscal years, etc)**						
F	**Approved Budget 2014-2015**						$37,000.00
G	**Balance of Budget**						**$25,753.34**

Revision Date 1-26-15

Reporting Month:	SEPTEMBER
NC Name:	NHWNC

MONTHLY CASH RECONCILIATION				
Beginning Balance (A)	Funds Deposited (B)	Total Available (C) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E) = C - D
$832.42	$8,335.16	**$9,167.58**	**$7,275.38**	**$1,892.20**

MONTHLY BUDGETARY ANALYSIS					
Category Identifier	Budget Category	Adopted Budget (A)	Total Spent this Month (B)	Total Spent in Prior Months (C)	Unspent Budget Balance (D) = A - B - C
100	**Operations**	$7,300.00	$379.97	$3,178.73	**$3,741.30**
200	**Outreach**	$19,200.00	$4,395.41	$792.55	**$14,012.04**
300	**Community Improvement**	$8,000.00	$0.00	$0.00	**$8,000.00**
400	**NPG**	$2,500.00	$2,500.00	$0.00	**$0.00**
500	**Elections**	$0.00	$0.00	$0.00	**$0.00**
900	**Unallocated**	$0.00	$0.00	$0.00	**$0.00**
	TOTAL	**$37,000.00**	**$7,275.38**	**$3,971.28**	**$25,753.34**

NEIGHBORHOOD COUNCIL DECLARATION

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and will furnish additional documentation to the Department of Neighborhood Empowerment upon request.

Treasurer Signature		**Signer's Signature**	
Print Name		**Print Name**	
Date		**Date**	
NC Additional Comments			

Revision Date 1-26-15

Neighborhood Council Funding Program

FUNDING REQUEST FORM

EMPOWER LA
Department of NEIGHBORHOOD EMPOWERMENT

Complete this form to request funding

REQUEST DATE: 9/9/2014 Amount Requested: $ 49.47

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council? ☑ Yes ☐ No - If "yes," is this request on behalf of a

B. Is this a request for recurring payment? (if "yes" Term: _____) ☐ Yes ☑ No NC Committee? ☑ Yes ☐ No

C. Is this request a payment for services requiring a 1099? ☐ Yes ☑ No Committee:

D. Is this a request for an out-of-state vendor? ☐ Yes ☑ No Outreach

Remittance:

Payable to: Helen Donovan

16416 Parthenia Street

Address:

Norh Hills | CA | 91343

City | State | Zip:

hd41270@aol.com | 818-894-7277

Email Address | *Contact Phone number*

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for the purchase of Brown Sugar and BBQ Sauce for the Community BBQ held on 9-6-2014.

DECLARATION

I,the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature — Date: 9-9-14

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins		9-9-14
TREASURER'S Name	Signature	Date
John McGovern		
2nd Signer's Name	Signature	Date

Board Action:

☐ DENIED (date): _____

☑ Approved for: $ _____

☐ Amended for: $ _____

NC Budget Category: _____

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >$2,500 ☐ Advanced Payment

☐ Approved ☐ Denied

Authorization Code: _____

1st Lvl |date: _____

2nd Lvl |date: _____

Department Notes:

rev 073014-th

FOOD 4 LESS

The True Low Price Leader.
Everyday!

16208 Parthenia St.
(818) 830-0249
YOUR CASHIER WAS Willie D

	C&H BRWN SGR	2.79 F
	C&H BRWN SGR	2.79 F
	KCM ORIG SCE	3.99 F
	KCM ORIG SCE	3.99 F
	KCM ORIG SCE	3.99 F
	KCM ORIG SCE	3.99 F
	KCM ORIG SCE	3.99 F
	KCM ORIG SCE	3.99 F
	KCM ORIG SCE	3.99 F
	KCM ORIG SCE	3.99 F
	KCM ORIG SCE	3.99 F
	KCM ORIG SCE	3.9
	KCM ORIG SCE	3.9
	TAX	**0.0**
********	**BALANCE**	**49.4**
	CASH	**60.0**
	CHANGE	10.6

JTAL NUMBER OF ITEMS SOLD = 13
9/06/14 01:24pm 354 9 173 112

MGR: RICHARD DARCY (818) 830-024
THANK YOU FOR SHOPPING FOOD 4 LES

****

Tell Us How We Are Doing!
You could WIN
Dinos Como Lo Estamos Haciendo!
Participa Para Ganar

ONE of 100 - $100 gift cards or the
$5,000 gift card grand prize!
UNA DE 100 tarjetas de regalo de $100
o el gran premio de una
tarjeta de regalo de $5,000!

Go to www.krogerfeedback.com
within 7 days.
Enter the information below:
Visita www.krogerfeedback.com
en los proximo 7 dias e ingresa
la siguiente informacion:

Date: 09/06/14
Time: 01:24pm
Entry ID: 704-695-173-354-9-182

No purchase necessary to enter sweepstakes. See website for official sweepstakes rules.
No es necesario comprar para participar en el sorteo. Ver la pagina web para conocer las regalas oficiales.

****

Check us out at: www.Food4Less.COM

Neighborhood Council Funding Program

FUNDING REQUEST FORM

EMPOWER LA
Department of NEIGHBORHOOD EMPOWERMENT

Complete this form to request funding

REQUEST DATE: 9/9/2014

Amount Requested: $ 475.00

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council? ☑ Yes ☐ No - If "yes," is this request on behalf of a

B. Is this a request for recurring payment? (if "yes" Term: _____) ☐ Yes ☑ No NC Committee? ☑ Yes ☐ No

C. Is this request a payment for services requiring a 1099? ☐ Yes ☑ No Committee:

D. Is this a request for an out-of-state vendor? ☐ Yes ☑ No Outreach

Remittance:

Payable to: AAA Rents & Events Inc.

16010 Strathern Street
Address:

Van Nuys (City) CA (State) 91406 (Zip:)

aaarents@yahoo.com
Email Address

818785-1105
Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for the rental of 200 chairs, 1 canopy 10'x20' Food Booth;2 wall 8'x10 w/food window;1 sidewall 8'x20' mesh & 2 sidewall8'x20' mesh: All for the Community BBQ held on 9-6-2014.

DECLARATION

I,the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

9-9-14
Date

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins		9-9-14
TREASURER'S Name	Signature	Date
John McGovern		
2nd Signer's Name	Signature	Date

Board Action:
☐ DENIED (date): _____
☑ Approved for: $ _____
☐ Amended for: $ _____
NC Budget Category: _____

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:
☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >$2,500 ☐ Advanced Payment

☐ Approved
☐ Denied

Authorization Code: _____

1st Lvl |date: _____

2nd Lvl |date: _____

Department Notes:

rev 073014-th

R 10.1.8

AAA RENTS AND EVENTS INC.
16010 STRATHERN ST.
VAN NUYS, CA 91406
PHONE:818-785-1105
FAX:818-785-5212
aaarents@yahoo.com

Customer ID
2134944605

RESERVATION

Contract Number
01-079328-06

09/03/14

NHW NEIGHBORHOOD COUNCIL
XANDER, NANCY
PO 2091
NORTH HILLS, CA 91393

XANDER, NANCY
VALLEY PARK CHURCH
16514 NORDOFF STREET
NORTH HILLS, CA 91343

FAX: - - CELL:213-494-4605 OTH: - -
DEL:8AM-12N EVENT:3PM-8PM CONF 09/02 JV
PU: 8AM-12N
nxander.nhwnc@gmail.com
DEBRA PERKINS 818-399-1514 FOR BILLING

Rsrvd: FRI 07/25/14 0118P
Delivr: SAT 09/06/14
Out: SAT 09/06/14 0300P
Pickup: MON 09/08/14
Due: MON 09/08/14 0700A

Item No.	Qty	Description	Rate Info		Unit	Extended
0030-0010	200	CHAIR, SAMSONITE WHITE	P1	1.00	1.00	200.00
0500-0011	1	CANOPY 10'X20' WHITE FOOD BOOTH / STAKING OK	AA	135.00	135.00	135.00
0500-0216	2	WALL 8'X10' W/FOOD WINDOW	AA	35.00	35.00	70.00
0500-0205	1	SIDEWALL 8'X20' MESH	AA	40.00	40.00	40.00
0500-0201	2	SIDEWALL 8'X10' MESH	AA	15.00	15.00	30.00

Receipts Summary

No payments have been made

Summary

GENERAL RENTAL	140.00
PARTY RENTAL	335.00
Total	475.00

MON 09/08/14 0700A

Pg Sales Agent:
1 RAMIRO

Date: Customer:
09/03 XANDER, NANCY

Contract:
01-079328-06

THIS IS A CONTRACT
THE WORDS RENTER, BUYER, YOU AND YOURS MEAN THE PERSON WHO SIGNS THIS CONTRACT (OR ARE OBLIGATED UNDER ITS TERMS.) WE, OUR AND DEALER REFER TO THE BUSINESS NAMED AT RIGHT.

DELIVERY _____

PICKUP _____

PAYMENT _____

TRIPLE A RENTS & EVENTS INC.

"All Your Rental Needs"
www.aarents.com

16010 Strathern Street, Van Nuys, CA 91406
Tel: (818) 785-1105 • Fax: (818) 785-5212
Email: aaarents@yahoo.com

TERMS: CASH IN ADVANCE
ESTABLISHED OPEN ACCOUNTS ARE DUE AND PAYABLE NET 10TH OF MONTH. PAST DUE ACCOUNTS BEAR LATE PAYMENT PENALTIES AT 1 1/2% PER MONTH.

Customer ID: 2134944605 — RESERVATION — Contract Number: 01-079328-06

09/03/14

NHW NEIGHBORHOOD COUNCIL
XANDER, NANCY
PO 2091
NORTH HILLS, CA 91393

XANDER, NANCY
VALLEY PARK CHURCH
16514 NORDOFF STREET
NORTH HILLS, CA 91343

FAX: - - CELL:213-494-4605 OTH: - -
DEL:8AM-12N EVENT:3PM-8PM CONF 09/02 JV
PU: 8AM-12N
nxander.nhwnc@gmail.com
DEBRA PERKINS 818-399-1514 FOR BILLING

Rsrvd: FRI 07/25/14 0118P
Delivr: SAT 09/06/14
Out: SAT 09/06/14 0300P
Pickup: MON 09/08/14
Due: MON 09/08/14 0700A

Item No.	Qty	Description	Rate Info		Unit	Extended
0030-0010	200	CHAIR, SAMSONITE WHITE	P1	1.00	1.00	200.00
0500-0011	1	CANOPY 10'X20' WHITE FOOD BOOTH / STAKING OK	AA	135.00	135.00	135.00
0500-0216	2	WALL 8'X10' W/FOOD WINDOW	AA	35.00	35.00	70.00
0500-0205	1	SIDEWALL 8'X20' MESH	AA	40.00	40.00	40.00
0500-0201	2	SIDEWALL 8'X10' MESH	AA	15.00	15.00	30.00

Receipts Summary

No payments have been made

Summary

GENERAL RENTAL	140.00
PARTY RENTAL	335.00
Total	475.00

MON 09/08/14 0700A

I, the undersigned renter, specifically acknowledge that I have received all of the equipment listed on this rental contract and it is all in good working condition.
Renter further acknowledges that he has read and understand the terms and conditions listed within this rental contract and agrees to be bound by all of the terms conditions and provisions hereof.
Renter acknowledges that he has received a true and correct copy of this agreement at the time of execution hereof.

I accept/decline the damage waiver, as provided on the reverse side and agree to pay the above described additional charges therefor. IF DECLINED PLEASE INITIAL: _____

RETURN EQUIPMENT BY:

X Nancy Xander
SIGNATURE

THIS IS YOUR CONTRACT. READ BOTH SIDES BEFORE SIGNING

Neighborhood Council Funding Program

FUNDING REQUEST FORM

EMPOWER LA
Department of Neighborhood Empowerment

Complete this form to request funding

REQUEST DATE: 9/9/2014 Amount Requested: $ 200.00

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council? ☑ Yes ☐ No - If "yes," is this request on behalf of a NC Committee? ☑ Yes ☐ No

B. Is this a request for recurring payment? (if "yes" Term: ____) ☐ Yes ☑ No

C. Is this request a payment for services requiring a 1099? ☐ Yes ☑ No Committee: Outreach

D. Is this a request for an out-of-state vendor? ☐ Yes ☑ No

Remittance:

Payable to: Valley Park Church

16514 Nordhoff Street
Address:

North Hills | CA | 91343
City | State | Zip:

www.valleyparkchurch.com
Email Address

818-894-9316
Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for the use of large barbecue, field, kitchen and adjacent facilites (oven, water, gas, & electrcity) for the North Hills West NC Community BBQ held on 9-6-2014.

DECLARATION

I,the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature — Date: 9-9-14

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins		9-9-14
TREASURER'S Name	Signature	Date
John McGovern		
2nd Signer's Name	Signature	Date

Board Action:
☐ DENIED (date): ____
☑ Approved for: $ ____
☐ Amended for: $ ____
NC Budget Category: ____

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:
☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >$2,500 ☐ Advanced Payment

☐ Approved ☐ Denied

Authorization Code: ____

1st Lvl | date: ____

2nd Lvl | date: ____

Department Notes:

rev 073014-th

Valley Park Church
16514 Nordhoff Street, North Hills, CA 91343
(818) 894-9316
www.valleyparkchurch.com
Dr. Kevyn D. Jones, Pastor

August 13, 2014

To: North Hills West Neighborhood Council
PO Box 2091
North Hills, CA 91343

Re: Use of Large Barbecue, Field, Kitchen and Adjacent Facilities
For Neighborhood Council Community Barbecue
Saturday, September 6th, 2014
1 p.m. to 9 p.m.

To whom it may concern,

In dialogue with Dan Gibson, we have agreed to a fee of $200 for use of our facilities and barbecue for a community barbecue on Saturday, September 6th, 2014. It will be a pleasure for our church to serve the community by supporting the goals of our neighborhood council to work with our community.

I look forward to being with you on September 6th and will be willing to help in any way I can.

Sincerely,

Pastor Kevyn

Neighborhood Council Funding Program

FUNDING REQUEST FORM

EMPOWER LA
Department of Neighborhood Empowerment

Complete this form to request funding

REQUEST DATE: 9/9/2014 Amount Requested: $ 545.00

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council? ☑ Yes ☐ No - If "yes," is this request on behalf of a

B. Is this a request for recurring payment? (if "yes" Term: _____) ☐ Yes ☑ No NC Committee? ☑ Yes ☐ No

C. Is this request a payment for services requiring a 1099? ☐ Yes ☑ No Committee:

D. Is this a request for an out-of-state vendor? ☐ Yes ☑ No Outreach

Remittance:

Payable to: Challenge Graphics

16611 Roscoe Place
Address:

North Hills | CA | 91343
City | State | Zip:

Email Address

818-892-0123
Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for 10,000 Community BBQ flyers for the North Hills West NC Community BBQ held on 9-6-2014.

DECLARATION

I,the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

9-9-14
Date

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins		9-9-14
TREASURER'S Name	Signature	Date
John McGovern		
2nd Signer's Name	Signature	Date

Board Action:
☐ DENIED (date): _____
☑ Approved for: $ _____
☐ Amended for: $ _____
NC Budget Category: _____

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:
☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >$2,500 ☐ Advanced Payment

☐ Approved
☐ Denied

Authorization Code: _____

1st Lvl |date: _____

2nd Lvl |date: _____

Department Notes:

rev 073014-th

CHALLENGE Graphics

INVOICE

16611 Roscoe Place
North Hills, California 91343
818.892.0123 Fax 818.892.033

August 29, 2014
DATE

57435
INVOICE NO.

SOLD TO
North Hills West Neighborhood Council

SHIP TO
North Hills West Neighborhood Council

CUSTOMER P.O.

