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



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)

Date of Hem / Service Description EUROSET (ALTRES) volumby continue ontering on page 3 of this workshedt - see below) WOVERDOR UNWOICE (ALTRESORY VENDOR PLAN PROPERTIES) OUT OF STATE 1099 TOTAL PAGE 1000 Sept 4 OUT OF STATE 1099 VENDOR VENDOR VENDOR VENDOR PUMBER VENDOR PUMBER VENDOR PUMBER PROPERTIES 49.9.47 Sept 4 OUT STATE (ALTRESORY PARK Church Comm BBQ site 9-8-14 OUTREACH AAA Rents & Events 1007932805 Z \$2.90.00 Challenge Graphics Comm BBQ site 9-8-14 OUTREACH Valley Park Church Costoo receipt attached Z \$200.00 Challenge Graphics Comm BBQ site 9-8-14 OUTREACH Challenge Graphics 57425 Z \$200.00 Challenge Graphics Comm BBQ site 9-8-14 OUTREACH Challenge Graphics 57425 Z \$200.00 USPS-Pricity Friend Internit Comm BBQ site 9-8-14 OUTREACH Tasky Sounds Erherhamment receipt attached \$105.90 \$770.00 USPS-Pricity Friend Sept site 10 sit 10 site 10 sit 10 site 10 site 10 site 10 site 10 sit 10 sit 10 sit 10 sit 10 sit 10 sit 10	\$25,753.34						G Balance of Budget
Cettan 12 expenditures you may continue entering on page 3 of this worksheet - see below) BUDGET VENDOR	\$37,000.00						Approved Budget 2014-2015
BUDGET VENDOR INVOICE See below					s from prior fiscal years, etc)	es assessed, credit	Total Adjustments by Department (such as use tax
Chain 12 expenditures, you may continue entering on page 3 of this worksheet - see below) BUDGET VENDOR INVOICE OUT OF STATE 1099	\$11,246.66						Total Expenditures & Commitments
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BUDGET VENDOR BUDGET VENDOR ATTEGORY VENDOR ATTEGORY OUTREACH Helen Donovan OUTREACH OUTREACH AAA Rents & Events OUTREACH Valley Park Church OUTREACH Coutreach OUTREACH Coutreach OUTREACH OUTREACH Coutreach OUTREACH Coutreach OUTREACH OUTREACH Coutreach OUTREACH OUTREACH Coutreach OUTREACH OUTREACH OUTREACH OPERATIONS OPERATION							C 7. Storage
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BUDGET CATEGORY VENDOR NUMBER VENDOR OUT FATE CATEGORY VENDOR OUTREACH Tasty Sounds Entertainment 987 OPERATIONS OPERAT							C 2. Rent/Lease
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ITEM (for more than 12 expenditures, you may continue entering on page 3 of this worksheet - see below) Scription BUDGET VENDOR INVOICE OUT OF STATE 1099 TOT	\$15.98			receipt attached	Debra Perkins	OPERATIONS	10 Food 4 Less-8-21-14 GBM-Fruit & Veggie tray
Cormore than 12 expenditures, you may continue entering on page 3 of this worksheet - see below)	\$67.98			9730869132	Verizon Wireless	OPERATIONS	9 Verizon Wireless-board phone
BUDGET CATEGORY VENDOR INVOICE NUMBER OUT OF STATE VENDOR 1099 TOT OUTREACH Helen Donovan receipt attached VENDOR TOT OUTREACH AAA Rents & Events 107932806 IZ TOT OUTREACH Valley Park Church IZ UTREACH Challenge Graphics 57435 IZ IX OPERATIONS Costco receipt attached Teceipt attached IX IX IX OUTREACH Debra Perkins receipt attached IX IX IX IX OUTREACH Tasty Sounds Entertainment 987 IX IX IX	\$19.15			receipt attached	Debra Perkins	OPERATIONS	8 USPS-Priority mail package to DONE
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r more than 12 expenditures, you may continue entering on page 3 of this worksheet - see below) BUDGET VENDOR INVOICE OUT OF STATE 1099 CATEGORY VENDOR NUMBER VENDOR Reportable	\$49.47			receipt attached	Helen Donovan	OUTREACH	1 Food 4 Less-Comm BBQ-pd cash Helen Donovan
PENDITURES BY LINE ITEM (for more than 12 expenditures, you may continue entering on page 3 of this worksheet - see below)	TOTAL	1099 Reportable	OUT OF STATE VENDOR	NUMBER	VENDOR	BUDGET CATEGORY	A Date / Item / Service Description
THE RESERVE THE PARTY OF THE PA		low)	orksheet - see bel	on page 3 of this w	you may continue entering o	12 expenditures,	EXPENDITURES BY LINE ITEM (for more than

NI MANUE	Reporting Month:	SECTEMBER
	NC Name:	UNIMILIA

\$1,892.20	\$7,275.38	\$9,167.58	\$8,335.16	\$832.42
Remaining Balance (E) = C - D	Cash Spent this Month (D)	Total Available (C) = (A+B)	Funds Deposited (B)	Beginning Balance (A)
の世界の世界を	LIATION	MONTHLY CASH RECONCILIATION	MONTHLY	日本の大学の大学

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

NEIGHBORHOOD COUNCIL DECLARATION

Treasurer Signature	Signer's Signature
Print Name	Print Name
Date	Date
NC Additional Comments	
Revision Date 1-26-15	



Complete this form to request funding Amount Requested: \$49.47 9/9/2014 REQUEST DATE: North Hills West NEIGHBORHOOD COUNCIL: 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? Committee: Yes Vo D. Is this a request for an out-of-state vendor? Outreach Yes VNo Remittance: Payable to: Helen Donovan 16416 Parthenia Street Address: Norh Hills CA 91343 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 leview the appropriateness of the request. 9-9-14

, 9			Date		
Board	Note Count Form m	ust accompany			
d Sa		19-9-1	Board Action: DENIED (date):		
Signature	41	Date	Approved for: \$		
			Amended for: \$		
Signature		Date	NC Budget Category:		
	DEPARTMEN'	T USE ONLY			
AUTHORIZATION CATEGORY:		Approved Authorization Code:			
IP Contract	Denied				
ponsored Event	1st Lvl date:				
Lease Sponsored Event Ist LvI date:					
	Signature Signature EGORY: Contract ponsored Event	Signature DEPARTMENT EGORY: Approved IP Contract Denied ponsored Event	Signature Date DEPARTMENT USE ONLY EGORY: Approved IP Contract Denied ponsored Event 1st		



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

MGR: RICHARD DARCY (818) 830-0245 THANK YOU FOR SHOPPING FOOD 4 LES

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



Complete this form to request funding REQUEST DATE: 9/9/2014 Amount Requested: \$ 475.000 NEIGHBORHOOD COUNCIL: North Hilis 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: NC Committee? ✓ Yes No) ☐ Yes ✓ No C. Is this request a payment for services requiring a 1099? Committee: Yes V No D. Is this a request for an out-of-state vendor? Outreach ☐ Yes ✓ No Remittance: Payable to: AAA Rents & Events Inc. 16010 Strathern Street Address: Van Nuys CA 91406 City State Zip: aaarents@yahoo.com 818785-1105 Email Address 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 of review the appropriateness of the request. Requester's Signature **NEIGHBORHOOD COUNCIL USE ONLY** (Board Vote Count Form must accompany this form) Board Action: Debra Perkins DENIED (date): TREASURER'S Name Approved for: John McGovern Amended for: 2nd Signer's Name Signature Date NC Budget Category: **DEPARTMENT USE ONLY** AUTHORIZATION CATEGORY: Approved Authorization Code: NPG CIP Contract Denied Lease 1st Lvl |date: Sponsored Event > \$2,500 Advanced Payment 2nd Lvl |date:___ Department Notes:

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

Customer ID= 2134944605	RESERVAT		====Contract Number 01-079328-06
29/83/14	NHW NEIGHBORHOOD COUNCIL XANDER. NANCY PO 2091 NORTH HILLS, CA 91393	XANDER, NANCY VALLEY PARK CH 16514 NORDOFF NORTH HILLS, C	STREET
PU: 8AM-12N nxander.nhwr	CELL:213-494-4605 OTH: EVENT:3PM-8PM CONF 09/02 JV COGmail.com IS 818-399-1514 FOR BILLING	Rsnyd: Delivr: Out: Pickup: Due:	SAT 09/06/14 0300P MQN 09/08/14
aItem No. ===	=Qty=Description=========	maRate Informaciona	====Unit==Extended
0030-0010	200 CHAIR, SAMSONITE WHITE	F1 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 0500-0205 0500-0201	2 WALL 8'X10' W/FOOD WINDOW 1 SIDEWALL 8'X20' MESH 2 SIDEWALL 8'X10' MESH	AA 35.00 AA 40.00 AA 15.00	35.00 70.00 40.00 40.00 15.00 30.00

No payments have been made

Total

Summary

140.00
PARTY RENTAL
335.00

475.00

MON 09/08/14 0700A

Pg Sales Agent: I 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.

TRIPLEA RENTS & EVENTS INC.

All Your Rental Needs" www.aaarents.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.

Sustomer manuscript Number 2134944605 RESERVATION 01-079328-06

09/03/14

2500-0216

0500-0205

2500-0201

NHW NEIGHBORHOOD COUNCIL

NORTH HILLS, CA 91393

XANDER, NANCY PO 2091

- AX: - - - CELL:213-494-4605 DTH: DEL:8AM-12N EVENT:3PM-8PM CONF 09/02 JV

PU: 8AM-12N hwander.nhwnc@gmail.com DEBRA PERKINS 818-399-1514 FOR BILLING XANDER, NANCY VALLEY PARK CHURCH 16514 NORDOFF STREET NORTH HILLS, CA 91343

> Rsrvd: FRI 07/25/14 Ø118P Delivr: SAT-09/06/14 Dut: SAT 09/86/14 GROOP

MON 09/08/44 Pickup:

Due: MON 09/08/14 0700A

AA

0030-0010 200 CHAIR, SAMSONITE WHITE 1 CANOPY 10' X20' WHITE 2500-0011

FOOD BOOTH / STAKING OK

WALL 8'X10' W/FODD WINDOW SIDEWALL 8'X10' MESH SIDEWALL 8'X10' MESH AA AA

1.00 135.00

> 35.00 40.00

135.00 35.00

15.00

1.00

70,000 40.00

200:00

135.00

-----Receipts Summary--

No payments have been made

GENERAL RENTAL

Total

475.00

MON 09/68/14 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

racceptudecime the damage waiver, as provided on the reverse side and applications the damage waiver, as provided on the reverse side and applications the damage waiver, as provided on the reverse side and applications the damage waiver, as provided on the reverse side and applications the damage waiver, as provided on the reverse side and applications the damage waiver, as provided on the reverse side and applications the damage waiver, as provided on the reverse side and applications the damage waiver, as provided on the reverse side and applications the damage waiver, as provided on the reverse side and applications the damage waiver, as provided on the reverse side and applications the damage waiver, as provided on the reverse side and applications the damage waiver, as provided on the reverse side and applications the damage waiver, as provided on the reverse side and applications the damage waiver, as provided on the reverse side and applications the damage waiver and applic

