Monthly Expenditure Report



Reporting Month: May 2018

NC Name: North Hills West Neighborhood Council

Budget Fisc	al Year:	2017-2018
-------------	----------	-----------

Monthly Cash Reconciliation						
Beginning Balance Total Spent Remaining Balance Outstanding Commitments Net Available						
\$27159.83	\$12131.92	\$15027.91	\$8420.84	\$0.00	\$6607.07	

	Monthly Cash Flow Analysis					
Budget Category	Outstanding	Net Available				
Office		\$763.64		\$0.00		
Outreach	\$24301.00	\$3769.28	59.28 \$5427.91	\$2320.84	\$3107.07	
Elections		\$0.00		\$0.00		
Community Improvement Project	\$4000.00	\$0.00	\$4000.00	\$0.00	\$4000.00	
Neighborhood Purpose Grants	\$13699.00	\$7599.00	\$5600.00	\$6100.00	\$-500.00	
Funding Requests Und	der Review: \$0.00	Encumbrar	nces: \$0.00	Previous Expend	itures: \$14840.17	

			Expenditures			
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	OFFICEMAX/DEPOT 05/06/2018		(Credit card transaction)	General Operations Expenditure	Office	\$188.82
2	VZWRLSS PRPAY AUTOPAY 05/07/2018 (Cre		(Credit card transaction)	General Operations Expenditure	Office	\$34.59
3	SITEGROUND 05/09/2018		(Credit card transaction)	General Operations Expenditure	Office	\$143.40
4	4 PARTNERS 05/24/2018		(Credit card transaction)	General Operations Expenditure	Office	\$396.83
5	5 FRATELLIS ITALIAN 05/18/2018		(Credit card transaction)	General Operations Expenditure	Outreach	\$124.01
6	NEW HORIZONS	05/29/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$180.00
7	Southern California Preparedness Foundation	Preparedness 04/19/2018 Motion to approve an NPG for Neighborhood Purpose Grants			\$600.00	
8	Moore Business Results	05/07/2018	Monthly website communication services	General Operations Expenditure	Outreach	\$215.27

	Subtotal:		,	<u>.</u>		\$12131.92
15	Los Angeles Conservation Corps	05/21/2018	Board motion to approve a Neighborhood Purposes Gr	Neighborhood Purpose Grants		\$4999.00
14	City of Los Angeles	05/16/2018	Board motion to approve up to \$500.00.00 to s	General Operations Expenditure	Outreach	\$500.00
13	City of Los Angeles	05/16/2018	Board motion to approve up to \$1000.00 to sup	General Operations Expenditure	Outreach	\$1000.00
12	City of Los Angeles	05/16/2018	Board motion to approve up to \$1000.00 to sup	General Operations Expenditure	Outreach	\$1000.00
11	Friends of the Mid-Valley Regional Library	05/11/2018	Board motion to approve a Neighborhood Purposes Gr	Neighborhood Purpose Grants		\$1000.00
10			Board motion to approve a Neighborhood Purpose Gra	Neighborhood Purpose Grants		\$1000.00
9	ONEgeneration Senior Enrichment Center	05/07/2018	Board motion to approve up to \$750.00 to part	General Operations Expenditure	Outreach	\$750.00

			Outstanding Expenditures	s		
#	Vendor	Date Description Budget Category		Sub-category	Total	
1	Maggie Elliott 05/24/2018		Motion to reimburse Board member Maggie Elliott &#</td><td>General Operations Expenditure</td><td>Outreach</td><td>\$146.32</td></tr><tr><td>2</td><td colspan=2>Northridge 2 Beautification 05/29/2018 Foundation</td><td>Motion to approve an NPG for up to \$5,000, to</td><td>Neighborhood Purpose Grants</td><td></td><td>\$5000.00</td></tr><tr><td>3</td><td colspan=2>3 North Valley Family YMCA 05/29/2018</td><td>Motion to approve an NPG for up to \$500, to</td><td>Neighborhood Purpose Grants</td><td></td><td>\$500.00</td></tr><tr><td>4</td><td colspan=2>Southern California Preparedness 05/29/2018 Foundation</td><td>Motion to approve an NPG for \$600, to Souther</td><td>Neighborhood Purpose Grants</td><td></td><td>\$600.00</td></tr><tr><td>5</td><td colspan=2>Moore Business 05/29/2018 Results</td><td>Motion to approve up to \$1,500 to Moore Busin</td><td>General Operations Expenditure</td><td>Outreach</td><td>\$1500.00</td></tr><tr><td>6</td><td colspan=2>6 Moore Business Results 06/04/2018</td><td>Website communication services</td><td>General Operations Expenditure</td><td>Outreach</td><td>\$360.50</td></tr><tr><td>7</td><td colspan=2>7 Dave Brown 06/04/2018</td><td>Reimbursement for Board member Dave Brown for NC m</td><td>General Operations Expenditure</td><td>Outreach</td><td>\$314.02</td></tr><tr><td></td><td colspan=7>Subtotal: Outstanding</td></tr></tbody></table>			

Office DEPOT OfficeMax

SANTA CLARITA - (661) 296-0702 05/06/2018 12:30 PM



SALE	6391-3-769	50-888422-18.4.2
434207	INK,951CMY/950	106.99 SS
574635	DIV,OD,BLK LEA	
2 8 4	ad OfficeMay Branch	0.00

2 @ 4	1.99 ma xalileoifio	ons 109.98 coino
	You Pay	9.98SS
208900	BDR, ODP, VW, 1.5	O bns 100 7.49 SS
209215	BDR, OD, VW, 1.5"	7.49 SS
333465	PAPER,OFFICE C	56.99SS
Insta	nt Savings	-16.50
	You Pay	40.49SS
	Subtotal:	172.44
	Sales Tax:	16.38

Total: 188.82 MasterCard 5486: 188.82

AUTH CODE 045299
TDS Chip Read
AID A00000000041010 MASTERCARD
TVR 0000048000

CVS PIN Verified nov nilw believes for ervoy 1



Dan Gibson <dgibson.nhwnc@gmail.com>

You are good for another month!

1 message

Verizon Wireless <VZWMail@ecrmemail.verizonwireless.com> To: President@nhwnc.net Mon, May 7, 2018 at 12:17 AM

Thanks for your payment.

View online @



Shop Support My Verizon

Your plan has been renewed.

Mobile number ending in #2259.

You're all set through 06/06/2018. Visit My Verizon at any time to review your account details.

My plan: \$30 BASIC UNLIM BUNDLE

Thanks for choosing Verizon Wireless.

Payment amount	\$30.00
CA Prepaid MTS Fee	\$1.67
CA Prepaid MTS Fee	\$2.70
CA Prepaid MTS Fee	\$0.22
Total amount	\$34.59

Tools to stay on track.



Save time with Auto Pay.

Simplify by setting up automatic payments from your checking or credit card account.

Learn more



My Verizon Mobile.

The convenience of My Verizon is there when you are on the go.

Download app

Plans | Phones | Tablets | Accessories | Locations

© 2018 Verizon Wireless

SG Hosting Inc. 901 N. Pitt St, Suite 325 Alexandria 22314 VA, USA

Invoice Date: 05/09/2018

Payment Method: MASTERCARD

Customer Invoice Number: 594424

Dan Gibson

North Hills West NC

P.O. Box 2091

North Hills, 91393

California

United States

PRODUCT DESCRIPTION QUANTITY ITEM PRICE

1 year GoGeek Hosting nhwnc.net 1 143.40 USD

Subtotal: 143.40 USD

Prepaid Funds: 0.00 USD

Total: 143.40 USD



Remit to: Partners In Diversity, Inc. P.O. Box 654

South Pasadena, CA 91031-0654

Neighborhood Council/N.H.West Attn to: Accounts Payable P.O. BOX 2091 North Hills, CA 91343 INVOICE

Invoice Amount \$396.83

Payment Terms	Invoice Date
Due On Receipt	05/21/2018
Invoice No.	Customer No.
30431	1351

Department Custome		Payment Terms
Corporate	1351	Due On Receipt
		G SECTION 1

Description		Туре	Units	Rate	Amount
Week ending: 04/22/2018					
Levin, David	Minute Taker	Reg	7.25	\$24.42	\$177.05
Week ending: 05/20/2018			Total	This Week ending:	\$177.05
Levin, David	Minute Taker	Reg	9.00	\$24.42	\$219.78
			Total	This Week ending:	\$219.78

Reg: 16.25 OT: 0 DT: 0	Total - This Invoice:	\$396.83
		\$570.85

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.

Page 1 of 1

Invoice No.: 30431

Partners in Diversity, Inc. 690 East Green Street, Date and time: May 24, 2018 2:16:18 PM PDT Transaction ID: 9C2013194F928703X #101, Pasadena, CA 91101 United States Phone: 626-793-0020 Email: accounting.dept@p-i-d.biz Payment information Card type: MasterCard Card number: XXXXXXXXXXXX5486 Billing information Danny Gibson Shipping information None provided Invoice No. Description Amount Invoice #30431 David Levin Minute Taker April & May 2018 \$396.83 USD

Thanks for your purchase.

Total

\$396.83 USD



FRATELLIS ITALIAN

16153 PARTHENIA ST NORTH HILLS, CA 91343 8188939233

WE DELIVER WITHIN 3 MILES AND 15\$ MINIMUM ORDER!

