

Monthly Expenditure Report



Reporting Month: September 2022 Budget Fiscal Year: 2022-2023

NC Name: Greater Cypress Park
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$30281.37	\$1587.00	\$28694.37	\$0.00	\$0.00	\$28694.37

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$13000.00	\$237.00	\$11044.37	\$0.00	\$11044.37
Outreach		\$0.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$3000.00	\$0.00	\$3000.00	\$0.00	\$3000.00
Neighborhood Purpose Grants	\$16000.00	\$1350.00	\$14650.00	\$0.00	\$14650.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$1718.63	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	STORQUEST-LA/FIGUEROA	09/30/2022	Storage	General Operations Expenditure	Office	\$237.00
2	El Rio de Los Angeles Veterans Collaborative	08/23/2022	Approval of a Neighborhood Purpose Grant for EL RIO DE LOS ANGELES VETERANS COLLABORATIVE for \$1350 for a public Veterans Day event scheduled for November 12, 2022	Neighborhood Purpose Grants		\$1350.00
Subtotal:						\$1587.00

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
Subtotal: Outstanding						\$0.00

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

IMPORTANT INFORMATION

It's a pleasure to serve you at StorQuest - Los Angeles / Figueroa. Kindly remit the amount due before the Payment Due Date below. You can pay by (1) credit card, (2) check, (3) cashier's check or (4) money order. Your canceled check or the cashier's check paperwork will serve as your receipt.

Questions about your Invoice? Please call your StorQuest - Los Angeles / Figueroa Manager at 323-227-0015.

Space	Due Date	Rent	Services	Fees	Insurance	Other	Tax	Credits	Total	
1151	Sep 29, 2022	\$225.00	\$0.00	\$0.00	\$12.00	\$0.00	\$0.00	\$0.00	\$237.00	
New Balance:									\$237.00	
Notice Date: Sep 13, 2022					Past Due Balance:					\$0.00
Payment Due Date: Sep 29, 2022					Total Amount Due:					\$237.00

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!

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

SECTION I - APPLICANT INFORMATION

1a) EL RIO DE LOS ANGELES VETERANS COLLABORATIVE 82-3465113 CALIFORNIA MAR 26, 2018
Organization Name *Federal I.D. #(EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) 2332 RIDGEVIEW AVE. LOS ANGELES CA 90041
Organization Mailing Address *City* *State* *Zip Code*

1c) _____
Business Address (if different) *City* *State* *Zip Code*

1d) PRIMARY CONTACT INFORMATION:

ROBERT RAMIREZ 213.393.2351 bobramirez_crv@yahoo.com
Name *Phone* *Email*

2) Type of Organization- Please select one:

- Public School (not to include private schools) **or** 501(c)(3) Non-Profit (other than religious institutions)
Attach Signed letter on School Letterhead **Attach IRS Determination Letter**

3) _____ _____ _____ _____
Name / Address of Affiliated Organization (if applicable) *City* *State* *Zip Code*

SECTION II - PROJECT DESCRIPTION

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

Veterans Day event scheduled for November 12, 2022. Grant will be used to honor all Veterans and their families Honorees will be from the Northeast Los Angeles Communities (Cypress Park; Highland Park; Glassell Park and more). Veterans being honored will be presented with a Plaque recognizing the Honor and Valor that their brought to the Northeast Community.

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

The November Veterans Day event will be broadcast live on Facebook and will be covered by all major Media outlets. Local elected officials will be in attendance to honor our Veterans. The recognition and honoring of Veterans from the Cypress Park Community is meant to instill a sense of Pride in our Country, our State and City, our Community, the El Rio de Los Angeles State Park and our United States Flag.

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
		\$ -0-	\$ -0-
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	(PLEASE SEE ATTACHMENT)	\$	\$ 5725.00
		\$	\$
		\$	\$

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

8) Is the implementation of this specific program or purpose described in Question 4 contingent on any other factors or sources or funding? (Including NPG applications to other NCs) No 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: \$ 4000.00

10a) Start date: August – Nov 2022 /0b)
 Date Funds Required: Nov 12 /2022 10c) Expected Completion Date: Nov 12, 2022 /2022
 (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?
 No Yes ***(Please note that if a Board Member of the NC has a conflict of interest and completes this form, participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment of this grant in its entirety.)**

SECTION V - DECLARATION AND SIGNATURE

I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read 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*

Robert Ramirez Chairman/President Robert Ramirez 7/19/22
 PRINT Name Title Signature Date

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

Art Camarillo Treasurer Art Camarillo 7/19/22
 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 clerk.ncfunding@lacity.org for instructions on completing this form

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

DEPARTMENT OF THE TREASURY

Date:

APR 24 2018

EL RIO E LOS ANGELES VETERANS
COLLABORATIVE
2332 R_DG _EW 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.

EL RIO DE LOS ANGELES VETERANS

Sincerely,

A handwritten signature in cursive script that reads "Stephen A. Markon". The signature is written in dark ink on a light-colored background.

Director, Exempt Organizations
Rulings and Agreements

**2022 VETERANS DAY EXPENSE SHEET ATTACHMENT
SUBMITTED 8/2/22**



EL RIO DE LOS ANGELES VETERANS COLLABORATIVE

EIN 82 - 3465113

**NOVEMBER 12, 2022 VETERANS DAY
EVENT EL RIO DE LOS ANGELES
STATE PARK**

<u>ITEM</u>	EXPENSE
PROGRAMS (200)	\$ 350.00
FLAGS - 5 (U.S.; STATE; COUNTY; CITY; POW @ \$250 ea.)*	\$ 1250.00
FLORAL WREATHS (2)	\$ 300.00
COMMEMORATIVE PLAQUES (10 @ \$30 ea.)	\$ 300.00
COMMEMORATIVE CHALLENGE COINS (200 @ 56.25 ea.)	\$ 1250.00
REFRESHMENTS/FOOD	\$ 500.00
HONOR GUARD HONORARIUM	\$ 200.00
INVOCATION HONORARIUM	
	TOTAL \$ 4150.00

- FLAGS MUST BE CHANGED OUT TWICE (2 TIMES) ANNUALLY**

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



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 Reimbursement

Vote Count
Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Table with 8 columns: Board Member's First and Last Name, Board Position, Yes, No, Abstain, Absent, Ineligible, Recused. Multiple empty rows for data entry.

Board Quorum: Total:

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

Authorized Signature [Handwritten Signature]

Authorized Signature: [Handwritten Signature]

Print/Type Name:

Print/Type Name: Ash Kramer

Date:

Date: 8/22/22