# Monthly Expenditure Report



Reporting Month: March 2021

Budget Fiscal Year: 2020-2021

NC Name: Greater Cypress Park Neighborhood Council

| Monthly Cash Reconciliation |             |                      |             |             |               |  |  |
|-----------------------------|-------------|----------------------|-------------|-------------|---------------|--|--|
| Beginning Balance           | Total Spent | Remaining<br>Balance | Outstanding | Commitments | Net Available |  |  |
| \$15225.11                  | \$8153.72   | \$7071.39            | \$4000.00   | \$0.00      | \$3071.39     |  |  |

| Monthly Cash Flow Analysis            |                |                           |                           |                                   |               |  |
|---------------------------------------|----------------|---------------------------|---------------------------|-----------------------------------|---------------|--|
| Budget Category                       | Adopted Budget | Total Spent this<br>Month | Unspent Budget<br>Balance | Outstanding                       | Net Available |  |
| Office                                |                | \$2153.72                 |                           | \$0.00                            |               |  |
| Outreach                              | \$17300.00     | \$0.00                    | \$7454.43                 | \$0.00                            | \$7454.43     |  |
| Elections                             |                | \$0.00                    |                           | \$0.00                            |               |  |
| Community<br>Improvement Project      | \$1000.00      | \$0.00                    | \$1000.00                 | \$0.00                            | \$1000.00     |  |
| Neighborhood Purpose<br>Grants        | \$20290.51     | \$6000.00                 | \$-4309.49                | \$4000.00                         | \$-8309.49    |  |
| Funding Requests Under Review: \$0.00 |                | Encumbrances: \$0.00      |                           | Previous Expenditures: \$26291.85 |               |  |

|   | Expenditures                                    |            |   |                                      |              |           |  |  |
|---|---|------------|---|--------------------------------------|--------------|-----------|--|--|
| # | Vendor  | Date       | Description   | Budget<br>Category                   | Sub-category | Total     |  |  |
| 1 | STORQUEST-LA/FIGUEROA                           | 03/01/2021 | Storage   | General<br>Operations<br>Expenditure | Office       | \$180.00  |  |  |
| 2 | SQ BRIDGEGAP                                    | 03/18/2021 | Minute takers   | General<br>Operations<br>Expenditure | Office       | \$283.82  |  |  |
| 3 | STORQUEST-LA/FIGUEROA                           | 03/30/2021 | storage   | General<br>Operations<br>Expenditure | Office       | \$182.00  |  |  |
| 4 | YOUTH FILM<br>PRODUCTIONS                       | 03/16/2021 | \$2000 NPG to Youth Film<br>Productions for equipment for<br>students and to provide<br>funding for an online youth<br>film festival.   | Neighborhood<br>Purpose<br>Grants    |              | \$2000.00 |  |  |
| 5 | El Rio de Los Angeles<br>Veterans Collaborative | 03/17/2021 | \$2000 NPG to EL RIO DE<br>LOS ANGELES VETERANS<br>for a Memorial Day<br>Ceremony: To be held at El<br>Rio de Los Angeles State<br>Park on May 29, 2021.<br>Ceremony will honor<br>deceased Veterans in the | Neighborhood<br>Purpose<br>Grants    |              | \$2000.00 |  |  |

| 6  | Barbier International Inc.          | 02/09/2021 | Approve the budget and<br>administrative packet as<br>presented in the board<br>packet, which includes \$3000<br>for translation services and<br>\$2800 for meeting minute<br>taker services. | General<br>Operations<br>Expenditure | Office | \$72.30  |
|----|-------------------------------------|------------|---|--------------------------------------|--------|----------|
| 7  | Barbier International Inc.          | 02/09/2021 | Approve the budget and<br>administrative packet as<br>presented in the board<br>packet, which includes \$3000<br>for translation services and<br>\$2800 for meeting minute<br>taker services. | General<br>Operations<br>Expenditure | Office | \$123.75 |
| 8  | Barbier International Inc.          | 02/09/2021 | Approve the budget and<br>administrative packet as<br>presented in the board<br>packet, which includes \$3000<br>for translation services and<br>\$2800 for meeting minute<br>taker services. | General<br>Operations<br>Expenditure | Office | \$27.80  |
| 9  | Barbier International Inc.          | 02/16/2021 | Approve the budget and<br>administrative packet as<br>presented in the board<br>packet, which includes \$3000<br>for translation services and<br>\$2800 for meeting minute<br>taker services. | General<br>Operations<br>Expenditure | Office | \$300.00 |
| 10 | Barbier International Inc.          | 02/16/2021 | Approve the budget and<br>administrative packet as<br>presented in the board<br>packet, which includes \$3000<br>for translation services and<br>\$2800 for meeting minute<br>taker services. | General<br>Operations<br>Expenditure | Office | \$37.90  |
| 11 | LANGUAGES4YOU<br>TRANSLATION AGENCY | 02/09/2021 | Approve the budget and<br>administrative packet as<br>presented in the board<br>packet, which includes \$3000<br>for translation services and<br>\$2800 for meeting minute<br>taker services. | General<br>Operations<br>Expenditure | Office | \$240.00 |
| 12 | Barbier International Inc.          | 03/15/2021 | Approve the budget and<br>administrative packet as<br>presented in the board<br>packet, which includes \$3000<br>for translation services and<br>\$2800 for meeting minute<br>taker services. | General<br>Operations<br>Expenditure | Office | \$405.00 |
| 13 | Barbier International Inc.          | 03/15/2021 | Approve the budget and<br>administrative packet as<br>presented in the board<br>packet, which includes \$3000<br>for translation services and<br>\$2800 for meeting minute<br>taker services. | General<br>Operations<br>Expenditure | Office | \$54.90  |
| 14 | Barbier International Inc.          | 03/15/2021 | Approve the budget and<br>administrative packet as<br>presented in the board<br>packet, which includes \$3000<br>for translation services and<br>\$2800 for meeting minute<br>taker services. | General<br>Operations<br>Expenditure | Office | \$150.00 |

| 15 | Barbier International Inc. | 03/15/2021 | Approve the budget and<br>administrative packet as<br>presented in the board<br>packet, which includes \$3000<br>for translation services and<br>\$2800 for meeting minute<br>taker services.      | General<br>Operations<br>Expenditure | Office | \$96.25   |
|----|----------------------------|------------|--|--------------------------------------|--------|-----------|
| 16 | Manos Que Sobreviven       | 03/19/2021 | \$2000 NPG to Manos Que<br>Sobreviven for a Dia Del Niño<br>event at Irving middle school<br>or Nightengale Middle school.<br>We plan on providing 500<br>Happy meals from<br>McDonald's to childr | Neighborhood<br>Purpose<br>Grants    |        | \$2000.00 |
|    | Subtotal:                  |            |  | •                                    |        | \$8153.72 |

|   | Outstanding Expenditures   |            |   |                                |              |           |  |
|---|--|------------|---|--------------------------------|--------------|-----------|--|
| # | Vendor   | Date       | Description   | Budget Category                | Sub-category | Total     |  |
| 1 | Friends of Cypress<br>Park Community<br>Improvement<br>Association | 02/11/2021 | To fund the maintenance and<br>upkeep of our Cypress Park<br>Veterans Memorial Site<br>located on Pepper and<br>Cypress Ave in Cypress Park.<br>Also for lighting the of the<br>memorial site. This amount is<br>to c | Neighborhood<br>Purpose Grants |              | \$2000.00 |  |
| 2 | Breaking Through<br>Barriers to Success                            | 03/23/2021 | \$2000 NPG to Breaking<br>through Barriers to Success,<br>partnering with Unidos por<br>NELA for a Dia Del Nino event<br>at the LA River Center, April<br>30, 2021.   | Neighborhood<br>Purpose Grants |              | \$2000.00 |  |
|   | Subtotal: Outstanding  | g          | •   |                                |              | \$4000.00 |  |

