

Monthly Expenditure Report



Reporting Month: March 2020

Budget Fiscal Year: 2019-2020

**NC Name: North Hills West
Neighborhood Council**

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$39790.04	\$3811.45	\$35978.59	\$1107.00	\$0.00	\$34871.59

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$27000.00	\$1258.46	\$17061.29	\$357.00	\$15954.29
Outreach		\$52.99		\$750.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$8000.00	\$0.00	\$8000.00	\$0.00	\$8000.00
Neighborhood Purpose Grants	\$7000.00	\$2500.00	\$1500.00	\$0.00	\$1500.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$11627.26	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	USPS PO 0568790253	03/04/2020	PO Box Renewal	General Operations Expenditure	Office	\$75.00
2	VZWRLSS PRPAY AUTOPAY	03/07/2020	Verizon Phone Svc. March 2020	General Operations Expenditure	Office	\$33.00
3	CREATIVE CLOUD INDIV	03/08/2020	Software to design and produce NHWNC newsletter.	General Operations Expenditure	Outreach	\$52.99
4	FABRIC CARE CLEANER	03/09/2020	Dry cleaning of the NHWNC Logo Tablecloth.	General Operations Expenditure	Office	\$25.00
5	Partners in Diversity, Inc.	10/25/2019	Monthly minute taker services	General Operations Expenditure	Office	\$122.10
6	Partners in Diversity, Inc.	02/28/2020	Monthly minute taker services	General Operations Expenditure	Office	\$103.79
7	Partners in Diversity, Inc.	02/28/2020	Monthly minute taker services	General Operations Expenditure	Office	\$207.57
8	Partners in Diversity, Inc.	02/28/2020	Monthly minute taker services	General Operations Expenditure	Office	\$152.63

=====

NORTH HILLS
9134 SEPULVEDA BLVD
NORTH HILLS, CA 91343-9998
056879-0253
(800)275-8777
03/04/2020 11:21 AM

=====

Product	Qty	Unit Price	Price
Box Renewal			\$75.00
(Zip Code:91393)			
(Box #:2091)			
(Box Size:Size 1 - 3 in x 5.5 in)			
(Rental Period:SemiAnnual)			
(Rental Start Date:03/01/2020)			
(Next Renewal Date:08/31/2020)			
(Customer Name:DAVID HYMAN)			
Total:			\$75.00

=====

Credit Card Remitd \$75.00

(Card Name:MasterCard)
(Account #:XXXXXXXXXX5486)
(Approval #:020405)
(Transaction #:447)
(AID:A0000000041010 Chip)
(AL:MASTERCARD)
(PIN:Verified)

=====

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Go to:
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840-5913-0048-001-00026-43493-01

or scan this code with
your mobile device:



or call 1-800-410-7420.

YOUR OPINION COUNTS

Receipt #: 840-59130048-1-2643493-1
Clerk: 6

NORTH HILLS WEST
PO BOX 2091
NORTH HILLS,CA 91393

Payment information for NORTH HILLS WEST (818-903-2259) for the period 03/2020 to 03/2020.

Date	Amount	Paid With
Mar 6, 2020 9:07 PM	Paid Amount: \$30.00 CA Local Prepaid MTS \$2.70 CA State 911 Surcharge \$0.30 Total Amount: \$33.00	MasterCard

Feedback

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Service & Support

[Schedule an Appointment](https://www.verizonwireless.com/stores/appointments/)
[Order Status](https://www.verizonwireless.com/vzw/ordertracking/index.jsp)
[Register Signal Booster](https://www.verizonwireless.com/solutions-and-services/accessories/register-signal-booster/)
[In-Store Pickup](https://www.verizonwireless.com/solutions-and-services/in-store-pick-up/)
[Device Trade-In Program](https://www.verizonwireless.com/od/trade-in/)
[Transfer Contacts/Content](https://www.verizonwireless.com/support/content-transfer-help/)
[Report A Security Vulnerability](https://www.verizonwireless.com/solutions-and-services/report-security-vulnerability/)