QUANTITY	DESCRIPTION	AMOUNT
10,000	Community BBQ Flyers	$ 500.00

SUBTOTAL	$ 500.00
SALES TAX	$ 45.00
FREIGHT	
INVOICE TOTAL	$ 545.00

CHALLENGE Graphics

16611 Roscoe Place
North Hills, CA 91343
(818) 892-0123
FAX (818) 892-0331

To: North Hills West Neighborhood Council
Date: 8/8/14
Attn: Nancy Xander
Phone #:
From: Tara Curtis
FAX #: 213-494-4605

We are pleased to submit this proposal for your consideration:

TITLE & DESCRIPTION	Community BBQ Flyers
STOCK SPECIFICATIONS	20# Colored Stock or 80# Gloss Stock
SIZE	8.5 x 11
NUMBER OF PAGES	1
ARTWORK COMPOSITION SEPARATIONS	Addl. for Artwork
PROOFS	Pdf Proof
COLORS	1/0 Black Ink or 4 Color
BINDERY	
PACKAGING & DELIVERY (FOB: our plant)	Carton pack and local delivery
MISCELLANEOUS	

QUANTITY & PRICE (prices do not include sales tax) Subject to review upon inspection of final artwork.

	1 color	4 color
5,000	$ 320	$ 750
7,500	$ 400	$ 860
10,000	$ 480	$ 980

Estimate

CHANGES AND ALTERATIONS WILL BE CHARGED AS AN ADDITIONAL CHARGE.
☒ Firm quotation ☐ Estimate only This quotation is good for 30 days from above date.

The quoted price is based on our present costs of labor and materials. All quoted prices are subject to revision to cover adjustments in paper costs occurring prior to delivery of the order.

Thank you for the opportunity to quote this work.

Accepted by: _____ Date: _____

NORTH HILLS WEST NEIGHBORHOOD COUNCIL

FREE COMMUNITY BBQ

Saturday, September 6th, 2014
4pm to 8pm

Valley Park Church
16514 Nordhoff St.
North Hills, CA 91343

The North Hills West Neighborhood Council invites ALL stakeholders within our boundaries to meet their Board Members.

Bring a neighbor!

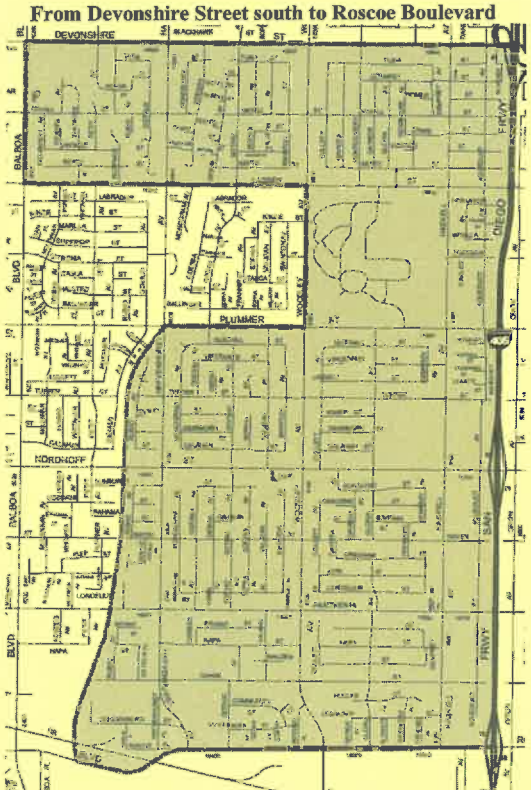
Bring a friend!

Bring a blanket or beach chair to relax on.

We're working to make our community even better and we want to hear your ideas too!

Music and Fun for everyone!

From Devonshire Street south to Roscoe Boulevard



From Bull Creek Wash/Balboa Blvd east to the 405 Freeway

Official Map of North Hills West

NHWNC invites all businesses within our boundaries to market their products and services.

A limited number of tables are available.

Please RSVP!
For more information contact: Nancy Xander
(818) 895-0507
nxander.nhwnc@gmail.com

We're providing Barbeque Picnic Food, Drinks, and Desserts

NO ALCOHOL, NO SMOKING AND NO PETS ALLOWED

Neighborhood Council Funding Program

FUNDING REQUEST FORM

EMPOWER LA
Department of Neighborhood Empowerment

Complete this form to request funding

REQUEST DATE: 9/9/2014 Amount Requested: $ 105.92

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council? ☑ Yes ☐ No - If "yes," is this request on behalf of a

B. Is this a request for recurring payment? (if "yes" Term: _____) ☐ Yes ☑ No NC Committee? ☑ Yes ☐ No

C. Is this request a payment for services requiring a 1099? ☐ Yes ☑ No Committee:

D. Is this a request for an out-of-state vendor? ☐ Yes ☑ No Outreach

Remittance:

Payable to: Debra Perkins

16116 Liggett Street
Address:

North Hills | CA | 91343
City | State | Zip:

dperkins.nhwnc@gmail.com
Email Address

818-399-1514
Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for knives,forks,spoons,napkins,cookies(coach's=2)- for the North Hills West NC Community BBQ held on 9-6-2014.; turkey/swiss sandwiches, cookies & 8.5' plates(plates,sandwiches, & cookies were for GBM of 8-21-2014)

DECLARATION

I,the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature — Date: 9-9-14

NEIGHBORHOOD COUNCIL USE ONLY
(Board Vote Count Form must accompany this form)

Debra Perkins		9-9-14
TREASURER'S Name	Signature	Date
John McGovern		
2nd Signer's Name	Signature	Date

Board Action:
☐ DENIED (date): _____
☑ Approved for: $ _____
☐ Amended for: $ _____
NC Budget Category: _____

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:
☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >$2,500 ☐ Advanced Payment

☐ Approved ☐ Denied

Authorization Code: _____
1st Lvl | date: _____
2nd Lvl | date: _____

Department Notes:

rev 073014-th

NORTHRIDGE 437

8810 TAMPA AVE
NORTHRIDGE, CA 91324
LW Q ET 90-102175
MEMBER #111836327590

127279	WHITE KNIVES	10.
127509	WHITE FORKS	10.
127489	WHITE SPOON	10.
738392	KS NAPKINS	7.
640236	COACH'S	8.
640236	COACH'S	8.
21611	TURKEY&SWISS	29.
994311	8.5 IN PLATE	14.

SUBTOTAL 101.0
A 9.00% TAX 4.9

TOTAL [redacted]
American Express 105.92

XXXXXXXXX3001 SWIPED
/21/14 14:43
a#: 001123 App#: 503468
erican Express Resp: AA
an ID#: 423342450000
chant ID 99043711

APPROVED - PURCHASE
AMOUNT: $105.92

0437 010 0000000008 0127

CHANGE .00

L NUMBER OF ITEMS SOLD = 8

ecutive Members earn a 2% Reward
nually up to $750, or approximately
.02 on this purchase. They also
get added benefits & larger discounts
on Costco Services like Travel. See
Membership for exclusions and details.

CASHIER: JAZMIN REG# 10
[redacted] 14:43 0437 10 0127 8

CA TAXES PAID ON ANY TOBACCO PURCHASES

Transaction Details Prepared for
Debra Perkins
Account Number
XXXX-XXXXXX-93001

Date	Description	Card Member	Amount
Posted Transactions			
AUG 21 2014	**COSTCO WHSE #0437 00NORTHRIDGE CA**	DEBRA PERKINS	$105.92

Doing business as:

COSTCO WHOLESALE

8810 TAMPA AVE

NORTHRIDGE

CA

91324-3519

UNITED STATES

Additional Information: 8187751860

Reference: 32014234031513455 5

Category: Merchandise & Supplies - Wholesale Stores

NORTH HILLS WEST NEIGHBORHOOD COUNCIL

FREE COMMUNITY BBQ

Saturday, September 6th, 2014
4pm to 8pm

Valley Park Church
16514 Nordhoff St.
North Hills, CA 91343

The North Hills West Neighborhood Council invites ALL stakeholders within our boundaries to meet their Board Members.

Bring a neighbor!

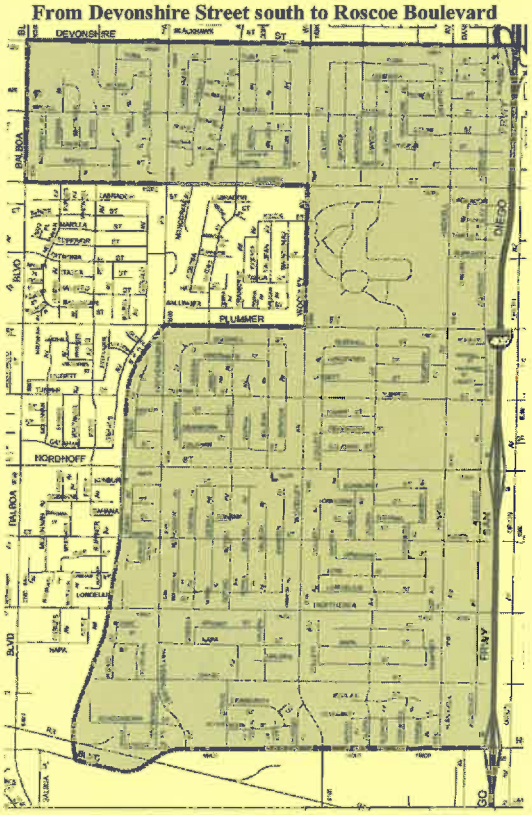
Bring a friend!

Bring a blanket or beach chair to relax on.

We're working to make our community even better and we want to hear your ideas too!

Music and Fun for everyone!

From Devonshire Street south to Roscoe Boulevard



From Bull Creek Wash/Balboa Blvd east to the 405 Freeway

Official Map of North Hills West

NHWNC invites all businesses within our boundaries to market their products and services.

A limited number of tables are available.

Please RSVP!
For more information contact: Nancy Xander
(818) 895-0507
nxander.nhwnc@gmail.com

We're providing Barbeque Picnic Food, Drinks, and Desserts

NO ALCOHOL, NO SMOKING AND NO PETS ALLOWED

Neighborhood Council Funding Program

FUNDING REQUEST FORM

EMPOWER LA
Department of NEIGHBORHOOD EMPOWERMENT

Complete this form to request funding

REQUEST DATE: 9/9/2014 Amount Requested: $ 2425.94

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council? ☑ Yes ☐ No - If "yes," is this request on behalf of a NC Committee? ☑ Yes ☐ No

B. Is this a request for recurring payment? (if "yes" Term: _____) ☐ Yes ☑ No

C. Is this request a payment for services requiring a 1099? ☐ Yes ☑ No Committee: Outreach

D. Is this a request for an out-of-state vendor? ☐ Yes ☑ No

Remittance:

Payable to: Debra Perkins

16116 Liggett Street

Address:

North Hills | CA | 91343

City | State | Zip:

dperkins.nhwnc@gmail.com | 818-399-1514

Email Address | *Contact Phone number*

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for food-hambugers, hot dogs, buns, foil,sponges clorox wipes,gloves, steam plates,trashbages and utentils, etc.... (See two receipts=$2425.94) All items for North Hills West Community BBQ on 09-06-2014

DECLARATION

I,the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature | Date: 9-9-14

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins | Signature | 9-9-14
TREASURER'S Name | Signature | Date

John McGovern | |
2nd Signer's Name | Signature | Date

Board Action:
☐ DENIED (date): _____
☑ Approved for: $ _____
☐ Amended for: $ _____
NC Budget Category: _____

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:
☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >$2,500 ☐ Advanced Payment

☐ Approved ☐ Denied

Authorization Code: _____

1st Lvl |date: _____

2nd Lvl |date: _____

Department Notes:

rev 073014-th

NORTHRIDGE 437

8810 TAMPA AVE.
NORTHRIDGE, CA 91324
LW Q ET 90-102175
MEMBER #111836327590

2 @ 2.19			
	3822	HAMBURG BUNS	70.08
6 @ 19.99			
	88741	BEEF PATTIES	719.64
	913437	CLEAN-UP	10.99 A
	00000104715	CPN/CLOROX	2.80-
	31684	KS/REYN FOIL	21.99 A
@ 11.99			
	50550	BEEF FRANKS	179.85
@ 2.19			
	3823	HOT DOG BUNS	30.66
	566788	KTCHN SPONGE	12.99 A
	00000104716	CPN/SCOTCHBR	2.70-
	404609	ECO HALF STM	6.49 A
	473734	HOUSEHLD GLV	7.49 A
	404719	ECO FULL STM	8.99 A
	312652	MULTI SPONGE	12.49 A
	00000104716	CPN/SCOTCHBR	2.70-
	127509	WHITE FORKS	10.49 A
	127509	WHITE FORKS	10.49 A
	127509	WHITE FORKS	10.49 A
	127489	WHITE SPOON	10.49 A
	127279	WHITE KNIVES	10.49 A
	127279	WHITE KNIVES	10.49 A
	384324	TRASHBAG****	17.69 A
		SUBTOTAL	1,154.09
1		9.00% TAX	14.59
		TOTAL	[redacted]
		American Express	1,168.68

XXXXXX3001 SWIPED
/14 12:03
007783 App#: 584682
American Express Resp: AA
Tran ID#: 424905190000
Merchant ID 99043711

APPROVED - PURCHASE

0• C

0• C

1,168.68 +
1,257.26 +
=
2,425.94 *

Smart&Final extra!