StorQuest - Los Angeles / Figueroa 2222 North Figueroa Los Angeles, CA 90065 323-227-0015

Greater Cypress Park NC 1150 Cypress Ave

Los Angeles, CA 90065

StorQuest - Los Angeles / Figueroa 2222 North Figueroa Los Angeles, CA 90065 323-227-0015

Account Number: 1003575944

DETACH UPPER PORTION AND RETURN IT WITH YOUR CHECK PAYMENT

#### MONTHLY INVOICE

|           |  |               | IMPOF    |       | FORMATION | 1                     |       |         |                                      |
|-----------|--|---------------|----------|-------|-----------|-----------------------|-------|---------|--------------------------------------|
| u can pay | re to serve you at<br>y by (1) credit card<br>will serve as your | d, (2) check, |          |       |           |                       |       |         |                                      |
|           | bout your Invoice  |               | -        |       |           | -                     |       |         |                                      |
| Space     | Due Date   | Rent          | Services | Fees  | Insurance | Other                 | Тах   | Credits | Tota                                 |
| 1151      | Feb 28, 2021   |               | \$.00    | \$.00 | \$10.00   | \$.00                 | \$.00 | \$.00   | \$180.00                             |
|           | e Date: Feb 12   |               | 2024     |       |           | alance:<br>ue Balance |       |         | \$180.00<br>\$.00<br><b>\$180.00</b> |

You can pay your bill online by visiting www.storquest.com, over the phone by calling 323-701-1877, by mail, or in person at StorQuest - Los Angeles / Figueroa. Each month your payment can be automatically charged to your credit card, just ask us for an Autopay card and we'll take care of the rest.

#### Thank you for renting from StorQuest - Los Angeles / Figueroa, we appreciate your business!



Invoice #2009026

# GCPNC 02092021 GBM

We appreciate your business.

| <b>Bill To</b><br>Ash Kramer<br>GCPNC<br>ashleyckramer@gmail.com<br>1150 Cypress Ave<br>Los Angeles, CA 90065 | <b>Invoice Details</b><br>PDF created March 17, 2021<br>\$283.82 |          | <b>Payment</b><br>Due April 16, 2021<br>\$283.82 |          |
|---|--|----------|--|----------|
| Item  |  | Quantity | Price  | Amount   |
| Minute Taking   |  | 1        | \$283.82   | \$283.82 |
| Subtotal  |  |          |  | \$283.82 |
| Total Paid  |  |          |  | \$283.82 |
| <b>Payments</b><br>Mar 17, 2021 (Mastercard 8370)   |  |          |  | \$283.82 |



View online

To view your invoice go to https://gosq.me/u/RC66H6Yy Or open your camera on your mobile device, and place the code on the left within the camera's view. Page 1 of 1



Ash Kramer <ashleyckramer@gmail.com>

#### You paid an invoice! (#2009026)

**Bridgegap** <invoicing@messaging.squareup.com> Reply-To: Bridgegap <info@btsasa.com> To: ashleyckramer@gmail.com Wed, Mar 17, 2021 at 5:13 PM

Bridgegap

Invoice Paid

# \$283.82

Paid on March 17, 2021

GCPNC 02092021 GBM

Invoice #2009026 March 17, 2021

#### Customer

Ash Kramer GCPNC ashleyckramer@gmail.com 1150 Cypress Ave Los Angeles, CA 90065

#### Message

We appreciate your business.

**Invoice summary** 

Gmail - You paid an invoice! (#2009026)

| Minute Taking                  | \$283.82 |
|--------------------------------|----------|
| Subtotal                       | \$283.82 |
| Total Paid                     | \$283.82 |
| Attachments                    |          |
| GCPNC_Invoice_Form_02092021.pd | f        |
|                                |          |

Mastercard 8370

03/17/21, 5:13 PM

#### Send estimates or invoices for your business?

Process \$1,000 in sales free when you sign up for Square.

**Get Started** 

Bridgegap

10008 National Blvd.#319 Los Angeles, CA 90034 United States info@btsasa.com 310-387-1374 © 2021 Square, Inc. Square Privacy Policy I Security

StorQuest - Los Angeles / Figueroa 2222 North Figueroa Los Angeles, CA 90065 323-227-0015

Transaction Date:Mar 29, 2021Transaction Number:1069169166Account Nam@reater Cypress Park NCAccount Number:1003575944Agent:A AP

Greater Cypress Park NC 1150 Cypress Ave

Los Angeles, CA 90065

| Charge Date  | Item Description   | Amount   |
|--------------|--|----------|
| Mar 29, 2021 | Unit 1151 Rent: (Mar 29, 2021 thru Apr 28, 2021)           | \$170.00 |
| Mar 29, 2021 | Insurance 3,000 coverage: (Mar 29, 2021 thru Apr 28, 2021) | \$12.00  |

| Charges Su     | mmary:       |          |
|----------------|--------------|----------|
| Ch             | arges:       | \$182.00 |
| Та             | X:           | \$.00    |
| То             | tal Charges: | \$182.00 |
| Payment Su     | ımmary:      |          |
| Tot            | al Tendered: | \$182.00 |
| Ch             | ange:        | \$.00    |
|                |              |          |
| Payment Method | Reference    | Amount   |

xxxxx8370

\$182.00

MasterCard

### 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.

#### Name of NC from which you are seeking this grant: \_\_\_\_\_

#### **SECTION I- APPLICANT INFORMATION**

| 1b)       | Organization Name               | Fede     | eral I.D. # (EIN#) | State of Incorporatio  | n Date of 501(c)(3)<br>Status (if applicabl |
|-----------|---------------------------------|----------|--------------------|--|---|
| ,         | Organization Mailing Address    | City     |                    | State  | Zip Code                                    |
| 1c)       |                                 |          |                    |  |   |
|           | Business Address (If different) | City     |                    | State  | Zip Code                                    |
|           |                                 |          |                    |  |   |
| 1d)       | PRIMARY CONTACT INFORMATION:    |          |                    |  |   |
| 1d)       | PRIMARY CONTACT INFORMATION:    | Ph       | one                | Email  |   |
| 1d)<br>2) |                                 | Ph<br>or | ⊠501(c)(3) Nor     | <i>Email</i><br>n-Profit (other than religion<br>etermination Letter | us institutions)                            |

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

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)

#### SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

| 6a) | Personnel Related Expenses     | Requested of NC             | Total Projected Cost             |
|-----|--------------------------------|-----------------------------|----------------------------------|
|     |                                | \$                          | \$                               |
|     |                                | \$                          | \$                               |
|     |                                | \$                          | \$                               |
|     |                                |                             |                                  |
| 6b) | Non-Personnel Related Expenses | Requested of NC             | Total Projected Cost             |
| 6b) | Non-Personnel Related Expenses | Requested of NC<br>\$       | Total Projected Cost<br>\$       |
| 6b) | Non-Personnel Related Expenses | Requested of NC<br>\$<br>\$ | Total Projected Cost<br>\$<br>\$ |

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

8) Is the implementation of this specific program or purpose described in Question 4 contingent on any other factors or sources or funding? (Including NPG applications to other NCs)  $\Box$  No  $\Box$  Yes If Yes, please describe:

|                   |        | picase acsorise.     |
|-------------------|--------|----------------------|
| Source of Funding | Amount | Total Projected Cost |
|                   | \$     | \$                   |
|                   | \$     | \$                   |
|                   | \$     | \$                   |

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

10a) Start date: \_\_\_/\_\_\_ 10b) Date Funds Required: \_\_\_/\_\_\_ 10c) Expected Completion Date: \_\_\_/\_\_\_/ (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 □ 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?
□ Yes □ No <u>\*(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 NC Funding Program will deny the payment of this grant in its entirety.)</u>

**SECTION V - DECLARATION AND SIGNATURE** 

PRINT Name

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 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

Date

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

|            |       | Nenda 107 12   |      |
|------------|-------|----------------|------|
| PRINT Name | Title | (Signature ( ) | 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 <u>clerk.ncfunding@lacity.org</u> for instructions on completing this form

Title

DEPARTMENT OF THE TREASURY

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

## Date: JAN 03 2018

YOUTH FILM PRODUCTIONS 2916 WEST MAIN ST APT G ALHAMBRA, CA 91801-0000

Employer Identification Number: 82-2385573 DLN: 26053738006377 Contact Person: CUSTOMER SERVICE ID# 31954 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: August 4, 2017 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.