Brands

[Apple](https://www.verizonwireless.com/wireless-devices/smartphones/iphone/)
[ASUS](https://www.verizonwireless.com/devices/asus/)
[Google](https://www.verizonwireless.com/wireless-devices/smartphones/google/)
[HTC](https://www.verizonwireless.com/smartphones/htc/)
[iPad](https://www.verizonwireless.com/wireless-devices/tablets/ipad/)
[iPhone](https://www.verizonwireless.com/landingpages/iphone/)
[Kyocera](https://www.verizonwireless.com/devices/kyocera/)
[LG](https://www.verizonwireless.com/smartphones/lg/)
[Motorola](https://www.verizonwireless.com/smartphones/motorola/)

OS & Featured Devices

[Android](https://www.verizonwireless.com/smartphones/android/)
[Apple iPhone X](https://www.verizonwireless.com/smartphones/apple-iphone-x/)
[Apple iPhone Xs](https://www.verizonwireless.com/smartphones/apple-iphone-xs/)
[Apple iPhone Xs Max](https://www.verizonwireless.com/smartphones/apple-iphone-xs-max/)
[Apple iPhone Xr](https://www.verizonwireless.com/smartphones/apple-iphone-xr/)
[Google Pixel 3](https://www.verizonwireless.com/smartphones/google-pixel-3/)

Chat now

INVOICE

Remit To:
Adobe Inc.
29322 Network Place
Chicago, IL 60673-1293

Wires To:
Bank: JPM Chase/ Acct#: 100081931
ABA: 021000021/ SWIFT: CHASUS33

Federal Tax ID 77-0019522

Bill To:
Danny Gibson
200 N Spring St
CA 91390

Reprint Page 1 of 1

Invoice Number: 1161820092
Invoice Date: MAR-07-20
Payment Terms: Credit Card
Due Date: MAR-14-20
Purchase Order: ADD046423429
Contract No 00004490
Order Number: 7007565511
Order Date: MAR-07-20
Customer No.: 1452233
Bill to No. 1204101535
Adobe Contact Information:
<https://helpx.adobe.com/contact.html>

Line No	Material No / Description	UOM	Unit Price	Qty	Extended Price
000010	65182902 Creative Cloud Indiv ALL MLP DSP Ret Inv 01 mnth MUN 1 YR DSP	EA	52.99	1	52.99
North America		Invoice Totals			
		S & H	Sales Tax	Currency	Qty Shipped Invoice Total
		0.00	0.00	USD	1 52.99

Comments:

PRINT NAME

4179

ADDRESS /
PHONE

RACK

C

READY

AM
PM

DATE

D M T W Th F S

MEN'S SUITS

TROUSERS

☐ TOP COATS ☐ OVERCOATS ☐ CAR COATS

SHIRTS

SPORT JACKETS

☐ NECKTIES ☐ HATS

SWEATERS

LADIES' SUITS

DRESSES ☐ Plain ☐ FancySKIRTS ☐ Plain ☐ Fancy

L. BLOUSES

☐ LONG COATS ☐ 3/4 COATS ☐ CAR COATS

SLACKS

SWEATERS

BUTTONS REMOVED

BELTS

TOTAL

Thank you! We appreciate your patronage.

40206

X6,667

4179

AFTER 4 PM

FABRIC CARE
CLEANERS

M-F 7:30 - 6:00

SAT 8:00 - 6:00

9020 Balboa Blvd. (At Nordhoff) Northridge, CA (818) 891-7144

M T W Th F S

FABRIC CARE CLEANER
9020 BALBOA BLVD
NORTHRIDGE, CA 91325
818891714403/09/2020 15:46:08
Terminal ID No.: 79493879

Credit Sale:

Transaction #: 6
Card Type: MasterCard
Account: *****5486
Entry: ChipAmount:
USD\$25.00Ref. Number: 006922400358
Auth. Code: 085112
Batch Number: 489
Response: APPROVAL 085112Mode: Issuer
AID: A00000000041010
TVR: 0000088000
IAD:
0110607003220000D3E1000000000000
00FFTSI: E800
ARC: 00
APPN:
AC: 48F548EEAEE69979
ATC: 003C
APPLAB: MASTERCARD

PIN BYPASSED

CUSTOMER COPY



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

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

INVOICE

Invoice Amount

\$122.10

Payment Terms

Due On Receipt

Invoice Date

10/21/2019

Invoice No.

34789

Customer No.

1351

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

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council/N.H.West	Corporate	1351	Due On Receipt

Description	Type	Units	Rate	Amount
Week ending: 10/20/2019				
Levin, David Minute Taker	Reg	5.00	\$24.42	\$122.10
Total This Week ending:				\$122.10

Reg: 5 OT: 0 DT: 0	Total - This Invoice:	\$122.10
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Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.



