### Monthly Expenditure Report



Reporting Month: March 2023

Budget Fiscal Year: 2022-2023

NC Name: Arleta Neighborhood Council

Monthly Cash Reconciliation							
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Outstanding Commitments			
\$24849.38	\$3895.32	\$20954.06	\$5300.00	\$0.00	\$15654.06		

Monthly Cash Flow Analysis								
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance Outstanding		Net Available			
Office		\$604.42		\$300.00				
Outreach	\$23882.36	\$290.90	\$10937.65	\$0.00	\$10637.65			
Elections		\$0.00		\$0.00				
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
Neighborhood Purpose Grants	\$18000.00	\$3000.00	\$10000.00	\$5000.00	\$5000.00			
Funding Requests Unc	ler Review: \$0.00	Encumbrar	nces: \$0.00	Previous Expendi	itures: \$17049.39			

	Expenditures								
#	Vendor	Date	Description	Budget Category	Sub-category	Total			
1	GOOGLE GSUITE_ARLETAN	03/01/2023	EMAILS for Feb, 2023	General Operations Expenditure	Office	\$84.00			
2	PRIME VIDEO TVOD	03/02/2023	amazon charge and credit for charge card error	General Operations Expenditure	Office	\$-5.99			
3	AMAZON PRIME HD7E01KA1	03/02/2023	correction for \$16.41 charged in error	General Operations Expenditure	Office	\$16.41			
4	PY ARLETA SELF STORAG	03/22/2023	monthly rent April, 2023	General Operations Expenditure	Office	\$510.00			
5	SMART AND FINAL 460	03/22/2023	snacks for Banford park Easter Event March 31. ANC will have outreach booth	General Operations Expenditure	Outreach	\$192.56			
6	BIG LOTS #4623	03/23/2023	snacks for Easter event at Branford Park March 31, 2023. ANC will have a outreach table at the event	General Operations Expenditure	Outreach	\$54.90			
7	SMART AND FINAL 460	03/27/2023	water for Easter event at Branford Park March 31st. ANC will have outreach table at the event	General Operations Expenditure	Outreach	\$43.44			

8	Northridge Hospital Foundation	03/23/2023	To approve NPG for Victory for Victims \$3000. for 5Kwalk/Run for CATS program. Sponsored by Northridge Hospital scheduled for April 15, 2023. We will have a outreach table.	Neighborhood Purpose Grants	\$3000.00
	Subtotal:				\$3895.32

Outstanding Expenditures								
#	# Vendor Date Description		Budget Category	Sub-category	Total			
1	Happy House	03/08/2023	To approve a grant for \$5,000 for Happy House. A program that provides help for children with school work	Neighborhood Purpose Grants		\$5000.00		
2	AARON DEVANDRY/CONCEPT TO WEB	03/29/2023	TO PAY WEB MASTER MAINTENANCE, HOSTING, CREATION ND SOCIAL MEDIA MANAGEMENT	General Operations Expenditure	Office	\$150.00		
3	AARON DEVANDRY/CONCEPT TO WEB	03/29/2023	cost for web hosting, maintenance, content and social media for March, 2023	General Operations Expenditure	Office	\$150.00		
	Subtotal: Outstanding					\$5300.00		

# Google

## Invoice

Invoice number: 4675049307

#### Bill to

Loyce Lacson Arleta Neighborhood Council 9300 Laurel Canyon Arleta, CA 91331 United States

### Details

Invoice number	4675049307
Invoice date	Feb 28, 2023
Billing ID	9235-8536-1237
Domain name	arletanc.org

Google LLC
1600 Amphitheatre Pkwy
Mountain View, CA 94043
United States
Federal Tax ID: 77-0493581

#### Google Workspace

Total in USD	\$84.00
Summary for Feb 1, 2023 - Feb 28, 20	23
Subtotal in USD	\$84.00
Tax (0%)	\$0.00
Total in USD	\$84.00

You will be automatically charged for any amount due.

## Google Invoice

Amount(\$) Quantity interval Description Subscription 84.00 Feb 1 - Feb 28 14 Usage Google Workspace Business Starter \$84.00 Subtotal in USD Tax (0%) \$84.00 Total in USD

Need help understanding the charges on your invoice? Click here for detailed explanations https://support.google.com/a?p=gsuite-bills-and-charges

Invoice number: 4675049307

\$0.00

### Details for Order # D01-0252018-0294622

Amazon.com order number: D01-0252018-0294622 Order Total: \$5.99

ong.

