Monthly Expenditure Report



Reporting Month: May 2024 **Budget Fiscal Year: 2023-2024**

NC Name: Greater Cypress Park Neighborhood Council

Monthly Cash Reconciliation						
Beginning Balance	nce Total Spent Remaining Outstanding Commitments Net Av		Net Available			
\$17716.91	\$6041.01	\$11675.90	\$120.81	\$0.00	\$11555.09	

	Monthly Cash Flow Analysis						
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available		
Office		\$1502.01		\$120.81			
Outreach	\$19000.00	\$0.00	\$2646.60	\$0.00	\$2525.79		
Elections		\$0.00		\$0.00			
Community Improvement Project	\$3000.00	\$0.00	\$3000.00	\$0.00	\$3000.00		
Neighborhood Purpose Grants	\$10000.00	\$4539.00	\$-5439.00	\$0.00	\$-5439.00		
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$25751.39			

	Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total	
1	DOMINO'S 8458	05/14/2024	Board Meeting Dinner	General Operations Expenditure	Office	\$155.06	
2	CONTINENTAL INTERPRETI	05/22/2024	Interpretation - Meeting	General Operations Expenditure	Office	\$175.00	
3	IN CAL INTERPRETING &	05/23/2024	Meeting Interpretation	General Operations Expenditure	Office	\$800.00	
4	PARTNERS IN DIVERSITY	05/23/2024	Meeting Minute Taker	General Operations Expenditure	Office	\$100.95	
5	PY STORQUEST-LOS ANGE	05/29/2024	Storage	General Operations Expenditure	Office	\$271.00	
6	Manos Que Sobreviven	04/26/2024	Neighborhood Purpose Grant for Manos Que Sobreviven for \$4539 for a Dia del nino event.	Neighborhood Purpose Grants		\$4539.00	
	Subtotal:						

Outstanding Expenditures							
#	Vendor	Date	Description	Budget Category	Sub-category	Total	

1	Bryan Kramer	10/24/2023	Approval of Reimbursement to Bryan Kramer for \$120.81for Domino's Pizza on 7/11 for meeting. [Please send check to city clerk office and mail directly to Bryan Kramer to av	General Operations Expenditure	Office	\$120.81
	Subtotal: Outstanding				\$120.81	

Rewards Code: ZZMFMMYM BRIAN

5/14/20 #8458 Domino's Piz (323) 225-1080 5/14/2024 12:34 PM

#84

6 Cheese Deluxe

- ORDER: Oven -

\$22.99 \$22.99 \$22.99 \$22.99 14" Handross Ultimate Pepper 3 (Ultimate Pepperoni Pizza) 14" Handross ExtravaganZia 5 (ExtravaganZia) 14" Handross WaatZia (WeatZia) 14" Handross New Veggie Pizz 5 (WeatZia) 15" (Weat

\$22.99 \$22.99 (New Veggie Pizza)
14" Handfoss 6 Cheese
(6 Cheese)
14" Handfoss Deluxe
(16 Luxe)
14" Handfoss New Hawaiian Pi \$2
(New Hawaiian Pizza)
107AL BOXES: 7

\$22.99

\$140.96 \$14.10 \$155.06 \$140.96 \$0.00 \$128.73 \$140.96 \$32.20-COUPONS/ADJUSTMENTS ----20% Off Entire Order (1126) Credit Card 5094 Tip Paid Sub Total Tax 1 Total

IHIS ORDER CAN STILL EARN
POINTS TOWARD FREE PIZZA AND MORE!
VISTI TOWINDS.COM/CLAIMFEWARDS
MITHIN 30 DAYS TO ELAIM
YOUR POINTS.

Amount Tendered Balance Due

Office of the City Clerk							
Administrative Services Division						۱) سر	
Neighborhood Council (NC) Funding Progr	ram			•		5	
Board Action Certification (BAC) Form						Pigo	
NC Name: Orlayer Cype	ss Puh		Meeting Date: 7/25/23 Agenda Item No: 7.1 2023-2024 FS cal Year Admirishable Clicking bridget. Credit Card Board Member Reimbursement				
Budget Fiscal Year: 23-24			Agenda Item N	lo: (1)	7.1		
Board Motion and/or Public Benefit Statement (CIP and NPG):	Approval	of 2	23-2 Judine	y brigge	scal	leev Ac	mustale
Method of Payment: (Select One)	☐ Check		☐ Credit Card	<u> </u>	☐ Board	d Member Reimb	ursement
[일, 교통하다 경기도 하는 하기를 하였다.	s must leave the room prio	Vol	te Count				
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Carmen Morales	Chair						
Bryan Kramer	Vice Chair						
Ash Kramer	Treasurer	/					
Teresa Roman	At-Large						
Dolores Bernal	At-Large	/					
Mayra Duque	At-Large						
Brenda Wong	At-Large						
Julian Pina	At-Large						
Vacant	At-Large						
			 				