ORDER: 05 DELIVERY

6pm

Cashier: Employee 17-May-2018 11:22:43A

chicken

l Large Pizza

\$0.00 Alfredo Pizza \$18.95

, medo 1 122d \$ 10.5

\$0.00

LARGE \$2.95 mush

Large Pizza \$12.95

Canadian Bacon \$2.00

Pineapple \$2.00

Large Pizza \$0.00

Fratelli Combo Pizza \$18.95 Fratelli Combo Pizza \$18.95

1 Salads \$0.00 Garden Or Caesar Salad 1/2 Tray \$25.00

1 tip \$10.00 1 Delivery \$1.50

 Subtotal
 \$113.25

 Tax
 \$10.76

Total \$124.01

Order 5H8SXBWMPD2EW

How are we doing? Text "6g4xss" to 73752 to send us your feedback

Customer Info

Name:

David Brown

Address:

15725 Parthenia

Phone:



Dan Gibson <dgibson.nhwnc@gmail.com>

New Horizons Transaction Receipt

3 messages

gsantilli@newhorizons-sfv.org <gsantilli@newhorizons-sfv.org>

To: president@nhwnc.net

General Information

Merchant Account: New Horizons

Date/Time: 04/09/2018 12:26:55 PM PDT

5/29/2018

Transaction Information

Order ID : CAFE FUNCTION -02-45-2018

Description: MEETING

Transaction Amount: \$180.00

Transaction ID: 4064183771 Authorization Code: 093540 Transaction Type: Card Sale

Response: Approved

AVS Results: No address or ZIP match

Customer Billing Information

First Name : DANNY R. Last Name : GIBSON

Company: North Hills West Neigghborhood Council

Address: 16405 CHASE ST.

City: NORTH HILLS

State: CA

Zip Code: 91343 Country: US

Phone: 661 877-7538

Email: president@nhwnc.net

Customer Shipping Information

First Name : DAN Last Name : GIBSON

Company: North Hills West Neighborhood Council

Address: 200 N. Spring St. FL 20

City: LOS ANGELES

State: CA

Zip Code: 90012-4801

Country: US

Email: president@nhwnc.net

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



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

	Name of NC from which you are seeking this grant:	Nor	th Hills Wes	st		
SEC	TION I- APPLICANT INFORMATION					
1a)	Southern California Preparedness Foundation	47-28111		CA		01/21/15
,	Organization Name	Federal	I.D. # (EIN#)	State of	fIncorporation	Date of 501(c)(3) Status (if applicable)
41.1	19300 Rinaldi St. Unit 7333	Northridg	e		CA	91327-8818
1b)	Organization Mailing Address	City			State	Zip Code
1c)						
10)	Business Address (If different)	City			State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
	William (Bill) Hopkins	(818) 835-	5384		Bill.Hopkins@So	oCalPrep.us
	Name	Phone			Email	
2)	Type of Organization- Please select one: Public School (not to include private schools)	or 🛢	501(c)(3) Nor	Drofit	(other than religio	un institutional
	Attach Grant Request on School Letterhead		Attach IRS D			นร เทรแนนงกร)
3)	Name Address of Affiliated Organization (If applicable)		City	-	State	Zip Code

SECTION II - PROJECT DESCRIPTION

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

Three Neighborhood Councils, North Hills East, North Hills West, and Panorama City are working together to bring this CERT program to the community. The three neighborhood councils have reached out to Southern California Preparedness Foundation (SCPF) to partner and assist with providing CERT class completion backpacks containing essential and valuable response supplies to each course participant that completes (attends all 7 sessions or make-ups within 60 days of) the CERT class. The grant will supplement the cost of the CERT backpacks that will be presented at the conclusion of the CERT training class being held at Kaiser Hospital Panorama City beginning January 16, 2018 and ending on February 27. CERT backpacks will remain available for up to 60 days after the end of the course to allow for those attendees needing to attend make-up session(s) to complete their training. Any CERT backpacks not so distributed within that period will be retained by SCPF to be thusly distributed by and at the discretion of SCPF at a future CERT class in the San Fernando Valley.

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

The Community Emergency Response Team (CERT) program is an all-risk, all-hazard training presented by the Los Angeles Fire Department. CERT members receive 17 1/2 hours of initial training. It is important to realize that when a major disaster occurs, the fire department, paramedics, police WILL NOT COME! They will be deployed FIRST to major incidents such as collapsed buildings. That is why you constantly hear that you MUST be prepared to take care of yourself. In the CERT course they say, "The Greatest Good for the Greatest Number of People." CERT members are trained in basic disaster response skills such as fire safety, light search and rescue, team organization and disaster medical operations. You will learn how to prepare for emergencies, what supplies you should have NOW in your house, how much food and water, but most importantly, how to protect your family (and your neighbors) in an emergency!

Personnel Related Expenses Requested of NC Total Projected Cost	SEC	TION III - PROJECT BUDGET OUTLIN	IE .		
None Non-Personnel Related Expenses	6a)	Personnel Related Expenses		Requested of NC	Total Projected Cost
Cost sharing for CERT backpack kits provided by Southern California Preparedness Foundation to attendess that complete the course as determined by the LAFD instructor 7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? No Yes, please list names of NCs: Panorama City, North Hills East, North Hills West 8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs) North Hills East North Hills	,				
Cost sharing for CERT backpack kits provided by Southern California Preparedness Foundation to attendess that complete the course as determined by the LAFD instructor 7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? No Yes, please list names of NCs: Panorama City, North Hills East, North Hills West 8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs) North Hills East North Hills					
Cost sharing for CERT backpack kits provided by Southern California Preparedness Foundation to attendess that complete the course as determined by the LAFD instructor 7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? No Yes, please list names of NCs: Panorama City, North Hills East, North Hills West 8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs) North Hills East North Hills			OUR DE SE		
Cost sharing for CERT backpack kits provided by Southern California Preparedness Foundation to attendess that complete the course as determined by the LAFD instructor 7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? No Yes, please list names of NCs: Panorama City, North Hills East, North Hills West 8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs) North Hills East North Hills	6h)	Non Porconnol Polated Exponent		Paguested of NC	Total Projected Cost
Southern California Preparedness Foundation to attendess that complete the course as determined by the LAPD instructor Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? No	ODJ				
the course as determined by the LAFD instructor 7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? No Yes, please list names of NCs: Panorama City, North Hills East, North East, East, East, East, East, East, Eas				\$ 600.00	\$ 1,000.00
Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? No Yes, please list names of NCs: Panorama City, North Hills East, North Hills West State implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs) No Yes, please describe:					
No Yes, please list names of NCs: Panarama City, North Hills East, North Hills West					
8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs) No Yes, please describe: Source of Funding	7)				
Source of Funding		■ Yes, please list name	es of NCs: Panorama City, No	orth Hills East, North Hills West	
Factors or sources or funding? (Including NPG applications to other NCs) No Yes, please describe:	81	Is the implementation of this specifi	nrogram or nurnose desc	rihad in hay 4 ahaya car	ntingent on any other
Source of Funding	O)				
Panorama City NC North Hills East NC Se00.00 Second North Hills East NC Se00.00 Second		ractors or sources or runding? (inc	uding NPG applications to	other NCS) U NO	e res, please describe.
North Hills West NC \$ 600.00 \$ 1,800.00					Total Projected Cost
North Hills West NC \$600.00 \$1,800.00					A SHARLES AND A
9) What is the TOTAL amount of the grant funding requested with this application: \$ 600.00 10a) Start date: 01/16/18					
10a) Start date: 01/16/18 10b) Date Funds Required: 02/20/18 10c) Expected completion date: 02/27/18 (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment) SECTION IV - POTENTIAL CONFLICTS OF INTEREST 11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC? Nome of NC Board Member North Hills West NC 11b) If yes, did you request that the board member consult the Office of the City Attorney before filling this application? Yes No (Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the Department will deny the payment of this grant in its entirety.) SECTION V - 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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* Non-Principal - REQUIRED* Nos Principal - REQUIRED* Nos Principal - REQUIRED* Nos Principal - REQUIRED* Nos Principal - REQUIRED*		NOTAL FILLS WEST NO			\$ 1,000.00
10c) Expected completion date: 02/27/18 (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment) SECTION IV - POTENTIAL CONFLICTS OF INTEREST 11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC? No Yes - Please describe below: Name of NC Board Member Dave Brown, a Southern California Preparedness Foundation board member is on the North Hills West NC 11b) If yes, did you request that the board member consult the Office of the City Attorney before filling this application? Yes No *(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the Department will deny the payment of this grant in its entirety.) SECTION V - 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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. PRINT Name Title Signature Date 1/5/18 Date	9)	What is the TOTAL amount of the gr	ant funding requested with	this application:	\$ 600.00
10c) Expected completion date: 02/27/18 (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment) SECTION IV - POTENTIAL CONFLICTS OF INTEREST 11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC? No Yes - Please describe below: Name of NC Board Member Dave Brown, a Southern California Preparedness Foundation board member is on the North Hills West NC 11b) If yes, did you request that the board member consult the Office of the City Attorney before filling this application? Yes No *(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the Department will deny the payment of this grant in its entirety.) SECTION V - 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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. PRINT Name Title Signature Date 1/5/18 Date	10-1	Start data: 01/16/18 40h) 5	Sata Tunda Daguinad	02/20/18	
Follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment) SECTION IV - POTENTIAL CONFLICTS OF INTEREST 11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC? I No Possible Properties of NC Board Member Dave Brown, a Southern California Preparedness Foundation board member is on the North Hills West NC 11b) If yes, did you request that the board member consult the Office of the City Attorney before filling this application? Pressible No Pelease note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the Department will deny the payment of this grant in its entirety.) SECTION V - 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 that would prevent the awarding of the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. PRINT Name Title President & Director President & Director President & Director Title President & Director A 15/18 Date	ivaj	Of Section And Section (Section Appropriate Library Control of Con	Jate i unus ivequireu.		
11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC? Name of NC Board Member Dave Brown, a Southern California Preparedness Foundation board member is on the North Hills West NC 11b) If yes, did you request that the board member consult the Office of the City Attorney before filling this application? Yes I No *(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the Department will deny the payment of this grant in its entirety.) SECTION V - 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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* William J. Hopkins, Jr. President & Director Title Signature 1/5/18 Date	10c	Expected completion date: 02/	2//18 (After completion		
11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC? Name of NC Board Member Relationship to Applicant	SEC			ment of Neighborhood E	:mpowerment)
Name of NC Board Member Dave Brown, a Southern California Preparedness Foundation board member is on the North Hills West NC North H	Paradon Internal Students				
Name of NC Board Member Dave Brown, a Southern California Preparedness Foundation board member is on the North Hills West NC 11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application? Yes No *(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the Department will deny the payment of this grant in its entirety.) SECTION V - 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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* Non-President & Director PRINT Name Title Signature Date 1/5/18 Date	11a)			Board Member of the N	C?
Dave Brown, a Southern California Preparedness Foundation board member is on the North Hills West NC 11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application? Yes No "(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the Department will deny the payment of this grant in its entirety.) SECTION V - 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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* Non-Profit Corporation or Assistant School Principal - REQUIRED* Non-Profit Corporation or Assistant School Principal - REQUIRED*			escribe below:	Relationship	to Applicant
11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application? ■ Yes ■ No *(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the Department will deny the payment of this grant in its entirety.) SECTION V - 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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* William J. Hopkins, Jr. President & Director PRINT Name Title Signature Date 115/18 Date			ess Foundation board member is o		CONTRACTOR AND
filling this application?					
filling this application?					
filling this application?	11b)	If yes, did you request that the board	member consult the Offic	e of the City Attorney be	fore
Will deny the payment of this grant in its entirety.) SECTION V - 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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* William J. Hopkins, Jr. President & Director Title Signature Date 1/5/18 Date					
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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* William J. Hopkins, Jr. President & Director Title Signature Date 1/5/18 Date		interest and completes this form, or	participates in the discuss	ion and voting of this NF	PG, the Department
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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* William J. Hopkins, Jr. President & Director President & Director Date 1.5/18 Date 1.5/18		will deny the payment of this grant i	n its entirety.)		
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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* William J. Hopkins, Jr. President & Director Title Signature Date 1/5/18	SEC	TION V - DECLARATION AND SIGNA	TURE		
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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* William J. Hopkins, Jr. President & Director Title Signature Date 1/5/18			n na ay et de participa ya da da ay ya manan na manan da manan da		
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 the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* William J. Hopkins, Jr. President & Director Title Signature Date 1/5/18 Date					
fall within the criteria of a public benefit project/program and that no conflict of interest exist that would prevent the awarding of the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* William J. Hopkins, Jr. President & Director Title Signature Date 1/5/18 Date		The state of the s			
prevent the awarding of the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* William J. Hopkins, Jr. President & Director Title Signature Date 1/5/18 PRINT Name 1/5/19					. ,
Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* William J. Hopkins, Jr. President & Director July J. Hopkins, Jr. President & Director July J. Hopkins, Jr. Date 12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*					
used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* William J. Hopkins, Jr. President & Director July July 1/5/18 PRINT Name Title Signature Date 12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*					
to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* William J. Hopkins, Jr. President & Director July 1/5/18 PRINT Name Title Signature Date 12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*					_
William J. Hopkins, Jr. President & Director PRINT Name Title Signature 1/5/18 Date 12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*					, , , , , , , , , , , , , , , , , , , ,
William J. Hopkins, Jr. President & Director PRINT Name Title Signature 1/5/18 Date 12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*		5 I' D' (N D C)		1	
PRINT Name Title Signature Date 12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*	12a)			al - REQUIREU	1/5/10
12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*				Wisor Heploth	
1/5/1/0		PRINT Name	Title	Signature	Date
1/5/10	12b)	Secretary of Non-profit Corporation	or Assistant School Princip	pal - REQUIRED*	
		Linda M. Pruett	Corporate Secretary & Director	Linde MI	1/5/18
PRINT Name Title Signature Date		PRINT Name	NO-STATE OF THE PROPERTY OF TH	Signature	Date

