# 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 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 Month	Unspent Budget 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 Improvement Project	\$1000.00	\$0.00	\$1000.00	\$0.00	\$1000.00	
Neighborhood Purpose 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 Category	Sub-category	Total		
1	STORQUEST-LA/FIGUEROA	03/01/2021	Storage	General Operations Expenditure	Office	\$180.00		
2	SQ BRIDGEGAP	03/18/2021	Minute takers	General Operations Expenditure	Office	\$283.82		
3	STORQUEST-LA/FIGUEROA	03/30/2021	storage	General Operations Expenditure	Office	\$182.00		
4	YOUTH FILM PRODUCTIONS	03/16/2021	\$2000 NPG to Youth Film Productions for equipment for students and to provide funding for an online youth film festival.	Neighborhood Purpose Grants		\$2000.00		
5	El Rio de Los Angeles Veterans Collaborative	03/17/2021	\$2000 NPG to EL RIO DE LOS ANGELES VETERANS for a 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	Neighborhood Purpose Grants		\$2000.00		

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

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

	Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total	
1	Friends of Cypress Park Community Improvement Association	02/11/2021	To fund the maintenance and upkeep of our Cypress Park Veterans Memorial Site located on Pepper and Cypress Ave in Cypress Park. Also for lighting the of the memorial site. This amount is to c	Neighborhood Purpose Grants		\$2000.00	
2	Breaking Through Barriers to Success	03/23/2021	\$2000 NPG to Breaking through Barriers to Success, partnering with Unidos por NELA for a Dia Del Nino event at the LA River Center, April 30, 2021.	Neighborhood 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 y by (1) credit card 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: ue Balance			\$180.00 \$.00 <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> Ash Kramer GCPNC ashleyckramer@gmail.com 1150 Cypress Ave Los Angeles, CA 90065	<b>Invoice Details</b> PDF created March 17, 2021 \$283.82		<b>Payment</b> Due April 16, 2021 \$283.82	
Item		Quantity	Price	Amount
Minute Taking		1	\$283.82	\$283.82
Subtotal				\$283.82
Total Paid				\$283.82
<b>Payments</b> 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) 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) 2)		Ph or	⊠501(c)(3) Nor	<i>Email</i> n-Profit (other than religion 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 \$	Total Projected Cost \$
6b)	Non-Personnel Related Expenses	Requested of NC \$ \$	Total Projected Cost \$ \$

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
Board Quorum:	Total:						
We, the authorized signers of the above r meeting was held in accordance with all l 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) 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: Public School (not to include private schools) Attach Signed letter on School Letterhead	or		-Profit (other than religious in 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

```
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
```

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 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	
Board Quorum:	Total:							
We, the authorized signers of the above r meeting was held in accordance with all l 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			
Date:			Date:					

ſ

1



BILL TO Clint Birdsong Greater Cypress Park Neighborhood Council 1150 Cypress Ave.	DATE 02/08/2021		EASE PAY <b>\$72.30</b>	DUE DATE 03/10/2021
Los Angeles, CA 90065 P.O. NUMBER C-135204	TRACKING NO. 480221TRMC			
ACTIVITY		QTY	RATE	AMOUNT
<b>Translation Services</b> Translation of <2021-02-09 GCPNC Governing Board Meeting Agenda> into Spanish 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							
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 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
						+	
						+	
Poord Quorum:	<b>T</b> _1 - 1						
Board Quorum: 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 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:				



BILL TO Clint Birdsong Greater Cypress Park Neighborhood Council 1150 Cypress Ave. Los Angeles, CA 90065	DATE 02/04/2021		EASE PAY <b>\$123.75</b>	DUE DATE 03/06/2021
TRACKING NO. 050221INAS				
ACTIVITY		QTY	RATE	AMOUNT
Interpretation Services VRI Interpretation Services - Spanish DATE: 02/02/2021 6:00 - 7:39 PM 99 minutes 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							
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 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
						+	
						+	
Poord Quorum:	<b>T</b> _1 - 1						
Board Quorum: 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 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:				



BILL TO Clint Birdsong Greater Cypress Park Neighborhood Council 1150 Cypress Ave. Los Angeles, CA 90065	DATE 02/02/2021		EASE PAY <b>\$27.80</b>	DUE DATE 03/04/2021
<b>P.O. NUMBER</b> C-135204	TRACKING NO. 450121TRWM			
ACTIVITY		QTY	RATE	AMOUNT
<b>Translation Services</b> Translation of <gcpnc_land and="" committee<br="" housing="" use="">Agenda_2021-02-02&gt; into Spanish 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 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
						+	
						+	
Poord Quorum:	<b>T</b> _1 - 1						
Board Quorum: 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 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:				



