

Monthly Expenditure Report



Reporting Month: November 2024 Budget Fiscal Year: 2024-2025

NC Name: Greater Cypress Park
Neighborhood Council

| Monthly Cash Reconciliation | | | | | |
|-----------------------------|-------------|-------------------|-------------|-------------|---------------|
| Beginning Balance | Total Spent | Remaining Balance | Outstanding | Commitments | Net Available |
| \$22884.16 | \$3216.68 | \$19667.48 | \$120.81 | \$0.00 | \$19546.67 |

| Monthly Cash Flow Analysis | | | | | |
|---------------------------------------|----------------|------------------------|------------------------|-----------------------------------|---------------|
| Budget Category | Adopted Budget | Total Spent this Month | Unspent Budget Balance | Outstanding | Net Available |
| Office | \$24000.00 | \$716.68 | \$14987.98 | \$120.81 | \$14867.17 |
| Outreach | | \$0.00 | | \$0.00 | |
| Elections | | \$0.00 | | \$0.00 | |
| Community Improvement Project | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Neighborhood Purpose Grants | \$18229.54 | \$2500.00 | \$3979.54 | \$0.00 | \$3979.54 |
| Funding Requests Under Review: \$0.00 | | Encumbrances: \$0.00 | | Previous Expenditures: \$20045.34 | |

| Expenditures | | | | | | |
|------------------|------------------------|------------|-----------------------------------------------------------------------------------------------------|--------------------------------|--------------|------------------|
| # | Vendor | Date | Description | Budget Category | Sub-category | Total |
| 1 | CONTINENTAL INTERPRETI | 11/13/2024 | translation - monthly expense in annual budget | General Operations Expenditure | Office | \$350.00 |
| 2 | PARTNERS IN DIVERSITY | 11/26/2024 | Minute Taker - approved in annual budget | General Operations Expenditure | Office | \$95.68 |
| 3 | PY STORQUEST-LOS ANGE | 11/29/2024 | Storage | General Operations Expenditure | Office | \$271.00 |
| 4 | Manos Que Sobreviven | 11/15/2024 | Approval of \$2500 Neighborhood Purpose Grant for Holidays with Hope event to Manos Que Sobreviven. | Neighborhood Purpose Grants | | \$2500.00 |
| Subtotal: | | | | | | \$3216.68 |

| Outstanding Expenditures | | | | | | |
|------------------------------|--------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------|-----------------|
| # | Vendor | Date | Description | Budget Category | Sub-category | Total |
| 1 | Bryan Kramer | 12/05/2024 | Approval of Reimbursement to Bryan Kramer for \$120.81 for Domino's Pizza on 7/11/2023 for meeting. PAYMENT REQUEST and BAC are both in the same document. This was processe... | General Operations Expenditure | Office | \$120.81 |
| Subtotal: Outstanding | | | | | | \$120.81 |



3230 East Imperial Hwy, Suite 203
 Brea, CA 92821
 Phone: (800) 201-7121
 www.cis-inc.com

ATTN: Ash Kramer
 Greater Cypress Park Neighborhood Council
 2630 Pepper Ave.
 Los Angeles, CA 90065

Invoice Number: # 20980

Invoice Date: 11/13/2024 **Quote Number:** **Order Number:** 412708 **Ordered By:** Bryan Kramer

Event Name: Student: 0 **Description:** Greater Cypress Park Neighborhood Council Meeting

Event Dates: 11/12/24 7:00 PM - 11/12/24 10:00 PM **Event Location:** Cypress Park Recreation Center 2630 Pepper Ave., Los Angeles, CA 90065

| | UNIT COST | QUANTITY | SUBTOTAL |
|--------------------------------------|------------|----------|-----------|
| Interpreting Fee (Spanish) PO#: 0 | \$ 116.667 | 3.00 | \$ 350.00 |

Total amount: \$ 350.00

*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: 11/13/2024 | Invoice Number: 20980 | Payment Due: 12/13/2024 | Total Amount Due: \$ 350.00 |
|-----------------------------|--------------------------|----------------------------|--------------------------------|

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

Make checks payable to Continental Interpreting Services, Inc.

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

PARTNERS IN DIVERSITY
690 E GREEN ST STE 101
PASADENA, CA 91101-2190
626-793-0020

PARTNERS IN DIVERSITY

Date: 11/26/2024 03:38:49 PM

CREDIT CARD SALE

MASTERCARD

CARD NUMBER: *****5094 K

TOTAL AMOUNT: \$95.68

APPROVAL CD: 089809

RECORD #: 000

CLERK ID: Officeassist1

CUST CODE: 1971

INVOICE #: 43584

Customer Copy



PARTNERS IN DIVERSITY, INC.
A Small Business, Women Owned Enterprise

Remit to: Partners In Diversity, Inc.