Digital Order: February 25, 2023					
Items Ordered	Price				
Prey for the Devil[Prime Video]	\$5.99				
By: Daniel Stamm, Jacqueline Byers, Colin Salmon					
Quantity: 1					
Item(s) Subtotal: \$5.99					
Total Before Tax: \$5.99					
Tax Collected: \$0.00					
Total for this Order: \$5.99					

## **Payment Information** Payment method • ending in 2639 Billing address Raymond Duran 14219 Gain st • Arleta, CA 91331 · United States 8182983908 Item(s) Subtotal: \$5.99 Total Before Tax: \$5.99 Tax Collected: Grand Total: \$5.99

### Your Account > Your Orders > Order Summary #D01-0252018-0294622

Amazon.com order number: D01-0252018-0294622 Order Total: \$5.99

### Manage Your Digital Items <u>Kindle, Your Video Library, Prime Photos, Amazon Drive, Music,</u> <u>Apps & Devices</u>

Recipient: Raymond	Items Ordered	Price		
Raymond	Prey for the Devil[Prime Video] By: Daniel Stamm, Jacqueline Byers, Colin Salmon Qty: 1	\$5.99		
		Item(s) Subtotal: \$5.99		
		Total Before Tax: \$5.99 Tax Collected: \$0.00		
		Total for this Order: \$5.99		
Payment Info	rmation Need to print an in	woice?		
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Billing address     Raymon     14219 G	ling in 2639 d Duran ain st			
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<ul> <li>Billing address</li> <li>Raymon</li> <li>14219 G</li> <li>Arleta, C</li> <li>United S</li> </ul>	ling in 2639 d Duran rain st CA 91331 States			
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<ul> <li>Billing address</li> <li>Raymon</li> <li>14219 G</li> <li>Arleta, C</li> <li>United S 8182983</li> </ul>	ling in 2639 d Duran iain st CA 91331 States 1908			

\$5.99

Refunds Refund date: March 2, 2023

Refund Amount: \$5.99



Office of the City Clerk						-0	-
Administrative Services Division						11	1 199
Neighborhood Council (NC) Funding Progr	am					- Trib	
Board Action Certification (BAC) Form						10-	dial a
NC Name: ARLETA			Meeting Date:		1- 202	3	
Budget Fiscal Year: 2022-2023			Agenda Item N	io: 2	-6		B
Board Motion and/or Public Benefit Statement (CIP and NPG):	to Appro	ove ex	recti	ION ON	Charg	e card	ter
	to Appro Accident	Al USE	, tre	sident	Kaymo	na Duri	The To
	Check	pay LA	City 16	ill tor	C.MANGE I	MADE IN	Crior
Method of Payment: (Select One)	L) Cleak	Vot	e Count			- memoer memo	
Recused Board Member	s must leave the room pri	or to any discus	sion and may no	ot return to the ro	om until after t	he vote is compl	ete.
Board Member's First and Last Name	Board Position Pres/Home	Yes	No	Abstain	Absent	Ineligible	Recused
Raymond Duran Burton Hunter	VP/Renter			V			
		V					
Margaret Shoemaker	Sec/At Lg	1					
Loyce Lacson	Trea/Sr. rep						
Jose Pumay	Home rep	1					
Gary Gallon	Sr. rep	V					
Jesus Ramos	Home rep				-		
Jaime Gallo	Home Rep				V		
Brian Patton	Comm rep	~					
Jesus Torres	Comm Rep	1					
Mary Oberg	At Lg Rep	V					
Marco Valdez	At Lg rep	V					
Christiana Hartwell	Buss Rep	1					
	Youth Rep						
	School Rep						
					1		
Board Quorum:	Total	1	11		1		
We, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board wa	laws, policies, and proceed	uncil, declare th fures. The abov	at the informati e was approved	on presented on by the Neighbor	this form is acc hood Council Bo	urate and comple bard, at a Brown	ete, and that a public Act compliant public
Authorized Signature Round	Trenta		Authorized Sig	nature: R -	In H	to	
Authorized Signature Sayue Print/Type Name: Loyce Lacson	- Juest of		Print/Type Na	me: Burton H	lunter	m	
Date: 3.22-2	3		Date:	3	-22-20	23	
0 22 2						NC	EP 101 BAC Rev02011