BILL TO Clint Birdsong Greater Cypress Park Neighborhood Council 1150 Cypress Ave. Los Angeles, CA 90065	DATE 02/11/20		PLEASE PAY <b>\$300.00</b>	DUE DATE 03/13/2021
TRACKING NO. 660221INAS				
ACTIVITY		QTY	RATE	AMOUNT
Interpretation Services VRI Interpretation Services - Spanish DATE: 02/09/2021 7:00 - 11:00 PM 240 minutes 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 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
						+	
						+	
Poord Quorum:	<b>T</b> _1 - 1						
Board Quorum: 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 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:				



BILL TO Clint Birdsong Greater Cypress Park Neighborhood Council 1150 Cypress Ave.	DATE 02/12/2021		EASE PAY <b>\$37.90</b>	DUE DATE 03/14/2021
	FRACKING NO. 180221TRMC			
ACTIVITY		QTY	RATE	AMOUNT
<b>Translation Services</b> Translation of <greater council="" cypress="" neighborhood="" park="" text=""> into Spanish 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 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
						+	
						+	
Poord Quorum:	<b>T</b> _1 - 1						
Board Quorum: 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 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:				

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 Clint Birdsong birdsong4gcp@gmail.com		Net 30 Days
Description		Cost
Professional Services: Services Requested: 1 Interpreter		
Language: <u>Spanish</u> Translation equipment: No Meeting's Date: Tuesday, February 25, 2020 Time: 06:30 pm – 08:05 pm NC: Greater Cypress Park NC regular monthly n Location: Cypress Park Branch Library Address: 1150 Cypress Ave., Los Angeles, CA 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 at (818)550-9299 if you have any questions.	is invoice. Please call Languages-	4you
Total		\$240

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 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
						+	
						+	
Poord Quorum:	<b>T</b> _1 - 1						
Board Quorum: 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 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:				



BILL TO Clint Birdsong Greater Cypress Park Neighborhood Council 1150 Cypress Ave. Los Angeles, CA 90065	DATE 03/10/2021		EASE PAY <b>\$405.00</b>	DUE DATE 04/09/2021
TRACKING NO. 320321INAS				
ACTIVITY		QTY	RATE	AMOUNT
Interpretation Services VRI Interpretation Services - Spanish DATE: 03/09/2021 7:00 - 9:42 PM 162 minutes x 2 Interpreters 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							
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 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
						+	
						+	
Poord Quorum:	<b>T</b> _1 - 1						
Board Quorum: 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 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:				



BILL TO Clint Birdsong Greater Cypress Park Neighborhood Council 1150 Cypress Ave.	DATE 03/09/2021		EASE PAY <b>\$54.90</b>	DUE DATE 04/08/2021
Los Angeles, CA 90065 P.O. NUMBER C-135204	TRACKING NO. 560321TROS			
ACTIVITY		QTY	RATE	AMOUNT
<b>Translation Services</b> Translation of <2021-03-09 GCPNC Governing Board Meeting Agenda> into Spanish 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							
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 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
						1	
						+	
Poord Quorum:	<b>T</b> _1 - 1						
Board Quorum: 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 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:				



BILL TO Clint Birdsong Greater Cypress Park Neighborhood Council 1150 Cypress Ave.	DATE 03/02/2021		EASE PAY <b>\$150.00</b>	DUE DATE 04/01/2021
Los Angeles, CA 90065 TRACKING NO. 2440221INAS				
ACTIVITY		QTY	RATE	AMOUNT
Interpretation Services VRI Interpretation Services - Spanish DATE: 03/01/2021 6:00 - 8:00 PM 120 minutes 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 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
Board Quorum:	Total:						
We, the authorized signers of the above r meeting was held in accordance with all l 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:				



BILL TO Clint Birdsong Greater Cypress Park Neighborhood Council 1150 Cypress Ave. Los Angeles, CA 90065	DATE 02/16/2021		EASE PAY <b>\$96.25</b>	DUE DATE 03/18/2021
TRACKING NO. 860221INAS				
ACTIVITY		QTY	RATE	AMOUNT
Interpretation Services VRI Interpretation Services - Spanish DATE: 02/11/2021 7:00 - 8:17 PM 77 minutes 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 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
Board Quorum:	Total:						
We, the authorized signers of the above r meeting was held in accordance with all l 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) 1b)	Organization Name	Fed	eral I.D. # (EIN#)	State of Incorpora	ation	Date of 501(c)(3) 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: Public School (not to include private schools) 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 \$	Total Projected Cost
õb)	Non-Personnel Related Expenses	Requested of NC \$ \$	Total Projected Cost \$ \$

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

1

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 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
Board Quorum:	Total:						
We, the authorized signers of the above r meeting was held in accordance with all I meeting where a quorum of the Board was	named Neighborhood Cou 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 @ \$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	