NE T BY BETURN EQUIPA

THIS IS YOUR CONTRACT, READ BOTH SIDES BEFORE SIGNING

140.00

335.00



Complete this form to request funding

REQUEST DA	ATE: 9/9/201	14		Amo	ount Requested: \$ 200. 🞾
NEIGHBORHC	OOD COUNCIL:			North Hills	
		Please complete all c	of the follow	ing and answer quest	tions A-D:
Name of Requ	uester: <u>Debra</u>	a Perkins			
A. Are you a boo	ard member of this Neigi	hborhood Council?		✓ Yes	If "yes," is this request on behalf of a
•	uest for recurring paymer	· · · · · · · · · · · · · · · · · · ·		_)	NC Committee?
	est a payment for service			Yes Vo	Committee:
-	iest for an out-of-state ve	endor?		Yes Vo	Outreach
Remittance:	Γ				
Payable to:	Valley Park Chui	rch			
	16514 Nordhof	f Street			
	Address:				21210
	North Hills			CA	91343
	City			State	Zip:
	www.valleyparkch	nurch.com			818-894-9316
	Email Address				Contact Phone number
					it the this neighborhood): gas, & electrcity) for the North Hills West NC
			DECLAR		
					Council and that such funds are restricted eclare that this funding request does not pose
					eation requested by the Department to
		appropriateness of the		,	
M DV	ret o		•		9-9-14
Requester's signa	ature				Date
		NEIGHBOI	RHOOD CO	DUNCIL USE ONLY	
		Board Vote Co	unt Form mu	ust accompany this fo	orm)
		· Date 1	~	· 9 9.12)	Board Action:
Debra Perkins		(ASSET)	<u> </u>	1-17/	DENIED (date):
TREASURER'S Na	me	Signature		Date	Approved for: \$
John McGove	ern	1			Amended for: \$
2nd Signer's Nam		Signature		Date	NC Budget Category:
		DEL	ADTRACAL	THE ONLY	Ne bouget catego. 7.
**************************************	CATECODY.	DEF	_	T USE ONLY	prization Code:
	ON CATEGORY:		Approved	Autho	orization code:
NPG Lease	CIP (Contract	Denied	1st Lvl d	late:
>\$2,500	Advanced Pay			·	
Department N		mene		2nd Lvl d	late:
Department	ioles.				



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,

Partox Reign

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,



Complete this form to request funding

REQUEST DATE: 9/9/2014		Amou	unt Requested: \$ 545 თ			
NEIGHBORHOOD COUNCIL:		North Hills	West			
Plea	se complete all of the following	ng and answer quest	ions A-D:			
Name of Requester: Debra Perkin A. Are you a board member of this Neighborhood B. Is this a request for recurring payment? (if "yes C. Is this request a payment for services requiring D. Is this a request for an out-of-state vendor? Remittance: Payable to: Challenge Graphics 16611 Roscoe Place Address: North Hills	Council?	Yes No - Yes No Yes No Yes No Yes No	If "yes," is this request on behalf of a NC Committee? Yes No Committee: Outreach			
City		State	Zip:			
			818-892-0123 Contact Phone number			
Email Address						
Notes and / or Public Benefit Stateme Payment for 10,000 Community BBQ flye						
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						
	NEIGHBORHOOD CO	UNCIL USE ONLY				
Debra Perkins TREASURER'S Name Signatu	(Board Vote Count Form muster)	st accompany this for Date	Board Action: DENIED (date): Approved for: \$			
John McGovern			Amended for: \$			
2nd Signer's Name Signatu	re	Date	NC Budget Category:			
	DEPARTMENT	USE ONLY				
AUTHORIZATION CATEGORY: NPG CIP Contract Lease Sponsored Event >\$2,500 Advanced Payment Department Notes:	☐ Approved☐ Denied	1st Lvl da	rization Code: ate: ate:			



INVOICE

16611 Roscoe Place North Hills, California 91343 818.892.0123 Fax 818.892.033

August 29, 2014

57435 INVOICE NO.

s o North Hills West Neighborhood
L Council

North Hills West Neighborhood

L Council

T

CUSTOMER P.O.

T 0

QUANTITY	DESCRIPTION	AMOUNT
10,000	Community BBQ Flyers	\$ 500.00

SUBTOTAL \$ 500.00

SALES TAX \$ 45.00

FREIGHT

INVOICE TOTAL \$ 545.00



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

To: North Hills West

Date: 8/8/14

	Neighborhood Council			 _
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 ALTERAT	FIONS WILL BE CHARGED AS AN ADDITIONAL CHARGE.		

CHANGES AND ALTER	RATIONS WILL BE	CHARGED AS AN	I ADDITIONAL (CHARGE.

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

NORTH HILLS, WEST

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.

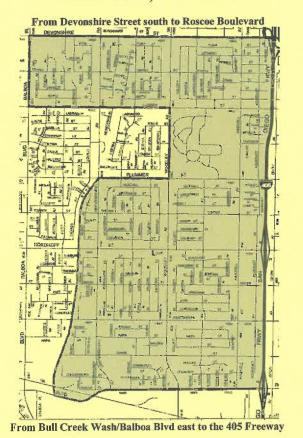
Bring a neighbor!

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!



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









Complete this form to request funding 9/9/2014 Amount Requested: \$ 105.92 REQUEST DATE: **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 C. Is this request a payment for services requiring a 1099? Committee: Yes Vo D. Is this a request for an out-of-state vendor? Outreach Yes V No Remittance: Payable to: Debra Perkins 16116 Liggett Street Address: North Hills CA 91343 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 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 payment of review the appropriateness of the request. Requester's Signature NEIGHBORHOOD COUNCIL USE ONLY Board Vote Count Form must accompany this form) **Board Action:** Debra Perkins DENIED (date): TREASURER'S Name ✓ Approved for: John McGovern Amended for: 2nd Signer's Name Signature Date NC Budget Category: **DEPARTMENT USE ONLY AUTHORIZATION CATEGORY:** Approved Authorization Code: CIP Denied NPG Contract Lease Sponsored Event 1st Lvl | date: > \$2,500 Advanced Payment 2nd Lvl |date:_____ Department Notes:



NORTHRIDGE 437

8810 TAMPA AVE NORTHRIDGE, CA 91324 LW Q ET 90-702175 MEMBER #/11836327590

127279 WHITE KNIVES 127509 WHITE FORKS 127489 WHITE SPOON 738392 KS MAPKINS 640236 COACH'S 640236 COACH'S 21611 TUPKEY&SWISS 994311 8.5 IN PLATE

A 9.00% TAX

TOTAL American Express

105.922 105.92

SWIPED

XXXXXXXXXX3001 /21/14 14:43 ##: 001123 App#: 503468 Resp: AA n 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 set added benefits & larger discounts on Costco Services like Travel. See Membership for exclusions and details

CASHIER: JAZMIN REL 8/21/2014 14:43 0437 10 0127 8

CA TAXES PAID ON ANY TOBACCO PURCUSAGE Thomas



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: 320142340315134555

Category: Merchandise & Supplies - Wholesale Stores

HORTH HILLS WEST NEIGHBORHOOD COUNCIL

NORTH HILLS WEST

FREE COMMUNITY BBQ

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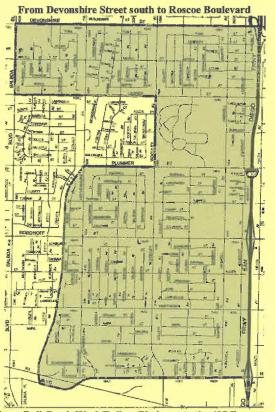
Bring a neighbor!

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 Bull Creek Wash/Balboa Blvd east to the 405 Freeway

Official Map of North Hills West

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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









Complete this form to request funding Amount Reguested: \$ 2425.94 9/9/2014 REQUEST DATE: North Hills West **NEIGHBORHOOD COUNCIL:** Please complete all of the following and answer questions A-D: Debra Perkins Name of Requester: ✓ Yes No -If "yes," is this request on behalf of a A. Are you a board member of this Neighborhood Council? NC Committee? ✓ Yes ☐ No B. Is this a request for recurring payment? (if "yes" Term: } ☐ Yes ✓ No Committee: C. Is this request a payment for services requiring a 1099? ☐ Yes ✓ No Outreach D. Is this a request for an out-of-state vendor? Yes Vo Remittance: Debra Perkins Payable to: 16116 Liggett Street Address: 91343 North Hills 818-399-1514 dperkins.nhwnc@gmail.com Contact Phone number Email Address 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 of review the appropriateness of the request. Requester's Signature **NEIGHBORHOOD COUNCIL USE ONLY** xd Vote Count Form must accompany this form) **Board Action:** DENIED (date): Debra Perkins TREASURER'S Name ✓ Approved for. John McGovern Amended for: 2nd Signer's Name Signature Date NC Budget Category: **DEPARTMENT USE ONLY** AUTHORIZATION CATEGORY: Approved Authorization Code: Denied Contract NPG 1st Lvl | date: Lease Sponsored Event > \$2,500 Advanced Payment 2nd Lvl |date:______ Department Notes:



NORTHRIDGE 437

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

2 @ 2.19			
3822 HAMBURG BUNG 5 @ 19.99	70.08		
88741 BEEF PATTYES 913437 CLEAN-UP 1000104715 CRN/CLORGY	719.64 10.99 A 2.80- 21.99 A		
31684 KS/REYN YOLL @ 11.99 50550 BEEF FRANKS			
, 6 / 19	179.85		
3823 HOT DOT BUNS 566788 KTCHN SPONGE 500104716 CPN/SOTCHBR 404609 ECO HALF STM 473734 HOUSEHLD GLV 404719 ECO NULL STM	30.66 90- AAFF 12.74999- AAAAAAA 12.74999- AAAAAAA 10000-4499A 1000-4499A 1000-4499A		
312652 MULTITSPONGE 00104716 CPN/SCOTCHBR	12.49	0•	C
127509 WHITE FORKS 127509 WHITE FORKS 127509 WHITE FORKS	10.49 A 10.49 A 10.49 A	0•	С
127489 WITTE SPOON 127279 WHITE KNIVES 127279 WHITE KNIVES	10.49 A	1+168+68	+
127279 WHITE KNIVES 127279 WHITE KNIVES 384324 TRASHBAG****	10.49 A	1,257.26	+
SUBTOTAL		, 251 25	=
1 9.00% TAX	1,154.09 14.59	2•425•94	*
TOTAL American Express	1,168.68 1,168.68		
XXXXXX3001	SWIPED		
/14 12:03 007783 App#: 58468/ American Express Resp: A Tran ID#: 424905190000 Merchant ID 99043711	2 ÀA		

באחתמורה מוומרוומכב



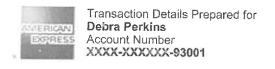
Cashier: Abel

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

	40 @ 6.99 Bushs Baked Bea	ns	279.60 F
	20 @ 8.99 CG Alpine Sprin Was \$209.8/ Y	g OU SAVED ->	179.80 F \$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 5 @ 1.20		34.95 F
	+CRV 2 1.20		6.00
	Ranch Drsng 30 @ 1	Twin P	19.98 F
	FS Full Ste Was \$41.70 3 @ 14	am Pan D/ YOU SAVED	32.70 T
	FS 184 Ct Si 7 @ 2.	licd Ch	44.97 F
	FS 6 In Foam 7 @ 8.	ı Plate 99	20.93 T
	FS 10.25 Con Was \$65.73 3 @ 2.	np Foam 3/ YOU SAVED 99	62.93 T -> \$2.80
	FS Lunch Nap Was \$10.47	/ YOU SAVED	8.97 T
	TWD 2 Flute TWD 2 Flute 2 0 13	Salt P Pep Pa .99	4.99 F 7.99 F
	Yellow Wrap Sterno Canne	12 X 1 d Heat	27.98 T 13.99 T
	SUB SALE TOT/	TOTAL ES TAX AL	1,224.59 32.67 1,257.26
A	Amex Acct # ******* PPRVL CODE 5098 Cas Ref# 49	TENDER ************************************	1,257.26 8001
	CASH 43	CHANGE	00

TOTAL NUMBER OF ITEMS THIS VISIT--> 241

Smart & Final Store # 460
16210 Devonshire St.
Granada Hills, CA 91344



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

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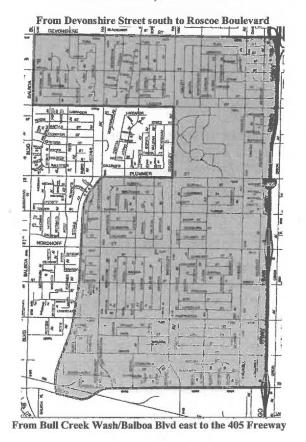
Bring a neighbor!