* Welcome To Our Granada Hills Store *
Store # 460
****
See Us On The WEB www.smartandfinal.com

Cashier: Abel

DATE 09/06/14 TIME 08:42:34

40 @ 6.99	
Bushs Baked Beans	279.60 F
20 @ 8.99	
CG Alpine Spring	179.80 F
Was $209.8/ YOU SAVED -> $30.00	
20 @ 2.80	
+CRV	56.00
5 @ 6.99	
Diet Pepsi	34.95 FD
5 @ 1.20	
+CRV	6.00
5 @ 6.99	
Lipton Brisk	34.95 F
5 @ 1.20	
+CRV	6.00
2 @ 9.99	
Ranch Drsng Twin P	19.98 F
30 @ 1.09	
FS Full Steam Pan	32.70 T
Was $41.70/ YOU SAVED -> $9.00	
3 @ 14.99	
FS 184 Ct Slicd Ch	44.97 F
7 @ 2.99	
FS 6 In Foam Plate	20.93 T
7 @ 8.99	
FS 10.25 Comp Foam	62.93 T
Was $65.73/ YOU SAVED -> $2.80	
3 @ 2.99	
FS Lunch Napkin	8.97 T
Was $10.47/ YOU SAVED -> $1.50	
TWD 2 Flute Salt P	4.99 F
TWD 2 Flute Pep Pa	7.99 F
2 @ 13.99	
Yellow Wrap 12 X 1	27.98 T
Sterno Canned Heat	13.99 T
SUBTOTAL	1,224.59
SALES TAX	32.67
TOTAL	1,257.26

Amex TENDER 1,257.26
Acct # **********3001
APPRVL CODE 509828
Cas Ref# 49
CASH CHANGE .00

TOTAL NUMBER OF ITEMS THIS VISIT--> 241
****
Smart & Final Store # 460
16210 Devonshire St.
Granada Hills, CA 91344

DATE 09/06/14 TIME 08:54:16
Account # **********3001
Tender Type Credit
Reference # 188731
APPRVL CODE 509828

Transaction Details Prepared for
Debra Perkins
Account Number
XXXX-XXXXXX-93001

Date	Description	Card Member	Amount
Posted Transactions			
SEP 6 2014	**COSTCO WHSE #0437 00NORTHRIDGE CA**	DEBRA PERKINS	$1,168.68

Doing business as:

COSTCO WHOLESALE

8810 TAMPA AVE

NORTHRIDGE

CA

91324-3519

UNITED STATES

Additional Information: 005190000 8187751860

8187751860

Reference: 320142500555117220

Category: Merchandise & Supplies - Wholesale Stores

SEP 6 2014	**SMARTNFINAL460104602GRANADA HILLS CA**	DEBRA PERKINS	$1,257.26

Doing business as:

SMART FINAL

16210 DEVONSHIRE ST

GRANADA HILLS

CA

91344-6909

UNITED STATES

Additional Information: 008001155 000-0000000

000-0000000

Reference: 320142500558216425

Category: Merchandise & Supplies - Groceries

NORTH HILLS WEST NEIGHBORHOOD COUNCIL

FREE COMMUNITY BBQ

Saturday, September 6th, 2014
4pm to 8pm

Valley Park Church
16514 Nordhoff St.
North Hills, CA 91343

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Bring a neighbor!

Bring a friend!

Bring a blanket or beach chair to relax on.

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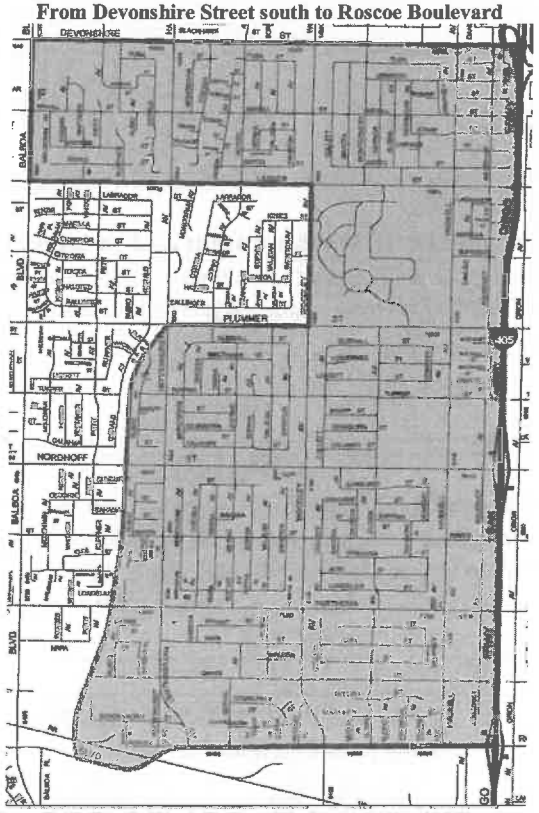
Music and Fun for everyone!

From Devonshire Street south to Roscoe Boulevard



From Bull Creek Wash/Balboa Blvd east to the 405 Freeway

Official Map of North Hills West

NHWNC invites all businesses within our boundaries to market their products and services.

A limited number of tables are available.

Please RSVP!
For more information contact: Nancy Xander
(818) 895-0507
nxander.nhwnc@gmail.com

We're providing Barbeque Picnic Food, Drinks, and Desserts

NO ALCOHOL, NO SMOKING AND NO PETS ALLOWED

Neighborhood Council Funding Program

FUNDING REQUEST FORM

EMPOWER LA
Department of NEIGHBORHOOD EMPOWERMENT

Complete this form to request funding

REQUEST DATE: 9/9/2014 Amount Requested: $ 700

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council? ☑ Yes ☐ No - If "yes," is this request on behalf of a

B. Is this a request for recurring payment? (if "yes" Term: ____) ☐ Yes ☑ No NC Committee? ☑ Yes ☐ No

C. Is this request a payment for services requiring a 1099? ☑ Yes ☐ No Committee:

D. Is this a request for an out-of-state vendor? ☐ Yes ☑ No Outreach

Remittance:

Payable to: Tasty Sounds Entertainment

16901 Vose Street
Address:

West Van Nuys, CA 91406
City State Zip:

www.tastysounds.com 818-787-5417
Email Address *Contact Phone number*

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for Music & Entertainment at the 9-06-2014 NHWNC Community BBQ

DECLARATION

I,the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature 9-9-14 Date

NEIGHBORHOOD COUNCIL USE ONLY
(Board Vote Count Form must accompany this form)

Debra Perkins		9-9-14
TREASURER'S Name	Signature	Date
John McGovern		
2nd Signer's Name	Signature	Date

Board Action:
☐ DENIED (date): ____
☑ Approved for: $ ____
☐ Amended for: $ ____
NC Budget Category: ____

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:
☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >$2,500 ☐ Advanced Payment

☐ Approved ☐ Denied

Authorization Code: ____
1st Lvl | date: ____
2nd Lvl | date: ____

Department Notes:

rev 073014-th

Tasty Sounds Ent. Tax# 95-4657390

16901 Vose St.
W. Van Nuys, Ca., 91406
1-818-787-5417

Invoice

Date	Invoice #
9/9/2014	987

Bill To
North Hills West Neighborhood Council

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Holiday Company Party	700.00	700.00

	Total	$700.00

Tasty Sounds Entertainment

Experience is never expensive, it's priceless!

(800) 993-2623 - (818) 787-5417

www.tastysounds.com

Client Information:

North Hills West Neighborhood Counc
Nancy Xander
; PO Box 2091
North Hills CA 91393

Home Phone:
Work Phone: (213) 434-4605
Work Ext:
Pager/Cell:
Fax:
Other Phone:

Location:

#1 Miscellaneous
Valley Park Church
16514 Nordhoff St
North Hills

Phone:
Ext:
Fax:

Event Information:

Event Date:	Saturday, September 06, 2014
Time:	4:00 - 8:00 PM
Set Up Time:	3:00:00 PM
Event Name:	North Hills WNC BBQ
Event Type:	Picnic
In Honor of:	Neighborhood Residents
Guests:	

Your Show Includes:

Package:	Birthday/Anniversary/Graduation
Sound Option:	2 Speaker (Normal)
Lighting Option:	N/A

Additional Services:

Entertainer(s):

Company Choice DJ

A payment of 50% of the fee is required to place this reservation. The remainder of the fee will be paid in full 1 week prior to event with a personal check payable to Tasty Sounds, or on the day of event with a Cashiers Check/Money Order/Cash prior to the start of music. One (1) hour set-up and one (1) hour tear-down time is included in price. Your continuous play time begins when you would like the music to start. Long distance travel outside the LA/OC. area will require mileage and/or hotel fees. Also a difficult set-up involving steps may incur a roadie charge.

Total Package Price:	**$700.00**
Initial Payment:	**$350.00**
Balance:	**$350.00**

1. This document is an offer and NOT A VALID CONTRACT untill the INITIAL PAYMENT IS RECEIVED. Contract must be signed by Tasty Sounds Entertainment and client with no changes. Any changes or modificatons of its terms must be initialed by Tasty Sounds Entertainment. or recorded in a written instrument and signed by both parties. In the event any provision of this agreement is determined to be invalid or unenforceable, the remaining provisions will remain in full force and effect. This contract will be interpeted according to the laws of the state of Ca. Please sign and return contract along with payment, made payable to Tasty Sounds Entertainment. This agreement will be void if not returned within 10 days from the signed date, SORRY NO EXCEPTIONS!
2. IN THE EVENT OF CANCELLATION, a 180-day written & verbal notice is required for refund. Failure to comply will result in forfeit of initial payment. There will be a $100.00 office charge for all cancellations. All cancellations must be put in writing. Full Payment is due immediately if purchaser cancels less than 30 days prior to event.
3. Tasty Sounds Entertainment, it's owners and operators, (employees, contractors, agents and representatives) shall not be liable for any claims at law or equity arising out of its presence at the above stated address, unless such claims result from the negligence or willful misconduct of Tasty Sounds Entertainment, its owners, operators, or agents. If any action of law or equity is necessary to interpret or enforce this agreement, the prevailing party shall be entitled to reasonable attorney fees and costs. But before attorneys are involved, both parties agree to go to arbitration/mediation first with the mediator's fees to be split by both parties.
4. Tasty Sounds Entertainment requires a smooth, rollable surface. If your location requires the transportation of equipment up or down stairs or steps, or over grass areas or gravel, it must be stated on the contract, and an additional fee will have to be charged. Client will provide a grounded 15 amp (dedicated) electrical outlet. Client will arrange for a close parking space and pay the cost therof if any.
5. We are always happy to set up outdoors, in sunny locations as long as shade is provided to protect the equipment, without shade, we will not set up. Any damage to equipment by event guests shall be the responsibility of the client. If DJ experiences equipment failure and is not able to finish show, the fee will be paid on a pro rata basis determined by the length of playing time. This will not apply in the case of damage to DJ=s equipment that is caused by persons or incidents at the event. If the event is delayed as a result of DJ=s late arrival, the Client has the option to either extend show by double the time delay, or to reduce the fee on a pro rata basis according to time lost. DJ is not responsible for an inability to peform due to accident, injury or other condition beyond his/her control. DJ cannot be responsible for electrical problems or power failures, blackouts, acts of God, riots, strikes or any other cause, unless they are directly caused by his/her actions.
6. Overtime will include an additional charge of $150.00 per half hour or $300.00 Per Hour DJ or MC Only, with payment (Card or Cash) presented prior to start of OT.

I have read and agreed to these terms.

Date:

Client Signature

Date: Al Darroch

Digitally signed by Al Darroch
DN: cn=Al Darroch, o=Tasty Sounds Ent., ou, email=djalvis@tastysounds.com, c=US
Date: 2014.08.11 12:31:43 -07'00'

Tasty Sounds Entertainment

Please return contract with deposit to: Tasty Sounds Entertainment 16901 Vose Street Van Nuys CA 91406 or fax to (818) 787-5437

NORTH HILLS WEST NEIGHBORHOOD COUNCIL

FREE COMMUNITY BBQ

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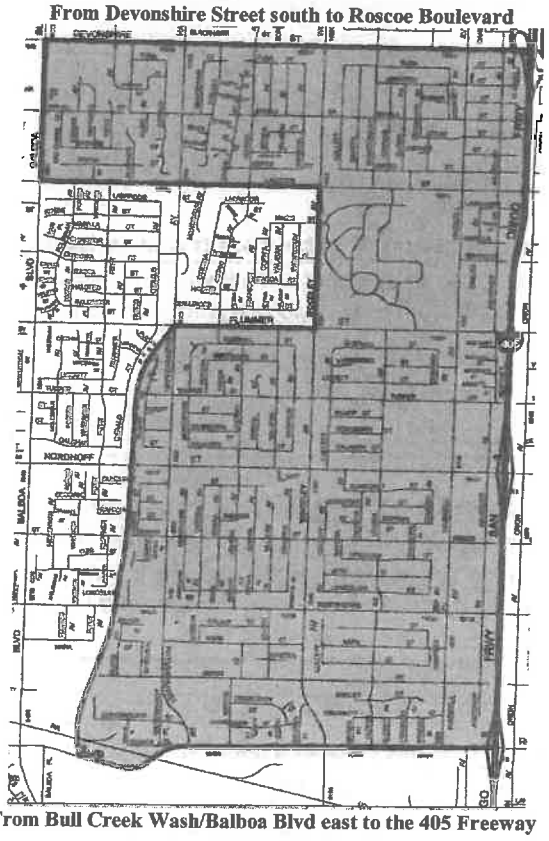

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nxander.nhwnc@gmail.com

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Neighborhood Council Funding Program

FUNDING REQUEST FORM

EMPOWER LA
Department of NEIGHBORHOOD EMPOWERMENT

Complete this form to request funding

REQUEST DATE: 9/9/2014 Amount Requested: $ 19.15

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council? ☑ Yes ☐ No - If "yes," is this request on behalf of a NC Committee? ☑ Yes ☐ No

B. is this a request for recurring payment? (if "yes" Term: ____) ☐ Yes ☑ No

C. Is this request a payment for services requiring a 1099? ☐ Yes ☑ No Committee: Operations

D. Is this a request for an out-of-state vendor? ☐ Yes ☑ No

Remittance:

Payable to: Debra Perkins

16116 Liggett Street

Address:

North Hills, CA 91343

City State Zip:

dperkins.nhwnc@gmail.com 818-399-1514

Email Address *Contact Phone number*

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for United States Postal Services-Priority Express Mail-Mailed June & Jul;y MER's

DECLARATION

I,the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature Date 9-9-14

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins		9-9-14
TREASURER'S Name	Signature	Date
John McGovern		
2nd Signer's Name	Signature	Date

Board Action:

☐ DENIED (date): ____

☑ Approved for: $ ____

☐ Amended for: $ ____

NC Budget Category: ____

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >$2,500 ☐ Advanced Payment

☐ Approved ☐ Denied

Authorization Code: ____

1st Lvl | date: ____

2nd Lvl | date: ____

Department Notes:

rev 073014-th

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE (818) 807-9058

NHWNC
D. PERKINS
16116 HIGGETT ST
NORTH HILLS, CA 91343

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.	Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

☑ **SIGNATURE REQUIRED** *Note:* The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available*)
- ☐ 10:30 AM Delivery Required (additional fee, where available*)

*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) PHONE (818) 998-1557

DONE
200 North Spring St.
#2005
Los Angeles, CA

ZIP + 4® (U.S. ADDRESSES ONLY)

9 0 0 1 2 - _ _ _ _

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- $100.00 insurance included.

EK 443668380 US

UNITED STATES POSTAL SERVICE®

PRIORITY ★ MAIL ★ EXPRESS™

ORIGIN (POSTAL SERVICE USE ONLY)

☐ 1-Day ☐ 2-Day ☐ Military ☐ DPO

PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage
91343	9/5/14	$ 19.15

Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee
9/4/14	☐ 10:30 AM ☐ 3:00 PM ☑ 12 NOON	$	$

Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
1:08 ☐ AM ☑ PM	$	$	$

Weight	Sunday/Holiday Premium Fee	Total Postage & Fees
1 lbs. 3 ozs. ☐ Flat Rate	$	$ 19.15
	Acceptance Employee Initials	

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	☐ AM ☐ PM	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	☐ AM ☐ PM	

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-9996 2-CUSTOMER COPY

USPS, NORTH HILLS BRANCH
NORTH HILLS, California
91343999B
0581020253-0099
4/2014 (800)275-8777 04:28:49 P

Sales Receipt

Product	Sale Unit Qty	Final Price
Description		
US ANGELES CA 90012-4801		$19.1
1		
rity Mail Express 1-Day		
3.90 oz.		
Tracking #:		
1 3668 3800 S		
eduled Delivery Day: Fri 09/05/14		
00PM - Money Back Guarantee		
ludes $100 insurance		
gnature Requested		
le Postage.		$19.1
		$19.1
		$20.1
		-$1.0
by:		
le Due:		

ve this receipt as evidence of
ance. For information on filing an
ance claim go to
com/ship/file-domestic-claims.htm.