Sincerely,

stephen a martin

Director, Exempt Organizations Rulings and Agreements



#### **GCPNC Youth Film NPG Payment Request**

Ash Kramer <ash.gcpnc@gmail.com> To: Monica Aquino <monica.aquino@lacity.org>

Youth Film Productions confirms insurance and student stipends are for the film festival. Thanks!

------ Forwarded message ------From: Youth Film Productions <latenitegano@gmail.com> Date: Mon, Mar 15, 2021 at 2:01 PM Subject: Re: GCPNC Youth Film NPG Payment Request To: Ash Kramer <ash.gcpnc@gmail.com>

Ys, they are specifically for the 2021 Lincoln Heights Film Festival.

On Mon, Mar 15, 2021 at 1:18 PM Ash Kramer <ash.gcpnc@gmail.com> wrote: Hello! Can you confirm that insurance and student stipends are specifically for the film festival?

Thanks! [Quoted text hidden] Mon, Mar 15, 2021 at 4:29 PM

| Office of the City Clerk  |                           |      |                 |                    |                     |                  |             |
|---|---------------------------|------|-----------------|--------------------|---------------------|------------------|-------------|
| Administrative Services Division  |                           |      |                 |                    |                     | See Southers     | STOL OS ANG |
| Neighborhood Council (NC) Funding Progr   | am                        |      |                 |                    |                     | eity o           |             |
| Board Action Certification (BAC) Form   |                           |      |                 |                    |                     | City Cit         | ALADED THE  |
| NC Name:  |                           |      | Meeting Date:   |                    |                     |                  |             |
| Budget Fiscal Year:   |                           |      | Agenda Item No  | ):                 |                     |                  |             |
| Board Motion and/or Public Benefit  |                           |      |                 |                    |                     |                  |             |
| Statement (CIP and NPG):  |                           |      |                 |                    |                     |                  |             |
| Mathed of Developer (Calent One)  | Check                     |      | Credit Card     |                    | Deare               | l Member Reimb   | urcomont    |
| Method of Payment: (Select One)   |                           | Vote | Count           |                    |                     |                  | ursement    |
| Recused Board Members   | s must leave the room pri |      |                 | t return to the ro | oom until after ti  | he vote is compl | ete.        |
| Board Member's First and Last Name  | Board Position            | Yes  | No              | Abstain            | Absent              | Ineligible       | Recused     |
|   | bourd robition            | 100  |                 | ribstann           | Absent              | incigible        | heedsed     |
|   |                           |      |                 |                    |                     |                  |             |
|   |                           |      |                 |                    |                     |                  |             |
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|   |                           |      |                 |                    |                     |                  |             |
|   |                           |      |                 |                    |                     |                  |             |
|   |                           |      |                 |                    |                     |                  |             |
| Board Quorum:   | Total:                    |      |                 |                    |                     |                  |             |
| We, the authorized signers of the above r<br>meeting was held in accordance with all l<br>meeting where a quorum of the Board was | aws, policies, and proced |      |                 | by the Neighborh   | nood Council Boa    | ard, at a Brown  |             |
| Authorized Signature  | ~                         |      | Authorized Sign | ature: E           | <sup>B</sup> ryan K | ramer            |             |
| Print/Type Name:  |                           |      | Print/Type Nam  | e:                 | ſ                   |                  |             |
| Date:   |                           |      | Date:           |                    |                     |                  |             |

#### 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.

Name of NC from which you are seeking this grant: Greater Cypress Park Neighborhood Council

| SEC1   | TION I- APPLICANT INFORMATION   |             |  |   |  |
|--------|---|-------------|--|---|--|
| 1a) -  | EL RIO DE LOS ANGELES VETERANS  | 82-         | -3465113                                     | CALIFORNIA  | APRIL 24, 2018   |
| 104/ - | Organization Name COLLABORATIVE   | Fea         | Federal I.D. # (EIN#) State of Incorporation |   | Date of 501(c)(3)<br>Status (if applicable)  |
| 1b) 2  | 2332 RIDGEVIEW AVE  | LOS ANGELES |  | CA  | 90041  |
|        | Organization Mailing Address  | City        |  | State   | Zip Code   |
| 1c)    | 6704 SAN RAMON DR.  | LOS ANGELES |  | CA.   | 90042  |
|        | Business Address (If different)   | City        |  | State   | Zip Code   |
| 1d)    | PRIMARY CONTACT INFORMATION:  |             |  |   |  |
|        | ROBERT RAMIREZ  | 213         | .393.2351                                    | bobtramirez_crv@y                                       | ahoo.com   |
|        | Name .  | Pl          | hone   | Email   | lander verseten genere en en de ante en en genere en |
| 2)     | Type of Organization- Please select one:<br>Public School (not to include private schools)<br>Attach Signed letter on School Letterhead | or          |  | -Profit (other than religious in<br>etermination Letter | nstitutions)   |
| 3)     | Name / Address of Affiliated Organization (if appli   | cable)      | City   | State   | Zip Code   |

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

Memorial Day Ceremony: To be held at El Rio de Los Angeles State Park on May 29, 2021. Ceremony will honor deceased Veterans in the Northeast Los Angeles area.(AMENDED 2/10/2021)

First Responders Rock and Plaque to be put at the El Rio Veterans Memorial Site located at El Rio de Los Angeles State Park, 1900 San Fernando Rd., L.A., CA. 90065

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)

Will support the Community through recognition of deceased Veterans who have served their Country, honored the United States of America flag and reinforce the meaning of Democracy. (AMENDED 2/10/21)

Will support and benefit the N.E.L.A. Community, and in particular, the Cypress Park Community, by recognizing Police, Fire and Medical First Responders. The proposed Rock and Plaque will recognize the Communities pride and appreciation for the first responders serving this area.

| ) <b>Pe</b> | ersonnel Related Expenses     | Requested of NC | Total Projected Cost |
|-------------|-------------------------------|-----------------|----------------------|
|             |                               | \$              | \$                   |
|             |                               | \$              | \$                   |
|             |                               | \$              | \$ -0-               |
|             | on-Personnel Related Expenses | Requested of NC | Total Projected Cost |
| Γ           | · · · ·                       | \$              | \$                   |
|             | ¢.                            | \$              | \$                   |
|             |                               | \$              | \$ 2000.00           |

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

8) Is the implementation of this specific program or purpose described in Question 4 contingent on any other factors or sources or funding? (Including NPG applications to other NCs) 🕅 No \Box Yes If Yes, please describe:

| Source of Funding | Amount | Total Projected Cost |
|-------------------|--------|----------------------|
|                   | \$     | \$                   |
|                   | \$     | \$                   |
|                   | \$     | \$                   |

9) What is the TOTAL amount of the grant funding requested with this application: \$ 2000.00

10a) Start date: <u>3 / 1 / 21</u> 10b) Date Funds Required: <u>4 / 1 / 21</u> 10c) Expected Completion Date: <u>5 / 28 / 21</u> (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?

| XNo 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? Yes No <u>\*(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 NC Funding Program will deny the payment of this grant in its entirety.)</u>