				 			
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				_			
Board Quorum: 5	Total:	~		0	4		0
We, the authorized signers of the above meeting was held in accordance with all meeting when the program of the Board wa	laws, policies, and proced	ncil, declare the ures. The above	nat the informative was approved	ion presented on	this form is accombood Council Bo	urate and comploard, at a Brown	ete, and that a public Act compliant public
Authorized Signature	a solo		Authorned Sig	gnature:			
Print/Type Name: . 7 - 1.5 7	27		Print/Type Na		-		
Date:	- /	-	Date:	1200			
L			1 105	105		NC NC	FP 101 BAC Rev020118



3230 E. Imperial Hwy, Suite 203 Brea, CA 92821

ATTN: Bryan Kramer

Greater Cypress Park Neighborhood Council 2630 Pepper Ave. Los Angeles, CA 90065

Invoice Number: I-34058

Invoice Date: Quote Number: Order Number: Ordered By: Reference Number:

05/23/2024 Q-008464-01 O-039428 Bryan Kramer

Event Name: Description:

General Board Meeting Community Meetings 2nd Tuesday of Every Month

Event Dates: Event Location:

06/11/2024 7:00 PM - 06/11/2024 9:30 PM

Unit Cost Quantity Subtotal

Total price - Orders O-039428: \$350.00

50% Deposit Total Due: \$ 175.00

Deposit made on May 23, 2024 with Mastercard ending in 5094: -\$175.00

Total Due Now: \$0.00

\$ 0.00

Questions about your invoice? Please contact your project manager. Please note that all outstanding invoices over 90 days will be sent to collections.

Invoice Date: Invoice Number: Payment Due: Total Amount Due:

06/22/2024

Please send payment to: 3230 E. Imperial Hwy, Suite 203 Brea, CA 92821

05/23/2024

Make checks payable to Continental Interpreting Services, Inc.

I-34058

Tax ID: 33-0816515

To pay by credit card:

Please visit our secure payment page at...

www.cis-inc.com/pay

Continental Interpreting Services, Inc. Call: (800) 201-7121 www.cis-inc.com Fax: (800) 259-3840

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Julian Pina	At-Large						
Vacant	At-Large						
			 				
				 			
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Board Quorum: 5	Total:	~		0	4		0
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Authorized Signature	a solo		Authorned Sig	gnature:			
Print/Type Name: . 7 - 1.5 7	27		Print/Type Na		-		
Date:	- /	-	Date:	1200			
L			1 105	105		NC NC	FP 101 BAC Rev020118

Cal Interpreting & Translations 5990 Sepulveda Boulevard Suite 250 Van Nuys, CA 91411

> Greater Cypress Park Neighborhood Council 200 North Spring Street City Hall - Room 395 Los Angeles, CA 90012

Invoice				
Invoice Date:	5/14/2024			
Invoice Number:	74311			

Description	Amount
INTERPRETING SERVICES:	800.00
Language: Simultaneous Spanish Assignment Date: 05/14/2024 Assignment Duration: 07:00 - 09:30 PM PST Half-Day (0-3 hours) Simultaneous Spanish Rate: \$400.00 Per Interpreter x 2 Intepreters = \$800.00	
Location: Cypress Park Rec Center 2630 Pepper Ave, Los Angeles, CA 90065 Type of Assignment: Council Meeting Job Number: 74311	
BILLING INFORMATION: Greater Cypress Park Neighborhood Council 200 North Spring Street, City Hall - Room 395 Los Angeles, CA 90012 Attention: Ash Kramer - ash.gcpnc@gmail.com	
THANK YOU FOR YOUR BUSINESS.	

Please make your payment to: Cal Interpreting & Translations, Inc. 5990 Sepulveda Blvd., Ste. 250 Van Nuys, CA 91411 Please include the invoice number on your check.

Payments/Credits	\$0.00
Total Due and Payable:	\$800.00

TIN #: 27-446-8836

Office of the City Clerk							
Administrative Services Division						۱) سر	
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Date:	- /	-	Date:	1200			
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Remit to: Partners In Diversity, Inc.