### Arleta Self Storage 8918 Woodman Ave Arleta, CA 91331

### 818-830-3811

Arleta Neighborhood Council/LA City c/o: Loyce K Lacson 13722 Goleta St Arleta CA 91331 **Payment Receipt** 

Date Printed Payment Date Unit Available Credit Current Balance Paid Thru Receipt Number By March 22, 2023 March 22, 2023 11:12 AM 08 0.00 0.00 April 30, 2023 112217 JG

7				Charge	Discount	Tax	Total	Payment	Method
1	Date	Unit	Description	510.00	0.00	0.00	510.00	510.00	Master Card
	04/01/23	08	Rent 4/1-4/30	510.00	Taxes	6100		0.00	
					Payment (less	tavi		510.00	
					Payment Subt			510.00	
					Credits Appli			0.00	
					Refunds App			0.00	
					Total Applied	I to Accou	unt	510.00	
					Current Acco Paid By Paid Thru Da Customer Du	ite	ice	April 30, 2	rd *****6701 023 ach Month

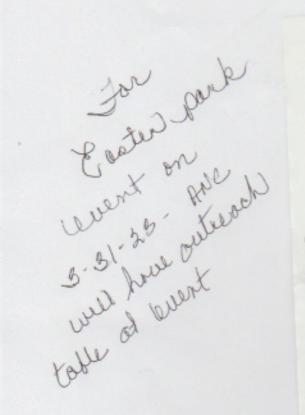
Transaction Type Sale

Authorization 081325 Reference p1\_txn\_641b451530264dbb862dc05

I agree to pay the above amount according to the card issuer statement.

And remember: Referrals pay off! You can get 10% or \$25 off (whichever is less) your next month's rent for referring a new customer! There is no limit to the amount of rewards you receive!

Date





Smart And Final Store 460 16210 DEVONSHIRE STREET GRANADA HILLS, CA 91344 Telephone (818) 892-3338

Grocery Childs Play Candy Regular Price \$9.99 Mars Mixed Mini Variety Hershey Assortment Part Hershey All Time Great First Street Cotton Can First Street Sweet Salt Frito Lay Original Flav Flavor Mix MP First Street Buttered P	9.69 F 13.99 F 12.99 F 9.99 F 9.99 F 9.99 F 9.99 F 14.99 F 13.99 F 19.99 F 19.99 F 19.99 F 19.99 F 13.99 F 13.99 F
SUBTOTAL	
Total # Items Sold	
192.56 @ 0.000% =	0.00

TOTAL

192.56 192.56

Mastercard

PURCHASE \$192.56



CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS 13306 BRANFORD STREET ARLETA, CA 91331 (818) 893-4923 RAP.BRANFORDRC@LACITY.ORG

# BRANFORD EASTER EGG HUNT

GAMES. ARTS & CRAFTS JOIN US AT THE PARK FOR A FUN FILLED DAY OF ACTIVITIES FOR THE WHOLE FAMILY!