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Official Map of North Hills West

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nxander.nhwnc@gmail.com

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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: NC Committee? ✓ Yes ☐ No) ☐ Yes ☑ No C. Is this request a payment for services requiring a 1099? Committee: ✓ Yes No D. Is this a request for an out-of-state vendor? Outreach Yes V No Remittance: Payable to: Tasty Sounds Entertainment 16901 Vose Street Address: West Van Nuys, 91406 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 all thorize payment or review the appropriateness of the request. NEIGHBORHOOD COUNCIL USE ONLY Yote Count Form must accompany this form) **Board Action:** Debra Perkins DENIED (date): TREASURER'S Name Approved for: John McGovern Amended for: 2nd Signer's Name Signature Date NC Budget Category: **DEPARTMENT USE ONLY** AUTHORIZATION CATEGORY: Approved Authorization Code: CIP NPG Contract Denied 1st Lvl |date: Lease Sponsored Event > \$2,500 Advanced Payment 2nd Lvl |date:_____ Department Notes:

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

Description Holiday Company Party			
I nonday Company Party	Rate	700.00	Amount 700.00
		700.00	/00.00
		1	
		- 1	
		- 1	
	Total		\$700.00
		Total	Total

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:

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 Picnic

Event Type:

In Honor of:

Neighborhood Residents

Guests:

Entertainer(s):

Company Choice DJ

Your Show Includes:

Package:

Birthday/Anniversary/Graduation

Sound Option: Lighting Option:

Services:

2 Speaker (Normal)

Additional

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 setup 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!
- 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.
- 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.
- 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.
- 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.
- 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:	Date: Al Darroch Digitally signed by Al Darroch DN: cn=Al Darroch, o=lasty Sounds Ent., ou, email=djalvis@tastysounds.com, c=US Date: 2014.08.11 12:3143 07000
Client Signature	Tasty Sounds Entertainment

NORTH HILLS WEST NEIGHBORHOOD COUNCIL



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Bring a neighbor!

Bring a friend!

Bring a blanket or beach chair to relax on.

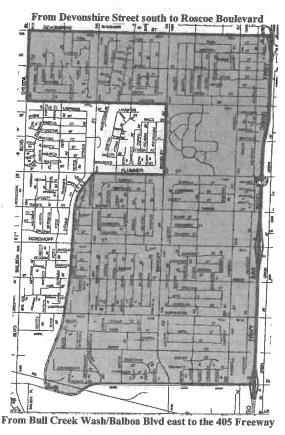
We're working to make our community even better and we want to hear your ideas too!

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nxander.nhwnc@gmail.com

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	Complete th	nis form to request funding			
REQUEST DATE: 9/9/2014		Amou	unt Requested: \$ 19.15		
NEIGHBORHOOD COUNCIL:		North Hills	West		
	Please complete all of the following and answer questions A-D:				
Name of Red	•				
	pard member of this Neighborhood Council?	✓ Yes No -	If "yes," is this request on behalf of a		
	uest for recurring payment? (if "yes" Term:) ☐ Yes ☑ No	NC Committee? ✓ Yes ☐ No		
•	est a payment for services requiring a 1099?	☐ Yes ✓ No	Committee:		
•	uest for an out-of-state vendor?	Yes Vo	Operations		
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 ho	ow these funds will benefit	the this neighborhood):		
Payment for U	Inited States Postal Services-Priority Express	Mail-Mailed June & Jul;y MI	ER's		
		DECLARATION			
Lthe Requeste	er, understand that I am requesting public fur	nds from the Neighborhood C	ouncil and that such funds are restricted		
•	dleines set forth by the Department of Neigh	=			
	onfligt of interest for any Board Member and				
	nent/or review the appropriateness of the re				
Day.	individual contractions of the re	questi	9-9-14		
Reduester's Sign	artura		Date		
Arcognizater 3 Digi		LOOD COLINGIA LICE ONLY	3410		
1		HOOD COUNCIL USE ONLY It Form must accompany this for	·m)		
	(Boato, Vote Count	TOTAL MUSIC ACCOMPANY (1115 101	Board Action:		
Debra Perkin	s And P	19-9-14	DENIED (date):		
TREASURER'S Na		Date	Approved for: \$		
John McGove	ern	1	Amended for: \$		
2nd Signer's Name Signature		Date	NC Budget Category:		
	DEPA	RTMENT USE ONLY			
AUTHORIZAT			rization Code:		
NPG		Denied			
Lease	Sponsored Event		ate:		
>\$2,500 Advanced Payment					
Department I	Notes:	2nd Lvl da	ate:		
		•			

CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (OLD) PERMIT A FIGURE TO SE NOME THE ACCOUNT (if applicable) USPS* Corporate Acet. No. Federal Agency Acct. No. or Postal Service** Acct.	EK 443668380 US UNITED STATES POSTAL SERVICE * MAIL * EXPRESS**
DELIVERY OPTIONS (Customer Use Only)	ORIGIN (POSTAL SERVICE USE ONLY)
SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the maile Requires the addressee's signature: OR 2) Purchases additional insurance; OR 3) Purchases COD service, O Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the address 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 (21P - 4" (U.S. ADDRESSES ONLY)	Date Accepted (MM/BD/YY) Scheduled Delivery Free Insurance Fee COD Fee
For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811. \$100.00 insurance included.	Delivery Attempt (MM/DD/YY) Time Employee Signature AM PM ABELIAN INSTRUMENT 2014
	LABEL 11-B, JANUARY 2014 PSN 7890-02-000-9996 2-CUSTOMER COPY

e[#] ***

USPS, NORTH HILLS BRANCH NORTH HILLS, California 913439998 0581020253 -0099 4/2014 (800)275-8777 04:28:49 F	uct Sales Receipt Final Sale Unit Final Oty Price Price	35 ANGELES CA 90012-4801 \$19.1	rity Mail Express 1-Day 3.90 oz. 5 Tracking #: 1 3668 3800 S 3duled Delivery Day: Fr: 09/05/14 100PM - Morey Back Guarantee	Wature Requested	Je Postage.	\$19.1	150	#20.1 -\$1.0	Ve this receipt as evidence of ance, for information on filling an ance claim go to com/ship/file-domestic-claims.htm.	stamps at usps.com/shop or call -Stamp24, Go to usps.com/clicknship int shipping labole and
	1		_ +004 #6 -	ļ-m	-			Ψ	> 0 15 0	1

Neighborhood Council Funding Program





	Comple	te this form to request funding	
REQUEST DA	ATE: 9/9/2014	Amou	unt Requested: \$ 67.98
NEIGHBORHO	OOD COUNCIL:	North Hills	West
	Please complete a	ill of the following and answer questi	ions A-D:
Name of Req			
•	pard member of this Neighborhood Council?	✓ Yes No -	If "yes," is this request on behalf of a
B. Is this a req	uest for recurring payment? (if "yes" Term:)	NC Committee?
•	est a payment for services requiring a 1099?	Yes V No	Committee:
_	uest for an out-of-state vendor?	✓ Yes ✓ No	Operations
Remittance:			
Payable to:	Verizon Wireless		
	PO Box 66108		
	Address:	TV	75266 0100
	Dallas	TX State	75266-0108 Zip:
	vzw.com/mybusinessaccount		1-80022-0204
	Email Address		Contact Phone number
Notes and / o	or Public Benefit Statement (Describ	e how these funds will benefit	the this neighborhood):
			th of August 21, 2014 thru August 23,2014
			ouncil and that such funds are restricted clare that this funding request does not pose
	conflict of interest for any Board Membe		
	neht or keview the appropriateness of th		
NV U			9-4-14
Requester Sign	ature		Date
	,	ORHOOD COUNCIL USE ONLY	
	(Board Vote	Count Form must accompany this for	m) Board Action:
Debra Perkins	· IN DAKE	2 19-9-14	DENIED (date):
TREASURER'S Na		Date	
I I M-Cava	1	1	Approved for: \$
John McGove 2nd Signer's Nam		Date	Amended for: \$
2110 3161101 3	Jighturo	Date	NC Budget Category:
		EPARTMENT USE ONLY	
	ON CATEGORY:	= ''	ization Code:
NPG Lease	☐ CIP ☐ Contract ☐ Sponsored Event	Denied 1st i vl da	te:
>\$2,500	Advanced Payment		
Department N	•	2nd Lvl da	te:
· · · · · · · · · · · · · · · · · · ·			



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

իցիիրելինիցիւնցցինդիրենցոյցիցինումիլ

NORTH HILLS WEST NO 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

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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) VΒ



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

Bill Date Account Number **Invoice Number**

August 23, 2014 242052008-00001 9730869132



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

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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.



9730869132 Invoice Number 242052008-00001 09/18/14 3 of 5 Account Number Date Due Page

Overview of Lines

Total Current Charges	818-809-9158 Deborah Perkins	Lines Charges
	4	Page Number
\$26.60	\$26.60	Monthly Charges
\$.00		Usage and Purchase Charges
\$40.98	\$40.98	Equipment Charges
\$.37	\$.37	Usage Surcharges and and Other Purchase Equipment Charges and Charges Charges Credits
\$.03	\$.03	Taxes, Government Surcharge: and Fees
\$.00		Taxes, Governmental Third-Party Surcharges Charges and Fees (includes Tax)
\$67.98	\$67.98	Total Charges
	-	Voice Plan Usage
		Messaging Usage
	605KB	Data Usage
	1	Voice Roaming
		Messaging Roaming
		Data Roaming

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 - 08/231.61 \$24.99 per month / 2 days on new plan

Month in Advance

Email & Data Unlimited 08/24 - 09/2324.99 These are the normal monthly charges billed in advance.