Stamps at usps.com/shop or call
-Stamp24. Go to usps.com/clickship
int shipping labels wi

Neighborhood Council Funding Program

FUNDING REQUEST FORM

EMPOWER LA
Department of NEIGHBORHOOD EMPOWERMENT

Complete this form to request funding

REQUEST DATE: 9/9/2014 Amount Requested: $ 67.98

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council? ☑ Yes ☐ No - If "yes," is this request on behalf of a

B. Is this a request for recurring payment? (if "yes" Term: _____) ☐ Yes ☑ No NC Committee? ☑ Yes ☐ No

C. Is this request a payment for services requiring a 1099? ☐ Yes ☑ No Committee:

D. Is this a request for an out-of-state vendor? ☑ Yes ☑ No Operations

Remittance:

Payable to: Verizon Wireless

PO Box 66108

Address:

Dallas TX 75266-0108

City State Zip:

vzw.com/mybusinessaccount 1-800--22-0204

Email Address *Contact Phone number*

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for North Hills West NC Board cell phone purchase & monthly bill for the month of August 21, 2014 thru August 23,2014

DECLARATION

I,the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature 9-9-14 Date

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins		9-9-14
TREASURER'S Name	Signature	Date
John McGovern		
2nd Signer's Name	Signature	Date

Board Action:

☐ DENIED (date): _____

☑ Approved for: $ _____

☐ Amended for: $ _____

NC Budget Category: _____

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

☐ NPG ☐ CIP ☐ Contract

☐ Lease ☐ Sponsored Event

☐ >$2,500 ☐ Advanced Payment

☐ Approved ☐ Denied

Authorization Code: _____

1st Lvl | date: _____

2nd Lvl | date: _____

Department Notes:

rev 073014-th

verizonwireless

PO BOX 4004
ACWORTH, GA 30101

Manage Your Account & View Your Usage Details	Account Number	Date Due
At vzw.com/mybusinessaccount	242052008–00001	09/18/14
	Invoice Number	9730869132

0006668 02 AT 0.403 **AUTO T2 0 6423 91343-304016 -C21-P06674-I12

NORTH HILLS WEST NC
16116 LIGGETT ST
NORTH HILLS, CA 91343-3040

Quick Bill Summary

Aug 21 – Aug 23

Previous Balance *(see back for details)*	$.00
No Payment Received	$.00
Balance Forward	**$.00**
Monthly Charges	$26.60
Usage and Purchase Charges	
Data	$.00
Equipment Charges	$40.98
Verizon Wireless' Surcharges and Other Charges & Credits	$.37
Taxes, Governmental Surcharges & Fees	$.03
Total Current Charges	**$67.98**

Total Charges Due by September 18, 2014 **$67.98**

Verizon Wireless News

New Activation Message

Welcome to Verizon Wireless! Your first bill may include charges for a partial month of service, plus your first full month's access charge billed one month in advance.

Pay from Wireless	Pay on the Web	Questions:
#PMT (#768)	At vzw.com/mybusinessaccount	1.800.922.0204 or *611 from your wireless

VB

verizonwireless

NORTH HILLS WEST NC
16116 LIGGETT ST
NORTH HILLS, CA 91343–3040

Bill Date August 23, 2014
Account Number 242052008–00001
Invoice Number 9730869132

Please Recycle

Total Amount Due by September 18, 2014

Make check payable to Verizon Wireless.
Please return this remit slip with payment.

$67.98

$☐☐.☐☐

PO BOX 660108
DALLAS, TX 75266–0108

☐ Check here and fill out the back of this slip if your billing address has changed or you are adding or changing your email address.

97308691320102420520080000100000006798000000067981

Overview of Lines

Lines Charges	Page Number	Monthly Charges	Usage and Purchase Charges	Equipment Charges	VZW Surcharges and Other Charges and Credits	Taxes, Governmental Surcharges and Fees	Third–Party Charges (includes Tax)	Total Charges
818–809–9158 Deborah Perkins	*4*	$26.60	––	$40.98	$.37	$.03	––	$67.98
Total Current Charges		**$26.60**	**$.00**	**$40.98**	**$.37**	**$.03**	**$.00**	**$67.98**

Voice Plan Usage	Messaging Usage	Data Usage	Voice Roaming	Messaging Roaming	Data Roaming
––	––	605KB	––	––	––

Summary for Deborah Perkins: 818–809–9158 (Includes Plan Change)

Your Plan

Plan from 8/22 – 8/23

Nationwide Flat Rate on–Net
$.06 per minute

Plan from 8/22 – 8/23

Email & Data Unlimited
$24.99 monthly charge
Unlimited monthly kilobyte

M2M National Unlimited
Unlimited monthly Mobile to Mobile

UNL Night & Weekend Min
Unlimited monthly OFFPEAK

100 Messages
100 monthly message allowance
$.10 per message after allowance

Have more questions about your charges? Get details for usage charges at vzw.com/mybusinessaccount.

Monthly Charges

New Plan

Email & Data Unlimited	08/22 – 08/23	1.61
$24.99 per month / 2 days on new plan		

Month in Advance

Email & Data Unlimited	08/24 – 09/23	24.99
These are the normal monthly charges billed in advance.		
		$26.60

Equipment Charges

Equipment Purchase	08/21	So Cal Business Sale	001315167	40.98
				$40.98

Usage and Purchase Charges

Data		Allowance	Used	Billable	Cost
Kilobyte Usage (08/22 – 08/23)	*kilobytes*	unlimited	605	--	--
Total Data					$.00

Total Usage and Purchase Charges **$.00**

Verizon Wireless' Surcharges

Fed Universal Service Charge	.01
Regulatory Charge	.36
	$.37

Taxes, Governmental Surcharges and Fees

Los Angeles City UUT	.03
	$.03

Total Current Charges for 818–809–9158 **$67.98**

verizonwireless

CUSTOMER RECEIPT

Please keep this important document for your records.

Thank you for choosing Verizon Wireless! To activate your wireless device on the Verizon Wireless network, please refer to the Activation Guide supplied with your order. For accessory orders please refer to the instructions that came with your accessory order. Please retain these documents for your records. Become an expert on your device, enroll in a FREE wireless workshop today at verizonwireless.com/workshops or visit our support site at verizonwireless.com/support. Manage your account online with My Business, or call customer service at 1-800-922-0204 or dial *611 from your wireless phone, Monday to Sunday, 6 AM to 11 PM. For information regarding Verizon Wireless' Broadband Internet Access Services, visit www.verizonwireless.com/broadbandinfo.

Ship To:
ATTN:DEBORAH PERKINS
NORTH HILLS WEST NC
16116 LIGGETT ST

NORTH HILLS, CA 91343-3040

Order No: **001315167001**
Location Code: **1806301**
Order Process Date: 08/21/2014
Ship Date: 08/21/2014
Wrhs Order No: 0728733443

Item Description	Item SKU	Retail Price / VZW Cost*	Ship Qty	Item Price	Item Subtotal
IPHONE 4S BLACK 8GB	MF259LL/A	$ 449.99	1	$0.99	$0.99
	User: DEBORAH PERKINS **Mobile No:** 818-809-9158 ESN/MEID: 99000406464124			Disc -	$0.50
HFH PLANTRONICS M70	PBTM70Z		1	$29.99	$29.99
				Disc -	$29.99
OVERNIGHT SVC BY EOD	SEDFEDEX001		1	$0.00	$0.00

Order Subtotal:	$0.49
CA Local Sales Tax	12.37
CA State Sales Tax	28.12
Total Tax/Fees	40.49
Order Total:	$40.98

Payment Info: Bill to Account
XXXXXXXXXXX0001

* In California, sales tax is calculated on the full retail price of the device, not the discounted price you pay. In Massachusetts and Nevada sales tax is calculated on the VZW cost of the device. Your sales tax was based on $449.99

Return/Exchange Policy: New and Certified Pre-Owned merchandise may only be returned or exchanged within 14 days of purchase. You are permitted to make one exchange. If you exchange your current device for another, you must return the original device, or you will be charged the difference between your purchase price and the MSRP. A restocking fee of $35 ($70 for netbooks, notebooks and tablets) applies to any return or exchange of a wireless device (excluding Hawaii). Cancellations must occur within 3 days of activation for the Activation Fee to be refunded. If you return your merchandise after the return period, you will not receive a refund and your merchandise will not be returned to you. See verizonwireless.com/returnpolicy for complete details.
BUSINESS AND GOVERNMENT CUSTOMERS: The terms and conditions for return and exchange, including the return period, may vary by contract. Please contact your Verizon Wireless Account Manager or refer to your contract.

Return Instructions: (1) If you return a wireless device, you MUST contact Customer Service if you want to disconnect service. Your wireless service and related access CHARGES WILL CONTINUE until the time you contact Customer Service to disconnect service. (2) Pack merchandise in original packaging and place in shipping box; (3) Include a copy of this receipt; (4) Attach the return label and keep a copy of the label; (5) Return your package using the return shipping label included in your shipping carton,if applicable. If you did not receive a return shipping label visit vzw.com/printreturnlabel to print your return label.

verizonwireless

CUSTOMER RECEIPT

Please keep this important document for your records.

Ship To:
ATTN:DEBORAH PERKINS
NORTH HILLS WEST NC
16116 LIGGETT ST

NORTH HILLS, CA 91343-3040

Order No:	**001315167001**
Location Code:	**1806301**
Order Process Date:	08/21/2014
Ship Date:	08/21/2014
Wrhs Order No:	0728733443

Included Collateral:

Item Description	Item SKU	Qty
HOPELINE DONATIONBAG	MSC80024EN	1
IPHONE 4S B2B NEW AG	OTA80379BI	1
GETTING STARTED FLDR	PRO81284EN	1
TRADE-IN BCKSLP-BUS	PRO81296BI	1

Cellular Service Information

Mobile No: 818-809-9158 User Name: DEBORAH PERKINS

Price Plan Descr: NATIONWIDE FLAT RATE ON-NET $0.00 $0.06 0511
Contract Term: 012 month(s)
EARLY TERMINATION FEE: UP TO $0

The monthly Federal Universal Service Charge is 15.70% of interstate and int'l telecom charges (varies quarterly). The monthly Regulatory Charge is $0.18 per line for voice capable devices,or $0.02 per line for data only devices. The monthly Administrative Charge is $0.88 per line for voice capable devices, or $0.06 per line for data only devices. These Charges are our charges, not taxes. Taxes, surcharges and other fees, such as E911 and gross receipt charges, can add between 8.00% and 35.00% to your monthly bill, and are added to your monthly access fees and airtime charges.

Features
STREAMLINED BILLING - $0
CALLER ID
CALL FORWARDING
UNL NIGHT & WEEKEND MIN $0
DATA ROAM USA/CANADA
VISUAL VOICEMAIL SPEC
3G DEVICE
CORPORATE EMAIL
DECLINE EQUIPMENT PROTECTION
NO ANSWER TRANSFER
M2M NATIONAL UNLIMITED - $0
No description available
GENERAL IP NAT ADDRESS PDA $0
BLOCK DUN
100 TXT PIX FLIX / $0.10 $0.0
TXT MSG W PER MSG CHARGES

Not all available Features and Services are compatible with all devices.

Neighborhood Council Funding Program

FUNDING REQUEST FORM

EMPOWER LA
Department of Neighborhood Empowerment

Complete this form to request funding

REQUEST DATE: 9/9/2014 Amount Requested: $ 15.98

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council? ☑ Yes ☐ No - If "yes," is this request on behalf of a

B. Is this a request for recurring payment? (if "yes" Term: _____) ☐ Yes ☑ No NC Committee? ☑ Yes ☐ No

C. Is this request a payment for services requiring a 1099? ☐ Yes ☑ No Committee:

D. Is this a request for an out-of-state vendor? ☐ Yes ☑ No Outreach

Remittance:

Payable to: Debra Perkins

16116 Liggett Street
Address:

North Hills, CA 91343
City State Zip:

dperkins.nhwnc@gmail.com
Email Address

818-399-1514
Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Purchase Veggie & Fruit trays for 8-21-2014 GBM

DECLARATION

I,the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

9-9-14
Date

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins — Signature — 9-9-14
TREASURER'S Name Signature Date

John McGovern — Signature —
2nd Signer's Name Signature Date

Board Action:
☐ DENIED (date):
☑ Approved for: $
☐ Amended for: $
NC Budget Category:

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:
☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >$2,500 ☐ Advanced Payment

☐ Approved
☐ Denied

Authorization Code:

1st Lvl |date:

2nd Lvl |date:

Department Notes:

rev 073014-th

FOOD 4 LESS

The True Low Price Leader.
Everyday!

16208 Parthenia St.
(818) 830-0249
YOUR CASHIER WAS Willie D

KRO VEG TRAY	3 [illegible] F
GRDH FRT FTRY PL	11 99 F
TAX	**0.00**
****** BALANCE**	**15.98**
CASH	**15.98**
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 2
8/21/14 03:07pm 354 10 [illegible]

MGR: RICHARD DARCY (818) 830-0249
THANK YOU FOR SHOPPING FOOD 4 LESS

****
Tell Us How We Are Doing!
You could WIN
Danos Como Lo Estamos Haciendo!
Participa Para Ganar

ONE of 100 - $100 gift cards or the
$5,000 gift card grand prize!
UNA DE 100 tarjetas de regalo de $100,
o el gran premio de una
tarjeta de regalo de $5,000!

Go to www.krogerfeedback.com
within 7 days.
Enter the information below:
Visita www.krogerfeedback.com
en los proximos 7 dias e ingresa
la siguiente informacion:

Date: 08/21/14
Time: 03:07pm
Entry ID: 704-695-136-[illegible]-1-10-146

No purchase necessary to enter
sweepstakes. See website for official
sweepstakes rules.
No es necesario un [illegible] para
participar en el sorteo. Ver la
pagina web para conocer las
regalas oficiales.
****

Check us out at www.Food4Less.COM

Neighborhood Council Funding Program

FUNDING REQUEST FORM

EMPOWER LA
Department of NEIGHBORHOOD EMPOWERMENT

Complete this form to request funding

REQUEST DATE: 9/30/2014 Amount Requested: $ 170.94

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council? ☑ Yes ☐ No - If "yes," is this request on behalf of a NC Committee? ☑ Yes ☐ No

B. Is this a request for recurring payment? (if "yes" Term: _____) ☐ Yes ☑ No

C. Is this request a payment for services requiring a 1099? ☐ Yes ☑ No Committee: Operations

D. Is this a request for an out-of-state vendor? ☑ Yes ☐ No

Remittance:

Payable to: Parnters In Diversity, Inc

ASGE Marquette Commercial FIN, NW 6333 PO Box 1450

Address:

Minneapolis, MN 55485-6333

City State Zip:

Email Address

626-793-0020
Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Temporary staff- Minute/Note Taker-David Levin

DECLARATION

I,the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

9-30-14
Date

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins		9-30-14
TREASURER'S Name	Signature	Date
John McGovern		
2nd Signer's Name	Signature	Date

Board Action:
☐ DENIED (date): _____
☑ Approved for: $ _____
☐ Amended for: $ _____
NC Budget Category: _____

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:
☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >$2,500 ☐ Advanced Payment

☐ Approved
☐ Denied

Authorization Code: _____

1st Lvl |date: _____

2nd Lvl |date: _____

Department Notes:

rev 073014-th

PARTNERS IN DIVERSITY, INC.
ASGE MARQUETTE COMMERCIAL FIN
NW 6333 P.O. BOX 1450
MINNEAPOLIS, MN 55485-6333
(626)793-0020

CUST# 02-0134

DATE 09/22/14

INVOICE# 019626

NEIGHBORHOOD COUNCIL
ATTN: ACCOUNT PAYABLE
NORTH HILLS WEST
P.O. BOX 2091
NORTH HILLS, CA 91343

TERMS: DUE UPON RECEIPT

WEEK END	EMPLOYEE	HOURS	RATE	OT HOURS	OT RATE	TOTAL
09/21	LEVIN, DAVID L	7.00	24.42			170.94
	ADMIN.ASST/MEETING MIN.	DEPT#: NHWEST				
		7.00		.00		

TOTAL DUE: 170.94

We are an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

UnionBank®

PAYMENT CONFIRMED

Print

You have successfully scheduled your payment.