> FRIDAY, MARCH 31, 2023 TIME: 4:00PM - 7:00PM

FACE PAINTING, COLORING CONTEST & PRIZES

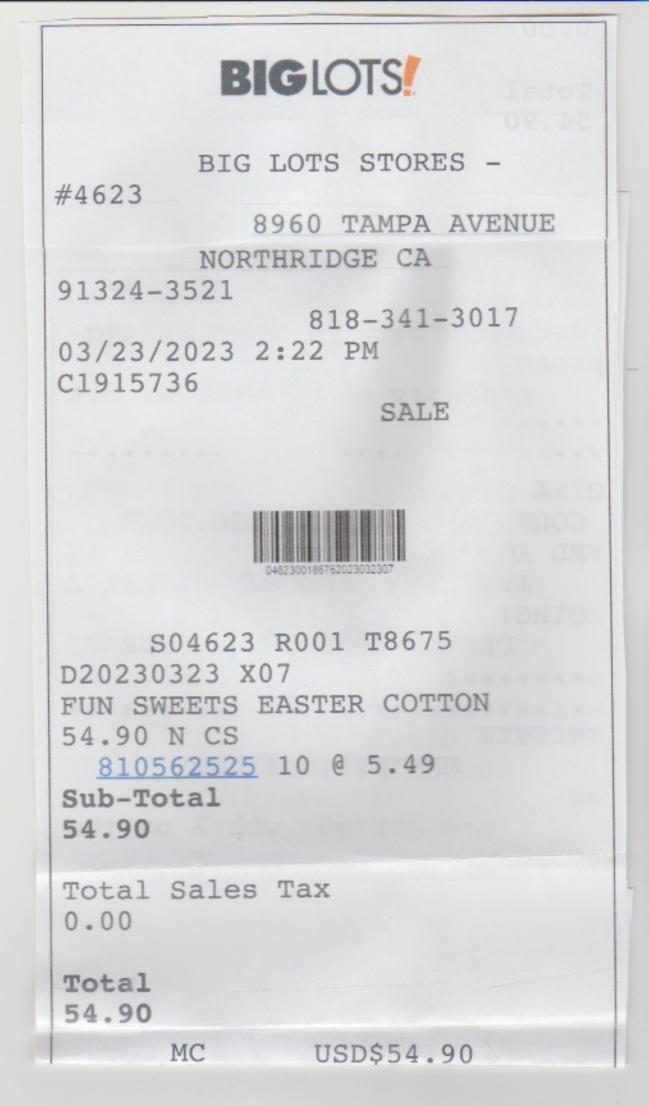
ANC

# FREE/ EVENT!

PHOTOS WITH SPRING BUNNY!

INFORMATION ON THIS IN FEED IS GUILET TO CHARGE WITHOUT FROM NOTICE. PERSONS WITH DIALBUITHS ARE WITHOUT TO HARDONET TO HARDONET IN OUR PROCESS. REALONABLE ACCOMPRISED ON WITH BE MADE WITH THOSE ARRAND WOMEN IN STORES CANNER POINT THROUGH A CONTINUOUS COMPLETINGUE TO DIAL AND WOMEN IN STORES.

Office of the City Clerk							
Administrative Services Division						1	1000
Neighborhood Council (NC) Funding Progr	am						
Board Action Certification (BAC) Form						There	5 VERTEN
NC Name: ARLETA			Meeting Date:	2 - 21	1- 202	3	
Budget Fiscal Year: 2022-2023			Agenda Item M	vo: 26			
Board Motion and/or Public Benefit Statement (CIP and NPG):	to Approv	e up	to s.	500 fr	or Bra	w ford	Park
	to Approv EASter And	ent a	3-31- 3 6 Ave	2023 F	Middle ei	tom - 7+	om.
Method of Payment: (Select One)	Check		Credit Card	~	Boar	d Member Reimbo	ursement
Recused Board Members	s must leave the room prio		e Count ision and may n	ot return to the ro	om until after t	the vote is comple	ete.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Raymond Duran	Pres/Home			V			
Burton Hunter	VP/Renter	/					
Margaret Shoemaker	Sec/At lg	~					
Loyce Lacson	and the second se	v /					
	Trea/Sr rep	V					
Jose Pumay	Home rep				V		
Gary Gallon	Sr Rep	V					
Jesus Ramos	Home rep	V					
Jaime Gallo	Home Rep			V			
Brian Patton	comm rep	V					
Jesus Torres	Comm rep	V					
Mary Oberg	At large rep	V					
		1					
Marco Valdez	At Large	V		-			
Provide States	At Large						
	Youth rep						
Christiana Hartwell	Business rep				Los		
	-Comm rep						
	Youth rep						
	School						
		*					
Board Quorum: 9	Total:	9		2	0		
We, the authorized signers of the above n meeting was held in accordance with all I meeting where a quorum of the Board was	named Neighborhood Coun- aws, policies, and procedur						
Authorized Signature Same	Jours		Authorized Sig	nature:	mit t	1	
Print/Type Name: Loyce Lacson			Print/Type Nar	ne:Burton H		Anth	
Date: 2-21.2	3022		Date:		22-20.	72	
01.04				2.1	20.		P 101 BAC Rev0201



Account: 6701 Token: 6701 Authorization Code: 088226 CTroutd: 540100048 Card Entry Mode: ChipRead CVM:Signature CVM Results: 1E0300 AID:A000000041010 App Label:MASTERCARD App Cryptogram: 34B7D807D90DE7C6 Total Tender 54.90 Change Due 0.00 Loyalty #XXXXXXXXXXX591604

FOR BRANFord PARK EASter event MARCH 31.

ANC will have Outreach TAble



CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS 13306 BRANFORD STREET ARLETA, CA 91331 (818) 893-4923 RAP.BRANFORDRC@LACITY.ORG

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ANC J LANA

FREE, EVENT! PHOTOS WITH SPRING BUNNY?