^{*} If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form

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

Date: JAN 2 1 2015

SOUTHERN CALIFORNIA PREPAREDNESS FOUNDATION 19300 RINALDI ST UNIT 7333 NORTHRIDGE, CA 91327-8818 Employer Identification Number: 47-2811120 DLN: 26053420004015 Contact Person: ID# 31954 CUSTOMER SERVICE Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990/990-EZ/990-N Required: Effective Date of Exemption: December 29, 2014 Contribution Deductibility: Addendum Applies: No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

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

SOUTHERN CALIFORNIA PREPAREDNESS

Sincerely,

Jamesa Kipperde

Director, Exempt Organizations

You Can't Predict. . . But You Can Prepare.

C.E.R.T. CLASS



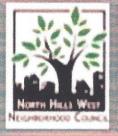
What it is: Learn how to prepare yourself for major earthquake occurrences. Learn how to safely help yourself and others.

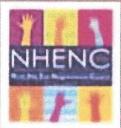
Where:

Kaiser Permanente Medical Center (In the Concourse Room) 13651 Willard St, Panorama City, CA91402

When: Starts January 16 - February 27 (Every Tuesday) from 6:30 to 9:30 PM

*Open Registration Begins November 16TH
https://www.eventbrite.com/e/lafd-cert-panorama-city-tickets-37461441179









Panorama City Neighborhood Council

office of the City Clerk							
dministrative Services Division						A Company	A 1982 A 1982
eighborhood Council (NC) Funding Progr	ram					cry el.	
oard Action Certification (BAC) Form						The Color	The state of the s
c Name:NORTH HILLS WES	ST		Meeting Date:J	anuary 18	, 2018		
udget Fiscal Year:	-		Agenda Item No		The same of the sa		
oard Motion and/or Public Benefit catement (CIP and NPG):	MOTION TO APP						
	PREPAREDNES						
Sable of Bourseyte (Colort One)	THE \$600 REPR	ESEN	Credit Card	FOR 20		Member Reimb	
ethod of Payment: (Select One)	п спеск	V	ote Count		LI BOAT	I Member Kennb	arsement
Recused Board Member	s must leave the room prior	to any disc	ussion and may not	return to the ro	om until after t	he vote is compl	ete.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
DAN GIBSON	PRESIDENT	X					
JAY BEEBER	ICE-PRSIDEN	X					
MADLENA MINASIAN	TREASURER	Χ					
DAVE BROWN	SECRETARY						X
PAT CRONE		Х		*****************	***************************************		
MAGGIE ELLIOTT							X
PUNAM GOHEL					X		
GARRY FORDYCE			X				
CAROL HART		X					
DAVID HYMAN							
SAM KWASMAN		X					
CARLOS PELAEZ		X				<u> </u>	
KRESHELL RAMEY			X				
TATEOTIEEE TO TIVIET		4	_ ^			 	<u> </u>
							
						-	-
							1
						-	
							-
						-	
Board Quorum:7	Total:	7	2		1	1	2

Authorized Signature:

Print/Type Name: MADLENA MINASIAN

Date: JANUARY 18, 2018

Authorized Signature

Print/Type Name: DAN GIBSON

Date: JANUARY 18, 2018

NCFP 101 BAC Rev020118



Invoice #NHWNC 2018 0501

Number

Date May 1, 2018

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

Communications services	215.27
Amount Now Due	\$215.27

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

Please pay within 21 days of invoice date. Payments not received by that date may incur a late fee of \$25. We may also assess a 1.5% interest charge per month on late payments. Interest accrues retroactively from the due date. If the invoice is not paid within 90 days, additional collections fees may apply. Returned checks are \$25.

Date	Task	Hours
4/15/2018	Site transfer recommendation	0.25
4/16/2018	Agenda on site and calendar.	0.17
4/17/2018	Meeting supporting documents. Events on calendar. Eblast. FB	1.00
4/19/2018	LACC document on meeting.	0.17
4/25/2018	Events on calendar. Check email forwarding.	0.50
		2.09

Office of the City Clerk							10 (1
Administrative Services Division							A Section 1
Neighborhood Council (NC) Fundin	g Program					3	COTEC CO
Board Action Certification Form			Γ	00/45/0047		4	Yay
NC Name: North Hills West			Meeting Date:				
Budget Fiscal Year: 2017-18 Board Motion and/or Public	Annual of NII IVA/A	10 0047	Agenda Item N				
Benefit Statement (CIP and NPG):	Approval of NHWN	NC 2017-	To Affilia	budget			
Recused Boardmembers	s must leave the room prior		e Count sion and may n	ot return to the r	oon until after t	he vote is comp	ete.
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Dan Gibson	President	Х					
Jay Beeber	Vice-President				Х		2
Dave Brown	Secretary	х					
Madlena Minasian	Treasurer	Х					
Armando Diaz					Х		
Maggie Elliott		X					***************************************
Garry Fordyce		X					
Puman Gohel		X					
Carol Hart		X					
David Hyman		X					
Sam Kwasman		X					
Antonino Lovato					X		
Kreshell Ramey			<u> </u>		X		
Riesileli Raffley							

					2		
				-			
				9			
A THE STATE OF THE							
t.							
Totals		9			4		
We, the Treasurer and the Second	Signer of the above named N	leighborhood		e that the informated			

Dan Gibson

7/14/2017

Print/Type Name:

Date:

Madlena Minasian

7/14/2017

Print/Type Name:

Date:



INVOICE

April 16, 2018

North Hills West Neighborhood Council

REMIT PAYMENT TO:

ONEgeneration Senior Enrichment Center 18255 Victory Blvd. Reseda, CA 91335 818-705-2345

2018 Senior Symposium

Item	Amount
Senior Symposium Participation –	
Booth, Canopy, Table with 2 chairs, and inclusion of logo on flyers, banners, programs and other	
outreach materials for the May 19, 2018 Senior Symposium	\$750.00
Balance Due	\$750.00

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification Form

NC Name: North Hills West Meeting Date: April 19,2018

Budget Fiscal Year: 2017-2018 Agenda Item No:20

Board Motion and/or Public Benefit Statement (CIP and NPG): Board motion to approve up to \$750.00 to participate as Lunch Sponsor for the ONEGeneration Senior Symposium to be held May 19, 2018.