Confirmation number: 08926593

Pay To: **Partner in Diversity Inc-0134**
Partner in Diversity Inc
NW 6333
PO Box 1450
Minneapolis, MN 55485-6333
626- 793- 0020

Pay from: Business Basics Checking-4399

Amount: $170.94

Start date: 09/30/2014 will be delivered on 10/07/2014

Memo: Invoice#019626

How often: One-Time

NOTE: You may cancel an online payment until 11:30 PM Pacific Time on the Date to Send. Please be aware that we may delay or reject a payment or transfer if we suspected that you did not authorize it.

Delivery Time
Arrives the following number of days after the send date:
1 business day = Electronic payment to Union Bank account
2 business days = Electronic payment to external payee
5 business days = Mailed payment

Partners In Diversity, Inc

P.O. Box 654
South Pasadena, CA 91031
Pasadena Fax: (626) 793-0022

Your Name: DAVID LEVIN

Order #:

Social Security #:

Client Name: NORTH HILLS WEST NEIGHBORHOOD COUNCIL

Address: City: Zip:

CUSTOMER AGREEMENT

"THE UNDERSIGNED, BEING AN AUTHORIZED REPRESENTATIVE OF COMPANY, HEREBY CERTIFIES THAT THE ABOVE HOURS ARE CORRECT AND THAT THE WORK WAS PERFORMED TO COMPANY'S SATISFACTION. CUSTOMER AGREES THAT IT WILL NOT HIRE THIS EMPLOYEE ON A PERMANENT BASIS OR TRANSFER SAID EMPLOYEE TO ITS PAYROLL FOR ANY REASON, WITHIN ONE YEAR FROM DATE OF REFERRAL, WITHOUT FIRST NOTIFYING PARTNERS IN DIVERSITY, INC. AND, AT CUSTOMER'S OPTION (1) PAYING PARTNERS IN DIVERSITY, INC. A LIQUIDATION CHARGE, OR (2) CONTINUING TO PAY PARTNERS IN DIVERSITY, INC. A TEMPORARY FEE FOR A PERIOD OF 500 WORKING HOURS FROM DATE OF NOTIFICATION. THE TERMS AND CONDITIONS ON THE REVERSE SIDE HEREOF ARE APART OF THIS AGREEMENT."

Approved Hours	Overtime Hours	Supervisor's Name, Signature
7.0		

For Office Use Only

Week Ending	Total Hours	OT Hours	Bonus
9-21-14			

TIME CARD - Report All Time to the Nearest 1/4 Hour. • Multiple Copies Press Hard

Day	Date	Time Started	Time Finished	Less Lunch	Hours Worked
Mon.					
Tues.					
Wed.					
Thurs.	9-18-14	7	10		3
Fri.					
Sat.	9-20-14	10	3:30	30	4
Sun.					
Total Hours Worked for the Week					7

EMPLOYEE STATEMENT:

Employee certifies no accident or injury was sustained while working on the assignment shown noted on this time card. Show records be taken by Partners In Diversity, Inc. to enforce their agreement or any part thereof, employee agrees and accepts he/she shall be liable for all legal and all court costs. I understand and agree that any unemployment claims made by me may challenged and disallowed if I do not contact Partners In Diversity, Inc. immediately upon completion of this agreement.

Employee Signature

NOTICE TO EMPLOYEE

This time card slip must be filled in completely and si

Partners in Diversity, Inc. recruits and hires qualified candidates without regard to age, religion, color, sex, sexual orientation, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all ap federal, state, and municipal laws.

GOLD - Mail back copy WHITE -

PARTNERS IN DIVERSITY, INC.

Being duly authorized on behalf of the above Customer, the undersigned hereby (1) certifies that the above hours are correct and that the work was performed in a satisfactory manner; (2) confirms prior agreement between Partners in Diversity, Inc. and Customer, with respect to the services performed hereunder and any future services, that (a) Customer shall not entrust employees of Partners in Diversity, Inc. with unattended premises, cash, negotiable or other valuables or authorize such employees to operate machinery or motor vehicles without prior written permission from Partners in Diversity, Inc. in each instance. (b) Partners in Diversity, Inc. insurance does not cover loss of damage caused by Partners in Diversity, Inc. employees operating Customer's owned or leased motor vehicle(s), and Customer therefore accepts full responsibility for 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 Partners in Diversity, Inc. employee driving such vehicle(s), or arising out of involving violation by customer in paragraph (2) (a) above. (c) Partners in Diversity, Inc. is not responsible for claims made under its insurances unless such claims are reported in writing by customer within thirty days after occurrence, (d) Customer shall indemnify and save Partners in Diversity, Inc. 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 Partners in Diversity, Inc. employees are assigned. The Customer recognizes Partners in Diversity, Inc. employer-employee relationship with its personnel, and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures. etc., with Partners in Diversity, Inc.

Neighborhood Council Funding Program
FUNDING REQUEST FORM

ADMIN. SUPPORT SVCS.
DONE

EMPOWER LA
Department of NEIGHBORHOOD EMPOWERMENT

Complete this form to request funding

2014 SEP -3 P 3:48

REQUEST DATE: 8/25/14

Amount Requested: $ 5,000.00

NEIGHBORHOOD COUNCIL: NORTH HILLS WEST NEIGHBORHOOD COUNCIL

Please complete all of the following and answer questions A-D:

Name of Requester: NANCY XANDER

A. Are you a board member of this Neighborhood Council? ☒ Yes ☐ No - If "yes," is this request on behalf of a

B. Is this a request for recurring payment? (If "yes" Term: _____) ☐ Yes ☒ No NC Committee? ☒ Yes ☐ No

C. Is this request a payment for services requiring a 1099? ☐ Yes ☒ No Committee:

D. Is this a request for an out-of-state vendor? ☐ Yes ☒ No OUTREACH, EVENTS & MARKETING

Remittance:

Payable to:

Address:

City State Zip:

Email Address *Contact Phone number*

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

To increase public interest in North Hills West and get more stakeholders at our GB Meetings. To bring the diversity of North Hills West Community together in a fun and social setting, with good food. It is hope to broaden the awareness of our NC and its purpose.

DECLARATION

I,the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Nancy Xander
Requester's Signature

8/31/14
Date

NEIGHBORHOOD COUNCIL USE ONLY
(Board Vote Count Form must accompany this form)

TREASURER'S Name | D. PERKINS Signature | 8/31/14 Date

John McGovern | John McGovern Signature | 8/26/14 Date
2nd Signer's Name

Board Action:
☐ DENIED (date): _____
☒ Approved for: $ 5000.00
☐ Amended for: $ _____
NC Budget Category: _____

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:
☐ NPG ☐ GP ☐ Contract
☐ Lease ☒ Sponsored Event
☐ >$2,500 ☐ Advanced Payment

☐ Approved
☐ Denied

Authorization Code: NHWNC 2014-001

1st Lvl | date: 9.4.14

2nd Lvl | date: 9-4-14

Department Notes:

rev 073014-th

MO 9/3

e. Motion [see below].

MOTION to TABLE (by Mr. McGovern, seconded by Mr. Gibson): The North Hills West Neighborhood Council TABLES approval of its July 2, 2014 Joint Special Board and Committee Meeting Minutes.

MOTION to TABLE PASSED by a voice vote with no objection.

f. Motion [see below]. (Debra Perkins)

MOTION (by Mr. McGovern, seconded by Ms. Hart): The North Hills West Neighborhood Council selects Board Members Debra Perkins and Punam Gohel as its Budget Representatives to represent North Hills West Neighborhood Council and attend Budget Day on August 16 at LA City Hall.

DISCUSSION: Mr. McGovern indicated that Ms. Perkins said she would attend and that Stakeholders are welcomed.

MOTION PASSED by a voice vote with no objection.

g. Presentation by Lydia Grant, discussion and possible Motion to support the Volunteer award program. No funding necessary. (Nancy Xander)
Lydia Grant, BONC [L.A. Board of Neighborhood Commissioners] Commissioner [ofc. 213.978.1551; cell 818.470.6629; Lydia.Grant@LACity.org; Commissioners@EmpowerLA.org; www.EmpowerLA.org], distributed copies of program information, and described it and how to participate. She said "it's a great way to recognize veterans . . . senior citizens . . . volunteers . . . families" and can indicate the value of Neighborhood Councils to the City; "it's a great outreach tool." Mr. Fordyce requested and Ms. Xander agreed to Agendize this for the next Outreach Committee Meeting.

h. Presentation by Mike Kabo, program chair for the Granada Hills Street Faire, and Motion to approve a Neighborhood Purpose Grant for $2,500 in support of the Granada Hills Street Faire to be held October 11, 2014. Recommendation approved by the Outreach Committee on July 2, 2014. (Nancy Xander).
Mr. McGovern requested and it was agreed to TABLE this Item.

i. Presentation, discussion and possible Motion [see below]. (Nancy Xander)
Ms. Xander explained that "Valley Park church has offered us their facility at no charge." Stakeholder Jaynee Thorne described a music band that could perform.

FUNDING MOTION (by Mr. McGovern, seconded by Ms. Xander): The North Hills West Neighborhood Council approves up to $5,000 to hold a North Hills West Community BBQ. Funding request to cover food and a live band at the Valley Park Church on September 6, 2014.

DISCUSSION: Ms. Armentaros and Mr. Fordyce believed the event would not have enough outreach impact to justify the allocation. Stakeholder Anita

Department of Neighborhood Empowerment
Board Vote on Funding Request

NC NAME: NORTH HILLS WEST
Budget Fiscal Year: 2014/2015
Meeting Date: 7-17-14
Agenda Item: 5-I

Vendor: N/A
Amount: $5000.00
Recurrence: X One Time Expense ☐ Monthly ☐ Multiple ____ (enter # payments)

Description: Community BBQ

Vote Count

	Board Member Name	Board Position	Yes	No	Abstain	Recused	Absent	Ineligible
1	John McGovern	President	✓					
2	Dan Gibson	Vice President	✓					
3	Debra Perkins	Treasurer					✓	
4	Carol Hart	Secretary	✓					
5	David Hyman	General	✓					
6	Garry Fordyce	Residential	✓					
7	Dave Brown	Residential	✓					
8	Nancy Xander	General	✓					
9	Carlos Maya	Residential					✓	
10	Ed Serrano	Residential					✓	
11	Armando Diaz	Residential	✓					
12	Mike khalid	General	✓					
13	Punam Gohel	Community Interest	✓					
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
		TOTALS	10	0	0	0	3	0

NEIGHBORHOOD COUNCIL CERTIFICATION

We, DEBRA PERKINS (Treasurer Name) and JOHN MCGOVERN (Signer Name), declare that we are the Treasurer and Signer, respectively of the North Hills West Neighborhood Council (NC) and that on 7-17-14 (date adopted), a Brown Act noticed public meeting was held by the North Hills West NC with a quorum of 10 (number) board members present and that by a vote of 10 (number) yes, 0 (number) no, and 0 (number) abstentions the North Hills West NC approved the above indicated Expenditure Request and Authorization Form.

Treasurer Signature		Signer's Signature	
Print Name	Debra Perkins	Print Name	John McGovern
Date	8-21-14	Date	8-21-14
NC Additional Comments			

69128

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/4/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Commercial Lines - (952) 252-3100
Wells Fargo Insurance Services USA, Inc.
400 Highway 169 South, 8th Floor
St. Louis Park, MN 55426

CONTACT NAME: Kristin Leiding
PHONE (A/C, No, Ext): 952 242-3086 **FAX (A/C, No):** 866.710.7436
E-MAIL ADDRESS: Kristin.Leiding@wellsfargo.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Nationwide Mutual Insurance Company	23787
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
A-Throne Co., Inc.
Attn: Nikki Hussein
1850 E. 33rd Street
Long Beach, CA 90807-5208

COVERAGES **CERTIFICATE NUMBER:** 8121712 **REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ACP7153675981	11/22/2013	11/22/2014	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER
City of Los Angeles
16514 Nordhoff Street
North Hills, CA 91343

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Jean Graham

North Hills West NC 2014/2015

North Hills West
Neighborhood Council
P.O. Box 7091
North Hills, CA 91343

Northhillswestnc/empowerla.org
818-892-8899

John McGovern
jmcgovern.nhwnc@gmail.com
President

Dan Gibson
dgibson.nhwnc@gmail.com
Vice President

Debra Perkins
dperkins.nhwnc@gmail.com
Treasurer

Carol Hart
chart.nhwnc@gmail.com
Secretary

David Hyman
dhyman.nhwnc@gmail.com

Dave Brown
dbrown.nhwnc@gmail.com

Armando Diaz
adiaz.nhwnc@gmail.com

Carlos Maya
cmaya.nhwnc@gmail.com

Nancy Xander
nxander.nwhnc@gmail.com

Garry Fordyce
gfordyce.nhwnc@gmail.com

Mike Khalid
mkhalid.nhwnc@gmail.com

Punam Gohel
pgohel.nhwnc@gmail.com

Ed Serrano
eserrano.nhwnc@gmail.com

BOARD RESOLUTION: Approval on July 17, 2014

We, Debra Perkins and John McGovern declare that we are the Treasurer and President, respectively, of the North Hills West Neighborhood Council; and

Declare that on July 17, 2014 a Brown Act noticed public meeting was held by North Hills West Neighborhood Council adopted the following resolution: The funding request submitted by The NHWNC Outreach Committee Minutes have been available for review and comment by the public and duly evaluated by NHWNC Board.

Therefore, be it resolved that the NHWNC approves the request submitted by the Outreach Committee in the amount up to $5000.00 for the following purchases and community benefits: September 6, 2014 Community BBQ ;to purchase food,-Beef Brisket,(bread)Buns, Hot dogs & Links & Hamburgers, Chicken, Baked Beans and Green Salad supplies and Pasta Salad supplies; chairs, Paper plates, forks, spoons, knife, cups, Ice, tablecloths, music, portal potties, tables; The stakeholder benefit is to promote a stronger/larger presence at our monthly General Board Meeting & larger community participation in all NHW events.