#### 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 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\*

|                                       |                                 |                | AMENDED 2/10/21 |
|---------------------------------------|---------------------------------|----------------|-----------------|
| ROBERT ACOSTA                         | Executive Project Dir.          | Robert Acosta  | XXXXX           |
| PRINT Name                            | Title                           | Signature      | Date            |
| 12b) Secretary of Non-profit Corporat | ion or Assistant School Princin |                |                 |
| , , , , ,                             | ion of Assistant outoor i moly  | ai - REQUIRED  | AMENDED 2/10/21 |
| ROBERT RAMIREZ                        | Chairman/Rec. Secty             | Robert Ramirez | AMENDED 2/10/21 |

\* 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

DEPARTMENT OF THE TREASURY

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

Date:

# APR 2 4 2018

EL RIO DE LOS ANGELES VETERANS COLLABORATIVE 2332 RIDGEVIEW AVENUE LOS ANGELES, CA 90041-2932

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Employer Identification Number:
 82-3465113
DLN:
 26053451003708
Contact Person:
 JOSEPH R KENNEDY
                              ID# 31647
Contact Telephone Number:
 (877) 829-5500
Accounting Period Ending:
 December 31
Public Charity Status:
 509(a)(2)
Form 990/990-EZ/990-N Required:
 Yes
Effective Date of Exemption:
March 26, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No
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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.

### FIRST RESPONDERS RECOGNITION EXPENSE SHEET



#### EL RIO DE LOS ANGELES VETERANS COLLABORATIVE

EIN 82 - 3465113

#### February 10, 2021

| ITEM  |       | Projected Expenses |
|---|-------|--------------------|
| 22" X 16" BRONZE MOUNTING PLAQUE (1 EA.)                    |       | \$1250.00          |
| 6" ETCHED BRONZE FIRST RESPONDERS PLAQU<br>3 @ \$ 185.00 EA | IES   | \$ 555.00          |
| VIDEOGRAPHER (LIVE ON FACEBOOK)                             |       | \$ 100.00          |
| FLORAL WREATHS (2 @ \$75.00)                                |       | \$ 150.00          |
| COMMEMORATIVE PLAQUES (4 @ \$25)                            |       | \$ 100.00          |
|   | TOTAL | \$ 2155.00         |

| Office of the City Clerk  |                           |                   |                 |                    |                  |                   |              |  |
|---|---------------------------|-------------------|-----------------|--------------------|------------------|-------------------|--------------|--|
| Administrative Services Division  |                           |                   |                 |                    |                  | of snikeles       | Set 103 1467 |  |
| Neighborhood Council (NC) Funding Progr   | am                        |                   |                 |                    |                  | aiy o             |              |  |
| Board Action Certification (BAC) Form   |                           |                   |                 |                    |                  | City Cle          | Nor o THE    |  |
| NC Name:  |                           |                   | Meeting Date:   | ting Date:         |                  |                   |              |  |
| Budget Fiscal Year:   |                           |                   | Agenda Item No  | <b>)</b> :         |                  |                   |              |  |
| Board Motion and/or Public Benefit  |                           |                   | 0               | ~                  |                  |                   |              |  |
| Statement (CIP and NPG):  |                           |                   |                 |                    |                  |                   |              |  |
| Method of Payment: (Select One)   | Check                     |                   | Credit Card     |                    | Board            | d Member Reimb    | irsement     |  |
|   |                           | Vote              | Count           |                    |                  |                   |              |  |
| Recused Board Members   | s must leave the room pri | or to any discuss | ion and may not | t 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      |  |
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| Board Quorum:   | Total:                    |                   |                 |                    |                  |                   |              |  |
| We, the authorized signers of the above r<br>meeting was held in accordance with all l<br>meeting where a quorum of the Board was | aws, policies, and proced |                   |                 |                    |                  |                   |              |  |
| Authorized Signature  | ~                         |                   | Authorized Sign | ature: Bra         | yan Kri          | amer              |              |  |
| Print/Type Name:  |                           |                   | Print/Type Nam  | e:                 | r                |                   |              |  |
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| BILL TO<br>Clint Birdsong<br>Greater Cypress Park<br>Neighborhood Council<br>1150 Cypress Ave.                                | DATE<br>02/08/2021         |     | EASE PAY<br><b>\$72.30</b> | DUE DATE<br>03/10/2021 |
|---|----------------------------|-----|----------------------------|------------------------|
| Los Angeles, CA 90065<br>P.O. NUMBER<br>C-135204  | TRACKING NO.<br>480221TRMC |     |                            |                        |
| ACTIVITY  |                            | QTY | RATE                       | AMOUNT                 |
| <b>Translation Services</b><br>Translation of <2021-02-09 GCPNC Governing Board Meeting<br>Agenda> into Spanish<br>Ash Kramer |                            | 723 | 0.10                       | 72.30                  |
| It's been a pleasure working with you!  |                            |     |                            |                        |
|   | TOTAL DUE                  |     |                            | \$72.30                |
|   |                            |     |                            | THANK YOU.             |

| Office of the City Clerk   |                           |                   |                   |                    |                    |                   |                      |
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| Administrative Services Division   |                           |                   |                   |                    |                    | Co snucles        | ST 105 146           |
| Neighborhood Council (NC) Funding Progr  | am                        |                   |                   |                    |                    | eiv o             |                      |
| Board Action Certification (BAC) Form  |                           |                   |                   |                    |                    | City Ch           | DINDED THE           |
| NC Name: Meeting Date:   |                           |                   |                   |                    |                    |                   |                      |
| Budget Fiscal Year:  |                           |                   | Agenda Item No    | <b>)</b> :         |                    |                   |                      |
| Board Motion and/or Public Benefit<br>Statement (CIP and NPG):                       |                           |                   |                   |                    |                    |                   |                      |
| Method of Payment: (Select One)  | Check                     |                   | Credit Card       |                    | 🗌 Board            | d Member Reimb    | ursement             |
|  |                           | Vote              | Count             |                    |                    |                   |                      |
| Recused Board Members  | s must leave the room pri | or to any discuss | sion and may no   | t 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              |
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| Board Quorum:<br>We, the authorized signers of the above r                           | Total:                    | ncil doctoro the  | t the information | n presented on t   | his form is accord | rate and comple   | te and that a public |
| meeting was held in accordance with all I<br>meeting where a quorum of the Board was | aws, policies, and proced |                   |                   |                    |                    |                   |                      |
| Authorized Signature   |                           |                   | Authorized Sign   | ature: Bn          | yan Kri            | amer              |                      |
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| BILL TO<br>Clint Birdsong<br>Greater Cypress Park<br>Neighborhood Council<br>1150 Cypress Ave.<br>Los Angeles, CA 90065                                 | DATE<br>02/04/2021 |     | EASE PAY<br><b>\$123.75</b> | DUE DATE<br>03/06/2021 |
|---|--------------------|-----|-----------------------------|------------------------|
| TRACKING NO.<br>050221INAS  |                    |     |                             |                        |
| ACTIVITY  |                    | QTY | RATE                        | AMOUNT                 |
| Interpretation Services<br>VRI Interpretation Services - Spanish<br>DATE: 02/02/2021<br>6:00 - 7:39 PM<br>99 minutes<br>Cypress Park Land Use Committee |                    | 99  | 1.25                        | 123.75                 |
| It's been a pleasure working with you!  |                    |     |                             |                        |
|   | TOTAL DUE          |     |                             | \$123.75               |
|   |                    |     |                             | THANK YOU.             |