DEFORMATION ON THE FORM IN SUBJECT TO CHARGE WITHOUT PROFACT CE. PERIORS WITH DESERVITIES WE WILCOME TO PREFICIPATE TO CHARGE WITHOUT PROFACE ACCOUNTS OF PROFACE PROFACE ACCOUN

Office of the City Clerk						1			
Administrative Services Division						1			
Neighborhood Council (NC) Funding Prog	ram					1			
Board Action Certification (BAC) Form									
NC Name: ARLEIA			Meeting Date: 2 - 21 - 2023 Agenda Item No: 4 P to \$500 For BrAN ford Park 3.31-2023 Friday April - 7 pm. Dil have booth Af event						
Budget Fiscal Year:2022-2023 Board Motion and/or Public Benefit			Agenda Item N	10: 4		01	7 15		
Statement (CIP and NPG):	to Approv	e up	to "	500 to	or Dra	wford	PARE		
	EASTER 44	cent .	3-31-2	1923, F	Midday +	1pm - 71	om.		
Method of Payment: (Select One)	Check	- Wai	Credit Card	basth	AT el	d Member Reimb	ursement		
		Vo	te Count						
Recused Board Member	s must leave the room prio	r to any discu	ssion and may no	st return to the re	oom until after t	he vote is compl	ete.		
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused		
Raymond Duran	Pres/Home			V			-		
Burton Hunter	VP/Renter	V.							
Margaret Shoemaker	Sec/At lg	V							
Loyce Lacson	Trea/Sr rep	V							
Jose Pumay	Home rep								
Gary Gallon	Sr Rep	V							
Jesus Ramos	Home rep	V							
Jaime Gallo	Home Rep			~					
Brian Patton	comm rep	V							
Jesus Torres	Comm rep	V							
Mary Oberg	At large rep	V							
Marco Valdez	At Large	V							
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Christiana Hartwell	Business rep				100				
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	Youth rep								
	School								
		*							
Board Quorum: 9	Total:	9		. A	2				
We, the authorized signers of the above n									
meeting was held in accordance with all I meeting where a quorum of the Board was		es. The above	was approved t	by the Neighborh	ood Council Boa	ard, at a Brown /	vct compliant public		
Authorized Signature Jaye	Joesa		Authorized Sign	iature: B	The to the	1.11			
Print/Type Name: Loyce Lacson			Print/Type Nam	Burton Hu	unter				
Date: 2-21-3	2022		Date:			72			
or or o	1003 - 3			1.1	22-20		P 101 BAC Rev0201		

EASTER for Part EASTER ford Part At Bran ford Part At Will have ANC WILL HAVE

Smart&Final Warehouse 5 Market, Friend & Neigh

Smert And File Store 460 16210 DEVDVSFIRE STREET GRANADA HILLS, CA 91344 Telephone (818) 392-3338

#### Bevenade Beverage Crystal Gevser Water 5.49 32.90 F 5 8 CRV FOODSTAMP NONTRAB 10.50a F 6.0 1.75 SUBTOTAL Total # Items So d 6 43.44 @ 0.000% 43.14 IGTAL. 43.44 Mastercard PURCHASE \$43.44 CHIP FEAD REF#: 002097 APPROVED MASTERCARD Mode: Issuer TAD: 011026400162000030470000000000000FF

Legend F - food stand eligible \* - non-discourtable

### 0010460270323001000191

You were served by: Countril

Date Time Store Term Oph Tran 05/27/23 03:58 AM 450 1 40018 0191

> Thank you for shopping at Smart and Final

We want to know your thoughts! Complete our survey and enter to win 1 of 5 \$100 SMARE & FINAL GIFT CARDS Visit www.smartshofinal com/survey within 7 days of this shop thank you!

Now kining! Visit www.smantardfinal.com/careers

> One Trip S That's It

# 32.94

43.44



CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS 13306 BRANFORD STREET ARLETA, CA 91331 (818) 893-4923 RAP.BRANFORDRC@LACITY.ORG

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ANC

# FREE / EVENT!

PHOTOS WITH SPRING BUNNY!

INFORMATION ON THE REPORT TO CHEMIC WITHOUT PRICE NOTICE PERSING WITH DISABILITIES ARE WELCOME TO PRETICIPATE IN OUR PROCESS. RESONANCE ACCOMMODATION WILL BE MADE WITH PRICE AREAD CENTER TO ATV THROUCH A CONTINUOUS COMMITMENT TO CHES AND WOMEN IN SHORTS.