Vote Count

Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Dan Gibson	President	X					
Jay Beeber	Vice President	X					
Dave Brown	Secretary	Х					
Madlena Minasian	Treasurer				Х		
Pat Crone		Х			,		
Maggie Elliott		X					
Garry Fordyce		Х					
Punam Gohel					Х		
Carol Hart		X					
David Hyman		Х					Translation of the second of t
Sam Kwasman			Х				
Carlos Pelaez		Х					
Kreshell Ramey		Х					

							7
als		10	1		2		

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer's Signatu	ire	Second Signer's Signa	ture lay	F1.500.00.00.00.00.00.00.00.00.00.00.00.00
Print/Type Name:	Madlena Minasian	Print/Type Name:	Dan Gibson	Y
Date:	4/19/2018	Date:	4/19/2018	

Neighborhood Council Funding Program

APPLICATION for Neighborhood Purposes Grant (NPG)





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

ame	of NC from which you are seeking this grant	. <u>No</u>	rth Hills We	st		
SEC	TION I- APPLICANT INFORMATION					
4-1	Southern California Preparedness Foundation	n 47	7-2811120	CA		01/21/2015
1a)	Organization Name Search for us in the Funding Porta	Fed	deral I.D. # (EIN#)	State of	ncorporation	Date of 501(c)(3) Status (if applicable
1b)	19300 Rinaldi St. Unit 7333	Ν	orthridge		CA	91327-8818
	Organization Mailing Address	Cit	у		State	Zip Code
1c)						
	Business Address (If different)	Cit	У		State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
	William (Bill) Hopkins, Jr.	818-	835-5384	Bill.	Hopkins@	SoCalPrep.us
	Name	P	hone		Email	
2)	Type of Organization- Please select one: ☐ Public School (not to include private schools) Attach Signed letter on School Letterhead	or	■ 501(c)(3) Nor Attach IRS D			institutions)
3)	Name / Address of Affiliated Organization (if appl	icable)	City		State	Zip Code

SECTION II - PROJECT DESCRIPTION

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

Participation in the 11th Annual Valley Disaster Preparedness Fair on Saturday, September 29, 2018, sponsored by the Southern California Preparedness Foundation. A 10ft x10ft space will be provided to the neighborhood council for Outreach operations. Neighborhood Council name, meeting location, and website address will appear on the event flyer and Fair website (www.ValleyDisasterFair.com). Neighborhood Council participation and information may also appear on various additional Fair promotional materials. Family registration information is requested of Fair attendees, and to the extent it is obtained, will be provided to participating neighborhood councils to assist with NC Outreach efforts. Venue is ADA compliant.

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

September is National Preparedness Month. This Emergency and Disaster Preparedness Fair, which had attendance exceeding 7,000 last year, benefits the Neighborhood Council stakeholders and surrounding communities by increasing family and neighborhood awareness, providing education and training, and enhancing whole community disaster preparedness. This event is family-friendly, open to the public, and free to attendees. Free Family Emergency Preparedness (EP) Starter kits (while supplies last), will be given to registered families attending the Fair. Additionally, a free lunch is offered while supplies last. The grant money will be used to procure supplies, services, and rentals in support of the Annual Valley Disaster Preparedness Fair which provides Family Emergency Preparedness Starter Kits, informative presentations, displays and basic trainings, in a family-friendly and accessible environment.

PAGE 1 NCFP 107

Personnel Related Expenses	Requested of NC	Total Projected Cos
	\$	\$
	\$	\$
	\$	\$
Non-Personnel Related Expenses	Requested of NC	Total Projected Cos
Supplies, services, and rentals for Annual Valley Disaster Preparedness Fair	\$ 1000.00	\$49,000.00
orphics, control, and rotation and analysis of the second and the	\$	\$
	\$	\$
Have you (applicant) applied to any other Neighborhood Councils red No Yes If Yes, please list names of NCs: Various N s the implementation of this specific program or purpose described	eighborhood Councils in Question 4 conting	gent on any other fact
sources or funding? (Including NPG applications to other NCs)		s, please describe:
Source of Funding	Amount	Total Projected Cos
	\$	\$
	\$	\$
Do you (applicant) have a current or former relationship with a Boa ☐ No ☐ Yes If Yes, please describe below:		
	D 1 4: 1:	
Name of NC Board Member	Relationship	to Applicant
	Relationship	o to Applicant
	Relationship	o to Applicant
	the City Attorney be	fore filing this applica terest and completes
b) If yes, did you request that the board member consult the Office of Yes No *(Please note that if a Board Member of the NO or participates in the discussion and voting of this NPG, the N grant in its entirety.)	the City Attorney being that a conflict of interest in the Council of the Council	fore filing this applicaterest and completes will deny the paymonicated otherwolic Benefit," and "Call within the criteria awarding of the Neiguncil to whom I am s
Name of NC Board Member Name of NC Board Member	the City Attorney bethe has a conflict of ind C Funding Program ovided herein and coents "What is a Public and/or program(s) far would prevent the ale Neighborhood Cod in accordance with orhood Council. - REQUIRED* Signature	fore filing this applicaterest and completes will deny the paymon municated otherwolic Benefit," and "Call within the criteria awarding of the Neiguncil to whom I am the terms of the applications of the app

Signature

Title

PRINT Name

Date

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

Save The New Date

11th Annual

VALLEY DISASTER PREPAREDNESS FAIR

www.ValleyDisasterFair.com

Saturday, September 29, 2018 9:00 am - 1:30 pm

QUESTIONS? INFO@VALLEYDISASTERFAIR.COM

Online Registration opens July 1 • registration also available at the Fair

Northridge Fashion Center—Pacific Theaters Parking Lot

(9400 Shirley Ave., south of Plummer St.)

SPECIAL APPRECIATION TO NORTHRIDGE FASHION CENTER AND GENERAL GROWTH PROPERTIES, INC.

A FUN AND FREE FAMILY EVENT THAT JUST MIGHT SAVE YOUR LIFE, YOUR PET'S LIFE, OR THE LIFE OF A LOVED ONE.

Some Fair Highlights:

- Family friendly & ADA accessible
- Free admission, lunch* & parking
- Free Family EP Starter Kits*
- Free child ID
- Exhibits & displays
- CERT demos and info
- Special events
- Learn Sidewalk CPR
- Demonstrations
- Pet safety & preparedness
- American Red Cross
- Children's Safety Puppet Show
- Disaster Response Agencies
- Shakey-Quakey Schoolhouse
- Dutch oven & solar oven cooking
- Neighborhood Council representatives
- Map Your Neighborhood (MYN)
- Drawings for EP and specialty items
- Ham radio station **K6D**. Talk-in: 145.570 mHz
- "Jaws of Life" vehicle extrication demo
- Send a Radiogram to your out-of-state contact[‡]
- And so much more!

Online Fair Registration

Present your emailed Voucher (starting July 1) to any **Pre-Registered Check-in Station** for a quick scan.

Speaker Series at the Fair

An exciting lineup of five 30-minute talks on diverse preparedness topics.

Cedars-Sinai Bloodmobile

Give the gift of life. Donors may enter

the Fair for donor screening and Fair Check-in starting at 8:15 am.

Ham Radio Exams[†] for new and license upgrades at 11:00 am, sponsored by <u>ARES NW</u>.

Solar Powered by LA Department of Water & Power's mobile Solar Power System.

Social Media





Southern California Preparedness Foundation is on Facebook. On Twitter, we're @SoCalPrepUS. "Follow" and "like" us to stay informed of our efforts with the Fair, MYN, and CERT.

We need your help with: Kit Prep, Registration, Set-up, Take-down, Promotion, Volunteering, & more! Info@ValleyDisasterFair.com

For photos, videos, and more, please visit www.ValleyDisasterFair.com

This annual event is managed and produced by www.SoCalPrep.us Info@SoCalPrep.us Ph: 818-835-5384



Southern
California
Preparedness
Foundation
A 501(c)(3) nonprofit





Supported by Los Angeles
Neighborhood Councils,
Councilmember Mitchell Englander,
County Supervisor Kathryn Barger,
with Federal, State, County, and
City agency participation.

*While supplies last. EP kits to registered families. Events, exhibitors, and features subject to availability and may change. \$4RRL exam Fee: \$15 be sure to have your out-of-state contact's full name, complete address, and phone number with area code.



January 31, 2018

To Whom It May Concern:

Re: Neighborhood Purposes Grant Request by Southern California Preparedness Foundation in Support of the 11th Annual Valley Disaster Preparedness Fair

Please be advised that the following persons are on the Board of Directors of the Southern California Preparedness Foundation, a 501(c)(3) nonprofit corporation (EIN: 47-2811120):

Name	Foundation Position	Neighborhood Council
William J. Hopkins, Jr.	lliam J. Hopkins, Jr. President and Director	
		member
Dave Brown	Logistics and Director	North Hills West board member
Linda M. Pruett	Corporate Secretary and Director	Lake Balboa board member
Theodore C. Snyder	Treasurer and Director	Not a board member of any Los
		Angeles Neighborhood council

Please direct any questions to William Hopkins at Bill. Hopkins@SoCalPrep.us.