| Office of the City Clerk   |                           |                   |                   |                    |                    |                   |                      |
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| Administrative Services Division   |                           |                   |                   |                    |                    | Co snucles        | ST 105 146           |
| Neighborhood Council (NC) Funding Progr  | am                        |                   |                   |                    |                    | eiv o             |                      |
| Board Action Certification (BAC) Form  |                           |                   |                   |                    |                    | City Ch           | DINDED THE           |
| NC Name: Meeting Date:   |                           |                   |                   |                    |                    |                   |                      |
| Budget Fiscal Year:  |                           |                   | Agenda Item No    | <b>)</b> :         |                    |                   |                      |
| Board Motion and/or Public Benefit<br>Statement (CIP and NPG):                       |                           |                   |                   |                    |                    |                   |                      |
| Method of Payment: (Select One)  | Check                     |                   | Credit Card       |                    | 🗌 Board            | d Member Reimb    | ursement             |
|  |                           | Vote              | Count             |                    |                    |                   |                      |
| Recused Board Members  | s must leave the room pri | or to any discuss | sion and may no   | t 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              |
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| Board Quorum:<br>We, the authorized signers of the above r                           | Total:                    | ncil doctoro the  | t the information | n presented on t   | his form is accord | rate and complex  | te and that a public |
| meeting was held in accordance with all I<br>meeting where a quorum of the Board was | aws, policies, and proced |                   |                   |                    |                    |                   |                      |
| Authorized Signature   |                           |                   | Authorized Sign   | ature: Bn          | yan Kri            | amer              |                      |
| Print/Type Name:   |                           |                   | Print/Type Nam    | e:                 | ···· ,             |                   |                      |
| Date:  |                           |                   | Date:             |                    |                    |                   |                      |
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| BILL TO<br>Clint Birdsong<br>Greater Cypress Park<br>Neighborhood Council<br>1150 Cypress Ave.<br>Los Angeles, CA 90065   | DATE<br>02/02/2021         |     | EASE PAY<br><b>\$27.80</b> | DUE DATE<br>03/04/2021 |
|---|----------------------------|-----|----------------------------|------------------------|
| <b>P.O. NUMBER</b><br>C-135204  | TRACKING NO.<br>450121TRWM |     |                            |                        |
| ACTIVITY  |                            | QTY | RATE                       | AMOUNT                 |
| <b>Translation Services</b><br>Translation of <gcpnc_land and="" committee<br="" housing="" use="">Agenda_2021-02-02&gt; into Spanish<br/>Ash Kramer</gcpnc_land> |                            | 278 | 0.10                       | 27.80                  |
| It's been a pleasure working with you!  |                            |     |                            |                        |
|   | TOTAL DUE                  |     |                            | \$27.80                |
|   |                            |     |                            | THANK YOU.             |

| Office of the City Clerk   |                           |                   |                   |                    |                    |                   |                      |
|--|---------------------------|-------------------|-------------------|--------------------|--------------------|-------------------|----------------------|
| Administrative Services Division   |                           |                   |                   |                    |                    | Co snucles        | ST 105 146           |
| Neighborhood Council (NC) Funding Progr  | am                        |                   |                   |                    |                    | eiv o             |                      |
| Board Action Certification (BAC) Form  |                           |                   |                   |                    |                    | City Ch           | DINDED THE           |
| NC Name: Meeting Date:   |                           |                   |                   |                    |                    |                   |                      |
| Budget Fiscal Year:  |                           |                   | Agenda Item No    | <b>):</b>          |                    |                   |                      |
| Board Motion and/or Public Benefit<br>Statement (CIP and NPG):                       |                           |                   |                   |                    |                    |                   |                      |
| Method of Payment: (Select One)  | Check                     |                   | Credit Card       |                    | 🗌 Board            | d Member Reimb    | ursement             |
|  |                           | Vote              | Count             |                    |                    |                   |                      |
| Recused Board Members  | s must leave the room pri | or to any discuss | sion and may no   | t 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              |
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| Poord Quorum:  | <b>T</b> _1 - 1           |                   |                   |                    |                    |                   |                      |
| Board Quorum:<br>We, the authorized signers of the above r                           | Total:                    | ncil doctoro the  | t the information | n presented on t   | his form is accord | rate and comple   | te and that a public |
| meeting was held in accordance with all I<br>meeting where a quorum of the Board was | aws, policies, and proced |                   |                   |                    |                    |                   |                      |
| Authorized Signature   |                           |                   | Authorized Sign   | ature: Bn          | yan Kri            | amer              |                      |
| Print/Type Name:   |                           |                   | Print/Type Nam    | e:                 | ···· ,             |                   |                      |
| Date:  |                           |                   | Date:             |                    |                    |                   |                      |
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| BILL TO<br>Clint Birdsong<br>Greater Cypress Park<br>Neighborhood Council<br>1150 Cypress Ave.<br>Los Angeles, CA 90065  | DATE<br>02/11/20 |     | PLEASE PAY<br><b>\$300.00</b> | DUE DATE<br>03/13/2021 |
|--|------------------|-----|-------------------------------|------------------------|
| TRACKING NO.<br>660221INAS   |                  |     |                               |                        |
| ACTIVITY   |                  | QTY | RATE                          | AMOUNT                 |
| Interpretation Services<br>VRI Interpretation Services - Spanish<br>DATE: 02/09/2021<br>7:00 - 11:00 PM<br>240 minutes<br>Cypress Park Neighborhoood Council Meeting |                  | 240 | 1.25                          | 300.00                 |
| It's been a pleasure working with you!   |                  |     |                               |                        |
|  | TOTAL            | DUE |                               | \$300.00               |
|  |                  |     |                               | THANK YOU.             |

| Office of the City Clerk   |                           |                   |                   |                    |                    |                   |                      |
|--|---------------------------|-------------------|-------------------|--------------------|--------------------|-------------------|----------------------|
| Administrative Services Division   |                           |                   |                   |                    |                    | Co snucles        | ST 105 146           |
| Neighborhood Council (NC) Funding Progr  | am                        |                   |                   |                    |                    | eiv o             |                      |
| Board Action Certification (BAC) Form  |                           |                   |                   |                    |                    | City Ch           | DINDED THE           |
| NC Name: Meeting Date:   |                           |                   |                   |                    |                    |                   |                      |
| Budget Fiscal Year:  |                           |                   | Agenda Item No    | <b>)</b> :         |                    |                   |                      |
| Board Motion and/or Public Benefit<br>Statement (CIP and NPG):                       |                           |                   |                   |                    |                    |                   |                      |
| Method of Payment: (Select One)  | Check                     |                   | Credit Card       |                    | 🗌 Board            | d Member Reimb    | ursement             |
|  |                           | Vote              | Count             |                    |                    |                   |                      |
| Recused Board Members  | s must leave the room pri | or to any discuss | sion and may no   | t 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              |
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| Poord Quorum:  | <b>T</b> _1 - 1           |                   |                   |                    |                    |                   |                      |
| Board Quorum:<br>We, the authorized signers of the above r                           | Total:                    | ncil doctoro the  | t the information | n presented on t   | his form is accord | rate and comple   | te and that a public |
| meeting was held in accordance with all I<br>meeting where a quorum of the Board was | aws, policies, and proced |                   |                   |                    |                    |                   |                      |
| Authorized Signature   |                           |                   | Authorized Sign   | ature: Bn          | yan Kri            | amer              |                      |
| Print/Type Name:   |                           |                   | Print/Type Nam    | e:                 | ···· ,             |                   |                      |
| Date:  |                           |                   | Date:             |                    |                    |                   |                      |
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| BILL TO<br>Clint Birdsong<br>Greater Cypress Park<br>Neighborhood Council<br>1150 Cypress Ave.  | DATE<br>02/12/2021         |     | EASE PAY<br><b>\$37.90</b> | DUE DATE<br>03/14/2021 |
|---|----------------------------|-----|----------------------------|------------------------|
|   | FRACKING NO.<br>180221TRMC |     |                            |                        |
| ACTIVITY  |                            | QTY | RATE                       | AMOUNT                 |
| <b>Translation Services</b><br>Translation of <greater council="" cypress="" neighborhood="" park="" text=""><br/>into Spanish<br/>Ash Kramer</greater> |                            | 379 | 0.10                       | 37.90                  |
| It's been a pleasure working with you!  |                            |     |                            |                        |
|   | TOTAL DUE                  |     |                            | \$37.90                |
|   |                            |     |                            | THANK YOU.             |

