Department of Neighborhood Empowerment

| | | | |
|---|---|---|---|
| Reporting Month: | AUGUST | MONTHLY EXPENDITURE REPORT | |
| NC Name: | North Hills West | Submitted: | 9/9/2016 14:29:23 |
| Budget Fiscal Year: | 2016-2017 | | |

EMPOWER LA
Department of NEIGHBORHOOD EMPOWERMENT

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

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

| A | VENDOR | INVOICE NUMBER | APPROVAL CODE | DATE / DESCRIPTION | BUDGET CATEGORY | OUT OF STATE VENDOR | 1099 Reportable | TOTAL |
|---|---|---|---|---|---|---|---|---|
| 1 | Partners in Diversity | | | | OPERATIONS | ☐ | ☐ | $65.00 |
| 2 | Moore Business Solutions | | | | OPERATIONS | ☐ | ☐ | $166.71 |
| 3 | New Horizons | | | | OUTREACH | ☐ | ☐ | $180.00 |
| 4 | Partners in Diversity | | | | OPERATIONS | ☐ | ☐ | $317.47 |
| 5 | New Horizons | | | | OUTREACH | ☐ | ☐ | $300.00 |
| 6 | | | | | | ☐ | ☐ | |
| 7 | | | | | | ☐ | ☐ | |
| 8 | | | | | | ☐ | ☐ | |
| 9 | | | | | | ☐ | ☐ | |
| 10 | | | | | | ☐ | ☐ | |
| 11 | | | | | | ☐ | ☐ | |
| 12 | | | | | | ☐ | ☐ | |
| | SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered) | | | | | | | $1,029.18 |
| B | CUMULATIVE EXPENDITURES FROM PRIOR MONTHS (CURRENT FISCAL YR) | | | | | | | $261.12 |
| C | OUTSTANDING COMMITMENTS (OBLIGATIONS) | | | | | | | |
| 1 | | | | | | ☐ | ☐ | |
| 2 | | | | | | ☐ | ☐ | |
| 3 | | | | | | ☐ | ☐ | |
| 4 | | | | | | ☐ | ☐ | |
| 5 | | | | | | ☐ | ☐ | |
| 6 | | | | | | ☐ | ☐ | |
| 7 | | | | | | ☐ | ☐ | |
| 8 | | | | | | ☐ | ☐ | |
| 9 | | | | | | ☐ | ☐ | |
| 10 | | | | | | ☐ | ☐ | |
| | SUBTOTAL: Outstanding Commitments (Includes total on page 3) | | | | | | | $0.00 |
| D | Total Expenditures & Commitments | | | | | | | $1,290.30 |
| E | Total Adjustments (such as use taxes assessed, prior fiscal years items, etc) (use '-' for credits, '+' for deductions) | | | | | | | $0.00 |
| F | Approved Budget 2016-2017 | | | | | | | $37,000.00 |
| G | Balance of Budget 2016-2017 | | | | | | | $35,709.70 |

Revision Date 08/09/16

| | |
|---|---|
| Reporting Month: | AUGUST |
| NC Name: | North Hills West |

## MONTHLY CASH RECONCILIATION

| Beginning Balance (A) | Funds Deposited (B) | Total Available (C ) = (A+B) | Cash Spent this Month (D) | Remaining Balance (E ) = C - D |
|---|---|---|---|---|
| $5,888.88 | $0.00 | $5,888.88 | $1,029.18 | $4,859.70 |

## MONTHLY CASH FLOW ANALYSIS

| Category Identifier | Budget Category | Adopted Budget (A) | Total Spent this Month (B) | FY 2015-16 Expenses Cleared in FY 2016-17 (C ) | Total Spent in Prior Months (D) | Unspent Budget Balance (E) = A - B - D |
|---|---|---|---|---|---|---|
| 100 | Operations | $7,000.00 | $549.18 | $0.00 | $261.12 | $6,189.70 |
| 200 | Outreach | $20,000.00 | $480.00 | $0.00 | | $19,520.00 |
| 300 | Community Improvement | $8,000.00 | $0.00 | $0.00 | | $8,000.00 |
| 400 | NPG | $2,000.00 | $0.00 | $0.00 | | $2,000.00 |
| 500 | Elections | | $0.00 | $0.00 | | $0.00 |
| | TOTAL | $37,000.00 | $1,029.18 | $0.00 | $261.12 | $35,709.70 |

## NEIGHBORHOOD COUNCIL DECLARATION

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

| | | | |
|---|---|---|---|
| Treasurer Signature | | Signer's Signature | |
| Print Name | | Print Name | |
| Date | | Date | |
| NC Additional Comments | | | |