Sincerely,

William J. Hopkins, Jr. President and Director

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

Date: JAN 2 1 2015

SOUTHERN CALIFORNIA PREPAREDNESS FOUNDATION 19300 RINALDI ST UNIT 7333 NORTHRIDGE, CA 91327-8818

Employer Identification Number: 47-2811120 DLN: 26053420004015 Contact Person: ID# 31954 CUSTOMER SERVICE Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990/990-EZ/990-N Required: Yes Effective Date of Exemption: December 29, 2014 Contribution Deductibility: Yes Addendum Applies: No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

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

SOUTHERN CALIFORNIA PREPAREDNESS

Sincerely,

Tamas Kingal

Director, Exempt Organizations

Office of the City Clerk							s= ()
Administrative Services Division							
Neighborhood Council (NC) Fundir	ng Program					4	CON CONTRACT
Board Action Certification Form			T				9
NC Name: North Hills West				: March 15, 20	018		
Budget Fiscal Year: 2017-2018 Board Motion and/or Public			Agenda Item I			41	
Benefit Statement (CIP and NPG):	Board motion to a \$1000.00 to the S 11th Annual Valle	outhern	California P	reparednes	s Foundat	ion in suppo	ort of the
Recused Boardmember	s must leave the room prior		ssion and may n	ot return to the i	oon until after	the vote is comp	lete.
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Dan Gibson	President	Х					
Jay Beeber	Vice President	X					
Dave Brown	Secretary						X
Madlena Minasian	Treasurer	Χ					
Pat Crone		Χ					
Maggie Elliott							X
Punam Gohel		Х					
Garry Fordyce		Х					
Carol Hart					X		
David Hyman		Х					
Sam Kwasman		X					
Carlos Pelaez		Х					
Kreshell Ramey		Х					
· · · · · · · · · · · · · · · · · · ·							
		···					
				+			
			1	1			
			1				
	 		-				

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

10

Totals

2

1

Treasurer's Signato	Te	Second Signer's Signa	ture will	
Print/Type Name:	Madlena Minasian	Print/Type Name:	Dan Gibson	
Date:	03/15/2018	Date:	03/15/2018	

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



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

	Name of NC from which you are seeking this grant:	North Hills vve	st Neignbornood	Council
SEC	TION I- APPLICANT INFORMATION			
1a)	Friends of the Mid-Valley Regional Library	95-457927	CA	1996
iaj	Organization Name	Federal I.D. # (EIN#)	State of Incorpora	Date of 501(c)(3) Status (if applicable
	16244 Nordhoff St	North Hills	CA	91343
1b)	Organization Mailing Address	City	State	Zip Code
1c)	Business Address (If different)	City	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:			
	Chris Daush	(818)892-1280	ccdaush@	verizon.net
	Name	Phone	Email	
2)	Type of Organization- Please select one: ☐ Public School (not to include private schools) Attach Grant Request on School Letterhea	or 501(c)(3) Nord Attach IRS D	n-Profit (other than i	religious institutions)
3)	Name / Address of Affiliated Organization (If applicable)	City	S	tate Zip Code

SECTION II - PROJECT DESCRIPTION

4) Please describe the purpose and intent of the grant.
Please continue to help fund "The Hot Off the Press" book collection so that the Mid-Valley Regional Library can receive best selling titles each month for the fiscal year 2018-2019.If belowelk, bendup fixed.

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

The "Hot Off the Press" collection allows best-selling titles be readily available on a first come, first serve basis to patrons who walk in the library. With NHWNC's sponsorship, it will help allocate more of the library's budget towards purchase of needed titles for the community-at-large.

3a)	1			
	Personnel Related Expenses	endikan en eki réske dipilihin besi di silah	Requested of NC	Total Projected Cost
			Analytic Company (1946)	
			2.44/19/04/19/04/2014	
	Non-Personnel Related Expenses		Requested of NC	Total Projected Cost
,	Fund for HOTP bookcollection		\$ 1,000.00	
	Tuna for From Bookconection		\$ 1,000.000	Modern Control of the
1	Have you (applicant) applied to any	nes of NCs:		
	Is the implementation of this speci factors or sources or funding? (In			Yes, please describe:
	Source of Funding	nona a estacija zapravalena car	Amount	Total Projected Cost
	ovarior of 1 anding		1000	
			an temperatura sygnici sensira	nzádoven odesejment
	What is the TOTAL amount of the g	rant funding requested	with this application:	\$ 1,000.00
1)	Start date: 07/01/18 10b)	Date Funds Required:	6/15/18	
		•	Alan af the annels of the annels	
C)	Expected completion date: 06 follow-up form to the Neighborn	(Aitel comple	tion of the project, the applicant partment of Neighborhood F	
C	TION IV - POTENTIAL CONFLICTS (partificant of Neighborhood L	impowerment)
a)	Do you (applicant) have a former o		ith a Board Member of the N	IC?
1)	■ No □ Yes - Please			
1)				to Applicant
1)	■ No □ Yes - Please			
a)	■ No □ Yes - Please			
	No Yes - Please Name of NC Board Member If yes, did you request that the boa filing this application? Yes interest and completes this form, or	rd member consult the C No *(Please note r participates in the disc	Relationship Office of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be the	o to Applicant ofore ne NC has a conflict of
b)	No Yes - Please Name of NC Board Member If yes, did you request that the boa filing this application?	rd member consult the C No *(Please note r participates in the disc in its entirety.)	Relationship Office of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be that if a Board Member of the City Attorney be the	o to Applicant ofore ne NC has a conflict of
b)	No Yes - Please Name of NC Board Member If yes, did you request that the boa filing this application? Yes interest and completes this form, owill deny the payment of this grant	rd member consult the C No *(Please note or participates in the disc in its entirety.) ATURE ny knowledge, the informather affirm that I have reasof this application and are nefit project/program are norhood Purposes Grant m submitting this application this application that I have reason the constitution and are nefit project/program are norhood Purposes Grant m submitting this application.	Relationship Office of the City Attorney be that if a Board Member of the cussion and voting of this Notation provided herein and and Appendix A, "What is a Perfirm that the proposed projud that no conflict of interest ation. I further affirm that if	o to Applicant Professor The NC has a conflict of the Department Communicated otherwise ublic Benefit," and ect(s) and/or program(s) to exist that would the grant received is not
o)	If yes, did you request that the boa filing this application? If yes, did you request that the boa filing this application? If yes interest and completes this form, owill deny the payment of this grant INON V - DECLARATION AND SIGNATION V - DECLARATION AND SIGNATION	rd member consult the C No *(Please note or participates in the disc in its entirety.) ATURE No project/program are properly project/program are project/project/program are project/	Relationship Office of the City Attorney be that if a Board Member of the cussion and voting of this Notation provided herein and an ad Appendix A, "What is a Paffirm that the proposed projud that no conflict of interest. I affirm that I am not a currection. I further affirm that if atted here, said funds shall the conflict of the currection.	o to Applicant Professor The NC has a conflict of the Department Communicated otherwise ublic Benefit," and ect(s) and/or program(s) to exist that would the grant received is not
o)	No Yes - Please Name of NC Board Member If yes, did you request that the boa filing this application? Yes interest and completes this form, owill deny the payment of this grant TION V - DECLARATION AND SIGN I hereby affirm that, to the best of mis truly and accurately stated. I fur Appendix B "Conflicts of Interest" fall within the criteria of a public be prevent the awarding of the Neighborhood Council to whom I a used in accordance with the the test to the Neighborhood Council. Executive Director of Non-Profit Co	rd member consult the C No *(Please note or participates in the disc of in its entirety.) ATURE The second property of this application and are perfectly program are perfectl	Relationship Office of the City Attorney be that if a Board Member of the cussion and voting of this Notation provided herein and an ad Appendix A, "What is a Paffirm that the proposed projud that no conflict of interest. I affirm that I am not a currection. I further affirm that if atted here, said funds shall the conflict of the currection.	o to Applicant efore ne NC has a conflict of PG, the Department communicated otherwise ublic Benefit," and ect(s) and/or program(s) t exist that would ent Board Member of the the grant received is not
C C	If yes, did you request that the boa filing this application? If yes, did you request that the boa filing this application? If yes interest and completes this form, owill deny the payment of this grant INON V - DECLARATION AND SIGNATION V - DECLARATION AND SIGNATION	rd member consult the C No *(Please note or participates in the disc in its entirety.) ATURE The project program are proposed from the application and a confit project program are proposed from submitting this application structure. President Title	Relationship Office of the City Attorney be that if a Board Member of the cussion and voting of this Not and Appendix A, "What is a Part of the that the proposed projude that no conflict of interest ation. I further affirm that if ated here, said funds shall the cipal - REQUIRED* Signature	communicated otherwise ublic Benefit," and ect(s) and/or program(s) t exist that would ent Board Member of the the grant received is not be returned immediately

^{*} If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form

Form W-9

(Rev. December 2011) 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.