| Office of the City Clerk   |                           |                   |                   |                    |                    |                   |                      |
|--|---------------------------|-------------------|-------------------|--------------------|--------------------|-------------------|----------------------|
| Administrative Services Division   |                           |                   |                   |                    |                    | Co snucles        | ST 105 146           |
| Neighborhood Council (NC) Funding Progr  | am                        |                   |                   |                    |                    | eiv o             |                      |
| Board Action Certification (BAC) Form  |                           |                   |                   |                    |                    | City Ch           | DINDED THE           |
| NC Name: Meeting Date:   |                           |                   |                   |                    |                    |                   |                      |
| Budget Fiscal Year:  |                           |                   | Agenda Item No    | <b>)</b> :         |                    |                   |                      |
| Board Motion and/or Public Benefit<br>Statement (CIP and NPG):                       |                           |                   |                   |                    |                    |                   |                      |
| Method of Payment: (Select One)  | Check                     |                   | Credit Card       |                    | 🗌 Board            | d Member Reimb    | ursement             |
|  |                           | Vote              | Count             |                    |                    |                   |                      |
| Recused Board Members  | s must leave the room pri | or to any discuss | sion and may no   | t 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              |
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| Poord Quorum:  | <b>T</b> _1 - 1           |                   |                   |                    |                    |                   |                      |
| Board Quorum:<br>We, the authorized signers of the above r                           | Total:                    | ncil doctoro the  | t the information | n presented on t   | his form is accord | rate and comple   | te and that a public |
| meeting was held in accordance with all I<br>meeting where a quorum of the Board was | aws, policies, and proced |                   |                   |                    |                    |                   |                      |
| Authorized Signature   |                           |                   | Authorized Sign   | ature: Bn          | yan Kri            | amer              |                      |
| Print/Type Name:   |                           |                   | Print/Type Nam    | e:                 | ···· ,             |                   |                      |
| Date:  |                           |                   | Date:             |                    |                    |                   |                      |
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Languages4You Translation Agency Ph: (818) 550-9299 email: Languages4you@aol.com website: www.languagesforyou.com

| Invo   | DICE                               |             |
|--|------------------------------------|-------------|
| Bill to:   | Date of Invoice                    | Invoice No. |
| Ms. Ash Kramer   | 02/02/2021                         | 11691       |
| Greater Cypress Park Neighborhood  | P.O. Number                        | Terms       |
| ash.gcpnc@gmail.com<br>Clint Birdsong<br>birdsong4gcp@gmail.com  |                                    | Net 30 Days |
| Description  |                                    | Cost        |
| Professional Services:<br>Services Requested: 1 Interpreter  |                                    |             |
| Language: <u>Spanish</u><br>Translation equipment: No<br>Meeting's Date: Tuesday, February 25, 2020<br>Time: 06:30 pm – 08:05 pm<br>NC: Greater Cypress Park NC regular monthly n<br>Location: Cypress Park Branch Library<br>Address: 1150 Cypress Ave., Los Angeles, CA<br>POC: Mr. Birdsong or Ms. Ash Kramer | C C                                | \$240       |
| Please make payments payable to:Languages4you Translation AgencyPO Box 881404Los Angeles, CA 90009EIN: 26-4031944BTRC: 0000943397-0001-4Thank you for your prompt review and payment of the<br>at (818)550-9299 if you have any questions.   | is invoice. Please call Languages- | 4you        |
| Total  |                                    | \$240       |

| Office of the City Clerk   |                           |                   |                   |                    |                    |                   |                      |
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| Administrative Services Division   |                           |                   |                   |                    |                    | Co snucles        | ST 105 146           |
| Neighborhood Council (NC) Funding Progr  | am                        |                   |                   |                    |                    | eiv o             |                      |
| Board Action Certification (BAC) Form  |                           |                   |                   |                    |                    | City Ch           | DINDED THE           |
| NC Name:   |                           |                   | Meeting Date:     |                    |                    |                   |                      |
| Budget Fiscal Year:  |                           |                   | Agenda Item No    | <b>)</b> :         |                    |                   |                      |
| Board Motion and/or Public Benefit<br>Statement (CIP and NPG):                       |                           |                   |                   |                    |                    |                   |                      |
| Method of Payment: (Select One)  | Check                     |                   | Credit Card       |                    | 🗌 Board            | d Member Reimb    | ursement             |
|  |                           | Vote              | Count             |                    |                    |                   |                      |
| Recused Board Members  | s must leave the room pri | or to any discuss | sion and may no   | t 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              |
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| Poord Quorum:  | <b>T</b> _1 - 1           |                   |                   |                    |                    |                   |                      |
| Board Quorum:<br>We, the authorized signers of the above r                           | Total:                    | ncil doctoro the  | t the information | n presented on t   | his form is accord | rate and comple   | te and that a public |
| meeting was held in accordance with all I<br>meeting where a quorum of the Board was | aws, policies, and proced |                   |                   |                    |                    |                   |                      |
| Authorized Signature   |                           |                   | Authorized Sign   | ature: Bn          | yan Kri            | amer              |                      |
| Print/Type Name:   |                           |                   | Print/Type Nam    | e:                 | ···· ,             |                   |                      |
| Date:  |                           |                   | Date:             |                    |                    |                   |                      |
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| BILL TO<br>Clint Birdsong<br>Greater Cypress Park<br>Neighborhood Council<br>1150 Cypress Ave.<br>Los Angeles, CA 90065   | DATE<br>03/10/2021 |     | EASE PAY<br><b>\$405.00</b> | DUE DATE<br>04/09/2021 |
|---|--------------------|-----|-----------------------------|------------------------|
| TRACKING NO.<br>320321INAS  |                    |     |                             |                        |
| ACTIVITY  |                    | QTY | RATE                        | AMOUNT                 |
| Interpretation Services<br>VRI Interpretation Services - Spanish<br>DATE: 03/09/2021<br>7:00 - 9:42 PM<br>162 minutes x 2 Interpreters<br>Greater Cypress Park Neighborhood Council Board Meeting |                    | 162 | 2.50                        | 405.00                 |
| It's been a pleasure working with you!  |                    |     |                             |                        |
|   | TOTAL DUE          |     |                             | \$405.00               |

THANK YOU.