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 Purchas	e Charges				\$.00
Verizon Wireless' Surcha	rges				
Fed Universal Service Char	ge				.01
Regulatory Charge					.36
					\$.37
Taxes, Governmental Sur	charges and Fees	3			
Los Angeles City UUT					.03
					\$.03

Total Current Charges for 818-809-9158

\$67.98

\$26.60



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: Mobile No: ESN/MEID:	DEBORAH PERKINS 818-809-9158 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
			O	rder Subtotal:	\$0.49
			CA Loc	al Sales Tax	12.37
			CA Sta	te Sales Tax	28.12
			To	tal Tax/Fees	40.49
		Payment Info: Bill to Acc	ount	Order Total:	\$40.98
		XXXXXXXXXXX	001		

^{*} 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.



CUSTOMER RECEIPT

Please keep this important document for your records.

Ship To:

ATTN:DEBORAH PERKINS NORTH HILLS WEST NO 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	Otri	
HOPELINE DONATIONBAG	MSC80024EN	Qty	
IPHONE 4S B2B NEW AG		1	
	OTA80379BI	1	
GETTING STARTED FLDR	PRO81284EN	1	
TRADE-IN BCKSLP-BUS	PRO81296BI	1	
Collular Camina Information		•	

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.



Complete this form to request funding 9/9/2014 REQUEST DATE: 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: NC Committee? ✓ Yes ☐ No) ☐ Yes ☑ No C. Is this request a payment for services requiring a 1099? Committee: Yes 🗸 No D. Is this a request for an out-of-state vendor? Yes Vo Outreach Remittance: Payable to: Debra Perkins 16116 Liggett Street Address: North Hills, 91343 CA 818-399-1514 dperkins.nhwnc@gmail.com **Email Address** 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 patential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment of review the appropriateness of the request. r's signature NEIGHBORHOOD COUNCIL USE ONLY rd Vote Count Form must accompany this form) **Board Action:** Debra Perkins DENIED (date): TREASURER'S Name ✓ Approved for: John McGovern Amended for. 2nd Signer's Name Signature Date NC Budget Category: **DEPARTMENT USE ONLY AUTHORIZATION CATEGORY:** Authorization Code: Approved NPG Contract Denied Lease 1st Lvl |date: Sponsored Event > \$2,500 Advanced Payment 2nd Lvl |date:_____ Department Notes:



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

KRO VEG TRAY 3 JULY GRIDH FRI FIRY PL 11 99 F TAX 0.00 ### BALANCE 15.98 CHANGE 0.00 UTAL NUMBER OF ITEMS SOLD = 2 8/21/14 03:07pm 354 10 136 112

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

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!

INA DE 100 tarjetas de regalo de \$100,

o ei gran premio de una
tarjeta de regalo de \$5,000!

Go to www.kroserfeedback.com
within 7 days.
Enter the information below:
Visita www.kroserfeedback.com
en los erc imo 7 dic e ingresa
la siguiente efc acion:

Nate: 08/21/14 Vime: 03:07pm

Entry ID: 704-695-136-1-10-146

No punchase necessars to enter sweepstakes. See weblite in official sweepstakes rules.

No es necesario compre para participar en el sonte. Ver la pasina web para conocer las regalas oficiales.

Chara us out at a Food4Less i 1M

Neighborhood Council Funding Program FUNDING REQUEST FORM



Complete this form to request funding

REQUEST DA	ATE: 9/30/	/2014	Amo	unt Requested: \$ 170.94	
NEIGHBORHOOD COUNCIL: North Hills West					
		Please complete all of the follo	wing and answer quest	ions A-D:	
Name of Req	uester: <u>Del</u>	bra Perkins			
A. Are you a bo	oard member of this N	leighborhood Council?	✓ Yes No -	If "yes," is this request on behalf of a	
		vment? (if "yes" Term:) Yes 🗸 No	NC Committee? ✓ Yes ☐ No	
		vices requiring a 1099?	Yes V No	Committee:	
	uest for an out-of-state	e vendor?	✓ Yes No	Operations	
Remittance:					
Payable to:	Parnters In Div	versity, Inc		The Paris of the Control of the Cont	
	ASGE Marque	ette Commercial FIN, NW 633	3 PO Box 1450		
	Minneapolis,		MN	55485-6333	
	City	***************************************	State	Zip:	
				626-793-0020	
	Email Address			Contact Phone number	
Notes and / o	or Public Benefi	t Statement (Describe how thes	e funds will benefit	t the this neighborhood):	
Temporary star	ff- Minute/Note T	Taker-David Levin			
	-	DECLAF	PATION		
I,the Requeste	r, understand tha			Council and that such funds are restricted	
				clare that this funding request does not pose	
			ovide any documenta	ition requested by the Department to	
authorize payn	dent of review the	e appropriateness of the request.		9 10 10/	
)		9-30-14	
Requester's Sign	ature			Date	
		NEIGHBORHOOD C			
		(Board Vote Count Form m	nust accompany this for		
Debra Perkins	,	XDAL Q	19-10-14	Board Action: DENIED (date):	
TREASURER'S Na		Signature C	Date		
				Approved for: \$	
John McGove				Amended for: \$	
2nd Signer's Nam	ne	Signature	Date	NC Budget Category:	
		DEPARTMEN	T USE ONLY		
AUTHORIZATI	ON CATEGORY:	Approved	Author	rization Code:	
□NPG	CIP	Contract Denied			
Lease	Sponsored	Event	1st Lvl da	ate:	
<u> </u>	Advanced F	Payment	البدالية عرادة		
Department N	lotes:		Zna Lvi aa	nte:	
				-	

PARTNERS IN DIVERSITY, INC. ASGE MARQUETTE COMMERCIAL FIN NW 6333 P.O. BOX 1450 MINNEAPOLIS, MN 55485-6333 (626)793-0020 PAGE 1

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 ADMIN.ASST/MEETING MIN.		24.42 PT#: NH	WEST 		170.94
			TOTA	L 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.



PAYMENT CONFIRMED

You have successfully scheduled your payment.

Confirmation number: 08926593

Pay To: Partner in Diversity Inc-0134 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

mayinin Basininin Banking & 2014 MLFG Union Flame, N.A. All rights depended. Member FDR Equal to many 1 Amery &

Feedbard on this page 🚱 | Servine Hours | Site Map | unjordent com | Section Site Map

Print 🖷



Partners In D	Piversity, Inc	P.O. Box 654 South Pasadena, CA 91031 asadena Fax: (626) 793-0022
Your Name DAUL	D LEVIR	Gedag #
Social Security #		CHUCK
NOATH HILLS	WEST NIEIG	HECAHOOD
Address	City	· Zip
CLISTOMER AGREEMENT THE UNDERSIGNED, BEING AN ALTHORIZ HOURS ARE COMMET AND THAT THE WO THAT TWILL NOT HIRE THIS EMPLOYEE OF HIGH AND, AT OLISTOMER'S OPTION (1) PAY ING TO PAY PARTNERS HIGH CRESTY, NO. OR MOTHORIZED AT THE PARS AND CORD.	Fix was performed to company's : I apermanient basis of transferis ate of reperbal, without frist in Mig Pathiners in diversity, inc. alo I. a temporary fee for a periodo.	Satisfaction. Customer Agrees Ald Employeet Oits Payroll for Cotifying Partners in Diversity. NIDATION CHARGE OR (2) CONTINU- F 800 WORKING HOURS FROM EATE

Of Hours

Oversime Hours

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Wed.								
Thurs.	9-18-14	7		10	-	~		3
Frl.							_	
Sat	a-20-14	10		2	30		30	f
Sun.					-		-	ļ

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NOTICE TO EMPLOYEE

Employee Signature

Sec. mercils and hims ou

GOLD - Hall back cop

with Partners in Diversity, Inc.

PARTNERS IN DIVERSITY, INC.

Safety and Health act as it relates to premises owned ployee relationship with its personnel, and accepts the obligation to discuss all matters concerning their (b) Patners in Diversity, Inc. insurance does not cover employees operating Customer's owned or leased motor vehicle(s), and Customer therefore accepts full collision, cargo damage or public liability damage sustained or incurred as a result of Partners in 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 or controlled by Customer and to which Partners in Diversity, inc. employees are assigned. The Customer recognizes Partners in Diversity, Inc. employer-ememployment, job assignments, pay procedures, etc., or motor vehicles without prior written permission loss of damage caused by Partners in Diversity, Inc. Diversity, Inc. employee driving such vehicle(s), the undersigned hereby (1) certifies that the above hours are correct and that the work was performed in a salisfactory manner; (2) confirms prior agreement petween Partners in Diversity, Inc. and Customer, with respect to the services performed hereunder and any employees of Partners in Divetsity, Inc. with unattended premises, cash, negotiable or other valuables or authorize such employees to operate machinery from Partners in Diversity, Inc. in each instance. responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, Baing duly authorized on behalf of the above Customer, future services, that (a) Customer shall not entrust

Neighborhood Council Funding Program FUNDING REQUEST FORM	ADMIN. SUPPORT SVCS. D O N E	EMPOWER LA
Complete	this form to request funding	
REQUEST DATE: 3/25/14	Amount Reque	sted: \$ 5,000,00
NEIGHBORHOOD COUNCIL: NORTH	the area and a second	
		BORHOOD COUNCIL
	of the following and answer questions A-D:	
Name of Requester: NANCY XANDE	R	
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: C. Is this request a payment for services requiring a 1099?	Yes X No NC Comm	
D. Is this a request for an out-of-state vendor?	Yes No Committee	
Remittance:	Yes Kino OUT	EACH EVENTS & MARKETI
Payable to:		
Address:		
City	State	Zip:
		,
Email Address		Phone number
Notes and / or Public Benefit Statement (Describe)	now these funds will benefit the this	neighborhood):
awareners of Bus NE	and do perperos	31
the Reguerter understand that I	DECLARATION	
the Requester, understand that I am requesting public full	nds from the Neighborhood Council and t	that such funds are restricted
nder the guidleines set forth by the Department of Neigh ose any potential conflict of interest for any Board Memb	pornood empowerment. I declare that this	is funding request does not
athorize payment or review the appropriateness of the re	duest.	equested by the Department to
Maray Recolos		Slailst
quester's Signature		Date
NEIGHBORH	OOD COUNCIL USE ONLY	
	Form must accompany this form)	
DIFFERENCE IN		ction:
Tellocole II		O (date);
l n n	Date Approv	ved for \$1 500000
Dhu McGovern Monde &	19/2/11/1	
i Signer's Name Signature	Date Amend	
	NC Budget Ca	ategory:
ITLIODIZATION CATCOONS	TMENT USE ONLY	
	pproved Authorization Code	NHWNC 2014-001
□ NPG □ □ Contract □ De □ Lease □ Sponsored Event	4 . 1	12 a 4 116
>\$2,500 Advanced Payment	1st Lvl date:	7. 7.19
partment Notes:	2nd Lvi date:	8-4-14
		1

Sep 02 14 07:15p D Perkins

1-818-830-1096

p.4

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.
- 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 Thome 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