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

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

INVOICE

Invoice Amount

\$103.79

Payment Terms

Due On Receipt

Invoice Date

01/20/2020

Invoice No.

35479

Customer No.

1351

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

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council/N.H.West	Corporate	1351	Due On Receipt

Description	Type	Units	Rate	Amount
Week ending: 12/15/2019				
Levin, David Minute Taker	Reg	1.25	\$24.42	\$30.53
Total This Week ending:				\$30.53
Week ending: 12/22/2019				
Levin, David Minute Taker	Reg	3.00	\$24.42	\$73.26
Total This Week ending:				\$73.26

Reg: 4.25 OT: 0 DT: 0	Total - This Invoice:	\$103.79
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Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.



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

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

INVOICE

Invoice Amount

\$207.57

Payment Terms

Due On Receipt

Invoice Date

01/20/2020

Invoice No.

35463

Customer No.

1351

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

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council/N.H.West	Corporate	1351	Due On Receipt

Description	Type	Units	Rate	Amount
Week ending: 01/19/2020				
Levin, David Minute Taker	Reg	8.50	\$24.42	\$207.57
Total This Week ending:				\$207.57

Reg: 8.5 OT: 0 DT: 0	Total - This Invoice:	\$207.57
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Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.



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

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

INVOICE

Invoice Amount

\$152.63

Payment Terms

Due On Receipt

Invoice Date

02/24/2020

Invoice No.

35737

Customer No.

1351

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

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council/N.H.West	Corporate	1351	Due On Receipt

Description	Type	Units	Rate	Amount
Week ending: 02/23/2020				
Levin, David Minute Taker	Reg	6.25	\$24.42	\$152.63
Total This Week ending:				\$152.63

Reg: 6.25 OT: 0 DT: 0	Total - This Invoice:	\$152.63
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PARTNERS IN DIVERSITY, INC.
A Small Business, Women Owned Enterprise

Remit to: Partners In Diversity, Inc.

P.O. Box 654

South Pasadena, CA 91031-0654

INVOICE

Invoice Amount

\$79.37

Payment Terms

Due On Receipt

Invoice Date

03/02/2020

Invoice No.

35784

Customer No.

1351

Neighborhood Council/N.H.West

Attn to: Accounts Payable

P.O. BOX 2091

North Hills, CA 91343

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council/N.H.West	Corporate	1351	Due On Receipt

Description	Type	Units	Rate	Amount
Week ending: 03/01/2020				
Levin, David Minute Taker	Reg	3.25	\$24.42	\$79.37
Total This Week ending:				\$79.37

Reg: 3.25 OT: 0 DT: 0	Total - This Invoice:	\$79.37
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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.



Invoice #NHWNC 2020 0301
Number

Date March 1, 2020

Please remit to:

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

Wendy L. Moore
Moore Business Results
19300 Rinaldi, #7524
Northridge, CA 91327

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

Communications services	460.00
Amount Now Due	\$460.00

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 invoice date. If the invoice is not paid within 90 days, additional collections fees may apply. Returned checks are \$25.

Date	Task	Hours
2/6/2020	Update Active Shooter, Candidate forum on calendar. Eblast. FB	1.00
2/14/2020	LAUSD Candidate Forum on Calendar. Eblast. Fb.	0.42
2/18/2020	Eblast. Facebook.	0.83
2/25/2020	Facebook Elections	0.17
2/27/2020	Information on sustainability energy, speed issues	0.42
2/28/2020	News briefs on sustainable energy, speed issues. Update 2020 meetings	1.17
	Total	4.00

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 West Neighborhood Council

SECTION I- APPLICANT INFORMATION

- 1a) Northridge Hospital Foundation (C.A.T.S) 23-7444901 CA April 1975
Organization Name **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**
- 1b) 8210 Etiwanda Avenue Reseda CA 91335
Organization Mailing Address **City** **State** **Zip Code**
- 1c) 18300 Roscoe Blvd Northridge CA 91335
Business Address (if different) **City** **State** **Zip Code**
- 1d) **PRIMARY CONTACT INFORMATION:**
Joni Novosel 818-718-5936 joni.novosel@dignityhealth.org
Name **Phone** **Email**
- 2) **Type of Organization- Please select one:**
☐ Public School (not to include private schools) or ☒ 501(c)(3) Non-Profit (other than religious institutions)
Attach Grant Request on School Letterhead **Attach IRS Determination Letter**
- 3) Northridge Hospital Foundation Center for Assault Treatment Services Van Nuys CA 91411
Name / Address of Affiliated Organization **City** **State** **Zip Code**
(If applicable)