Vote Count-10 Yes 0 No 0 Abstain 2 Absent

Signed: _____ Date: 8-8-14
Debra Perkins-Treasurer

Signed _____ Date: 8-8-14
John McGovern-President

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/03/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
R.V. Nuccio & Associates, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Fireman's Fund Insurance Company	21873
INSURED Tasty Sounds Entertainment 16901 Vose St Van Nuys, CA 91406	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY ☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☑ POLICY ☐ PRO-JECT ☐ LOC	✔		XPK80957174 Certificate #:ADJA047531	9/4/2014	9/4/2015	EACH OCCURRENCE	$ $1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ $100,000
							MED EXP (Any one person)	$ $5,000
							PERSONAL & ADV INJURY	$ $1,000,000
							GENERAL AGGREGATE	$ $2,000,000
							PRODUCTS - COMP/OP AGG	$ $2,000,000
								$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☑ HIRED AUTOS ☑ NON-OWNED AUTOS	✔		XPK80957174 Certificate #:ADJA047531	9/4/2014	9/4/2015	COMBINED SINGLE LIMIT (Ea accident)	$ $1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

2014 SEP 3 P 3:51 ADMIN. SUPPORT SVCS. DONE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

Additional Insured: City of LA, Department of Neighborhood Empowerment Desc: Free Community BBQ Start Date:9/6/2014 End Date:9/6/2014

CERTIFICATE HOLDER

City of LA, Department of Neighborhood Empowerment
PO Box 2091
North Hills, CA 91393

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Robert V. Nuccio

ENVIRONMENTAL HEALTH DIVISION
COMMUNITY EVENT / SEASONAL EVENT PERMIT

County of Los Angeles Public Health

CUSTOMER COPY

TODAY'S DATE: 09/02/2014

PERMIT #: 86-09-14/15-0098

DATES OF EVENT: 09/06/14 TO 09/06/14

OWNER(S) NAME:
NORTH HILLS WEST NEIGHBORHOOD COUNCIL - NANCY XANDER

DOING BUSINESS AS / TRADE NAME:
NORTH HILLS WEST NEIGHBORHOOD COUNCIL

EVENT NAME:
NORTH HILLS WEST NC COMMUNITY BBQ

EVENT ADDRESS:
16514 NORDHOFF ST NORTH HILLS 91343

MAILING ADDRESS:
PO BOX 2091 NORTH HILLS CA 91343

TYPE OF BUSINESS:
COMMUNITY EVENT ORGANIZER

DISTRICT OFFICE:
WEST VALLEY

PHONE #:
(818) 895-0507

RECEIPT #:
EXEMPT

FEE AMOUNT:
$0.00

This permit is subject to suspension if safe operating conditions are not met. You may request to speak with the inspector's supervisor prior to any enforcement action.

Kong Lee
PRINT NAME / SIGNATURE OF EHS:

ADMIN. SUPPORT SVCS.
DONE
2014 SEP -3 P 3:54

Valley Park Church
16514 Nordhoff Street, North Hills, CA 91343
(818) 894-9316
www.valleyparkchurch.com
Dr. Kevyn D. Jones, Pastor

August 13, 2014

To: North Hills West Neighborhood Council
PO Box 2091
North Hills, CA 91343

Re: Use of Large Barbecue, Field, Kitchen and Adjacent Facilities
For Neighborhood Council Community Barbecue
Saturday, September 6th, 2014
1 p.m. to 9 p.m.

To whom it may concern,

In dialogue with Dan Gibson, we have agreed to a fee of $200 for use of our facilities and barbecue for a community barbecue on Saturday, September 6th, 2014. It will be a pleasure for our church to serve the community by supporting the goals of our neighborhood council to work with our community.

I look forward to being with you on September 6th and will be willing to help in any way I can.

Sincerely,

Pastor Kevyn

Tasty Sounds Entertainment

Experience is never expensive, it's priceless!

(800) 993-2623 - (818) 787-5417

www.tastysounds.com

Client Information:

North Hills West Neighborhood Counc
Nancy Xander
; PO Box 2091
North Hills CA 91393

Home Phone:
Work Phone: (213) 434-4605
Work Ext:
Pager/Cell:
Fax:
Other Phone:

Location:

#1 Miscellaneous
Valley Park Church
16514 Nordhoff St
North Hills

Phone:
Ext:
Fax:

Event Information:

Event Date:	Saturday, September 06, 2014
Time:	4:00 - 8:00 PM
Set Up Time:	3:00:00 PM
Event Name:	North Hills WNC BBQ
Event Type:	Picnic
In Honor of:	Neighborhood Residents
Guests:	

Your Show Includes:

Package:	Birthday/Anniversary/Graduation
Sound Option:	2 Speaker (Normal)
Lighting Option:	N/A

Additional Services:

Entertainer(s):

Company Choice DJ

A payment of 50% of the fee is required to place this reservation. The remainder of the fee will be paid in full 1 week prior to event with a personal check payable to Tasty Sounds, or on the day of event with a Cashiers Check/Money Order/Cash prior to the start of music. One (1) hour set-up and one (1) hour tear-down time is included in price. Your continuous play time begins when you would like the music to start. Long distance travel outside the LA/OC. area will require mileage and/or hotel fees. Also a difficult set-up involving steps may incur a roadie charge.

Total Package Price:	**$700.00**
Initial Payment:	**$350.00**
Balance:	**$350.00**

1. This document is an offer and NOT A VALID CONTRACT untill the INITIAL PAYMENT IS RECEIVED. Contract must be signed by Tasty Sounds Entertainment and client with no changes. Any changes or modificatons of its terms must be initialed by Tasty Sounds Entertainment. or recorded in a written instrument and signed by both parties. In the event any provision of this agreement is determined to be invalid or unenforceable, the remaining provisions will remain in full force and effect. This contract will be interpeted according to the laws of the state of Ca. Please sign and return contract along with payment, made payable to Tasty Sounds Entertainment. This agreement will be void if not returned within 10 days from the signed date, SORRY NO EXCEPTIONS!
2. IN THE EVENT OF CANCELLATION, a 180-day written & verbal notice is required for refund. Failure to comply will result in forfeit of initial payment. There will be a $100.00 office charge for all cancellations. All cancellations must be put in writing. Full Payment is due immediately if purchaser cancels less than 30 days prior to event.
3. Tasty Sounds Entertainment, it's owners and operators, (employees, contractors, agents and representatives) shall not be liable for any claims at law or equity arising out of its presence at the above stated address, unless such claims result from the negligence or willful misconduct of Tasty Sounds Entertainment, its owners, operators, or agents. If any action of law or equity is necessary to interpret or enforce this agreement, the prevailing party shall be entitled to reasonable attorney fees and costs. But before attorneys are involved, both parties agree to go to arbitration/mediation first with the mediator's fees to be split by both parties.
4. Tasty Sounds Entertainment requires a smooth, rollable surface. If your location requires the transportation of equipment up or down stairs or steps, or over grass areas or gravel, it must be stated on the contract, and an additional fee will have to be charged. Client will provide a grounded 15 amp (dedicated) electrical outlet. Client will arrange for a close parking space and pay the cost therof if any.
5. We are always happy to set up outdoors, in sunny locations as long as shade is provided to protect the equipment, without shade, we will not set up. Any damage to equipment by event guests shall be the responsibility of the client. If DJ experiences equipment failure and is not able to finish show, the fee will be paid on a pro rata basis determined by the length of playing time. This will not apply in the case of damage to DJ=s equipment that is caused by persons or incidents at the event. If the event is delayed as a result of DJ=s late arrival, the Client has the option to either extend show by double the time delay, or to reduce the fee on a pro rata basis according to time lost. DJ is not responsible for an inability to peform due to accident, injury or other condition beyond his/her control. DJ cannot be responsible for electrical problems or power failures, blackouts, acts of God, riots, strikes or any other cause, unless they are directly caused by his/her actions.
6. Overtime will include an additional charge of $150.00 per half hour or $300.00 Per Hour DJ or MC Only, with payment (Card or Cash) presented prior to start of OT.

I have read and agreed to these terms.

Date:

Client Signature

Date: Al Darroch

Digitally signed by Al Darroch
DN: cn=Al Darroch, o=Tasty Sounds Ent., ou, email=djalvis@tastysounds.com, c=US
Date: 2014.08.11 12:31:43 -07'00'

Tasty Sounds Entertainment

Please return contract with deposit to: Tasty Sounds Entertainment 16901 Vose Street Van Nuys CA 91406 or fax to (818) 787-5437

Form **W-9**
(Rev. October 2004)
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.

Print or type See Specific Instructions on page 2.

Name (as reported on your income tax return)
Al Darroch

Business name, if different from above
Tasty Sounds Entertainment

Check appropriate box: ☑ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶ ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
16901 Vose St

Requester's name and address (optional)

City, state, and ZIP code
Van Nuys Ca 91406

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. *If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.*

Social security number
			–			–		

or

Employer identification number
9	5	–	4	6	5	7	3	9	0

Part II Certification

Under 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
2. I 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. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person ▶ Al Darroch Digitally signed by Al Darroch DN: cn=Al Darroch, o=Tasty Sounds Ent., ou, email=djalvis@tastysounds.com, c=US Date: 2013.05.20 12:18:03 -07'00' Date ▶

Purpose of Form

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.

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.

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,
- a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- any estate (other than a foreign estate) or trust. See Regulation section 301.7701-6(a) for additional information.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

NORTH HILLS WEST
FREE COMMUNITY BBQ
GHBORHOOD COUN

Saturday, September 6th, 2014
4pm to 8pm

Valley Park Church
16514 Nordhoff St.
North Hills, CA 91343

The North Hills West Neighborhood Council invites ALL stakeholders within our boundaries to meet their Board Members.

Bring a neighbor!

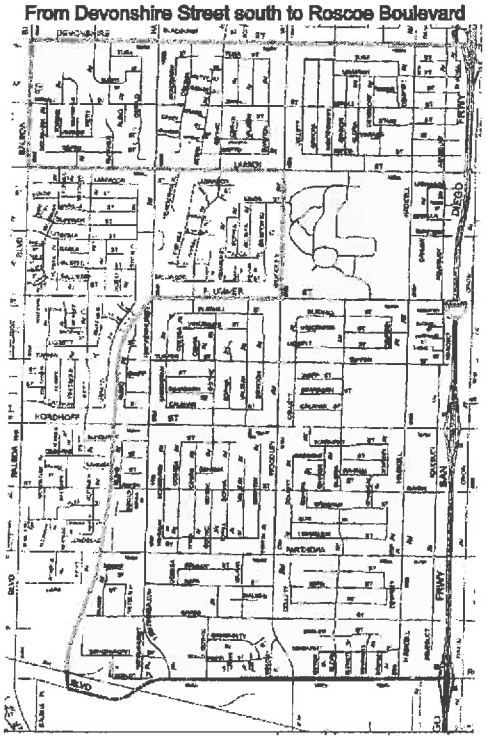
Bring a friend!

Bring a blanket or beach chair to relax on.

We're working to make our community even better and we want to hear your ideas too!

Music and Fun for everyone!

From Devonshire Street south to Roscoe Boulevard



From Bull Creek Wash/Balboa Blvd east to the 405 Freeway

Official Map of North Hills West

NHWNC invites all businesses within our boundaries to market their products and services.

A limited number of tables are available.

Please RSVP!
For more information contact: Nancy Xander
(818) 895-0507
nxander.nhwnc@gmail.com

We're providing Barbeque Picnic Food, Drinks, and Desserts

NO ALCOHOL, NO SMOKING AND NO PETS ALLOWED

Neighborhood Council Funding Program
FUNDING REQUEST FORM

EMPOWER L.A.
DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT

Complete this form to request funding

ADMIN. SUPPORT SVCS. DONE

REQUEST DATE: 8/25/2014

Amount Requested: $ 2500

NEIGHBORHOOD COUNCIL: North Hills West

2014 SEP 16 A 9:20

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council?	☑ Yes ☐ No	If "yes," Is this request on behalf of a NC Committee?	☑ Yes ☐ No
B. Is this a request for recurring payment? (If "yes" Term:)	☐ Yes ☑ No		
C. Is this request a payment for services requiring a 1099?	☐ Yes ☑ No	Committee:	
D. Is this a request for an out-of-state vendor?	☐ Yes ☑ No	Outreach & Events	

Remittance:

Payable to: Granada Hills Community Foundation

17723 Chatsworth Street
Address:

Granada Hills (City) | CA (State) | 91344 (Zip:)

email@granadachamber.com
Email Address

818-368-3235
Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Promote community participation in North Hills West neighborhood council activites, provide a venue for North Hills West neighborhood councils to promote awareness of our existence. For stakeholders to see our activities all while recruiting them to participated.

DECLARATION

I,the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

9-15-14
Date

NEIGHBORHOOD COUNCIL USE ONLY
(Board Vote Count Form must accompany this form)

Debra Perkins
TREASURER'S Name
Signature
9-15-14
Date

John McGovern
2nd Signer's Name
Signature
9-15-14
Date

Board Action:
☐ DENIED (date):
☒ Approved for: $ 2,500.00
☐ Amended for: $
NC Budget Category: NPG

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:
☑ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >$2,500 ☐ Advanced Payment

☑ Approved
☐ Denied

Authorization Code: NHWNC 2014-002

1st Lvl |date: 30 Sep 2014

2nd Lvl |date: 9/30/14

Department Notes:

rev 073014-th

9/11/14

North Hills West NC 2014/2015

North Hills West
Neighborhood Council
P.O. Box 2091
North Hills, CA 91343

Northhillswestnc/empowerla.org
818-809-9158

John McGovern
jmcgovern.nhwnc@gmail.com
President

Dan Gibson
dgibson.nhwnc@gmail.com
Vice President

Debra Perkins
dperkins.nhwnc@gmail.com
Treasurer

Carol Hart
chart.nhwnc@gmail.com
Secretary

David Hyman
dhyman.nhwnc@gmail.com

Dave Brown
dbrown.nhwnc@gmail.com

Armando Diaz
adiaz.nhwnc@gmail.com

Carlos Maya
cmaya.nhwnc@gmail.com

Nancy Xander
nxander.nwhnc@gmail.com

Garry Fordyce
gfordyce.nhwnc@gmail.com

Mike Khalid
mkhalid.nhwnc@gmail.com

Punam Gohel
pgohel.nhwnc@gmail.com

BOARD RESOLUTION: Approval on August 21, 2014

We, Debra Perkins and John McGovern declare that we are the Treasurer and President, respectively, of the North Hills West Neighborhood Council; and

Declare that on August 21, 2014 a Brown Act noticed public meeting was held by North Hills West Neighborhood Council adopted the following resolution: The NPG request submitted by The NHWNC Outreach Committee Minutes have been available for review and comment by the public and duly evaluated by NHWNC Board.

Therefore, be it resolved that the NHWNC approves the request submitted by the Outreach Committee in the amount up to $2500.00 for the following community benefits:
The stakeholder benefit is to promote a stronger/larger presence at our monthly General Board Meeting & larger community participation in all North Hills West events.
Vote Count=10 Yes 0 No 0 Abstain 2 Absent

Declare that a quorum of 10 Board members were present and approved the NPG request:
10 Yes 0 No 0 abstentions

Signed: _____ Date: 8-31-14
Debra Perkins-Treasurer

Signed _____ Date: 8-31-14
John McGovern-President

NC NAME: NORTH HILLS WEST

Budget Fiscal Year: 2014/2015

Meeting Date: 8-21-14

Agenda Item: 5-D

Vendor: Granada Hills Community Foundation

Amount: $2500.00

Recurrence: ☒ One Time Expense ☐ Monthly ☐ Multiple ____ (enter # payments)

Description: Neighborhood Purpose Grant for a joint community Street Fair;We are hopefully that this outreach event on October 11, 2014 will assist North Hills West in reaching some 15,000 residents. We will gain radio exposure with this joint event from Granada Hills NC's & Northridge NC's and media.