P.O. Box 654 South Pasadena, CA 91031-0654 **INVOICE**

Invoice Amount \$100.95

Payment Terms	Invoice Date
Due On Receipt	03/25/2024
Invoice No.	Customer No.
42216	1971

Neighborhood Council-Greater Cypress Park 1150 Cypress Avenue Los Angeles, CA 90065

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council-Greater Cypress Park	Corporate	1971	Due On Receipt

Desc	Туре	Units	Rate	Amount	
Week ending: 03/17/2024 Pozo, Michael A	Minute Taker	Reg	3.45	\$29.26	\$100.95
			Total	This Week ending:	\$100.95

Reg: 3.45 OT: 0 DT: 0	Total - This Invoice:	\$100.95
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Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.

Page 1 of 1 Invoice No.: 42216

Week Ending DateTalentCompanyCompany OfficeApproved ByRegOTDTTotal Units MonTuesWedThursFriSatSunMar 17 2024Michael PozoNeighborhood Council-Greater Cypress ParkMainAsh Kramer3.45003.4501.9500001.5

Office of the City Clerk								
Administrative Services Division						۱) سر		
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L			1 105	105		NC NC	FP 101 BAC Rev020118	

1007 StorQuest - Los Angeles / Figueroa

2222 North Figueroa Los Angeles, CA 90065

PAYMENT RECEIPT

Account Number: 1003575944

Greater Cypress Park NC	RECEIPT ID	PAYMENT DATE	CHANGE DUE	AMOUNT
1150 Cypress Ave Los Angeles, CA 90065 (213) 840-1980	844379337	5/29/2024	\$0.00	\$271.00

Invoice	Item	Qty	Rate	Discount	Subtotal	Tax	Total	Paid
#70398	XERCOR-1 Xercor Insurance Services LLC - \$3,000.00 (5/29/2024 - 6/28/2024)		\$12.00		\$12.00	\$0.00	\$12.00	\$12.00
#70398	Unit #1151 Rent Unit 1151 - 4x10x0 (5/29/2024 - 6/28/2024)		\$259.00		\$259.00	\$0.00	\$259.00	\$259.00
							-	Total Paid
May 29,	2024 12:18 AM	М	astercard	****5094				\$271.00
Unit #1151 բ	paid through 6/28/2024							
Unit #1151 բ	paid through 6/28/2024							

If you have any past due amounts for your storage unit(s), those balances will appear below.

Office of the City Clerk								
Administrative Services Division						۱) سر		
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Print/Type Name: . 7 - 1.5 7	27		Print/Type Na		-			
Date:	- /	-	Date:	1200				
L			1 105	105		NC NC	FP 101 BAC Rev020118	

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.

lame	of NC from which you are seeking this grant		ters Cypress P	ark Neigborhood C	ouncil (PG)	
SEC	TION I- APPLICANT INFORMATION					
A108 50	Manos Que Sobreviven	82	-4042623	California	04/25/2018	
1a)	Organization Name	Fe	deral I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable)	
1b)	1b) 3854 Cazador St,		s Angeles	CA	90065	
	Organization Mailing Address	Cit	У	State	Zip Code	
1c)					30 30	
	Business Address (If different)	Cit	у	State	Zip Code	
1d)	PRIMARY CONTACT INFORMATION:					
	Alberto Galvan	323-5	61-5504	alberto@ma	anosqs.com	
	Name	P	hone	Email		
2)	Type of Organization- Please select one: Description: Public School (not to include private schools) Attach Signed letter on School Letterhead	or	501(c)(3) Nor Attach IRS D	n-Profit (other than religious etermination Letter	s institutions)	
3)	Name / Address of Affiliated Organization (if appl	icable)	City	State	Zip Code	

SECTION II - PROJECT DESCRIPTION

Please describe the purpose and intent of the grant.

For Manos Que Sobreviven (MQS), the commitment to guarantee the good mental health of our local environment is a priority. We are committed to focusing on and championing environmental sustainability and promoting solutions that promote environmental health and well-being. MQS organization mobilizes community groups, elected officials, and public and private entities to associate and offer an event calling Dia Del Niño where we provide frees health and educational services, food, joy and gifts for all those children who suffer from an economic catastrophe.