SECTION II - PROJECT DESCRIPTION

- 4) **Please describe the purpose and intent of the grant.**
The purpose of this request is to support the Center for Assault Treatment Services (CATS) 18th Annual Victory for Victims Walk/Run. This event is to raise awareness of sexual and domestic violence while raising funds to continue to provide all services at CATS free of charge to victims. CATS is dedicated to treating children and adults affected by violence. Cats has served the valley since 1997 serving over 17,700 victims of violence. Located at the Family Justice Center with other partners who are col-located under one roof with one goal in common to dedicate our organizations to the prevention of child maltreatment, domestic violence, and sexual assault and abuse. Your support will continue to provide for the uncompensated care provided to victims and to support us in carrying out our mission. "The Center for Assault Treatment Services' (CATS) mission is to provide compassionate, comprehensive care to child and adult victims of domestic and sexual assault and abuse through a coordinated collaborative effort where victims can begin the healing and recovery process. The sponsorship can help with the Kids Zone which is free to the community. We will have a rockclimber, a large obstical course bouncer, Arts & craft, facepainter, and a Kids Fun Run open at no cost to several little one schools. Our CSUN internship Kinesiology students help prepare the schools with weekly exercises to prepare the kids for the event. Each child will receive a kids event t-shirt and a medal. The total cost is more than \$5,000 and the help that we receive for the NC is crucial to help provide these activities to bring families together to give much needed resources about the high number of assaults happening in our communities.
- 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)
In fiscal year 2018 services were provided to 1,500 victims of sexual assault, domestic violence, and child physical assault. In addition to being the only 24/7/365 days a year Sexual Assault Response Team (SART) and Domestic Assault Response Team (DART) member providing forensic interviews and medical exams staff also provide outreach and prevention education in the community. Our certified Forensic Nurse Examiners and Social Worker provides information about prevention of abuse, the different types of abuse, the indicators of abuse, the importance of reporting abuse, and the short and long-term consequences of failing to report abuse through free workshops. Through our concerted community outreach education has been provided to thousands of teachers, childcare providers, medical professionals, police departments, and community members every year. This past year prevention efforts were extended y offering free 8 week sessions to adolescents on Safe Dates an anti dating violence curriculum. The Center for Disease Control reports that 1 in 4 youth are victims of verbal, emotional, physical, or sexual violence by a dating partner. This funding will benefit the public by both being there to support victims of abuse through the best possible evidence collection methods and to also educate our youth so that we can change the culture of sexual and domestic violence in our communities.

SECTION III - PROJECT BUDGET OUTLINE

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
N/A Salaries are supported by Northridge Hospital	0	\$723,000

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
18th Annual Victory for Victims (Kids Zone)	\$2,500	\$85,000

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?

☐ No ☒ Yes, please list names of NCs: recently applied to Reseda Neighborhood Council

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	Amount	Total Projected Cost
Northridge Hospital	\$35,000	\$35,000
Any other community sources-including businesses	\$50,000	\$50,000

9) What is the TOTAL amount of the grant funding requested with this application: \$2,500

10a) Start date: April 25, 2020 10b) Date Funds Required: April 25, 2020

10c) Expected completion date: Dec. 31, 2020 (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	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*

Joni Novosel

Director

PRINT Name

Title

Signature

Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*

Priscilla Lomeli

Administrative Coordinator

PRINT Name

Title

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



CINCINNATI OH 45999-0038

In reply refer to: 0248367576
July 25, 2017 LTR 4168C 0
23-7444901 000000 00

00018347
BODC: TE

NORTHRIDGE HOSPITAL FOUNDATION
% RANDY BRADLEY
18300 ROSCOE BLVD
NORTHRIDGE CA 91325

027259

Employer ID Number: 23-7444901
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated July 14, 2017, regarding your tax-exempt status.

We issued you a determination letter in April 1975, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(3) as a Type I supporting organization. A Type I supporting organization is operated, supervised, or controlled by one or more publicly supported charities.

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

☐ Board Member Reimbursement

Date: 02/20/2020