	Name (as shown on your income tax return)						
	Friends of the Mid-Valley Regional Branch Library						
લાં	Business nama/disregarded entity name, if different from above						
90	same			·			
Print or type See Speolfig Instructions on page	Check appropriate box for federal tax classification:	☐ Partnership ☐ Trust/					
8 8	☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation	estate					
200							
2 5	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) >						
其是							
<u>a</u> <u>p</u>	Other (see instructions) >> Address (number, street, and apt. or suite no.)	Bec	uester's name and address (opti				
0	16244 Nordhoff Street	1		on May			
S	City, state, and ZIP code						
Sag	North Hills, CA 91343						
	List account number(s) here (optional)			***************************************			
Par	Taxpayer Identification Number (TIN)						
Enter	your TIN in the appropriate box. The TIN provided must match the nar	me given on the "Name" line	Social security number				
to avo	oid backup withholding. For individuals, this is your social security num	ber (SSN). However, for a					
entitie	ent allen, sole proprietor, or disregarded entity, see the Part I instructions, it is your employer identification number (EIN). If you do not have a	number, see How to get a					
	n page 3.						
	If the account is in more than one name, see the chart on page 4 for o	guidelines on whose	Employer identification number				
numb	er to enter.		95-457	9 2 7 1			
Par							
	r penalties of perjury, I certify that:						
	e number shown on this form is my correct taxpayer identification num m not subject to backup withholding because: (a) I am exempt from ba						
3. I a Certif becau intere gener	longer subject to backup withholding, and m a U.S. citizen or other U.S. person (defined below). fication instructions. You must cross out item 2 above if you have be ise you have failed to report all interest and dividends on your tax returns st paid, acquisition or abandonment of secured property, cancellation ally, payments other than interest and dividends, you are not required ctions on page 4.	m. For real estate transaction of debt, contributions to an	ns, ilem 2 does not apply. Fo individual retirement arrange	or mortgage ment (IRA), and			
Sign	Signature of 12 a	ac Date	\$16/13				
Gor	neral Instructions		you a form other than Form	W-9 to request			
	on references are to the Internal Revenue Code unless otherwise		ne requester's form if it is sul				
	pose of Form	Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:					
A per	son who is required to file an information return with the IRS must	 An individual who is a U 	J.S. cittzen or U.S. resident a	lien,			
	n your correct taxpayer identification number (TIM) to report, for pie, income paid to you, real estate transactions, mortgage interest	 A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, 					
you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.		An estate (other than a foreign estate), or					
	Form W-9 only if you are a U.S. person (including a resident	 A domestic trust (as defined in Regulations section 301,7701-7). 					
alien),	to provide your correct TIN to the person requesting it (the ster) and, when applicable, to:	business in the United St	rships. Partnerships that collaborate are generally required to	pay a withholding			
1.0	Certify that the TRN you are giving is correct (or you are waiting for a er to be issued).	Further, in certain cases v	rs' share of income from suc where a Form W-9 has not b	een received, a			
	Pertify that you are not subject to backup withholding, or	and pay the withholding t	presume that a partner is a l ax. Therefore, if you are a U.	S. person that is a			
3. C	claim exemption from backup withholding if you are a U.S. exempt b. If applicable, you are also certifying that as a U.S. person, your	partner in a partnership o States, provide Form W-9	onducting a trade or busines) to the partnership to establ	s in the United ish your U.S.			
alloca is not	ble share of any partnership income from a U.S. trade or business subject to the withholding tax on foreign partners' share of ively connected income.	status and avoid withholo	ling on your share of partner	ship income.			



CITY OF LOS ANGELES

Office of Finance P.O. Box 53200 Los Angeles CA 90053-0200 necessary 2013

16244 NORDHOFF STREET NORTH HILLS, CA 91343-3806

[[որինսեսենունինիսնենութը[թործի[բրևերուննենորդեզի]]]ինգոի

****************AUTO**SCH 3-DIGIT 913 31 FRIENDS OF THE MID-VALLEY REGIONAL BRANCH LIBRARY 10388

16244 NORDHOFF ST NORTH HILLS CA 91343-3806

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE

THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED

BUSINESS TAX

ACCOUNT NO. FUND/CLASS DESCRIPTION STARTED STATUS

0002679122-0001-5 L044 Retail Sales 4/30/2013 Active

FRIENDS OF THE MID-VALLEY REGIONAL BRANCHLIBRARY

16244 NORDHOFF ST NORTH HILLS CA 91343-3806

16244 NORDHOFF STREET NORTH HILLS, CA 91343-3806

ISSUED BY:

Organization D. Christianelle DIRECTOR OF FINANCE

ISSUED FOR TAX COMPLIANCE PURPOSES ONLY NOT A LICENSE, PERMIT, OR LAND USE AUTHORIZATION

NOTIFY THE OFFICE OF FRANCE IN WIRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS - Office of France, P.O. Box S200, Len & HIPORTANY - READ REVERSE SIDE.



TE OF CALIFORNIA

RANCHISE TAX BOARD P.O. BOX 1286 RANCHO CORDOVA, CA. 85741-1286 August 23, 1996

In reply refer to 755:G :EMM

FRIENDS OF THE MID-VALLEY REGIONAL BRANCH LIBRARY 16244 NORDHOFF NORTH HILLS CA 91343-0000

Purpose : EDUCATIONAL
Code Section : 23701d
Form of Organization : Corporation
Accounting Period Ending: December 31

You are exempt from state franchise or income tax under the section of the Revenue and Taxation Code indicated above.

This decision is based on information you submitted and assumes that vour present operations continue unchanged or conform to those proposed a your application. Any change in operation, character, or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address also must be reported.

In the event of a change in relevant statutory, administrative, judicial case law, a change in federal interpretation of federal law in cases where our opinion is based upon such an interpretation, or a change in the material facts or circumstances relating to your application upon which this opinion is based, this opinion may no longer be applicable. It is your responsibility to be aware of these changes should they occur. This paragraph constitutes written advice, other than a chief counsel ruling, within the meaning of Revenue and Taxation Code Section 21012 (a)(2).

You may be required to file Form 199 (Exempt Organization Annual Information Return) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. See annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 5th month (4 1/2 months) after the close of your nual accounting period.

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE DISTRICT DIRECTOR 2 CUPANIA CIRCLE MONTEREY PARK, CA 91755-7406

Date: DEC | 2 1996

FRIENDS OF THE MID-VALLEY REGIONAL BRANCH LIBRARY 16244 NORDHOFF NORTH HILLS, CA 91343

Employer Identification Number: 95-4579271 Case Number: 956281116 Contact Person: TYRONE THOMAS Contact Telephone Number: (213) 894-2289 Accounting Period Ending: JUNE 30 Foundation Status Classification: 509(a)(2) Advance Ruling Period Begins: AUGUST 23, 1996 Advance Ruling Period Ends: JUNE 30, 2001 Addendum Applies: NO

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in section 509(a)(2).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (DO/CG)

Len

FRIENDS OF THE MID-VALLEY REGIONAL

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

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

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable

FRIENDS OF THE MID-VALLEY REGIONAL

cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are spent only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence that the funds will remain dedicated to the required purposes and that the recipient will use the funds for those purposes.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Steven A. Jensen District Director

Enclosure(s): Form 872-C Office of the City Clerk **Administrative Services Division**



Neighborhood Council (NC) Funding Program

Board Action Certification Form

NC Name: North Hills West	Meeting Date: April 19,2018
0047 0040	1.1

Budget Fiscal Year: 2017-2018 Agenda Item No: 14

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

Board motion to approve a Neighborhood Purposes Grant up to the \$1,000.00 requested to the Friends of the Mid-Valley Regional Library to provide best selling books for local library users through the "Hot Off the Press" collection.

Vote Count

Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Dan Gibson	President	Х					
Jay Beeber	Vice President	Х					
Dave Brown	Secretary	Х					
Madlena Minasian	Treasurer				Х		
Pat Crone		X					
Maggie Elliott		Х					
Garry Fordyce			Х				
Punam Gohel					X		
Carol Hart		Х					
David Hyman		Х					
Sam Kwasman		Х					
Carlos Pelaez		Х					
Kreshell Ramey			Х				
						G.	
A A PROPERTY OF				•			

als		9	2		2		

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer's Signature		Second Signer's Signat	Second Signer's Signature		
Print/Type Name:	Madlena Minasian	Print/Type Name:	Dan Gibson		
Date:	4/19/2018	Date:	4/19/2018		

2018 Congress of Neighborhoods / EmpowerLA Awards / NC Budget Advocates Neighborhood Council Funding Support Statement

I, Dan Gibson	(President or Vice-President [VP] name),
declare that I am the President or VP of the No	
Neighborhood Council (Neighborhood Council) a	and that on April 19, 2018 (meeting
of 11 (number) Yea. 0 (number)	
the Neighborhood Council approves funding sup	
L.A. Congress of Neighborhoods 2018 event *\$\frac{1000.00}{} (A) and/or	in the amount of:
L.A. Congress of Neighborhoods 2018 – Net	working/EmpowerLA Awards event in the amount of:
*\$(B) and/or	
Neighborhood Council Budget Advocates 20	18 in the amount of:
*\$(C)	
\$1,000.00 Grand Total (A)	· (B) + (C)
Funding Program issue payment in the aforeme	that the Office of the City Clerk Neighborhood Council ntioned Total amount from our checking account to the the Congress and/or Budget Advocates Account(s).
1 hille	5/3/2018
Signature of President or VP	Date

To request payment, the Neighborhood Council Treasurer must submit this completed form through the Funding System portal as the "Payment Request Document" and a respective Board Action Certification (BAC) form. Forms must be submitted no later than June 1, 2018 in order to be processed from current Fiscal Year available funds. Make check payable to:

"City of Los Angeles – Dept. of Neighborhood Empowerment" 200 N. Spring St. Suite 224, Los Angeles, CA 90012

^{*}Please indicate a specific monetary amount, i.e. statements such as "our unused funding for this fiscal year" will not be processed.