Revision Date 08/09/16

UnionBank

# STATEMENT OF ACCOUNTS


**Statement Number: 0062262795**
07/30/16 - 08/31/16

UNION BANK
CENTURY CITY 0206
PO BOX 512380
LOS ANGELES CA 90051-0380

**Telephone Banking**
For 24-hour Automated Direct Service
800-238-4486
800-826-7345(TDD)
Representatives are available
Monday through Saturday

To open additional accounts,
or apply for loans, call your
banking office at 310-551-8900

You may also access your account online
at unionbank.com

Thank you for banking with us
since 2014

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



## Business Basics Checking Summary

Account Number: 0062262795

Days in statement period: 33

| | | | | |
|---|---|---|---|---|
| **Balance on 7/30** | | **$** | | **5,888.88** |
| Additions | | | | 0.00 |
| Subtractions | | | | -1,029.18 |
| | Checks | | -411.71 | |
| | Payments | | -617.47 | |
| **Balance on 8/31** | | **$** | | **4,859.70** |
| Statement Average Ledger Balance | | | | 5,451.24 |

We waived your service charge this statement period.

## Checks

| *Number* | *Date* | *Reference* | *Amount* | *Number* | *Date* | *Reference* | *Amount* |
|---|---|---|---|---|---|---|---|
| 5049 | 8/1 | 07627456 | 65.00 | 5051 | 8/16 | 08332482 | 180.00 |
| 5050 | 8/16 | 06008220 | 166.71 | | | | |
| **Total** | | | | | | $ | **411.71** |

## Payments *online and electronic banking*

| *Date* | *Description/Location* | *Reference* | | *Amount* |
|---|---|---|---|---|
| 8/16 | PARTNER IN DIVER ONLINE PMT WEB UN1686195976POS | 57239185 | $ | 317.47 |
| 8/26 | NEW HORIZONS ONLINE PMT WEB UN1686195976POS | 56146570 | | 300.00 |
| **Total** | | | $ | **617.47** |

## 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.

PARTNERS IN DIVERSITY, INC.
A Small Business, Women Owned Enterprise

# INVOICE

| Invoice Amount |
|---|
| $65.00 |

| Payment Terms | Invoice Date |
|---|---|
| Due On Receipt | 06/27/2016 |
| **Invoice No.** | **Customer No.** |
| 24540 | 1351 |

**Remit to: Partners In Diversity, Inc.**
P.O. Box 654
South Pasadena, CA 91031-0654

NEIGHBORHOOD COUNCIL/N.H.WEST
Attn to: ACCOUNTS PAYABLE
NORTH HILLS WEST
P.O. BOX 2091
NORTH HILLS, CA 91343

| Customer Name | Department | Customer No. | Payment Terms |
|---|---|---|---|
| NEIGHBORHOOD COUNCIL/N.H.WEST | Corporate | 1351 | Due On Receipt |

| Description | | Type | Units | Rate | Amount |
|---|---|---|---|---|---|
| **Week ending: 06/05/2016** LEVIN, DAVID | Administrative Assistant | Reg | 3.25 | $20.00 | $65.00 |
| | | **Total This Week ending:** | | | **$65.00** |

| **Reg: 3.25 OT: 0 DT: 0** | **Total - This Invoice:** | **$65.00** |
|---|---|---|

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

MOORE BUSINESS RESULTS

Invoice Number #NHWNC 2016 0701

Date July 1, 2016

Mr. Dave Brown
North Hills West NC
PO Box 2091
North Hills, CA 91393

Please remit to:

Wendy L. Moore
Moore Business Results
19300 Rinaldi, #7164
Northridge, CA 91327

818 252-9399
http://www.moorebusinessresults.com/
City of LA Tax #549794-29

| | |
|---|---|
| Content Services for NHWNC Communications<br>5.17 hours at $103/hour | 532.52 |
| Credit June 2016 | 365.80 |
| **Amount Now Due** | **166.71** |

Thank you for your business. We appreciate working with you.

Please pay within 21 days of invoice date. There will be a 1.5% charge per month on late payments. Returned checks are $25.

| Date | Task | Hours |
|---|---|---|
| 7/6/2016 | Update pothole article with image and call to action at top. Set up eblast. Review potential incorrect link to outreach committee page. | 0.83 |
| 7/7/2016 | Board compliance chart. | 0.25 |
| 7/7/2016 | Email set up for Madlena. | 0.17 |
| 7/15/2016 | Schedule training. | 0.17 |
| 7/19/2016 | Change Carol Access and send with training ref document. Change category of committee meeting. Add committee meeting to calendar. Update resources page. Add flyer to gov day. Add police dialogue to calendar. Eblast for meetings and events. Investigate email forwarding concern. Meetings on Fb. | 1.25 |
| 7/21/2016 | Training for Carol & Dave. Review email set up and Constant Contact database | 2.50 |
| | Total | 5.17 |