North Hills West Neighborhood Council Gen'l Bd Mtg Minutes 7-17-14 Page 4 of 8

09/01/2014 19:15 No.: R022 L1 P.004/005

Department of Neighborhood Empower Board Vote on Funding Request	erment			EMPOW	ER LA		9 *
NC NAME:	NORTH HILLS -WEST	_		MASSING SAME	ce include		
Budget Fiscal Year:	2014/2015	_		11/4		J-100	
Meeting Date	e: 7-17-14	Vendo	·	NIP	,		
Agenda Iten	n: 5-I	Amount	. 195	000.	ليك		
			One Time B	rpense	= Multiple	payments)	
		29	:: U MORITHY		- Tenter w.b	rayantentay	
Description	"Communite	Ex BL	BB				
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Board Member Name	Board Position	Yes	No	Abstain	Recused	Absent	Ineligible
1 John McGovern	President	V/					
2 Dan Gibson	Vice President	V					
Bebra Perkins	Treasurer	<u> </u>				-	
4 Carol Hart	Secretary	1					
5 David Hyman	General	1					
Garry Fordyce	Residential	V					
7 Dave Brown	Residential	V		1			
Nancy Xander	General	1				/	
Carlos Maya	Residential					V,	
0 Ed Serrano	Residential						
1 Armando Diaz	Residential	1		ţ.			
2 Mike khalid	General	1		1			
		1					
	Community Interest						
4							
5					<u> </u>	-	
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	LOIND	100					
STEELEN PORTSON STATE	Management of the second of th	HOGO COUNCILL	EBRIPHENTENA	0.00011116.60		Yalka A	
We, DEBRA PERKINS (Treasurer Name);	and JOHN MCGOVERN (Signer Name), de	clare that we are i	the Treasurer an	d Signer, respecti	ively of the North	Hills West Neigh	bothood Council
(NC) and that on	(date adopted), a Brown Act noticed pub umber) yes, (number) no, and	ic meeting was he	d by the North	Hills West NC wi	th a quorum of	(number) bo	pard members
present and that by a vote of / U (Nu		'(number) abste nd Authorization f		л лию мехсиса; }\ Л	w Ahroneo cue soon	e unicated cyber	manume nequest
	MAN 10	4	£	10/	01		
Treasurer Signature	NUMBER	Signer's Signature		janje	(Ho-		
Print Name	Debra Perkins	Print Name	9	John McGovern			
	8-21-14		/	8-21.	-14		
Date	0 .4 //	Date		2000			
NC Additional Comments							

No.: R022 L1



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 holds the terms and conditions of the polic certificate holder in lieu of such endo	y, cert	ain p	policies may require an e	policy ndorse	(ies) must b ement. A sta	e endorsed. atement on t	If SUBROGATI his certificate do	ON IS WAIVE	D, subject to rights to the
PRODUCER		,-,		CONT/ NAME	ACT Kristin Le	eiding			
Commercial Lines - (952) 252-3100				PHONE (A/C, No. Ext): 952 242-3086 FAX (A/C, No): 866.710.7436					10.7436
Wells Fargo Insurance Services USA, Inc				E-MAIL ADDRE	 Lote Attach 	.Leiding@we	lisfargo.com	pac, Noj.	
400 Highway 169 South, 8th Floor				ADDIX			RDING COVERAGE		NAIC#
St. Louis Park, MN 55426				INSURI	6.1.11		Insurance Compa	anv	23787
INSURED				INSURI					
A-Throne Co., Inc.				INSURI					+
Attn: Nikki Hussein				INSURI					
1850 E. 33rd Street				INSUR		·			
Long Beach, CA 90807-5208				INSURE				_	
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North Hills West NC 2014/2015



BOARD RESOLUTION: Approval on July 17, 2014

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

Northhillswestnc/empowerla.org 818-892-8899

John McGovern imcgovern.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 We, <u>Debra Perkins</u> and <u>John McGovern</u> declare that we are the <u>Treasurer</u> and <u>President</u>, respectively, of the <u>North Hills</u> <u>West Neighborhood Council</u>; 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.

Signed: Date: 9-8-14

Signed John McGovern-President

Date: 8-8-14

Punam Gohel
pgohel.nhwnc@gmail.com

Ed Serrano
eserrano.nhwnc@gmail.com

te



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.

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). CONTACT NAME: PHONE R.V. Nuccio & Associates, Inc. FAX (A/C, No): (A/C. No. Ext): 10148 Riverside Drive ADDRESS Toluca Lake, CA 91602 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Fireman's Fund Insurance Company 21873 INSURED INSURER B : Tasty Sounds Entertainment INSURER C 16901 Vose St INSURER D : Van Nuys, CA 91406 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. ADDL SUBR POLICY EFF INSR LTR POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS INSR WVD GENERAL LIABILITY \$1,000,000 EACH OCCURRENCE A XPK80957174 9/4/2014 9/4/2015 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 COMMERCIAL GENERAL LIABILITY s Certificate #:ADJA047531 CLAIMS-MADE OCCUR \$5,000 MED EXP (Any one person) 5 PERSONAL & ADV INJURY \$ \$1,000,000 \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: S POLICY COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$1,000,000 XPK80957174 9/4/2014 9/4/2015 **BODILY INJURY (Per person)** ANY AUTO Certificate #:ADJA047531 SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE \$ HIRED AUTOS AUTOS (Per accident) s UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DED | RETENTION S WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYER ന്നഹ E.L. DISEASE - POLICY LIMIT \$ 7 mχ U 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 CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE City of LA, Department of Neighborhood Empowerment THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. PO Box 2091 North Hills, CA 91393 AUTHORIZED REPRESENTATIVE Clobert U. Junio Robert V. Nuccio

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ENVIRONMENTAL HEALTH DIVISION COMMUNITY EVENT / SEASONAL EVENT PERMIT



TODAY'S DATE:

PERMIT #:

DATES OF EVENT:

09/02/2014

86-09-14/15-0098

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:

CUSTOMER COPY

NORTH HILLS WEST NC COMMUNITY BBQ

EVENT ADDRESS:

16514 NORDHOFF ST

NORTH HILLS

91343

MAILING ADDRESS:

PO BOX 2091

(818) 895-0507

NORTH HILLS

CA

91343

TYPE OF BUSINESS:

COMMUNITY EVENT ORGANIZER

DISTRICT OFFICE:

WEST VALLEY

PHONE #:

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.

PRINT NAME / SIGNATURE

DONE



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,

Faster Reugn

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,

SERVANTS OF CHRIST

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 Counce Nancy Xander ; PO Box 2091 North Hills CA 91393 Home Phone: Work Phone: (213) 434-4605 Work Ext: Pager/Cell:	Location: #1 Miscellaneous Valley Park Church 16514 Nordhoff St North Hills Phone: Ext: Fax:	Event Info Event Date: Time: Set Up Time: Event Name: Event Type: In Honor of: Guests:	otember 06, 2014 M VNC BBQ
Fax: Other Phone:	Your Show Includes: Package: Birthday/Anniversary/ 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 modifications 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 DI experiences equipment failure and is not able to finish show, the fee will be paid on a pro rate basis determined by the length of playing time. This will not apply in the case of damage to DI-s equipment that is caused by persons or incidents at the event. If the event is delayed as a result of DI-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 rate basis according to time lost. DI is not responsible for an inability to peform due to accident, injury or other condition beyond his/her control. DI 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:	Date: Al Darroch Dischall signed by Al Darroch DN: cn=Al Darroch, or Fasty Sounds Ent., ou, email=djalvis@tastysounds.com, c=US Date: 2014.08.11 1231:43 -0700'
Client Signature	Tasty Sounds Entertainment

(Rev. October 2004) Department of the Treasury

Request for Taxpaver **Identification Number and Certification**

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

IIII	TOVOTOS CONTOS						
ું ⊲	Name (as reported on your income tax return)						
page	Al Darroch						
ŭ	Business name, if different from above						
no s	Tasty Sounds Entertainment						
r type	Check appropriate box: Individual/ Sole proprietor Corporation Partnership Other	•	Exempt from backup withholding				
Print or type See Specific Instructions	Address (number, street, and apt. or suite no.) 16901 Vose St	Requester's name and	address (optional)				
_ i <u>i</u>	City, state, and ZIP code						
ž	Van Nuys Ca 91406						
See S	List account number(s) here (optional)						
Pari	Taxpayer Identification Number (TIN)						
Enter	your TIN in the appropriate box. The TIN provided must match the name given on Line 1	to avoid Social sec	urity number				
alien.	o withholding. For individuals, this is your social security number (SSN). However, for a re- sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entit	sident	<u>+ + </u>				
your e	mployer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> o	n page 3.	or				
	If the account is in more than one name, see the chart on page 4 for guidelines on whose		dentification number				
to ente	er,	9 5 1 4					
Part	II Certification						
Under	penalties of perjury, I certify that:						
	e number shown on this form is my correct taxpayer identification number (or I am waiting	for a number to be is	sued to me), and				
2. Iai Re	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						
	n a U.S. person (including a U.S. resident alien).						
withnoi For mo arrange	ation instructions. You must cross out item 2 above if you have been notified by the IRS of ding because you have failed to report all interest and dividends on your tax return. For restrage interest paid, acquisition or abandonment of secured property, cancellation of debument (IRA), and generally, payments other than interest and dividends, you are not requirely your correct TIN. (See the instructions on page 4.)	eal estate transactions,	item 2 does not apply.				
Sign Here	Signature of Al Darroch Discressionards by Al Darroch Discressionard by Al Darroch Discressiona						

Purpose of Form

U.S. person ▶

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

- 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

- 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.

Date >

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

- 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 HEQUN

16514 Nordhoff St. North Hills, CA 91343



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

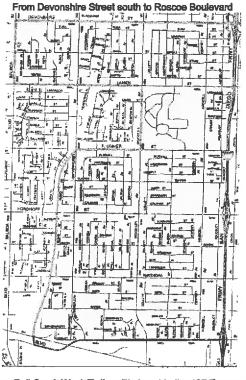
Bring a neighbor!

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 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



FOREDING	MEQUEST I OMM				to it to the form of the				014	00
		Complete this form to	o request funding		A	DMIN.	SUPP	JRI	54	65
REQUEST DA	TE: 8/25/2014		Amo	unt Requested:			DON			
NEIGHBORHO	OOD COUNCIL:		North Hills	s West					Δ.	00
		e complete all of the following	ng and answer quest	ions A-D:		र्णान उ	r lb	А	4	21
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A. Are you a bo	ard member of this Neighborhood	Council?	✓ Yes No -	If "yes," is this re	equest on b	ehalf of a				
B Is this a req	lest for recurring payment? (if "yes	* Term:	Yes No	NC Committee?	∠ Yes	No				
C. Is this reque	st a payment for senaces requiring	e 1099?	Yes No	Committee:						
D. Is this a requ	est for an out-of-state vendor?		Yes 🗸 No	Outreach & Events						
Remittance:										
Payable to:	Granada Hills Communi	ty Foundation	<u>.</u>							
	17723 Chatsworth Str	eet								
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	•	Lucas.	James.	818-368-32	•					
	email@granadachamber.cc	ALL .		Contact Phone						
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any natential r	onflict of Interest for any Bo	ard Member and will prov	ide anv documenta	ation requested by	v the Depai	tment to	;			
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John McGove	m Ack	Jel Home 1	9-1(-14	Amended for	nr \$					
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AUTHORIZATI	ON CATEGORY:	Approved	Autho	rization Code:	NHU	UNC	<u> </u>	<i></i>		
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Lease > \$2,500	Sponsored Event		1st Lvl da	ate. # VI		/				
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Department N	lotes:									
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North Hills West NC 2014/2015



North Hills West Neighborhood Council P.O. Box 7091 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@email.com Treasurer

Carol Hart

chart.nhwnc@gmail.com Secretary

David Hyman

dhyman,nhwnc@gmail.com

Dave Brown

dbrown.nhwnc@email.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

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

Declare that a quorum of 10 Board members were present and approved the NPG request:

10 Yes 0 No 0 abstentions

Date: 8-31-14

Date: 8-31-14

John McGovern-President

Punam Gohel pgohel.nhwnc@gmail.com

DEPARTMENT OF NEIGHBORHOOD EMOPOWERMENT. 200 North Spring. ST LA, CA 90012 (213)-978-1551

NC NAME:	
Budget Fiscal Year:	

NORTH HILLS WEST Meeting Date: 8-2



Vendor: Granada Hills Community Foundati

Amount: \$2500 00

A One Time Expense Recurrence: D Monthly

:, Multiple (enter# payments)

Neighborhood Purpose Grant for a joint community Streat 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 toint event from Granada Hills NC's & Northridge NC's and media.