	Board Member Name	Board Position	Yes	No	Abstain	Recused	Absent	Ineligible
1	JOHN MCGOVERN	PRESIDENT	✓					
2	DAN GIBSON	VICE PRESIDENT	✓					
3	CAROL HART	SECRETARY					✓	
4	DEBRA PERKINS	TREASURER	✓					
5	DAVE BROWN	RESIDENTIAL	✓					
6	NANCY XANDER	GENERAL	✓					
7	DAVID HYMAN	GENERAL	✓					
8	GARRY FORDYCE	RESIDENTIAL	✓					
9	CARLOS MAYA	RESIDENTIAL	✓					
10	ARMANDO DIAZ	RESIDENTIAL					✓	
11	MIKE KHALID	GENERAL	✓					
12	PUNAM GOHEL	COMMUNITY INTEREST	✓					
13								
14								
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22								
23								
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25								
		TOTALS	10				2	

We, DEBRA PERKINS (Treasurer Name) and JOHN MCGOVERN (Signer Name), declare that we are the Treasurer and signer, respectively of the NORTH HILLS WEST Neighborhood Council (NC) and that on 8-21-14 (date adopted), a Brown Act noticed public meeting was held by the NORTH HILLS WEST NC with a quorum of 10 (number) board members present and that by a vote of 10 (number) yes, 0 (number) no, and 0 (number) abstentions the NORTH HILLS WEST NC approved the above indicated Expenditure Request and Authorization Form.

Treasurer Signature		Signer's Signature	
Print Name	DEBRA PERKINS	Print Name	JOHN MCGOVERN
Date	08/21/2014	Date	08/21/2014
NC Additional Comments			

Neighborhood Council Funding Program

APPLICATION for Neighborhood Purposes Grant (NPG)

EMPOWER LA
Department of Neighborhood Empowerment

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, upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

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

SECTION I APPLICANT VERIFICATION INFORMATION

1A) Granada Hills Community Foundation *Organization Name*	46-3612720 *Federal I.D. # (EIN#)*	CA *State of Incorporation*	pending *Date of 501(c)(3) Status (if applicable)*	
1B) 17723 Chatsworth Street *Organization Mailing Address*	Granada Hills *City*	CA *State*	91344 *Zip Code*	
1C) *Business Address (if different)*	 *City*	 *State*	 *Zip Code*	
1D) Granada Hills Chamber of Commerce *Address of Affiliated Organization (if applicable)*	Granada Hills *City*	CA *State*	91344 *Zip Code*	

Name and address of person designated to receive official/legal notices: *Name:* J. Michael Kabo

2) 17723 Chatsworth Street *Street*	Granada Hills *City*	CA *State*	91344 *Zip Code*

3) **Type of Organization- Please select one:** ***(Organizations must be located within the City of Los Angeles)***

☐ Public School *(not to include private schools)* **Attach Letterhead** or ☒ 501(c)(3) Non-profits *(other than religious institutions)* **Attach IRS Determination Letter**

SECTION II PROJECT DESCRIPTION

4) **Please describe the Neighborhood Improvement Project for which the grant is intended.**

2014 Street Faire sponsorship - $2500. Council will be provided booth space, sponsorship acknowledgement on pole banners, fliers, booth banners and multiple forms of promotional literature including acknowledgement on the Faire website. Funds to be used for general operating costs associated with operation of the Faire. Opportunity to engage 15,000 visitors.

5) **How will this grant be used to primarily support or serve a non-discriminatory, public purpose and benefit the public at-large.**

Promote community participation in neighborhood council activities, provide a venue for neighborhood councils to promote awareness of their existence and activities and recruit additional stakeholders to actively participate in the neighborhood council. Provide general support for the Faire in celebrating community achievements and accomplishments.

SECTION III - PROJECT BUDGET OUTLINE- Please outline the project budget below.

6A)

Purpose		
none	$ 0	$ 0
	$	$
	$	$
	$	$

6B)

Name		
Delivery, setup and maintanance of barricades for street closure for the 10th	$ 2500	$ 35000
Street Faire. Development of traffic control plan. Removal of barricades after event	$	$
is over. This is a new mandate by DOT.	$	$
	$	$

7) **Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding?** ☐ Yes, please describe below ☒ No

Source of Funding		
	$	$
	$	$
	$	$
	$	$

8) **What is the TOTAL amount of the grant funding requested with this application:** $ 2500

9) **What is the expected completion date?** 10 / 11 / 2014 (mm/dd/yyyy) **(required)**

SECTION IV - PROJECT PRIMARY AND SECONDARY CONTACT INFORMATION

Provide the name, telephone number, fax and e-mail address (if applicable) of the person(s) responsible for the funds and program(s) listed in Section II of this application.

10A) *First Name*: J. Michael | *Last Name*: Kabo | *MI*:
Telephone Number: 818-368-3235 | *Fax Number*: 818-366-7425 | *E-mail*: email@granadachamber.com

10B) *First Name*: Laine | *Last Name*: Caspi | *MI*:
Telephone Number: 818-368-3235 | *Fax Number*: 818-366-7425 | *E-mail*: email@granadachamber.com

SECTION V - AFFILIATIONS

11) **Is there a former or existing relationship between your organization and a NC board member?** ☒ Yes ☐ No

11A) **If yes, did you and/or the board member consult the Office of the City Attorney?** ☐ Yes ☒ No

Type of Relationship	Board Member Name
Example: Former board member	*So Conflicted*
Requestor is currently Parliamentarian for NHMNC	J. Michael Kabo

SECTION VI - DECLARATION AND SIGNATURE

I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read Appendix A, "What is a Public Benefit," and Appendix B "Conflicts of Interest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of a public benefit project/program and that no conflict of interest exist that would prevent the awarding of

Two signatures required

12A) Executive Director of Non-Profit Corporation or School Principal

Laine Caspi	President		7/14/14
PRINT First Name/ Last Name	*Title*	*Signature*	*Date*

12B) Secretary of Non-profit Corporation or Assistant School Principal

J. Michael Kabo	Secretary		7/3/14
PRINT First Name/ Last Name	*Title*	*Signature*	*Date*

SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY

Application ☐ Complete ☐ Incomplete

REVIEW

NPG #

Application ☐ Complete ☐ Incomplete

Funding Unit Notes:

DONE Date Stamp Receipt

Form **W-9**
(Rev. August 2013)
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.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Granada Hills Community Foundation

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.)
17723 Chatsworth Street

Requester's name and address (optional)

City, state, and ZIP code
Granada Hills, CA 91344

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
___ - ___ - ____

Employer identification number
46-3612720

Part II Certification

Under 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
2. I 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. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Mark Friedman Date ▶ September 2, 2014

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

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, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

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. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

2014 Granada Hills Street Faire

EXPENSES	2014 (estimated)
All Valley Rental	$ 6,000.00
Food Court Barricades	350
Sound System/Walden Dahl	3500
Entertainment	0
ISDN Line	350
Decorations	100
Toilets	1500
40 yard trash dumpster	250
Flyers (20,000)	1250
Posters (50)	400
Raffle Tickets	100
Vendor Registration/Instruction	300
Signs	400
Pole Banners	8500
Street Faire Sponsor Banners	1000
Craftmaster News	500
Daily News Ad	350
Postage	300
Postage- save the date cards	150
Printing - save the date cards	75
Car Show Trophies	1000
Raffle Prizes	4000
CEMP	500
KCSN	500
Misc Supplies/expenses	1250
Trash Recepticles	250
Food For Volunteers	300
LA City Permits	10,000
TOTAL	**$ 43,175.00**

INCOME	2014 (estimated)
Booth Rentals	17,250
Car Show	3000
Mark Rochin	750
Raffle	8000
Banner Sponsors	2500
Sponsors	15,000
Pony Rides	30
Total	**$ 46,530.00**
Net	**3,355.00**

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 25 2014

GRANADA HILLS COMMUNITY FOUNDATION
C/O JOHN P WHITEHEAD
10724 WHITE OAK AVE
GRANADA HILLS, CA 91344

Employer Identification Number:
46-3612720
DLN:
17053296102013
Contact Person:
LINDA DANIELS ID# 75896
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
January 23, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Director, Exempt Organizations

Letter 947

ANTOINETTE CHRISTOVALE
DIRECTOR OF FINANCE
CITY TREASURER

CITY OF LOS ANGELES
CALIFORNIA

ERIC GARCETTI
MAYOR

OFFICE OF FINANCE
200 N. SPRING STREET
CITY HALL
ROOM 101
LOS ANGELES, CA 90012
(213) 473-5901
FAX (213) 978-1548

BUSINESS TAX AND/OR CARNIVAL POLICE PERMIT EXEMPTION APPLICATION
LAMC CHAPTER 2 &10

Date Sep 4, 2014

1. Name of Organization: Granada Hills Community Foundation
2. Mailing address: 17723 Chatsworth St, Granada Hills CA 91344
3. Applicant is: [X] A Charitable Organization or [ ] A Religious Organization
4. Applicant is: [X] A Corporation or [ ] An Association, Society or Trust,
   organized and existing under the laws of the State of California
5. Describe business or activity in detail for which exemption is requested: (if additional space is required, attach a separate sheet)
   Events, sponsorships, and community enhancement
6. Business Tax Classification involved (to be completed by Office of Finance): _____
7. Location of business or activity for which exemption is requested:
   17723 Chatsworth St, Granada Hills CA 91344
8. Starting date of business in the City of Los Angeles or dates of events: 01/23/2013 MM/DD/YYYY MM/DD/YYYY
9. Proceeds from this business or activity are to be used for the following purpose:
   Community support
10. Attached hereto or on file with the Office of Finance:

[X] Internal Revenue Service Tax Exemption Letter (877-829-5500)

and / or

[ ] State of California Franchise Tax Exemption Letter (800-852-5711)

If the current name of your organization has changed since the IRS or State Franchise Tax Exempt Letters were provided, you must submit copies of the Articles of Incorporation, and amended Articles of Incorporation showing the current name of the organization.

11. Exemption is requested from payment of: [X] Business Tax [X] Carnival Police Permit Fees

SIGNED _____ TITLE Treasurer

ADDRESS 17723 Chatsworth St, Granada Hills TELEPHONE (818) 368 - 3235

By completing this form and submitting it to the Office of Finance in an electronic format, such as email, you agree that the submitted form has the same legal effect, validity and enforceability of a form submitted to us via US mail or in person. You also agree that the aforementioned form legally represents a document sent by you or your legal representative.

Form 501.1 (Revised 01/07)

2014 Granada Hills

Street Faire

"Celebrating Community"

Saturday **October 11, 2014**

and **Huge** Car Show

Live Radio Broadcast
KCSN

Arts & Crafts

Over 150 Vendors
Thousands of "Shoppers"

Health & Wellness
Hands only CPR, Screening, Valuable Information

Great Food
Huge Variety to Choose From

Raffle
Drawings all day

Auction
Hotels, Golf, Resorts, Wineries

Pet Adoptions

Live Music Entertainment
On Multiple Stages

Fun Kid Stuff
Face Painting, Ponies, and More Planned

Mike Antonovich
Supervisor
5th District

Mitch Englander
Council District 12

Granada Hills Chamber of Commerce
818-368-3235 www.granadachamber.com

www.GranadaHillsStreetFaire.com

GHStreetFaire @GHStreetFaire

Neighborhood Council Funding Program

FUNDING REQUEST FORM

EMPOWER LA
Department of NEIGHBORHOOD EMPOWERMENT

Complete this form to request funding

REQUEST DATE: 8/25/2014 Amount Requested: $ 2500

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council? ☑ Yes ☐ No - If "yes," is this request on behalf of a

B. Is this a request for recurring payment? (if "yes" Term: _____) ☐ Yes ☑ No NC Committee? ☑ Yes ☐ No

C. Is this request a payment for services requiring a 1099? ☐ Yes ☑ No Committee:

D. Is this a request for an out-of-state vendor? ☐ Yes ☑ No Outreach & Events

Remittance:

Payable to: Granada Hills Community Foundation

17723 Chatsworth Street
Address:

Granada Hills (City) CA (State) 91344 (Zip:)

email@granadachamber.com *Email Address* 818-368-3235 *Contact Phone number*

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Promote community participation in North Hills West neighborhood council activites, provide a venue for North Hills West neighborhood councils to promote awareneess of our existence. For stakeholders to see our activities all while recruiting them to participated.

DECLARATION

I,the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature 9-15-14 Date

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins — TREASURER'S Name — Signature — 9-15-14 Date

John McGovern — 2nd Signer's Name — Signature — 9-15-14 Date

Board Action:
☐ DENIED (date):
☒ Approved for: $ 2500.00
☐ Amended for: $
NC Budget Category: NPG

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:
☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >$2,500 ☐ Advanced Payment

☐ Approved ☐ Denied

Authorization Code:

1st Lvl | date:

2nd Lvl | date:

Department Notes:

rev 073014-th

North Hills West NC 2014/2015

North Hills West
Neighborhood Council
P.O. Box 2091
North Hills, CA 91343

Northhillswestnc/empowerla.org
818-809-9158

John McGovern
jmcgovern.nhwnc@gmail.com
President

Dan Gibson
dgibson.nhwnc@gmail.com
Vice President

Debra Perkins
dperkins.nhwnc@gmail.com
Treasurer

Carol Hart
chart.nhwnc@gmail.com
Secretary

David Hyman
dhyman.nhwnc@gmail.com

Dave Brown
dbrown.nhwnc@gmail.com

Armando Diaz
adiaz.nhwnc@gmail.com

Carlos Maya
cmaya.nhwnc@gmail.com

Nancy Xander
nxander.nwhnc@gmail.com

Garry Fordyce
gfordyce.nhwnc@gmail.com

Mike Khalid
mkhalid.nhwnc@gmail.com

Punam Gohel
pgohel.nhwnc@gmail.com

BOARD RESOLUTION: Approval on August 21, 2014

We, Debra Perkins and John McGovern declare that we are the Treasurer and President, respectively, of the North Hills West Neighborhood Council; and

Declare that on August 21, 2014 a Brown Act noticed public meeting was held by
North Hills West Neighborhood Council adopted the following resolution: The NPG request submitted by The NHWNC Outreach Committee Minutes have been available for review and comment by the public and duly evaluated by NHWNC Board.

Therefore, be it resolved that the NHWNC approves the request submitted by the Outreach Committee in the amount up to $2500.00 for the following community benefits:
The stakeholder benefit is to promote a stronger/larger presence at our monthly General Board Meeting & larger community participation in all North Hills West events.
Vote Count=10 Yes 0 No 0 Abstain 2 Absent

Declare that a quorum of 10 Board members were present and approved the NPG request:
10 Yes 0 No 0 abstentions

Signed: _____ Date: 8-31-14
Debra Perkins-Treasurer

Signed _____ Date: 8-31-14
John McGovern-President

Department of Neighborhood Empowerment
Board Vote on Funding Request

NC NAME: NORTH HILLS WEST

Budget Fiscal Year: 2014/2015

Meeting Date: 8-21-14

Agenda Item: 5-D

Vendor: Granada Hills Community Foundation

Amount: $2500.00

■ One Time Expense □ Multiple

Recurrence: □ Monthly _____ (enter # payments)

Description: Neighborhood Purpose Grant for a joint community Street Fair;We are hopefully that this outreach event on October 11, 2014 will assist North Hills West in reaching some 15,000 residents. We will gain radio exposure with this joint event from Granada Hills NC's & Northriidge NC's and media.