# New Horizons: Serving Individuals with Special Needs

15725 Parthenia Street, NorthHills CA 91343

**North Hills West Neighborhood Council**
**16405 Chase St**
**North Hills CA 91343**

Event Dates: 07-01-2016 07-30-2016

Invoice No.: 201600721

**Attention: Dan Gibson**

| Event Date | Description- | Hours | Rate | Amount charge | Total Invoice |
|---|---|---|---|---|---|
| 7/21/16 | Meeting | 4 | 180.00 | 180.00 | |
| | | Total Amount Due | | | $180 |

**PARTNERS IN DIVERSITY, INC.**
A Small Business, Women Owned Enterprise

# INVOICE

| Invoice Amount |
|---|
| $164.84 |

**Remit to: Partners In Diversity, Inc.**
P.O. Box 654
South Pasadena, CA 91031-0654

| Payment Terms | Invoice Date |
|---|---|
| Due On Receipt | 07/25/2016 |
| **Invoice No.** | **Customer No.** |
| 24747 | 1351 |

NEIGHBORHOOD COUNCIL/N.H.WEST
Attn to: ACCOUNTS PAYABLE
NORTH HILLS WEST
P.O. BOX 2091
NORTH HILLS, CA 91343

| Customer Name | Department | Customer No. | Payment Terms |
|---|---|---|---|
| NEIGHBORHOOD COUNCIL/N.H.WEST | Corporate | 1351 | Due On Receipt |

| Description | | Type | Units | Rate | Amount |
|---|---|---|---|---|---|
| **Week ending: 07/24/2016** | | | | | |
| LEVIN, DAVID | Minute Taker | Reg | 6.75 | $24.42 | $164.84 |
| | | **Total This Week ending:** | | | **$164.84** |

| | | |
|---|---|---|
| **Reg: 6.75 OT: 0 DT: 0** | **Total - This Invoice:** | **$164.84** |

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

PARTNERS IN DIVERSITY, INC.
A Small Business, Women Owned Enterprise

# INVOICE

| Invoice Amount |
|---|
| $152.63 |

| Payment Terms | Invoice Date |
|---|---|
| Due On Receipt | 06/20/2016 |
| **Invoice No.** | **Customer No.** |
| 24506 | 1351 |

**Remit to: Partners In Diversity, Inc.**
P.O. Box 654
South Pasadena, CA 91031-0654

NEIGHBORHOOD COUNCIL/N.H.WEST
Attn to: ACCOUNTS PAYABLE
NORTH HILLS WEST
P.O. BOX 2091
NORTH HILLS, CA 91343

| Customer Name | Department | Customer No. | Payment Terms |
|---|---|---|---|
| NEIGHBORHOOD COUNCIL/N.H.WEST | Corporate | 1351 | Due On Receipt |

| Description | Type | Units | Rate | Amount |
|---|---|---|---|---|
| **Week ending: 06/19/2016**<br>LEVIN, DAVID Minute Taker | Reg | 6.25 | $24.42 | $152.63 |
| | **Total This Week ending:** | | | **$152.63** |

| | |
|---|---|
| **Reg: 6.25 OT: 0 DT: 0** | **Total - This Invoice: $152.63** |

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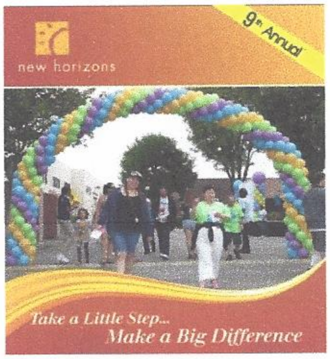


9th Annual Walk On The Horizons

**Saturday, August 27, 2016**

**8:00am – 11:00am (Event Time)**

# Vendor Application Form

Business Name: North Hills West Neighborhood Council

Name of contact person: Dave Brown Title Secretary

Phone: ______________ (Business) ______________ (Cell)

Email: Secretary@nhwnc.net

Mailing Address: ______________

## VENDOR CONTRACT

- New Horizons will provide a 10x 10 ft. tent, a table and two chairs to the vendor.
- Vendor agrees to a non-refundable fee of $300 to be submitted with the application. This fee will be forfeited if the vendor does not show up on the day of event.
- Vendor agrees to bring a table cloth and other promotional materials/give away to attract the participants to the booth. Vendor is responsible for manning the booth and to set up which should be done by 8am.The venue will be opened for set up from 7am.
- We regret we are unable to provide electric outlet at this event.

Web Pay Reference # 56146570

Amount: $300.00 Payment Method: Check ☒ Enclosed ☐ Credit Card ☐

Name on Card: ______________ Expiration Date: ______________

Visa ☐ MasterCard ☐ Discover ☐ AMEX ☐

Credit Card Number: ______________ CVV: ______________

Address ______________

City ______________ State ______________ Zip code: ______________

Authorized Signature: ______________ Date: ______________