Street August 18 and the service of the	exposure with this joint event	from Grana	da Hills NC's	& Northnide	e NC's and	media.	3-111000
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Board Member Name	Board Position	Yes	No	Abstair	Recused	Absent	inaligible
JOHN MCGOVERN	PRESIDENT	3/				Pausant	Ricigiose
DAN GIBSON	VICE PRESIDENT						
CAROL HART	SECRETARY						1
DEBRA PERKINS	TREASURER	V					
DAVE BROWN	RESIDENTIAL	1/					
NANCY XANDER	GENERAL	V					
DAVID HYMAN	GENERAL	1/					
GARRY FORDYCE	RESIDENTIAL	V .					
CARLOS MAYA	RESIDENTIAL	V					
ARMANDO DIAZ	RESIDENTIAL			1		12	
MIKE KHALID	GENERAL	V.				V	
PUNAM GOHEL	COMMUNITY INTEREST	1					
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We, DERMA PERKINS NORTHHILLS WEST NORTHHILLS WEST NC will Obstentions the	the comment of the free free the state of the	on <u>3-21-14</u> (date ad members present and that by	e), declars that we are the Treasurer and signer, respectively of the topted), a Brown Act noticed public meeting was hald by the a wire of(number) yes,(number) no, and(number) despenditure Request and Authorization Form.
Treasurer Signature	AUGO	Signar's Signature	Male MC You
Print Name	DEBRA PERKINS	Print Hame	JOHN MCGOVERN
Date	08/21/2014	Date	08/21/2014
NC Additional Comments			

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



This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. The Neighborhood Council, 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 Granada Hills Community Foundation 46-3612720 CA pending 1A) Organization Name Federal I.D. # (EIN#) State of incorporation Date of 501(c)(3) Status (if applicable) 17723 Chatsworth Street Granada Hills CA 91344 Organization Mailing Address City State Zip Code 1C) Business Address (if different) City State Zip Code Granada Hills Chamber of Commerce Granada Hills CA 91344 1D) Address of Affiliated Organization (# applicable) Zip Code Name and address of person designated to receive official/legal notices: J. Michael Kabo 2) 17723 Chatsworth Street Granada Hills CA 91344 State Zip Code 3) Type of Organization- Please select one: (Organizations must be located within the City of Los Angeles)

[G]: Public School (not to include private schools) or [G]: 501(c)(3) Non-profits (other than religious institutions) Attach Letterhead 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.

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.

City of Los Angeles, Department of Neighborhood Empowerment

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	is over. This is a new mandate by DC	л,	\$		\$	
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8) I	What is the TOTAL amount of the	grant funding requested with this	application:	\$ 250	30	
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City of Los Angeles, Department of Neighborhood Empowerment NPG APPLICATION Page 3

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SECTION VI - DECLARATION AND SIGNA	71125	NPG APPLIC	ATION Page 3
i hereby affirm that, to the heat of m	t Innuinden the Information		
i hereby affirm that, to the best of m truly and accurately stated. I further "Conflicts of Interest" of this applic criteria of a public benefit project/pro Two signatures required	ation and affirm that the propose	A, "what is a Public Benefit," a	nd Appendix B
12A) Executive Director of Non-Profit Corp	oration or School Principal		
Laine Caspi	President	do	Alud.

Laine Caspi	President	10-	al de
PRINT First Name/ Last Name 12B) Secretary of Non-profit Corporation or Assis	Titte	Signature	Date 14
J. Michael Kabo	Secretary	OUT	Elel -lata
PRINT First Name/ Last Name	Title	Signature	Date 7/7/64
SECTION VII - FOR DEPARTMENT OF NEIGHBOR	HOOD EMPOWERMENT U	SE ONLY	

CHON VII - FOR DEPAR	IMEN I OF NEIGH	BORHOOD EMPOWE	RMENT USE ONLY		0. 15. 22
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NPG N	15 - 65 J. 55				
Application LD (Con.) Funding Unit Notes:	ne j ne	e din le			
			DON	E Date Stamp Re	celot

Form W-G iRev. August 20*3) 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.

Depar	tment of the Treasury at Revenue Service		identifi	cation Nun	iber and Certif	fication			the IRS.
	Name (as shown or	your income	tax return)						
	Granada Hills	Communit	y Foundation						
c/i	Business rame/disc	egarded entit	y name, 4 different fr	om above				-	
age									
6	Check appropriate I			_			Exemption	rs (see Instru	ctions);
9 E	Individual/sole	proprietor	C Corporation	S Corporatio	n 🗌 Partnership 🛭	Tust/estate			
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- 4	Address (number, st	reet, and apt.	or suite no.)			Requester's nam	e and address	(ontlocal)	
Print or type Specific Instructions on page 2.	17723 Chatswo	rth Street					C 6410 00037500	(Opinolan)	
See 8	City, state, and ZIP of	ebo.				†			
60	Granada Hills, (
	List account introber	(s) here (optio	nal)						
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T/N on	page 3.		arrantism (Engl.)	702 00 1101 11848 1	a Horringer, pag tanak in Ag	la L.J.	للبن ل		
Note.	If the account is in a	nore than o	ne name, see the	chart on page 4 for	guidellnes on whose	Employe	r Identificatio	n number	
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Sign	Signature of	Par 1	Frederica	-					
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n that p	age. se of Form			•	elmilar to this Form VI-9. Definition of a U.S. pers person if you are:	on, For federal rax	purposes, you	are consider	rød a U.S.
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Use For cylde y	ons W-9 only if you are our correct TIN to the e to:	a U.S. perso person reque:	n finduding a residen sling it (the requester	n elien), to) and, when	Special rules for partner the United States are gen 1446 on any foreign partn	erally required to pa ers' share of effecti	ay a withholdin into connected	ig tax under s e taxable (no	section one from
1. Certi	fy that the TIN you are	giving is com	ect for you are waitin	g for a number	such business. Further, in the rules under section 14	certain cases when	re a Form ₩-9	has not been	Devisor r
be issu 2. Certi	ied). fy that you are not sub	ect to back a	a withholding or		foreign person, and pay ti U.S. person that is a partr	>> section 1446 witl	aholding tax. T	herefore, if y	DU SYS DU
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picaole v narin	e, you are also certifyin etchia income from a l	g that as a U, IS trade och	5. person, your alloc	oble share of	and avoid section 1446 w	mandigud ou hone a	mare of partne	uspib lucome	As .

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)
114COME	2014 (Califfaced)
Booth Rentals	17,250
Car Show	3000
Mark Rochin	750
Raffle	8000
Banner Sponsors	2500
Sponsors	15,000

30 **46,530.00**

3,355.00

Pony Rides

Total

Net

PARTITION DEVIATOR SERVICE 2. O. BOX 2500 CENCERONIE, OR 45202

DEPARTMENT OF THE THEASURY

Date

JUL 25 2014

CRIMONIA MILLS COMMUNITY POUNDATION C/O JOHN 9 WENTENDO 18724 WEITE CHE AND GRANDA MILLS, CA 91344

Imployer Identification Busher: 46-3612720 1550F± 17053296382013 Contact Jurgell LENDA DANCES IDE 75096 Cuetact Delaphone Manher: (877) 423-5308 Accounting Period Badiog: December 31 Public Charity Status: 170 (b) (1) (h) (v1) Form 990 Required: Yes Effective Date of Exerction: January 23, 2013 Contribution Deductibility: Tes Addendon Applies: Ma

Dear applicant:

We are pleased to inform you that upon review of your application for tax exampt states we have determined that you are exampt from Federal insense tax under section \$80 (c) (1) of the Internal Revenue Code. Generalization to you are deductible under section 178 of the Code. You are also qualified to receive tax deductible bequests, devices, transfers or gifts under section 1855, \$206 or \$152 of the Code. Because this inter could help resolve my questions regarding your exampt status, you should keep it in your parameter receive.

Organisations exampt under section SOL(e) (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-exampt organisation, go to waw.irs.gov/charities. Enter *4222-RC* in the search bar to view Publication 4221-FC, Compliance Guide for SD1(c)(3) Doblic Charities, which describes your resordiosping, reporting, and disclosure requirements.

dispersly,

Tamus Rigando

Director, Resept Organizations

Letter \$47

TOTAL P.83

TOTAL P.002

CITY OF LOS ANGELES

ANTOINETTE CHRISTOVALE DIRECTOR OF FINANCE COTTY TREASURER



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

**	2.11.00	TIPO TENCE BETO			
Date Sep 4, 2014					
 Name of Organizatio 	n: Granada Hills Communit	V Foundation		5	
2. Mailing address; i	17723 Chatsworth St, Grana				- a
3. Applicant is:	x A Charitable Organization			-==	_
4. Applicant is:	X A Corporation	or		ligious Organi	
	-	or		ssociation, Sc	ociety or Trust,
E Danadha ta '	organized and existing und			ornja	
o. Describe business of	activity in detail for which exemptio	n is requested: (if a	dditional space is r	equired, sttach	a separate sheet
	orships, and community enh				
6. Business Tax Classif	ication involved (to be completed by	Office of Finance):			
7. Location of business	or activity for which exemption is re-	quested:			
	·	,			
	th St, Granada Hills CA 91				
8. Starting date of busin	ess in the City of Los Angeles or da	tes of events:	01/23/2013	p 6	
9. Proceeds from this bu	siness or activity are to be used for	the following purpor	MMMDD/YYYY	fs.	MINADDAYYYY
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	the following parpor	bu.		
) Community supp	ort_				
10. Attached hereto or or	n file with the Office of Finance:				*
	X Internal Revenue Service To	ax Exemption Letter	(877-829-5500)		
		nd / or	,,		
	State of California Franchis	e Tax Exemption Le	tter (800-852-57	11)	
If the current name of y	our organization has changed sli	nce the IRS or Stat	e Franchise Tar	c Exempt Let	iters were
current name of the org	mit copies of the Articles of Inco	poration, and ame	nded Articles o	f Incorporation	on showing th
ouriers same or the old	anization.				
11. Exemption is requeste	ed from payment of:	usiness Tax	xį Carnival Polici	e Permit Fees	•
SIGNED		TITLE			
ADDRESS 17723 Cha	tsworth St, Granada Hills		810)	260 - 26	
By completing this for the submitted form ha	rm and submitting it to the Office of I as the same legal effect, validity and o be that the aforementioned form laga	inance in an electron	nic format, such a	s email, you a	gree that

Form 501.1 (Revised 01/07)