Office of the City Clerk						-0	all in
Administrative Services Division						11	1 (12)
Neighborhood Council (NC) Funding Progr	am					These	5 22
Board Action Certification (BAC) Form NC Name: ARLE IA				9 . 01	- 200	5	
NC Name: ATTELTA			Meeting Date:	/	- 202		
Budget Fiscal Year:2022-2023 Board Motion and/or Public Benefit			Agenda Item M	10: 4	Aug		2.0
Statement (CIP and NPG):	to Approv. Ensterative	e up cent	to 3.31-3	500 to	VIDAG 1	lon - 71	part.
Method of Payment: (Select One)	Check	2 wai	Credit Card	200.00	Board	d Member Reimb	ursement
Recused Board Member	s must leave the room prior		te Count ssion and may no	ot return to the ro	om until after t	he vote is comple	ete.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Raymond Duran	Pres/Home			V			
Burton Hunter	VP/Renter	V					
Margaret Shoemaker	Sec/At lg	V					
Loyce Lacson	Trea/Sr rep	./					
		V			~		
Jose Pumay Gary Gallon	Home rep Sr Rep	V			V		
Jesus Ramos	Home rep	V	-				
Jaime Gallo	Home Rep			V			
Brian Patton	comm rep	1/					
Jesus Torres	Comm rep	V					
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Mary Oberg	At large rep						
Marco Valdez	At Large	V	-				
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Christiana Hartwell	Business rep				100		
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	Youth rep						
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Board Quorum: 9	Total:	9		. A	2		
We, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board was	laws, policies, and procedu	cil, declare t res. The abo	hat the informati ve was approved	on presented on t by the Neighbor	this form is accu nood Council Bo	arate and comple	te, and that a publi Act compliant publi
Authorized Signature Jayre	Jours		Authorized Sig	0	mth	ture	_
Print/Type Name: Loyce Lacson				me:Burton H	unter		
Date: 2-21.	2023		Date:	2-3	22-20	23	

### 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.

-		The second se		
0	TION I- APPLICANT INFORMATION	23-7444901 C/	Δ	4/12/13
a)	Northridge Hospital		e of Incorporatio	
b)	8210 Etiwanda Ave.	Reseda	CA	91335
	Organization Mailing Address	City	State	Zip Code
c)	18300 Roscoe Blvd.	Northridge	CA	91328
-1	Business Address (If different)	City	State	Zip Code
d)	PRIMARY CONTACT INFORMATION: Joni Novosel 818 718 5936	joni.novosel@commor	spirit.org	
	Name	Phone	Email	wet the floor wor
	Public School (not to include private schools)	or 501(c)(3) Non-Profi	(other than religio	ous institutions)
)	Public School (not to include private schools) Attach Signed letter on School Letterhead Name / Address of Affiliated Organization (if ap TION II - PROJECT DESCRIPTION	d Attach IRS Determ	t (other than religio ination Letter Sta	
	Attach Signed letter on School Letterhead	d Attach IRS Determ	ination Letter	
C	Attach Signed letter on School Letterhead Name / Address of Affiliated Organization (if ap	d Attach IRS Determ oplicable) City e grant.	ination Letter	
C	Attach Signed letter on School Letterhead Name / Address of Affiliated Organization (if ap TION II - PROJECT DESCRIPTION Please describe the purpose and intent of th	d Attach IRS Determ	ination Letter Sta	te Zip Code
C	Attach Signed letter on School Letterhead Name / Address of Affiliated Organization (if ap TION II - PROJECT DESCRIPTION Please describe the purpose and intent of th Funds raised from the 2023 V4V Walk/Run w 1. The Center for Assault Treatment Services	d Attach IRS Determ oplicable) City e grant. vill benefit the following: s (CATS) provides forensic medic ault, domestic violence, and huma y program in Los Angeles that pro	ination Letter Sta al evidentiary e an trafficking.	examinations and
	Attach Signed letter on School Letterhead Name / Address of Affiliated Organization (if ap TION II - PROJECT DESCRIPTION Please describe the purpose and intent of th Funds raised from the 2023 V4V Walk/Run w 1. The Center for Assault Treatment Services interviews at no cost to victims of sexual assa 2. The Medical Safe Haven (MSH) is the only	d Attach IRS Determ oplicable) City te grant. vill benefit the following: s (CATS) provides forensic medic ault, domestic violence, and huma v program in Los Angeles that pro	ination Letter Sta al evidentiary e an trafficking, vides integrate	examinations and
C	Attach Signed letter on School Letterhead Name / Address of Affiliated Organization (if ap TION II - PROJECT DESCRIPTION Please describe the purpose and intent of th Funds raised from the 2023 V4V Walk/Run w 1. The Center for Assault Treatment Services interviews at no cost to victims of sexual assa 2. The Medical Safe Haven (MSH) is the only health treatment to human trafficking victims. How will this grant be used to primarily supp	d Attach IRS Determ oplicable) City re grant. vill benefit the following: s (CATS) provides forensic medic ault, domestic violence, and huma y program in Los Angeles that pro port or serve a public purpose an a for Individuals) Run event will be used to provide child abuse, and sex trafficking.	al evidentiary e an trafficking. vides integrate ongoing servic Both of our pro	examinations and d medical and mental public at-large.
	Attach Signed letter on School Letterhead Name / Address of Affiliated Organization (if ap TION II - PROJECT DESCRIPTION Please describe the purpose and intent of th Funds raised from the 2023 V4V Walk/Run w 1. The Center for Assault Treatment Services interviews at no cost to victims of sexual assa 2. The Medical Safe Haven (MSH) is the only health treatment to human trafficking victims. How will this grant be used to primarily supp (Grants cannot be used as rewards or prizes Funds raised at the Victory for Victims Walk I victims of sexual assault, domestic violence, MSH serve those that are the most vulnerable	d Attach IRS Determ oplicable) City re grant. vill benefit the following: s (CATS) provides forensic medic ault, domestic violence, and huma y program in Los Angeles that pro port or serve a public purpose an a for Individuals) Run event will be used to provide child abuse, and sex trafficking.	al evidentiary e an trafficking. vides integrate od benefit the p ongoing servic Both of our pro assiting them o	examinations and d medical and mental public at-large.