| Office of the City Clerk   |                           |                   |                   |                    |                    |                   |                      |
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| Administrative Services Division   |                           |                   |                   |                    |                    | Co snucles        | ST 105 146           |
| Neighborhood Council (NC) Funding Progr  | am                        |                   |                   |                    |                    | eiv o             |                      |
| Board Action Certification (BAC) Form  |                           |                   |                   |                    |                    | City Ch           | DINDED THE           |
| NC Name:   |                           |                   | Meeting Date:     |                    |                    |                   |                      |
| Budget Fiscal Year:  |                           |                   | Agenda Item No    | <b>)</b> :         |                    |                   |                      |
| Board Motion and/or Public Benefit<br>Statement (CIP and NPG):                       |                           |                   |                   |                    |                    |                   |                      |
| Method of Payment: (Select One)  | Check                     |                   | Credit Card       |                    | 🗌 Board            | d Member Reimb    | ursement             |
|  |                           | Vote              | Count             |                    |                    |                   |                      |
| Recused Board Members  | s must leave the room pri | or to any discuss | sion and may no   | t 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              |
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| Poord Quorum:  | <b>T</b> _1 - 1           |                   |                   |                    |                    |                   |                      |
| Board Quorum:<br>We, the authorized signers of the above r                           | Total:                    | ncil doctoro the  | t the information | n presented on t   | his form is accord | rate and comple   | te and that a public |
| meeting was held in accordance with all I<br>meeting where a quorum of the Board was | aws, policies, and proced |                   |                   |                    |                    |                   |                      |
| Authorized Signature   |                           |                   | Authorized Sign   | ature: Bn          | yan Kri            | amer              |                      |
| Print/Type Name:   |                           |                   | Print/Type Nam    | e:                 | ···· ,             |                   |                      |
| Date:  |                           |                   | Date:             |                    |                    |                   |                      |
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| BILL TO<br>Clint Birdsong<br>Greater Cypress Park<br>Neighborhood Council<br>1150 Cypress Ave.                                    | DATE<br>03/09/2021         |     | EASE PAY<br><b>\$54.90</b> | DUE DATE<br>04/08/2021 |
|---|----------------------------|-----|----------------------------|------------------------|
| Los Angeles, CA 90065<br>P.O. NUMBER<br>C-135204  | TRACKING NO.<br>560321TROS |     |                            |                        |
| ACTIVITY  |                            | QTY | RATE                       | AMOUNT                 |
| <b>Translation Services</b><br>Translation of <2021-03-09 GCPNC Governing Board Meeting<br>Agenda> into Spanish<br>Clint Birdsong |                            | 549 | 0.10                       | 54.90                  |
| It's been a pleasure working with you!  |                            |     |                            |                        |
|   | TOTAL DUE                  |     |                            | \$54.90                |
|   |                            |     |                            | THANK YOU.             |

| Office of the City Clerk   |                           |                   |                   |                    |                    |                   |                      |
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| Administrative Services Division   |                           |                   |                   |                    |                    | Co snucles        | ST 105 146           |
| Neighborhood Council (NC) Funding Progr  | am                        |                   |                   |                    |                    | eiv o             |                      |
| Board Action Certification (BAC) Form  |                           |                   |                   |                    |                    | City Ch           | DINDED THE           |
| NC Name:   |                           |                   | Meeting Date:     |                    |                    |                   |                      |
| Budget Fiscal Year:  |                           |                   | Agenda Item No    | <b>)</b> :         |                    |                   |                      |
| Board Motion and/or Public Benefit<br>Statement (CIP and NPG):                       |                           |                   |                   |                    |                    |                   |                      |
| Method of Payment: (Select One)  | Check                     |                   | Credit Card       |                    | 🗌 Board            | d Member Reimb    | ursement             |
|  |                           | Vote              | Count             |                    |                    |                   |                      |
| Recused Board Members  | s must leave the room pri | or to any discuss | sion and may no   | t 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              |
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| Poord Quorum:  | <b>T</b> _1 - 1           |                   |                   |                    |                    |                   |                      |
| Board Quorum:<br>We, the authorized signers of the above r                           | Total:                    | ncil doctoro the  | t the information | n presented on t   | his form is accord | rate and complex  | te and that a public |
| meeting was held in accordance with all I<br>meeting where a quorum of the Board was | aws, policies, and proced |                   |                   |                    |                    |                   |                      |
| Authorized Signature   |                           |                   | Authorized Sign   | ature: Bn          | yan Kri            | amer              |                      |
| Print/Type Name:   |                           |                   | Print/Type Nam    | e:                 | ···· ,             |                   |                      |
| Date:  |                           |                   | Date:             |                    |                    |                   |                      |
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| BILL TO<br>Clint Birdsong<br>Greater Cypress Park<br>Neighborhood Council<br>1150 Cypress Ave.   | DATE<br>03/02/2021 |     | EASE PAY<br><b>\$150.00</b> | DUE DATE<br>04/01/2021 |
|--|--------------------|-----|-----------------------------|------------------------|
| Los Angeles, CA 90065<br>TRACKING NO.<br>2440221INAS   |                    |     |                             |                        |
| ACTIVITY   |                    | QTY | RATE                        | AMOUNT                 |
| Interpretation Services<br>VRI Interpretation Services - Spanish<br>DATE: 03/01/2021<br>6:00 - 8:00 PM<br>120 minutes<br>Greater Cypress Park Neighborhood Council |                    | 120 | 1.25                        | 150.00                 |
| It's been a pleasure working with you!   |                    |     |                             |                        |
|  | TOTAL DUE          |     |                             | \$150.00               |
|  |                    |     |                             | THANK YOU.             |

| Office of the City Clerk  |                           |                   |                 |                    |                  |                   |            |
|---|---------------------------|-------------------|-----------------|--------------------|------------------|-------------------|------------|
| Administrative Services Division  |                           |                   |                 |                    |                  | Set angeles       | ST 105 146 |
| Neighborhood Council (NC) Funding Progr   | am                        |                   |                 |                    |                  | aiv.              |            |
| Board Action Certification (BAC) Form   |                           |                   |                 |                    |                  | City Ch           | DINDED THE |
| NC Name:  |                           |                   | Meeting Date:   |                    |                  |                   |            |
| Budget Fiscal Year:   |                           |                   | Agenda Item No  | <b>):</b>          |                  |                   |            |
| Board Motion and/or Public Benefit<br>Statement (CIP and NPG):  |                           |                   |                 |                    |                  |                   |            |
| Method of Payment: (Select One)   | Check                     |                   | Credit Card     |                    | Board            | l Member Reimb    | irsement   |
| (Select One)  |                           | Vote              | e Count         |                    |                  |                   |            |
| Recused Board Members   | s must leave the room pri | or to any discuss | sion and may no | t return to the ro | om until after t | he vote is comple | ete.       |
| Board Member's First and Last Name  | <b>Board Position</b>     | Yes               | No              | Abstain            | Absent           | Ineligible        | Recused    |
|   |                           |                   |                 |                    |                  |                   |            |
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| Board Quorum:   | Total:                    |                   |                 |                    |                  |                   |            |
| We, the authorized signers of the above r<br>meeting was held in accordance with all l<br>meeting where a quorum of the Board was | aws, policies, and proced |                   |                 |                    |                  |                   |            |
| Authorized Signature  |                           |                   | Authorized Sign | ature: Br          | yan Kri          | imer              |            |
| Print/Type Name:  |                           |                   | Print/Type Nam  | e:                 |                  |                   |            |
| Date:   |                           |                   | Date:           |                    |                  |                   |            |
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| BILL TO<br>Clint Birdsong<br>Greater Cypress Park<br>Neighborhood Council<br>1150 Cypress Ave.<br>Los Angeles, CA 90065   | DATE<br>02/16/2021 |     | EASE PAY<br><b>\$96.25</b> | DUE DATE<br>03/18/2021 |
|---|--------------------|-----|----------------------------|------------------------|
| TRACKING NO.<br>860221INAS  |                    |     |                            |                        |
| ACTIVITY  |                    | QTY | RATE                       | AMOUNT                 |
| Interpretation Services<br>VRI Interpretation Services - Spanish<br>DATE: 02/11/2021<br>7:00 - 8:17 PM<br>77 minutes<br>Cypress Park Neighborhood Council Special Meeting |                    | 77  | 1.25                       | 96.25                  |
| It's been a pleasure working with you!  |                    |     |                            |                        |
|   | TOTAL DUE          |     |                            | \$96.25                |

THANK YOU.