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)

Your help will change the lives of many kid's families in this Special event, help me bring happiness to their lives. With the funds that we request in this proposal, we intend to help 500 children who will receive Happy Meals, toy, fun, food bags, health services, and educational information. Without your help we will not achieve our goal, so I invite (GCPNC) to be part of this beautiful event.

ou may also provide the Budget Outline on a separate sheet if r	lecessary or requested.	
Personnel Related Expenses	Requested of NC	Total Projected Cost
Budget are attached in this email	\$4,539	\$ 7,489
	\$	\$
	\$	\$
Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Dia Del Nino (Goal 500 Kids)	\$4,539	\$ 7,489
	\$	\$
	s	s
Have you (applicant) applied to any other Neighborhood C No Yes If Yes, please list names of N Is the implementation of this specific program or purpose	described in Question 4 conting	gent on any other factors o
sources or funding? (Including NPG applications to other	NCs) I No I Yes If Ye	s, please describe:
Source of Funding	Amount	Total Projected Cost
Greaters Cypress Park Neighborhood Col		\$7,409
Glassell Park Neighborhood Council	\$2950	\$7,489
	5	\$
a) Do you (applicant) have a current or former relationship of No No Yes If Yes, please describe below: Name of NC Board Member		to Applicant
b) If yes, did you request that the board member consult th	- Office of the Olar Attender be	
☐ Yes ☐ No *(Please note that if a Board Member		
	r of the NC has a conflict of int	terest and completes this
or participates in the discussion and voting of this N	r of the NC has a conflict of int	terest and completes this
The state of the s	r of the NC has a conflict of int	terest and completes this
or participates in the discussion and voting of this N grant in its entirety.) CTION V - DECLARATION AND SIGNATURE	r of the NC has a conflict of int IPG, the NC Funding Program	terest and completes this will deny the payment of
or participates in the discussion and voting of this National in its entirety.) CTION V - DECLARATION AND SIGNATURE ereby affirm that, to the best of my knowledge, the information of this National in its entirety.)	r of the NC has a conflict of interest of the NC Funding Program	will deny the payment of
or participates in the discussion and voting of this Name of the participates in the discussion and voting of this Name of the participates in the discussion and voting of this Name of the participates in the discussion and voting of this Name of the participates in the discussion and voting of this Name of the participates in the discussion and voting of this Name of the participates in the discussion and voting of this Name of the participates in the discussion and voting of this Name of the participates in the discussion and voting of this Name of the participates in the discussion and voting of this Name of the participates in the discussion and voting of this Name of the participates in the discussion and voting of this Name of the participates in the discussion and voting of this Name of the participates in the discussion and voting of this Name of the participates in	r of the NC has a conflict of interest in the IPG, the NC Funding Program mation provided herein and cone documents "What is a Public to the IPG in the IP	mmunicated otherwise is
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or participates in the discussion and voting of this National in its entirety.) CTION V - DECLARATION AND SIGNATURE Preby affirm that, to the best of my knowledge, the information of this application and affirm that I have read the rest" of this application and affirm that the proposed prefit project/program and that no conflict of interest exposes Grant. I affirm that I am not a current Board Memory application. I further affirm that if the grant received	mation provided herein and come documents "What is a Public roject(s) and/or program(s) factist that would prevent the amber of the Neighborhood Comis not used in accordance with	mmunicated otherwise is olic Benefit," and "Conflict Within the criteria of a payarding of the Neighboruncil to whom I am submitted
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* 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

Office of the City Clerk									
Idministrative Services Division						10			
Neighborhood Council (NC) Funding Prog	ram					1	/ (
Board Action Certification (BAC) Form						3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	5		
NC Name: Greater Cypress Park			Meeting Date: A	Meeting Date: April 9, 2024					
Budget Fiscal Year: 2023-2024	Agenda Item No: 8.2								
Board Motion and/or Public Benefit Statement (CIP and NPG):	NI-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				n for Día				
Method of Payment: (Select One)	☐ Check	☐ Credit Card		☐ Board	Member Reimbu	ursement			
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	rs must leave the room prior								
Board Member's First and Last Name Carmen Morales	Board Position Chair	Yes	No	Abstain	Absent	Ineligible	Recused		
V10-72-7-7-7-1-1-1-1-1-1-1	Vice Chair	x			8	5 71			
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4	Treasurer					S 9			
Teresa Roman	At-Large	X				3 3			
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Board Quorum: 5	Total:	5			0				
roana dannanii-5	Total:	- 5	0	1	0	0	0		

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:

Authorized Signature:

Authorized Signature:
Print/Type Name: Ash Kramer
Date: 4/16/24