Vote Count

	Board Member Name	Board Position	Yes	No	Abstain	Recused	Absent	Ineligible
1	JOHN MCGOVERN	PRESIDENT	✓					
2	DAN GIBSON	VICE PRESIDENT	✓					
3	CAROL HART	SECRETARY					✓	
4	DEBRA PERKINS	TREASURER	✓					
5	DAVE BROWN	RESIDENTIAL	✓					
6	NANCY XANDER	GENERAL	✓					
7	DAVID HYMAN	GENERAL	✓					
8	GARRY FORDYCE	RESIDENTIAL	✓					
9	CARLOS MAYA	RESIDENTIAL	✓					
10	ARMANDO DIAZ	RESIDENTIAL					✓	
11	MIKE KHALID	GENERAL	✓					
12	PUNAM GOHEL	COMMUNITY INTEREST	✓					
13								
14								
15								
16								
17								
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20								
21								
22								
23								
24								
25								
		TOTALS	10				2	

NEIGHBORHOOD COUNCIL CERTIFICATION

We, DEBRA PERKINS (Treasurer Name) and JOHN MCGOVERN (Signer Name), declare that we are the Treasurer and Signer, respectively of the NORTH HILLS WEST Neighborhood Council (NC) and that on 8-21-14 (date adopted), a Brown Act noticed public meeting was held by the NORTH HILLS WEST NC with a quorum of 10 (number) board members present and that by a vote of 10 (number) yes, 0 (number) no, and 0 (number) abstentions the NORTH HILLS WEST NC approved the above indicated Expenditure Request and Authorization Form.

Treasurer Signature		Signer's Signature	
Print Name	DEBRA PERKINS	Print Name	JOHN MCGOVERN
Date	08/21/2014	Date	08/21/2014
NC Additional Comments			

Neighborhood Council Funding Program

APPLICATION for Neighborhood Purposes Grant (NPG)

EMPOWER LA
Department of NEIGHBORHOOD EMPOWERMENT

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, upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

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

SECTION I- APPLICANT VERIFICATION INFORMATION

1A)	Granada Hills Community Foundation *Organization Name*	46-3612720 *Federal I.D. # (EIN#)*	CA *State of Incorporation*	pending *Date of 501(c)(3) Status (if applicable)*
1B)	17723 Chatsworth Street *Organization Mailing Address*	Granada Hills *City*	CA *State*	91344 *Zip Code*
1C)	_____ *Business Address (If different)*	_____ *City*	_____ *State*	_____ *Zip Code*
1D)	Granada Hills Chamber of Commerce *Address of Affiliated Organization (If applicable)*	Granada Hills *City*	CA *State*	91344 *Zip Code*

Name and address of person designated to receive official/legal notices: *Name:* J. Michael Kabo

2)	17723 Chatsworth Street *Street*	Granada Hills *City*	CA *State*	91344 *Zip Code*

3) Type of Organization- Please select one: ***(Organizations must be located within the City of Los Angeles)***

☐ Public School *(not to include private schools)* **Attach Letterhead** or ☒ 501(c)(3) Non-profits *(other than religious institutions)* **Attach IRS Determination Letter**

SECTION II - PROJECT DESCRIPTION

4) **Please describe the Neighborhood Improvement Project for which the grant is intended.**

2014 Street Faire sponsorship - $2500. Council will be provided booth space, sponsorship acknowledgement on pole banners, fliers, booth banners and multiple forms of promotional literature including acknowledgement on the Faire website. Funds to be used for general operating costs associated with operation of the Faire. Opportunity to engage 15,000 visitors.

5) **How will this grant be used to primarily support or serve a non-discriminatory, public purpose and benefit the public at-large.**

Promote community participation in neighborhood council activities, provide a venue for neighborhood councils to promote awareness of their existence and activities and recruit additional stakeholders to actively participate in the neighborhood council. Provide general support for the Faire in celebrating community achievements and accomplishments.

SECTION III - PROJECT BUDGET OUTLINE- Please outline the project budget below.

6A)

Personnel Related Project	Requested of NC	Total Project Cost
none	$ 0	$ 0
	$	$
	$	$
	$	$

6B)

Non-Personnel Related Project	Requested of NC	Total Project Cost
Delivery, setup and maintenance of barricades for street closure for the 10th	$ 2500	$ 35000
Street Faire. Development of traffic control plan. Removal of barricades after event	$	$
is over. This is a new mandate by DOT.	$	$
	$	$

7) **Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding?** ☐ Yes, please describe below ☒ No

Source of Funding	Amount	Total Project Cost
	$	$
	$	$
	$	$
	$	$

8) **What is the TOTAL amount of the grant funding requested with this application:** $ 2500

9) **What is the expected completion date?** 10 / 11 / 2014 (mm/dd/yyyy) **(required)**

SECTION IV - PROJECT PRIMARY AND SECONDARY CONTACT INFORMATION

Provide the name, telephone number, fax and e-mail address (if applicable) of the person(s) responsible for the funds and program(s) listed in Section II of this application.

10A) J. Michael (*First Name*) Kabo (*Last Name*) (*MI*)
818-368-3235 (*Telephone Number*) 818-366-7425 (*Fax Number*) email@granadachamber.com (*E-mail*)

10B) Laine (*First Name*) Caspi (*Last Name*) (*MI*)
818-368-3235 (*Telephone Number*) 818-366-7425 (*Fax Number*) email@granadachamber.com (*E-mail*)

SECTION V - AFFILIATIONS

11) **Is there a former or existing relationship between your organization and a NC board member?** ☒ Yes ☐ No

11A) **If yes, did you and/or the board member consult the Office of the City Attorney?** ☐ Yes ☒ No

Type of Relationship	Board Member Name
Example: Former board member	*So Conflicted*
Requestor is currently Parliamentarian for NHWNC	J. Michael Kabo

SECTION VI - DECLARATION AND SIGNATURE

I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read Appendix A, "What is a Public Benefit," and Appendix B "Conflicts of Interest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of a public benefit project/program and that no conflict of interest exist that would prevent the awarding of

Two signatures required

12A) Executive Director of Non-Profit Corporation or School Principal

Laine Caspi	President		7/14/14
PRINT First Name/ Last Name	*Title*	*Signature*	*Date*

12B) Secretary of Non-profit Corporation or Assistant School Principal

J. Michael Kabo	Secretary		7/3/14
PRINT First Name/ Last Name	*Title*	*Signature*	*Date*

SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY

Date Received

Application ☐ *Complete* ☐ *Incomplete*

Reviewer Name *Date Reviewed*

REVEIWER'S NOTES

Date submitted to Funding Unit

Method: ☐ *In person* ☐ *E-mail* ☐ *Fax* ☐ *Interdepartmental mail*

NPG #

Application ☐ *Complete* ☐ *Incomplete*

Funding Unit Notes:

DONE Date Stamp Receipt

Form **W-9**
(Rev. August 2013)
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.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Granada Hills Community Foundation

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.)
17723 Chatsworth Street

City, state, and ZIP code
Granada Hills, CA 91344

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
			–			–				

Employer identification number
4	6	–	3	6	1	2	7	2	0

Part II Certification

Under 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
2. I 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. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Mark Friedman Date ▶ September 2, 2014

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

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, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

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. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

2014 Granada Hills Street Faire

EXPENSES	2014 (estimated)
All Valley Rental	$ 6,000.00
Food Court Barricades	350
Sound System/Walden Dahl	3500
Entertainment	0
ISDN Line	350
Decorations	100
Toilets	1500
40 yard trash dumpster	250
Flyers (20,000)	1250
Posters (50)	400
Raffle Tickets	100
Vendor Registration/Instruction	300
Signs	400
Pole Banners	8500
Street Faire Sponsor Banners	1000
Craftmaster News	500
Daily News Ad	350
Postage	300
Postage- save the date cards	150
Printing - save the date cards	75
Car Show Trophies	1000
Raffle Prizes	4000
CEMP	500
KCSN	500
Misc Supplies/expenses	1250
Trash Recepticles	250
Food For Volunteers	300
LA City Permits	10,000
TOTAL	**$ 43,175.00**

INCOME	2014 (estimated)
Booth Rentals	17,250
Car Show	3000
Mark Rochin	750
Raffle	8000
Banner Sponsors	2500
Sponsors	15,000
Pony Rides	30
Total	**$ 46,530.00**
Net	**3,355.00**

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 25 2014

GRANADA HILLS COMMUNITY FOUNDATION
C/O JOHN F WHITEAMP
10724 WHITE OAK AVE
GRANADA HILLS, CA 91344

Employer Identification Number:
46-3612720
DLN:
17053296192013
Contact Person:
LINDA DANIELS ID# 75096
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
January 23, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Director, Exempt Organizations

Letter 947

CITY OF LOS ANGELES

CALIFORNIA

ANTOINETTE CHRISTOVALE
DIRECTOR OF FINANCE
CITY TREASURER

ERIC GARCETTI
MAYOR

OFFICE OF FINANCE
200 N. SPRING STREET
CITY HALL
ROOM 101
LOS ANGELES, CA 90012
(213) 473-5901
FAX (213) 978-1548

BUSINESS TAX AND/OR CARNIVAL POLICE PERMIT EXEMPTION APPLICATION

LAMC CHAPTER 2 &10

Date: Sep 4, 2014

1. Name of Organization: Granada Hills Community Foundation
2. Mailing address: 17723 Chatsworth St, Granada Hills CA 91344
3. Applicant is: [X] A Charitable Organization or [ ] A Religious Organization
4. Applicant is: [X] A Corporation or [ ] An Association, Society or Trust, organized and existing under the laws of the State of California
5. Describe business or activity in detail for which exemption is requested: (if additional space is required, attach a separate sheet)
   Events, sponsorships, and community enhancement
6. Business Tax Classification involved (to be completed by Office of Finance): _____
7. Location of business or activity for which exemption is requested:
   17723 Chatsworth St, Granada Hills CA 91344
8. Starting date of business in the City of Los Angeles or dates of events: 01/23/2013 MM/DD/YYYY _____ MM/DD/YYYY
9. Proceeds from this business or activity are to be used for the following purpose:
   Community support
10. Attached hereto or on file with the Office of Finance:

    [X] Internal Revenue Service Tax Exemption Letter (877-829-5500)

    and / or

    [ ] State of California Franchise Tax Exemption Letter (800-852-5711)

If the current name of your organization has changed since the IRS or State Franchise Tax Exempt Letters were provided, you must submit copies of the Articles of Incorporation, and amended Articles of Incorporation showing the current name of the organization.

11. Exemption is requested from payment of: [X] Business Tax [X] Carnival Police Permit Fees

SIGNED _____ TITLE Treasurer

ADDRESS 17723 Chatsworth St, Granada Hills TELEPHONE (818) 368 - 3235

By completing this form and submitting it to the Office of Finance in an electronic format, such as email, you agree that the submitted form has the same legal effect, validity and enforceability of a form submitted to us via US mail or in person. You also agree that the aforementioned form legally represents a document sent by you or your legal representative.

2014 Granada Hills

Street Faire

"Celebrating Community"

and **Huge**

Car Show

Saturday
10:00-5:00

October 11, 2014

On 4 city blocks of Chatsworth Street, Zelzah to Encino

Live Radio Broadcast
KCSN

Arts & Crafts

Over 150 Vendors
Thousands of "Shoppers"

Health & Wellness
Hands only CPR, Screening, Valuable Information

Great Food
Huge Variety to Choose From

Raffle &
Drawings all day
Auction
Hotels, Golf, Resorts, Wineries

Pet Adoptions

Live Music & Entertainment
On Multiple Stages

Fun Kid Stuff
Face Painting, Ponies, and More Planned

Sponsors

Mike Antonovich
Supervisor
5th District

Mitch Englander
Council District 12

Granada Hills Chamber of Commerce
818-368-3235 www.granadachamber.com

www.GranadaHillsStreetFaire.com

GHStreetFaire

@GHStreetFaire

UnionBank

PAYMENT CONFIRMED

Print

You have scheduled the following payment.

Confirmation Number: 08908949

Pay To: **Granada Hills Community Foundation -NPG**

4 DAYS

17723 Chatsworth Street
Granada Hills, CA 91344
818- 368- 3235
Account number: NPG

Pay From: Business Basics Checking-4399

Amount: $2,500.00

Start Date: 09/30/2014 will be delivered on 10/07/2014 (5 business days)

Memo: NPG

How Often: One-Time

Delivery Time
Arrives the following number of days after the send date:
1 business day = Electronic payment to Union Bank account
2 business days = Electronic payment to external payee
5 business days = Mailed payment

UnionBank

Close Window

Statement for NORTH HILLS WEST NEIGHBORHOOD COUNCIL

☐ Important Statement Information

Date range: 08/30/14 - 09/30/14

NORTH HILLS WEST NEIGHBORHOOD COUNCIL
200 N SPRING ST FL 20
LOS ANGELES CA 90012-4801

Business Basics Checking Summary

Account Number: 0063214399

Days in statement period: 32

Balance on 8/30	$	**832.42**
Additions		8,335.16
Subtractions		-7,275.38
Payments	-7,275.38	
Balance on 9/30	$	**1,892.20**
Statement Average Ledger Balance		3,412.81

Your monthly service charge of $5.00 per month is currently waived for the next 1 month(s). Upon expiration at the end of 09/2014, your monthly service charge will be $5.00.

You can continue to enjoy a waived monthly service charge after expiration by meeting any one of the following account requirements:

- A minimum daily balance of $1,000
- An average monthly balance of $3,000
- An average combined balance of $5,000

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Additions

Date	Description/Location	Reference		Amount
9/8	CITY OF LOS ANGE EFT PAYMT PPD **********0735	54760698	$	3,167.58
9/9	CITY OF LOS ANGE EFT PAYMT PPD **********0735	55978580		5,167.58
Total			$	**8,335.16**

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Payments online and electronic banking

Date	Description/Location	Reference		Amount
9/9	Helen Donovan BILL PYMT 140909 FOOD 4 LES	62529333	$	49.47
9/9	AAA Rents & Even BILL PYMT 140909 01-079328-	62522840		475.00
9/9	Valley Park Chur BILL PYMT 140909 COMMUNITY	62526448		200.00
9/9	Challenge Graphi BILL PYMT 140909 57435	62524359		545.00
9/9	Debra Perkins BILL PYMT 140909 136112	62523184		15.98
9/9	Debra Perkins BILL PYMT 140909 136112	62523525		19.15
9/9	Debra Perkins BILL PYMT 140909 136112	62524415		105.92
9/9	Debra Perkins BILL PYMT 140909 136112	62527688		2,425.94-
9/9	Tasty Sounds Ent BILL PYMT 140909 987	62521931		700.00
9/9	VERIZON WIRELESS BILL PYMT 140909 242052008-	62520844		67.98
9/30	Partner in Diver BILL PYMT 140930 02-0134	62736593		170.94
9/30	Granada Hills Co BILL PYMT 140930 NPG	62738949		2,500.00
Total			$	**7,275.38**

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Information and Banking Office Services

For each monthly statement period your account includes:

- Unlimited free Information Services calls to 24-hour Automated Direct Service
- Banking office Information Services calls are $0.00
- Banking office deposits are $0.00

Your account was not charged for information and banking office services during the statement period.

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