| Office of the City Clerk  |                           |                   |                 |                    |                  |                   |            |
|---|---------------------------|-------------------|-----------------|--------------------|------------------|-------------------|------------|
| Administrative Services Division  |                           |                   |                 |                    |                  | Set angeles       | ST 105 146 |
| Neighborhood Council (NC) Funding Progr   | am                        |                   |                 |                    |                  | aiy.              |            |
| Board Action Certification (BAC) Form   |                           |                   |                 |                    |                  | City Ch           | DINDED THE |
| NC Name:  |                           |                   | Meeting Date:   |                    |                  |                   |            |
| Budget Fiscal Year:   |                           |                   | Agenda Item No  | <b>):</b>          |                  |                   |            |
| Board Motion and/or Public Benefit<br>Statement (CIP and NPG):  |                           |                   |                 |                    |                  |                   |            |
| Method of Payment: (Select One)   | Check                     |                   | Credit Card     |                    | Board            | l Member Reimb    | irsement   |
| (Select One)  |                           | Vote              | e Count         |                    |                  |                   |            |
| Recused Board Members   | s must leave the room pri | or to any discuss | sion and may no | t return to the ro | om until after t | he vote is comple | ete.       |
| Board Member's First and Last Name  | <b>Board Position</b>     | Yes               | No              | Abstain            | Absent           | Ineligible        | Recused    |
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| Board Quorum:   | Total:                    |                   |                 |                    |                  |                   |            |
| We, the authorized signers of the above r<br>meeting was held in accordance with all l<br>meeting where a quorum of the Board was | aws, policies, and proced |                   |                 |                    |                  |                   |            |
| Authorized Signature  |                           |                   | Authorized Sign | ature: Br          | yan Kri          | imer              |            |
| Print/Type Name:  |                           |                   | Print/Type Nam  | e:                 |                  |                   |            |
| Date:   |                           |                   | Date:           |                    |                  |                   |            |
|   |                           |                   |                 |                    |                  |                   |            |

### 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.

#### Name of NC from which you are seeking this grant: \_\_\_\_\_

#### **SECTION I- APPLICANT INFORMATION**

| 1a)<br>1b) | Organization Name   | Fed     | eral I.D. # (EIN#) | State of Incorpora                          | ation | Date of 501(c)(3)<br>Status (if applicable |
|------------|---|---------|--------------------|---|-------|--|
| ,          | Organization Mailing Address  | City    | ,                  | State                                       |       | Zip Code                                   |
| 1c)        |   |         |                    |   |       |  |
|            | Business Address (If different)   | City    | ,                  | State                                       |       | Zip Code                                   |
| 1d)        | PRIMARY CONTACT INFORMATION:  |         |                    |   |       |  |
|            | Name  | Pł      | one                | Email                                       |       |  |
| 2)         | Type of Organization- Please select one:<br>Public School (not to include private schools)<br>Attach Signed letter on School Letterhead | or      |                    | Profit (other than real etermination Letter |       | nstitutions)                               |
| 3)         | Name / Address of Affiliated Organization (if appl  | icable) | City               |   | State | Zip Code                                   |
| SEC        | TION II - PROJECT DESCRIPTION   |         |                    |   |       |  |

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

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)

#### SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

| Sa) | Personnel Related Expenses     | Requested of NC             | Total Projected Cost             |
|-----|--------------------------------|-----------------------------|----------------------------------|
|     |                                | \$                          | \$                               |
|     |                                | \$                          | \$                               |
|     |                                | \$                          | \$                               |
|     |                                |                             |                                  |
| Sb) | Non-Personnel Related Expenses | Requested of NC             | Total Projected Cost             |
| ŝb) | Non-Personnel Related Expenses | Requested of NC<br>\$       | Total Projected Cost             |
| õb) | Non-Personnel Related Expenses | Requested of NC<br>\$<br>\$ | Total Projected Cost<br>\$<br>\$ |

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

8) Is the implementation of this specific program or purpose described in Question 4 contingent on any other factors or sources or funding? (Including NPG applications to other NCs)  $\Box$  No  $\Box$  Yes If Yes, please describe:

| Source of Funding | Amount | Total Projected Cost |
|-------------------|--------|----------------------|
|                   | \$     | \$                   |
|                   | \$     | \$                   |
|                   | \$     | \$                   |

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

10a) Start date: \_\_\_/\_\_\_ 10b) Date Funds Required: \_\_\_/\_\_\_ 10c) Expected Completion Date: \_\_\_/\_\_\_/ (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 □ 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?
□ Yes □ No <u>\*(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 NC Funding Program will deny the payment of this grant in its entirety.)</u>

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 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\*

| PRINT Name                              | Title                      | Signature        | Date |
|---|----------------------------|------------------|------|
| 2b) Secretary of Non-profit Corporation | or Assistant School Princi | ipal - REQUIRED* |      |
| PRINT Name                              | Title                      | Signature        | 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 <u>clerk.ncfunding@lacity.org</u> for instructions on completing this form

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| Office of the City Clerk  |   |                 |                          |                    |                   |                  |                 |
|---|---|-----------------|--------------------------|--------------------|-------------------|------------------|-----------------|
| Administrative Services Division  |   |                 |                          |                    | 105 Mg            |                  |                 |
| Neighborhood Council (NC) Funding Progr   | am  |                 |                          |                    |                   | aty of           |                 |
| Board Action Certification (BAC) Form   |   |                 |                          |                    |                   | Chy Cle          | New York of The |
| NC Name:  |   |                 | Meeting Date:            |                    |                   |                  |                 |
| Budget Fiscal Year:   |   | Agenda Item No: |                          |                    |                   |                  |                 |
| Board Motion and/or Public Benefit  |   |                 |                          |                    |                   |                  |                 |
| Statement (CIP and NPG):  |   |                 |                          |                    |                   |                  |                 |
|   |   |                 |                          |                    |                   |                  |                 |
| Method of Payment: (Select One)   | Check   |                 | Credit Card              |                    | 🗌 Board           | Member Reimb     | ursement        |
| Recused Board Members   | s must leave the room pri                           |                 | Count<br>ion and may not | t return to the ro | om until after tl | he vote is compl | ete.            |
| Board Member's First and Last Name  | <b>Board Position</b>                               | Yes             | No                       | Abstain            | Absent            | Ineligible       | Recused         |
|   |   |                 |                          |                    |                   |                  |                 |
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| Board Quorum:   | Total:  |                 |                          |                    |                   |                  |                 |
| We, the authorized signers of the above r<br>meeting was held in accordance with all I<br>meeting where a quorum of the Board was | named Neighborhood Cou<br>aws, policies, and proced |                 |                          | y the Neighborh    | lood Council Boa  | ard, at a Brown  |                 |
| Authorized Signature  |   |                 | Authorized Sign          | ature:             | ryan K            | ramer            |                 |
| Print/Type Name:  |   |                 | Print/Type Nam           |                    | U                 |                  |                 |
| Date:   |   |                 | Date:                    |                    |                   |                  |                 |

# Itemized Budget for Manos Que Sobrevvien's Día Del Niño Event (2021)

| Non-personnel              | Requested of                         | Total Project Cost |
|----------------------------|--------------------------------------|--------------------|
| related expenses           | neighborhood council                 | 5                  |
|                            | (both GCPNC AND                      |                    |
|                            | GPNC)                                |                    |
| McDonald's Happy           | \$750                                | \$10,000           |
| meals @ \$3 each           |                                      |                    |
| for 500 kids=              |                                      |                    |
| \$1,500                    |                                      |                    |
| Event Insurance @<br>\$270 | \$135                                | \$10,000           |
| Rented Tents               | \$705                                | \$10,000           |
| @\$235x6=\$1,410           |                                      |                    |
| Toys @ \$10x 500=          | \$2,500                              | \$10,000           |
| \$5,000                    |                                      |                    |
| Piñatas                    | \$125                                | \$10,000           |
| @\$83.33x3=\$250           |                                      |                    |
| Entertainment DJ           | \$150                                | \$10,000           |
| @ \$300                    |                                      |                    |
| Clowns                     | \$150                                | \$10,000           |
| @\$100x3=\$300             |                                      |                    |
| Candy @.75 cents           | \$375                                | \$10,000           |
| x1,000= \$750              |                                      |                    |
| Balloons @1 x220=          | \$110                                | \$10,000           |
| \$220                      |                                      |                    |
|                            | Grant Requested from each NC=\$5,000 |                    |