Personnel Related Expenses	Requested of NC	C Total Projected Con	
	\$	\$	
	S	\$	
	95	\$	
Non-Personnel Related Expenses	Requested of NC	Total Projected Cos	
Event cost including race and timing fees, set up, park fees, port a potter	\$5,000	\$45,000	
duripaties, and all other tool	\$	\$	
	5	5	

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project? M No Q Yes If Yes, please list names of NCs:

8) Is the implementation of this specific program or purpose described in Question 4 contingent on any other factors or sources or funding? (Inclusion NPG applications to other NCs) Vis. D Yes. If Yes, please describe:

Source of Funding	Amount	Total Projected Cost
	5	ß
	5	5
	5	5

9) What is the TOTAL amount of the grant funding requested with this application: \$ 3000, 60

10a) Start date: 411712310b) Date Funds Required: 4115128 10c) Expected Completion Date: 4117124 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

#### SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?

No U Yes If 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? If Yes □ No <u>'(Please note that if a Board Member of the NC has a conflict of interest and completes this form,</u> or participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment of this

grant in its entirety.)

PAGE 2

Signation every 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 the documents "What is a Public Benefit," and "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\*
 3/1/23

 Joni Novosel
 Director

 PRINT Name
 Title

 12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*
 3/1/23

 Date
 Director

 12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*
 3/1/23

 Date
 3/1/24

 Date
 3/1/25

 Date
 3/1/24

 Date
 3/1/25

 Date
 3/1/24

<sup>1</sup> If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <u>clerk.ncfunding@lacity.org</u> for instructions on completing this form

NCFP 107

IRS Internal Revenue Service P.O. Box 2508 Cincinnati OH 45201

In reply refer to: 0248222119 Apr. 12, 2013 LTR 4168C E0 23-7444901 000000 00 00018164 BODC: TE

NORTHRIDGE HOSPITAL FOUNDATION 18300 ROSCOE BLVD NORTHRIDGE CA 91325-4105



001965

Employer Identification Number: 23-7444901 Person to Contact: Kaye Keyes Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Apr. 03, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in November, 1996.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(3).