Office of the City Clerk							()
Administrative Services Division							
Neighborhood Council (NC) Fundin	g Program					3	Joseph Company
Board Action Certification Form							9
NC Name: North Hills West				April 19,2018			
Budget Fiscal Year: 2017-2018 Board Motion and/or Public	I		Agenda Item N				
Benefit Statement (CIP and NPG):	Board motion to a Neighborhoods 20 Angeles City Hall.	pprove u 18 even	ip to \$1,000 t to be held	to support Saturday, S	the L.A. Co September	ongress of 22, 2018 a	t Los
			ote Count			2 m2-4	
Recused Boardmembers	s must leave the room prior	to any discu	ssion and may n	ot return to the r	oon until after t	the vote is comp	ete.
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Dan Gibson	President	X					
Jay Beeber	Vice President	X					
Dave Brown	Secretary	Х					
Madlena Minasian	Treasurer	- 3-			Х		
Pat Crone		Х					
Maggie Elliott		X					
Garry Fordyce		X					
Punam Gohel					Х		
Carol Hart		X		 			
David Hyman		X	1			<u> </u>	
Sam Kwasman		X					
Carlos Pelaez		X	1				
Kreshell Ramey		X	-				
Riesileli Ramey			+				
			+				
PARTICIPATION OF THE PROPERTY OF THE PARTICIPATION		-	-	-			
				-			
			-				
				-			
Totals		11			2	1	

Treasurer's Signature

Print/Type Name: Madlena Minasian

Print/Type Name: Dan Gibson

Date: 4/19/2018

Date: 4/19/2018

Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

2018 Congress of Neighborhoods / EmpowerLA Awards / NC Budget Advocates Neighborhood Council Funding Support Statement

_{I,} Dan Gibson	(President or Vice-President [VP] name),
declare that I am the President or VP of the North	Hills West
Neighborhood Council (Neighborhood Council) and	that on April 19, 2018 (meeting
date), a Brown Act noticed public meeting was held	by the Neighborhood Council with a quorum
of 11 (number) board members pre	esent and that by a vote of
10 (number) Yea, 1 (numb	er) Nay, and 0 (number) Abstentions,
the Neighborhood Council approves funding suppor	t for the following:
L.A. Congress of Neighborhoods 2018 event in t	he amount of:
*\$(A)	
and/or	
L.A. Congress of Neighborhoods 2018 – Network	king/EmpowerLA Awards event in the amount of:
*\$(B)	
and/or	
Neighborhood Council Budget Advocates 2018 i	n the amount of:
* <u>\$1000.00</u> (C)	
\$ 1000.00 Grand Total (A) + (B	s) + (C)
Therefore, the Neighborhood Council requests that	
Funding Program issue payment in the aforemention Department of Neighborhood Empowerment for the	
	,
May	5/3/2018
Signature of President or VP	Date

To request payment, the Neighborhood Council Treasurer must submit this completed form through the Funding System portal as the "Payment Request Document" and a respective Board Action Certification (BAC) form. Forms must be submitted no later than June 1, 2018 in order to be processed from current Fiscal Year available funds. Make check payable to:

"City of Los Angeles – Dept. of Neighborhood Empowerment" 200 N. Spring St. Suite 224, Los Angeles, CA 90012

^{*}Please indicate a specific monetary amount, i.e. statements such as "our unused funding for this fiscal year" will not be processed.

Office of the City Clerk							-A			
Administrative Services Division						5				
Neighborhood Council (NC) Fundin	g Program					- 10	0966			
Board Action Certification Form		~					Yhy			
NC Name: North Hills West				Meeting Date: April 19,2018						
Budget Fiscal Year: 2017-2018 Board Motion and/or Public	Agenda Item No:16 A									
Benefit Statement (CIP and NPG):	Board motion to approve up to \$1,000.00 to support the work of the Neighborhood Council Budget Advocates.									
Recused Boardmembers	s must leave the room prior		ote Count ussion and may n	ot return to the r	oon until after	he vote is compl	ete.			
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused			
Dan Gibson	President	Χ								
Jay Beeber	Vice President	Χ								
Dave Brown	Secretary	X								
Madlena Minasian	Treasurer				Х					
Pat Crone		X								
Maggie Elliott		X								
Garry Fordyce		X								
Punam Gohel					Х					
Carol Hart		X								
David Hyman		X								
Sam Kwasman		X					***************************************			
Carlos Pelaez		X								
Kreshell Ramey			X							
			1	1						
	 									
				1						
	 	r storbilm (ili aradi sirilli sirila kasan muripi muhambaha								
										
			-							
	-	PS-0/10785-bissionas Articulum intermente		-						
	-	10		1						
Fotals We, the Treasurer and the Second		10	1		2					

Treasurer's Signature

Print/Type Name: Madlena Minasian

Print/Type Name: Dan Gibson

Date: 4/19/2018

Date: 4/19/2018

2018 Congress of Neighborhoods / EmpowerLA Awards / NC Budget Advocates Neighborhood Council Funding Support Statement

	(President or Vice-President [VP] name),
declare that I am the President or VP of the North	Hills West
Neighborhood Council (Neighborhood Council) and	that on April 19, 2018 (meeting
date), a Brown Act noticed public meeting was held of 11 (number) board members pre 11 (number) Yea, 0 (number) the Neighborhood Council approves funding support	esent and that by a vote of er) Nay, and 0 (number) Abstentions,
L.A. Congress of Neighborhoods 2018 event in t	he amount of:
*\$(A) and/or	
L.A. Congress of Neighborhoods 2018 – Network *\$500.00 and/or	king/EmpowerLA Awards event in the amount of:
Neighborhood Council Budget Advocates 2018 in	n the amount of:
*\$(C)	
\$500.00 Grand Total (A) + (B) + (C)
Therefore, the Neighborhood Council requests that Funding Program issue payment in the aforemention Department of Neighborhood Empowerment for the	ned Total amount from our checking account to the
Mayll	5/3/2018
Signature of President or VP	Date

To request payment, the Neighborhood Council Treasurer must submit this completed form through the Funding System portal as the "Payment Request Document" and a respective Board Action Certification (BAC) form. Forms must be submitted no later than June 1, 2018 in order to be processed from current Fiscal Year available funds. Make check payable to:

"City of Los Angeles – Dept. of Neighborhood Empowerment" 200 N. Spring St. Suite 224, Los Angeles, CA 90012

^{*}Please indicate a specific monetary amount, i.e. statements such as "our unused funding for this fiscal year" will not be processed.

Office of the City Clerk							10/1
Administrative Services Division						à	
Neighborhood Council (NC) Fundin	g Program					Ą	-0966
Board Action Certification Form							Chi -
NC Name: North Hills West				April 19,2018			
Budget Fiscal Year: 2017-2018 Board Motion and/or Public	5 1 2 1		Agenda Item N			•	
Benefit Statement (CIP and NPG):	Board motion to a Neighborhoods Ne					gress or	~
Recused Boardmembers	s must leave the room prior		ote Count ussion and may n	ot return to the r	oon until after	the vote is compl	ete.
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Dan Gibson	President	Χ					
Jay Beeber	Vice President	X					
Dave Brown	Secretary	X					
Madlena Minasian	Treasurer				X		
Pat Crone		X				 	
Maggie Elliott		X					
Garry Fordyce		X					
Punam Gohel					X		
Carol Hart		X					
David Hyman		X					
Sam Kwasman		X					
Carlos Pelaez		X				-	
Kreshell Ramey		X					
Meshell Mariley			-				
				 			
				-	-	-	
				-	<u> </u>		
				-	-	-	
				-		-	
				-		-	
				<u> </u>			
		Name of the last o					
NO. 20 CO. 10 CO							
1							
Totals		11			2		

Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer's Signature

Second Signer's Signature

Print/Type Name: Dan Gibson

Date: 4/19/2018 Date: 4/19/2018

Neighborhood Council Funding Program

APPLICATION for Neighborhood Purposes Grant (NPG)





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

lame	of NC from which you are seeking this grant:				
SEC	TION I- APPLICANT INFORMATION				
1a)	Los Angeles Conservation Corps	and bedresseen	4-4002138	CA	09/12/85
	Organization Name		deral I.D. # (EIN#)	State of Incorporation	Status (if applicable
1b)	1400 N. Spring Street	L	os Angeles	CA	90012
	Organization Mailing Address	Cit	У	State	Zip Code
1c)					
	Business Address (If different)	Cit	у	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:				
	Pablo Cardoso	3	23 224-2550	pcardoso(@lacorps.org
	Name	P	hone	Email	
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead	or 501(c)(3) Non-Profit (other than religious institutions) Attach IRS Determination Letter			
3)	Name / Address of Affiliated Organization (if applie	cable)	City	State	Zip Code

SECTION II - PROJECT DESCRIPTION

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

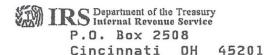
Los Angeles Conservation Corps will provide a crew qualified and trained supervisor, who will clean residential and business area sidewalks, and parkways with the boundaries of the North Hills West Neighborhood Council, approximately once a month over the course of the grant period.

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

The project focuses on providing weeding and clean up services to and at the direction of the North Hills West Neighborhood Council. The work includes weeding, and litter abatement.