2014 Granada Hills

Street Faire

"Celebrating Community"

and Huge

Saturday

0.11

夢

October 11, 2014



Live Radio Broadcast

Great Food
Huge Variety to Choose From

Live Music Entertainment

On Multiple Stages

Arts & Crafts

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

Over 150 Vendors Thousands of "Shoppers"

Health & Wellness
Hands only CPR, Screening, Valuable Information

Pet Adoptions

Fun Kid Stuff

Face Painting, Ponies, and More Planned



Mike Antonovich Supervisor 5th District

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



Mitch Englander Council District 12















www.**GranadaHillsStreetFaire**.com

GHStreetFaire

@GHStreetFaire

Neighborhood Council Funding Program

FUNDING REQUEST FORM



		Complete this form	to request funding	3	
REQUEST DA	ATE: 8/25/2014		Amo	ount Requested: \$ 2500	
NEIGHBORHO	NEIGHBORHOOD COUNCIL: North Hills West				
	Plea	ase complete all of the follow	ving and answer quest	tions A-D:	
Name of Requ					
•	ard member of this Neighborhood	I Council?	✓ Yes No -	If "yes," is this request on behalf of a	
	uest for recurring payment? (if "ye.) Yes	NC Committee?	
	st a payment for services requiring	g a 1099?	Yes V No	Committee:	
	est for an out-of-state vendor?		Yes V No	Outreach & Events	
Remittance:					
Payable to:	Granada Hills Commun	ity Foundation			
	17723 Chatsworth Str	eet			
	Granada Hills		CA	91344	
	City		State	Zip:	
	email@granadachamber.co	om		818-368-3235	
	Email Address			Contact Phone number	
Notes and / o	r Public Benefit Stateme	ent (Describe how these	funds will benefi	t the this neighborhood):	
Promote comm neighborhood c participated.	unity participation in North ouncils to promote awarene	Hills West neighborhood sess of our existence. For s	council activites, pr stakeholders to see o	rovide a venue for North Hills West our activities all while recruiting them to	
under the guidl any potential co	eines set forth by the Depa	artment of Neighborhood I oard Member and will pro	the Neighborhood C Empowerment. I de	Council and that such funds are restricted clare that this funding request does not pose ation requested by the Department to	
Requester's Signa	iture			Date	
		NEIGHBORHOOD CO			
	K	(Board Vote Count Form mu	ist accompany this for		
Debra Perkins	171	nake	19-15-14	Board Action: DENIED (date):	
TREASURER'S Nar		RUNN /	Date		
_	1	1, 1/4	9 111	Approved for: \$ 2.500	
John McGover		MM /10-	7-15-14	Amended for: \$	
2nd Signer's Nam	e Signatur	·e ·	Date	NC Budget Category: NC Budget Category:	
	V	DEPARTMENT	USE ONLY		
AUTHORIZATIO	ON CATEGORY:	Approved	Author	rization Code:	
☐ NPG	CIP Contract	☐ Denied	مامالينا خوا		
Lease > \$2,500	Sponsored Event Advanced Payment		1st Lvl da	ite:	
Department No			2nd Lvl da	ate:	
Jehai miseur ivi	nes.				

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

BOARD RESOLUTION: Approval on August 21, 2014

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

Declare that on <u>August 21, 2014</u> 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 <u>Outreach Committee</u> 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 Ab

Declare that a quorum of 10 Board members were present and approved the NPG request:

10 Yes 0 No 0 abstentions

Signed: Dobus Transport

Signed Signed

John McGovern-President

Date: 8-31-14

Date: 8-31-14

Punam Gohel

pgohel.nhwnc@gmail.com

Department of Neighborhood Empowerment Board Vote on Funding Request NC NAME: NORTH HILLS WEST Budget Fiscal Year: 2014/2015 Meeting Date: Vendor: Granada Hills Community Foundation Agenda Item: Amount: \$2500.00 ■ One Time Expense ☐ Multiple Recurrence:

Monthly (enter # payments) Neighborhood Purpose Grant for a joint community Street Fair; We are hopefully that this outreach event Description: 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 JOHN MCGOVERN **PRESIDENT** DAN GIBSON VICE PRESIDENT CAROL HART **SECRETARY** 3 DEBRA PERKINS TREASURER DAVE BROWN RESIDENTIAL NANCY XANDER **GENERAL** 6 **DAVID HYMAN GENERAL** 7 **GARRY FORDYCE** RESIDENTIAL 8 **CARLOS MAYA** RESIDENTIAL 9 ARMANDO DIAZ RESIDENTIAL 10 MIKE KHALID **GENERAL** 11 **PUNAM GOHEL** COMMUNITY INTEREST 12 13 14 15 16 17 18 19 20 21 22 23 24 **TOTALS**

1	NEIGHBORHOOD COUNCIL CERTIFICATION					
We, DEBRA PERKINS		VERN (Signer Nar	me), declare that we are the Treasurer and Signer, respectively of the 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	y a vote of (number) yes, (number) no, and (number) ted Expenditure Request and Authorization Form.			
Treasurer Signature	10000	Signer's Signature	Haling Go			
Print Name	DEBRÁ 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)



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	s West NC				
SEC	TION I- APPLICANT VERIFICATION INFORMATION					47 (00)17
	Granada Hills Community Foundation	46-36	312720	C	A	pending
1A)	Organization Name	Federal I.	D. # (EIN#)	State of In	corporation	Date of 501(c)(3) Status (if applicable)
400	17723 Chatsworth Street	Granad	da Hills		CA	91344
10)	Organization Mailing Address	City			State	Zip Code
2						
1C)	Business Address (if different)	City			State	Zip Code
	Granada Hills Chamber of Commerce	Grana	da Hills		CA	91344
1D)	Address of Affiliated Organization (If applicable)	City			State	Zip Code
	Name and address of person designated to receiv	e official/le	gal notices:	Nam	_{e:} J. Micha	iel Kabo
2)	17723 Chatsworth Street	Granad	a Hills		CA	91344
	Street	City			State	Zip Code
3)	Type of Organization- Please select one: (Organi				n the City o	
	Attach Letterhead		tach IRS Det			
SÉC	TION II - PROJECT DESCRIPTION		4			

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.

6A)					
			。如此的問題		
	none		\$	0	
			\$		\$
			\$		\$ \$
			Þ		a
B)					
	and delicate state of the state	barricades for street closure for the 10	oth \$	2500	The same of the same of the same of the same of the same
	Street Faire. Development of traffic co	ntrol plan. Removal of barricades after eve	ent \$		\$
	is over. This is a new mandate by [оот.	\$		\$
			\$		\$
7)	factors or sources or funding?	pecific program or purpose descri		above conting	gent on any other
	Some and a relative and a second		Ameunte		
			\$		\$ \$
			\$		\$
			\$		\$
3)	What is the TOTAL amount of t	he grant funding requested with t	his applicatio	n: \$ 25	500
	What is the expected completion	40 44 0044			
7)	what is the expected completion	n date?	(mm/aa/yyyy)	(required)	
0A)	J. Michael First Name	Kabo Last Name			MI
	818-368-3235	818-366-7425	€	:mail@gran	adachamber.com
	77' - 4 4				addonambor.com
,	Telephone Number	Fax Number	E-ma	nil .	
	Laine	Caspi	E- ma	ril	
	-		E-ma	hil	MI
	Laine	Caspi			27
B) ¯	Laine First Name	Caspi Last Name		mail@gran	MI
B) .	Laine First Name 818-368-3235 Telephone Number	Caspi <i>Last Name</i> 818-366-7425	ε	mail@gran	MI
B)	Laine First Name 818-368-3235 Telephone Number TION V - AFFILIATIONS	Caspi <i>Last Name</i> 818-366-7425	E-ma	email@gran	MI adachamber.com
B) -	Laine First Name 818-368-3235 Telephone Number FION V - AFFILIATIONS Is there a former or existing relations	Caspi Last Name 818-366-7425 Fax Number Itlonship between your organizati	E-ma	email@gran il board membe	M/ adachamber.com r? Yes □ No
(B) (C) (A) (C)	Laine First Name 818-368-3235 Telephone Number FION V - AFFILIATIONS Is there a former or existing relatives, did you and/or the board	Caspi Last Name 818-366-7425 Fax Number	E-ma on and a NC City Attorney	email@gran iii board membe	M/ adachamber.com r? □ Yes □ No □ No
(B) (C) (A) (C)	Laine First Name 818-368-3235 Telephone Number FION V - AFFILIATIONS Is there a former or existing relations	Caspi Last Name 818-366-7425 Fax Number Itlonship between your organizati	E-ma on and a NC City Attorney	email@gran il board membe	M/ adachamber.com r? □ Yes □ No □ No
B)	Laine First Name 818-368-3235 Telephone Number FION V - AFFILIATIONS Is there a former or existing relatives, did you and/or the board	Caspi Last Name 818-366-7425 Fax Number Itlonship between your organizati	E-ma on and a NC City Attorney	email@gran iii board membe	M/ adachamber.com r? □ Yes □ No □ No
B) (C) (A)	Laine First Name 818-368-3235 Telephone Number FION V - AFFILIATIONS Is there a former or existing rela If yes, did you and/or the board Type of Relationship	Caspi Last Name 818-366-7425 Fax Number Itionship between your organizationship between the Office of the	E-ma on and a NC City Attorney	email@gran iii board membe i?	M/ adachamber.com r? □ Yes □ No □ No
(B) (A)	Laine First Name 818-368-3235 Telephone Number FION V - AFFILIATIONS Is there a former or existing relationship Example: Former board member	Caspi Last Name 818-366-7425 Fax Number Itionship between your organizationship between the Office of the	E-ma on and a NC City Attorney	email@gran	M/ adachamber.com r? □ Yes □ No □ No
(B) (A)	Laine First Name 818-368-3235 Telephone Number FION V - AFFILIATIONS Is there a former or existing relationship Example: Former board member	Caspi Last Name 818-366-7425 Fax Number Itionship between your organizationship between the Office of the	E-ma on and a NC City Attorney	email@gran	M/ adachamber.com r? □ Yes □ No □ No
(B) (A)	Laine First Name 818-368-3235 Telephone Number FION V - AFFILIATIONS Is there a former or existing relationship Example: Former board member	Caspi Last Name 818-366-7425 Fax Number Itionship between your organizationship between the Office of the	E-ma on and a NC City Attorney	email@gran	M/ adachamber.com r? □ Yes □ No □ No
B) (C) (A)	Laine First Name 818-368-3235 Telephone Number FION V - AFFILIATIONS Is there a former or existing relationship Example: Former board member	Caspi Last Name 818-366-7425 Fax Number Itionship between your organizationship between the Office of the	E-ma on and a NC City Attorney	email@gran	M/ adachamber.com r? □ Yes □ No □ No
B) (C) (A)	Laine First Name 818-368-3235 Telephone Number FION V - AFFILIATIONS Is there a former or existing relationship Example: Former board member	Caspi Last Name 818-366-7425 Fax Number Itionship between your organizationship between the Office of the	E-ma on and a NC City Attorney	email@gran	M/ adachamber.com r? □ Yes □ No □ No
DB)	Laine First Name 818-368-3235 Telephone Number FION V - AFFILIATIONS Is there a former or existing relationship Example: Former board member	Caspi Last Name 818-366-7425 Fax Number Itionship between your organizationship between the Office of the	E-ma on and a NC City Attorney	email@gran	M/ adachamber.com r? □ Yes □ No □ No