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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248222119 Apr. 12, 2013 LTR 4168C E0 23-7444901 000000 00 00018165

Apr. 12, 2015 LTR 4168C E0 23-7644901 000000 00 00918164

37 :300

NORTHRIDGE HOSPITAL FOUNDATION 18300 ROSCOE BLVD NORTHRIDGE CA 91325-4105

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

Sincerely yours,

Receard marin

Richard McKee, Department Manager Accounts Management Operations

Richard M Accounts

Our reading plan indicate that you are not a private foundation within the meaning of section 500(s) of the cude magness you are described in section 509(al(3))

the fode. Bequests, legacist, devices, transfore, at sitts to you of for your use are deductible for federal estate and gift tax burgeses if they aget the constraints crovintone of estates 2005. 2026, and 2522 of the Code.

Places refer to our weashe www instances for information reparding filing requirements. Spacifically, section 6015(1) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-events status as of the file. We will publish a list of organizations whose tax-event status was revoked under section 6013(1) of the Code on our website beginning to serve 2011. 8210 Ethiopreta Ave., Resola, CA 91335 Occultorer (818) 718-0903

Sector for Association Services

NO FEE Expo Form

### 21<sup>st</sup> Annual Victory for Victims 5K/10K Walk/Run Kids Fun Run and 1-Mile Friendly Dog Walk

### Saturday, April 15, 2023

Hansen Dam Park, 11770 Foothill Blvd. (area 4), Lake View Terrace 91342

5:30- 6:00 AM Set-Up Time

1	EXPO BOO	TH RESER	VATION FO	DRM	_
Company Name:	Arleta	Neight	or hood	Couderl	
Contact Name: I+ Address:	Aymond	BurAN	- Preside	ton	
It - Loyc	e LACS	ON - T	reasure		
					-
city:	<u>4</u> 4	Sta	te: <u>CA</u> Zip	Code: 91331	
Cell phone Number	49 818-298	3-3908 Email A	idress: <u>Mdurk</u>	D Arleta	the org
Loyce -	\$18-554-6 cription of product	e178	11 Hes Id	@ Arleta	. NC.089
most provide des	cription of product	OI DOI VIGE			
Comm	with 6 Ase	ed org.	Outread	h material	S (free)
4 INform	Ation Ab	aut Deig	hborhood	Council	

### EXPO BOOTH

You must provide your own: Canopy, Table, Chairs and generator if needed.

Complete this form and mail or fax to (818) 718-5989 or email to: priscilla.lomeli@commonspirit.org

Northridge Hospital Medical/Center for Assault Treatment Services (C·A·T·S)

8

Office of the City Clerk							
Administrative Services Division						1	1
Neighborhood Council (NC) Funding Progr	am						1 ( ]]
Board Action Certification (BAC) Form						Vig Vie	- Since
NC Name: ARLETA			Meeting Date:	521	- 2024	3	
Budget Fiscal Year: 2022-2023			Annual a Marrie Mi				
Board Motion and/or Public Benefit	to Appro	Ve NI	lb for	- Vie to	ry tor	Vietam	5
Statement (CIP and NPG):	to Appro 5K WAIR-	Run t Nor	to CAT	5 progr	Schedt	ed for 1	1.15.23
Method of Payment: (Select One)	Check		Credit Card			i Member Reimb	
Recused Board Member	s must leave the room pric		te Count ision and may no	t return to the ro	om until after t	he vote is compl	etc.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Raymond Duran	Pres/Home			V			
Burton Hunter	VP/Renter	V					
Margaret Shoemaker	Sec/At Lg	~					
Loyce Lacson	Trea/Sr. rep	~					
Jose Pumay	Home rep	V					
Gary Gallon	Sr. rep	V					
Jesus Ramos	Home rep			V			
Jaime Gallo	Home Rep				V		
Brian Patton	Comm rep	V			Y		
Jesus Torres	Comm Rep	V					
Mary Oberg	At Lg Rep	V					
Marco Valdez	At Lg rep	V					
Christiana Hartwell	Buss Rep						
Childrand Harthon	Youth Rep	V					
	School Rep						
	School nep		-				
		1.00					
	The second						
Board Quorum;	Total:	10		2			
We, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board wa	laws, policies, and procedi	ncil, declare th ures. The abov	at the information was approved	on presented on t by the Neighborh	this form is according to the second Council Bo	urate and comple pard, at a Brown	ete, and that a public Act compliant public
Authorized Signature Hay	4 Salars	V.	Authorized Sig	nature:	Suster H	Ta	*
Print/Type Name: Loyce Lacson	- June	P	Print/Type Nar	me: Burton H	lunter	inne	
Date: 3-22-2	3		Date:	3	-22		ED 101 BAC Box 03011