	V
A Corspmembers and 1 supervisor	.081
Non-Personnel Related Expenses	1031
Non-Personnel Related Expenses	
Non-Personnel Related Expenses	
S S S S S S S S S S	
Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? If Yes, please list names of NCs: Is the implementation of this specific program or purpose described in Question 4 contingent on any other fa sources or funding? (including NPG applications to other NCs) No Ves If Yes, please describe: Source of Funding Amount Total Projected Cessource of Funding NPG applications to other NCs) No Ves If Yes, please describe: Source of Funding Amount Total Projected Cessource of Funding NPG applications to other NCs) No Ves If Yes, please describe: Source of Funding Amount Total Projected Cessource of Funding NPG applications to other NCs) No Ves If Yes, please describe: What is the TOTAL amount of the grant funding requested with this application: (After completion of the project, the applicant should submit a Project Completion Report to the Neighborh CETION IV - POTENTIAL CONFLICTS OF INTEREST a) Do you (applicant) have a current or former relationship with a Board Member of the NC? Name of NC Board Member Relationship to Applicant Name of NC Board Member Relationship to Applicant Person No (Please note that if a Board Member of the NC has a conflict of interest and complet or participates in the discussion and voting of this NPG, the NC Funding Program will deny the pay grant in its entirety.) ECTION V - DECLARATION AND SIGNATURE Eereby affirm that, to the best of my knowledge, the information provided herein and communicated other discussion and affirm that the proposed project(s) and/or program(s) fall within the criterinefit project/program and that no conflict of interest exist that would prevent the awarding of the Nirposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am is application. I further affirm that if the grant received is not used in accordance with the terms of the ated here, said funds shall be returned immediately to the Neighborhood Council.	Cost
Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? No Yes If Yes, please list names of NCs: Is the implementation of this specific program or purpose described in Question 4 contingent on any other fa sources or funding? (Including NPG applications to other NCs) No Yes If Yes, please describe: Source of Funding Amount Total Projected C Source of Funding Total Projected C Source of Funding Projected C If Yes, please describe below: Relationship to Application Application	
Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? No Yes If Yes, please list names of NCs: Is the implementation of this specific program or purpose described in Question 4 contingent on any other fa sources or funding? (Including NPG applications to other NCs) No Yes If Yes, please describe: Source of Funding Amount Total Projected Completion of Funding Required: Source of Funding Amount Total Projected Completion of the project, the applicant should submit a pplication: Source of Funding Source of Funding Required: Source of Funding Amount Total Projected Completion Date: What is the TOTAL amount of the grant funding requested with this application: Amount Total Projected Completion of the project, the applicant should submit a Project Completion Report to the Neighborn of Agency of the Neighborn of the project, the applicant should submit a Project Completion Report to the Neighborn of Yes If Yes, please describe below: Name of NC Board Member Relationship with a Board Member of the NC? Name of NC Board Member Relationship to Applicant Project Completion of NC Board Member of the NC has a conflict of interest and completed accurately stated. I further affirm that I application of the NC has a conflict of interest and completed accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and it created the specific or the Neighborhood Council to whom I am is application. I further affirm that I have read the documents "What is a Public Benefit," and it is application and affirm that the proposed project(s) and/or program(s) fall within the criterianefit project/program and that no conflict of interest exist that would prevent the awarding of the Neighborhood Council to whom I am is application. I further affirm that I from the Neighborhood Council to whom I and is application. I further affirm that the proposed project(s) and/or program(s) fall within the criterianefit project/program and that no conflict of interest	
Is the implementation of this specific program or purpose described in Question 4 contingent on any other fa sources or funding? (Including NPG applications to other NCs) No Yes If Yes, please describe: Source of Funding	
Source of Funding Amount Total Projected C S S S	actors or
What is the TOTAL amount of the grant funding requested with this application: \$4,999.00 Italy Start date: 2/28/12/10b) Date Funds Required: 7/28/12/10c) Expected Completion Date: 7/28/12/10b) Date Funds Required: 7/28/12/10b) Date Funds Required: 7/28/12/10b) Date Funds Required: 7/28/12/10b) Date Funds Required: 7/28/12/10b) Date Funds Report to the Neighborh Report Relationship to Applicant Start date: 7/28/12/10b	
What is the TOTAL amount of the grant funding requested with this application: \$4,999.00 Day Start date: 128/18 10b) Date Funds Required: 131/18 10c) Expected Completion Date: 34(After completion of the project, the applicant should submit a Project Completion Report to the Neighborn (After completion) have a current or former relationship with a Board Member of the NC? Name of NC Board Member Relationship to Applicant	ost
What is the TOTAL amount of the grant funding requested with this application: \$4,999.00 Day Start date: \$128118 10b\$ Date Funds Required: \$7.38.10c\$ Expected Completion Date: \$1.00 Expected Expe	
What is the TOTAL amount of the grant funding requested with this application: \$4,999.00 a) Start date: 2/28/10/2 10b) Date Funds Required: 7/3/18/2 10c) Expected Completion Date: 2/(After completion of the project, the applicant should submit a Project Completion Report to the Neighborh ECTION IV - POTENTIAL CONFLICTS OF INTEREST a) Do you (applicant) have a current or former relationship with a Board Member of the NC? No Yes If Yes, please describe below: Name of NC Board Member Relationship to Applicant By o *(Please note that if a Board Member of the NC has a conflict of interest and complet or participates in the discussion and voting of this NPG, the NC Funding Program will deny the pay grant in its entirety.) ECTION V - DECLARATION AND SIGNATURE Pereby affirm that, to the best of my knowledge, the information provided herein and communicated other and accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and 'terest' of this application and affirm that the proposed project(s) and/or program(s) fall within the criterianefit project/program and that no conflict of interest exist that would prevent the awarding of the Neuropose Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am is application. I further affirm that if the grant received is not used in accordance with the terms of the ated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* Wendy Butts CEO Wendy Butts	
(After completion of the project, the applicant should submit a Project Completion Report to the Neighborn (After completion of the project, the applicant should submit a Project Completion Report to the Neighborn (After completion of the Project, the applicant should submit a Project Completion Report to the Neighborn (After completion of the Neighborn of the	
b) If yes, did you request that the board member consult the Office of the City Attorney before filing this appliance of the New Yellow or participates in the discussion and voting of this NPG, the NC Funding Program will deny the pay grant in its entirety.) ECTION V - DECLARATION AND SIGNATURE Thereby affirm that, to the best of my knowledge, the information provided herein and communicated other accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and 'terest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criterianefit project/program and that no conflict of interest exist that would prevent the awarding of the Neuroses Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am is application. I further affirm that if the grant received is not used in accordance with the terms of the lated here, said funds shall be returned immediately to the Neighborhood Council. [2a] Executive Director of Non-Profit Corporation or School Principal - REQUIRED* Wendy Butts CEO Wendy Butts	
Tyes No *(Please note that if a Board Member of the NC has a conflict of interest and complet or participates in the discussion and voting of this NPG, the NC Funding Program will deny the pay grant in its entirety.) ECTION V - DECLARATION AND SIGNATURE hereby affirm that, to the best of my knowledge, the information provided herein and communicated other accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and 'terest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteric enefit project/program and that no conflict of interest exist that would prevent the awarding of the Neuroses Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am is application. I further affirm that if the grant received is not used in accordance with the terms of the ated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* Wendy Butts CEO Wendy Butts	
Yes No *(Please note that if a Board Member of the NC has a conflict of interest and complet or participates in the discussion and voting of this NPG, the NC Funding Program will deny the pay grant in its entirety.) ECTION V - DECLARATION AND SIGNATURE hereby affirm that, to the best of my knowledge, the information provided herein and communicated other accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and 'terest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteric enefit project/program and that no conflict of interest exist that would prevent the awarding of the Neuroposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am is application. I further affirm that if the grant received is not used in accordance with the terms of the ated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* Wendy Butts CEO Wendy Butts	
Yes No *(Please note that if a Board Member of the NC has a conflict of interest and complet or participates in the discussion and voting of this NPG, the NC Funding Program will deny the pay grant in its entirety.) ECTION V - DECLARATION AND SIGNATURE nereby affirm that, to the best of my knowledge, the information provided herein and communicated other accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and 'terest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criterionefit project/program and that no conflict of interest exist that would prevent the awarding of the Neuroses Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am is application. I further affirm that if the grant received is not used in accordance with the terms of the ated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* Wendy Butts CEO Wendy Butts	
nereby affirm that, to the best of my knowledge, the information provided herein and communicated other and accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and 'terest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteric enefit project/program and that no conflict of interest exist that would prevent the awarding of the Neuroposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I and is application. I further affirm that if the grant received is not used in accordance with the terms of the ated here, said funds shall be returned immediately to the Neighborhood Council. 12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED* Wendy Butts CEO Wendy A.B.	tes this fo
Wendy Butts CEO Wendy A. Butta 5	
	"Conflicts ia of a pul eighborho n submitt
	"Conflicts ia of a pul eighborho n submitt
	"Conflicts ia of a pul eighborhe n submitt e applica
OLVO	"Conflicts ia of a pul eighborho n submitt
2b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*	"Conflicts ia of a pu eighborh n submitt e applica
Lloyd Wright CFO How Wy	"Conflicts ia of a pu eighborh n submitt e applica
PRINT Name Title Signature	"Conflicts ia of a pu eighborh n submitt e applicat

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



In reply refer to: 0248455888 June 19, 2008 LTR 4168C E0 95-4002138 000000 00 000 00018794 BODC: TE

LOS ANGELES CONSERVATION CORPS PO BOX 15868 LOS ANGELES CA 90015-0868689

14555

Employer Identification Number: 95-4002138
Person to Contact: SELLERS

Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your request of June 10, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in DECEMBER 1985, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

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

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

michele M. Sullivas

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification Form



Board Motion and/or Public

Benefit Statement (CIP and NPG):

Agenda Item No:22

Board motion to approve a Neighborhood Purposes Grant to the Los Angeles Conservation Corps for the amount of up to \$4,999.00 for clean-up and weed abatement along targeted streets and public thoroughfares.

Vote Count

Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Dan Gibson	President	Χ					
Jay Beeber	Vice President	Χ					
Dave Brown	Secretary	X					
Madlena Minasian	Treasurer				Х		
Pat Crone		Χ					
Maggie Elliott		Χ					
Garry Fordyce			Х				
Punam Gohel					Х		
Carol Hart		X					
David Hyman		Χ					
Sam Kwasman		Χ					
Carlos Pelaez		Х					
Kreshell Ramey		X					
tals		10	1		2		

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council

Board, at a Brown Act compliant public meeting where a quorum of the Board was present. Second Signer's Signature Treasurer's Signature

Madlena Minasian Print/Type Name:

Print/Type Name:

Date:

4/19/2018

4/19/2018

Dan Gibson