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	do	1/14/14
PRINT First Name/ Last Name	Titie	Signature	Date
12B) Secretary of Non-profit Corporation or Assis	stant School Principal		1.
J. Michael Kabo	Secretary	Olleton	Black 7/7/14
PRINT First Name/ Last Name	Title	Signature	Date /

SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY Late Received Application ☐ Complete Reviewer Name REVEIWER'S NOT Method: NPG# Application Complete Incomplete Funding Unit Notes: DONE Date Stamp Receipt

(Rev. August 2013)

Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

interna	Hevenue Service											
	Name (as shown on your income tax return)	-	-									
	Granada Hills Community Foundation Business name/disregarded entity name, if different from above											
page 2.	business name/dislegarded emity name, it different from above											
ed (Check appropriate box for federal tax classification:				Exe	əm	ptions	(see	ins	tructio	ns):	
s Of	☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation	Partnership	Trust/estate	Э								
type					Exe	em	pt paye	e co	de	(if any)		
or 1	Limited liability company. Enter the tax classification (C=C corporation, S	S=S corporation, P=partner	rship) 🟲		- 1		ption fr		FAT	FCA re	portir	ng
Print or type Instructions					000	de	(if any)	_				
Print or type Specific Instructions on	Other (see instructions) Address (number, street, and apt. or suite no.)		Requester's	nan	o and a	de	drace Ic	ntior	nal'			
jeci	17723 Chatsworth Street		ricquester s) i jeir (ie airu a	w	ness io	ptio	icii)	,		
φ 5	City, state, and ZIP code											
See	Granada Hills, CA 91344											
	List account number(s) here (optional)								_	_		
Par	Taxpayer Identification Number (TIN)					_			_			
Entery	your TIN in the appropriate box. The TIN provided must match the nan	ne given on the "Name'	line So	cîal s	security	/ n	umber					
to avo	id backup withholding. For individuals, this is your social security num	ber (SSN). However, for	ra 💳	Γ	$\overline{\Box}$	[\top	\neg	Т	$\overline{}$	T	$\overline{\Box}$
entities	nt alien, sole proprietor, or disregarded entity, see the Part I instruction s, it is your employer identification number (EIN). If you do not have a r	ns on page 3. For other number, see <i>How to ge</i>	ta			-			-			
TIN on	page 3.					_						
	If the account is in more than one name, see the chart on page 4 for ger to enter.	uidelines on whose	En	ıploy	er iden	tif	ication	num	1be	er ——	_	_
11011100	in to onto.		4	6	- 3	3	6 1	2	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 num	ber (or I am waiting for	a number to	o be	issued	to	o me),	and	ı			
Ser	n not subject to backup withholding because; (a) I am exempt from bavice (IRS) that I am subject to backup withholding as a result of a failurenger subject to backup withholding, and	ckup withholding, or (b) re to report all interest o) I have not or dividends	beer s, or	notific (c) the	ed IR	l by the IS has	∍ Inti noti	err ifie	nal Re d me	venu that	ue I am
3. 1 am	n a U.S. citizen or other U.S. person (defined below), and											
	FATCA code(s) entered on this form (if any) indicating that I am exemp											
interesi genera instruct	cation instructions. You must cross out item 2 above if you have bee se you have failed to report all interest and dividends on your tax return t paid, acquisition or abandonment of secured property, cancellation of the payments other than interest and dividends, you are not required to tions on page 3.	n. For real estate transa of debt. contributions to	ictions, item an individu	n 2 d Jalire	oes no	et a	apply.	For	mo	ortgag	je Land	d
Sign Here	Signature of U.S. person Mark Fullenen	Dat	sep Sep	ter	nber:	2,	2014	ļ				
Gene	eral Instructions	withholding tax on foreig	ın partners' s	hare	of effec	tiv	rely cor	nect	ted	incon	ie, an	ıd
	references are to the Internal Revenue Code unless otherwise nated.	4. Certify that FATCA	code(s) enter	ed or	this fo							
	developments. The IRS has created a page on IRS.gov for information	exempt from the FATCA Note. If you are a U.S. p						6 a		l	F	
about Fr	orm W-9, at www.irs.gov/w9. Information about any future developments Form W-9 (such as legislation enacted after we release it) will be posted	W-9 to request your TIN, similar to this Form W-9.	, yau must us	e the	reques	te	r's form	if it	is	ier (na substa	ntially	у
	ose of Form	Definition of a U.S. pers person if you are:	son. For fede	ral ta	x purpo	se	s, you	are c	on	sidere	d a U	J.S.
	who is required to file an information return with the IRS must obtain your	 An individual who is a t 					,					
correct t	axpayer identification number (TIN) to report, for example, income paid to ments made to you in settlement of payment card and third party network	 A partnership, corporate United States or under the 	tion, compan ne laws of the	y, or . Unit	associa ed Stati	tic es	n creat	ed o	ro	rganiz	ed in	the
transacti	ions, real estate transactions, mortgage interest you paid, acquisition or ament of secured property, cancellation of debt, or contributions you made	An estate (other than a					,					
to an IRA	4.	A domestic trust (as de	_									
Use For provide y applicab	orm W-9 only if you are a U.S. person (including a resident alien), to your correct TIN to the person requesting it (the requester) and, when le, to:	Special rules for partne the United States are ger 1446 on any foreign parti	nerally require ners! share o	ed to f effe	pay a w	vith cor	hholding nnected	g tax I taxa	cur abl	nder se e incol	ection me fr	om
1. Cert to be isse	tify that the TIN you are giving is correct (or you are waiting for a number ued),	such business. Further, in the rules under section 1 foreign person, and pay t	n certain casi 446 require a	es wh parti	rere a Fr nership	ori to	m W-9 I presun	has r ne th	not nat	been a parti	receiv ner is	ved, a
	ify that you are not subject to backup withholding, or	U.S. person that is a part	ner in a partr	ersh	p condi	uc	ting a ti	rade	or	busine	ess in	the
3. Clair	m exemption from backup withholding if you are a U.S. exempt payee. If	United States, provide Fo	orm vv-9 to th	ie pai	rtnershij	p į	o estab	ilish j	you	ar U.S.	statu	us

and avoid section 1446 withholding on your share of partnership income.

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

2014	Granada	Hills	Street	Faire

2014 Granada milis Street Faire		
EXPENSES		014 (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	i	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)

3,355.00

Booth Rentals	17 250
	17,250
Car Show	3000
Mark Rochin	750
Raffle	8000
Banner Sponsors	2500
Sponsors	15,000
Pony Rides	30
Total	\$ 46,530.00

Net

P. O. BOX 2508 CINCIMBATI, OR 45201 DEPARTMENT OF THE TREASURY

Date: JUL 2 5 2014

GRANDA HILLS CONSULTY FOUNDATION C/O JOHN F WEITENNP 10724 WHITE ORK AVE GRANDADA HILLS, CA 91144

Employer Identification Number: 46-3612720 237.27 · 17053296392013 Contact Person: LIDER DANIELS ID# 75096 Contact Talephone Mumber: (877) 929-5500 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:

Dear Applicant:

(c

We are pleased to inform you that upon review of your application for tax exampt status we have determined that you are exampt 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 latter could help resolve any questions regarding your exampt 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 waw.irs.gov/charities. Enter *4222-PC* in the search bar to view Publication 4221-PC. Compliance Guide for 501(e)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sinceraly,

Tomera Ripporde

Director, Recept Organizations

Letter \$47

TOTAL P.03

TOTAL P.002

CITY OF LOS ANGELES

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 Organizat	ion: Granada Hills Community	Foundation	
2. Mailing address:	17723 Chatsworth St, Granada		4
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 t	he laws of the State	e of California
5. Describe business	or activity in detail for which exemption is	requested: (if add	itional space is required, attach a separate sheet)
Events, spon	sorships, and community enhance	cement	
6. Business Tax Class	sification involved (to be completed by Of	ffice of Finance): _	
7. Location of busines	s or activity for which exemption is reque	ested:	
	rth St, Granada Hills CA 9134		
Starting date of bus	iness 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	e following purpose	
Community su			
10. Attached hereto or	on file with the Office of Finance:		
	X Internal Revenue Service Tax I	Exemption Letter (8	377-829-5500)
	and ,	/ or	
	State of California Franchise T	ax Exemption Lette	er (800-852-5711)
			Franchise Tax Exempt Letters were ded Articles of Incorporation showing the
1. Exemption is reques	sted from payment of:	ness Tax	Carnival Police Permit Fees
SIGNED	<u>A</u> Busin		
			surer
ADDRESS 17723 CI	natsworth St, Granada Hills	TELEPHONE	(818) 368 - 3235
the submitted form	form and submitting it to the Office of Fina has the same legal effect, validity and enfo gree that the aforementioned form legally	orceability of a form	submitted to us via US mail or in

Form 501.1 (Revised 01/07)

representative.

2014 Granada Hills

Street Faire "Celebrating Community" and Huge

Saturday 10:00-5:00 October 11, 2014



Car Show

On 4 city blocks of Chatsworth Street, Zelzah to Encino

Live Radio Broadcast

Great Food
Huge Variety to Choose From

Live Music & Entertainment

On Multiple Stages

Arts & Crafts

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

Over 150 Vendors Thousands of "Shoppers"

Health & Wellness
Hands only CPR, Screening,

Valuable Information

Pet Adoptions

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



PAYMENT CONFIRMED

You have scheduled the following payment.

Confirmation Number: 08908949

Pay To: Granada Hills Community Foundation -NPG

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: $\frac{09/30/2014}{(5 \text{ business days})}$

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

where Bound Barrier Ramon (20) ARTES Here Res. N \approx 30 (900) where \approx 20 miles for EQ. () through Levido (Ω

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Statement for NORTH HILLS WEST NEIGHBORHOOD COUNCIL

Important Statement Information

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

- Business Basics Checking Summary
- Additions Payments
- Information and Banking Office Services
 - MOBILE BANKING EASY, CONVENIENT, SECURE Access essential account information with your mobile phone or iPad©. Simply enter your online user ID and password on our Mobile Banking app or at m.unionbank.com. For more information go to unionbank.com/mobilebanking or call 1-866-876-7065.

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

Business Basics Checking	g Summary			Account Number: 0063214399
Days in statement period: 32	2			
Balance on 8/30	\$		832.42	
Additions			8,335.16	
Subtractions			-7,275.38	
1 (Andrewson	Payments	-7,275.38		
Balance on 9/30	\$		1,892.20	
Statement Average Ledger B	Balance		3,412.81	
Valle monthly and	- 6 0 5 00		_	

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

back to top

Additio	ns	A Arthur Graphy in stepper (5) Med Arthur Stephilosophila and draw shared commission and a promptly specific plan block and is a stephilosophila (5) (5)	Personal Control of the Control of t	r nik. Simentenyrhentrich ih Ellingsverkerschussensen me
Date	Description/Location	Reference		Amount
9/8 9/9	CITY OF LOS ANGE EFT PAYMT PPD ********0735 CITY OF LOS ANGE EFT PAYMT PPD ********0735	54760698 55978580	\$	3,167.58 5,167.58
Total			\$	8,335.16

back to top

Paymen	ts 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

back to top

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.

back to top

back to top