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

INVOICE

| Invoice Amount |
|----------------|
| \$95.68 |

| Payment Terms | Invoice Date |
|----------------|--------------|
| Due On Receipt | 11/18/2024 |
| Invoice No. | Customer No. |
| 43584 | 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 |

| Description | Type | Units | Rate | Amount |
|--------------------------------|------|-------|---------|----------------|
| Week ending: 11/17/2024 | | | | |
| Pozo, Michael A Minute Taker | Reg | 3.27 | \$29.26 | \$95.68 |
| Total This Week ending: | | | | \$95.68 |

| | |
|------------------------------|--------------------------------------|
| Reg: 3.27 OT: 0 DT: 0 | Total - This Invoice: \$95.68 |
|------------------------------|--------------------------------------|

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.

| Company | Company Office | Job Title | Approved By | Reg | OT | DT | Total Units | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|-------------------------------------------|----------------|--------------|-------------|------|----|----|-------------|-----|--------|-----|-------|-----|-----|------|
| Neighborhood Council-Greater Cypress Park | Main | Minute Taker | Ash Kramer | 3.27 | 0 | 0 | 3.27 | 0 | 2.0167 | 0 | 0 | 0 | 0 | 1.25 |

1007 StorQuest - Los Angeles / Figueroa
2222 North Figueroa
Los Angeles, CA 90065

PAYMENT RECEIPT

Account Number:
1003575944

Greater Cypress Park NC

1150 Cypress Ave
 Los Angeles, CA 90065
 (213) 840-1980

| RECEIPT ID | PAYMENT DATE | CHANGE DUE | AMOUNT |
|------------|--------------|------------|----------|
| 1008322365 | 11/29/2024 | \$0.00 | \$271.00 |

| Invoice | Item | Qty | Rate | Discount | Subtotal | Tax | Total | Paid |
|---------|----------------------------------------------------------------------------------|-----|----------|----------|----------|--------|----------|----------|
| #89060 | XERCOR-1 Xercor Insurance Services LLC - \$3,000.00 (11/29/2024 - 12/28/2024) | | \$12.00 | | \$12.00 | \$0.00 | \$12.00 | \$12.00 |
| #89060 | Unit #1151 Rent Unit 1151 - 4x10x0 (11/29/2024 - 12/28/2024) | | \$259.00 | | \$259.00 | \$0.00 | \$259.00 | \$259.00 |

Total Paid

Nov 29, 2024 12:17 AM Mastercard ****5094 \$271.00

Unit #1151 Paid Through 12/28/2024

Customer Copy

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

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.

Greater Cypress Park Neighborhood Council

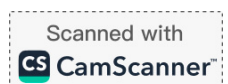
Name of NC from which you are seeking this grant: _____

SECTION I - APPLICANT INFORMATION

| | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 1a) | Manos Que Sobreviven | 84-4042623 | CA | 04/25/18 |
| | <i>Organization Name</i> | <i>Federal I.D. # (EIN#)</i> | <i>State of Incorporation</i> | <i>Date of 501(c)(3) Status (if applicable)</i> |
| 1b) | 3854 Cazador St | Los Angeles | CA | 90065 |
| | <i>Organization Mailing Address</i> | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| 1c) | | | | |
| | <i>Business Address (if different)</i> | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| 1d) | PRIMARY CONTACT INFORMATION: | | | |
| | Alberto Galvan. | 323-561-5504. | alberto@manosqs.com | |
| | <i>Name</i> | <i>Phone</i> | <i>Email</i> | |
| 2) | Type of Organization- Please select one: | | | |
| | <input type="checkbox"/> Public School (not to include private schools) Attach Signed letter on School Letterhead | or | <input checked="" type="checkbox"/> 501(c)(3) Non-Profit (other than religious institutions) Attach IRS Determination Letter | |
| 3) | Name / Address of Affiliated Organization (if applicable) | | | |
| | | <i>City</i> | <i>State</i> | <i>Zip Code</i> |

SECTION II - PROJECT DESCRIPTION

- 4) 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, public and private entities to associate and offer an event calling Holiday With Hope where we provide joy and gifts for all those families and 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 this holiday season, help me bring hope to their lives. With the funds that we request in this proposal, we intend to help 125 children who will receive not just a toy they will receive the love and support that you provide with this help. Without your help we will not achieve our goal, so I invite (GCPNC) to be part of this good cause. (This fund is designated but not limited to the price or quantity of the product)



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 |
| | Please refer to attached documented for Itemized Budget | \$ 2,500 | \$ 5,000 |
| | | \$ | \$ |

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

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 |
|------------------------------------|----------|----------------------|
| Glassell Park Neighborhood Council | \$ 2,500 | \$ 5,000 |
| | \$ | \$ |
| | \$ | \$ |

9) What is the TOTAL amount of the grant funding requested with this application: \$ 2,500

10a) Start date: 10 / 11 / 24 10b) Date Funds Required: 10 / 11 / 24 10c) Expected Completion Date: 12 / 15 / 24
 (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 ***(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.)**

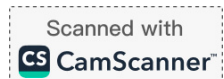
SECTION V - DECLARATION AND SIGNATURE

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*
 Alberto Galvan Executive D. [Signature] 10/11/24
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
 Andrew Montealegre Secretary [Signature] 10/11/24
 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





Alberto Galvan, President

Andrew Montealegre, Director

casa de la montaña alegre

3854 Cazador Street LA, CA 90065

Alberto: 323-688-8111 Andy: 323-317-2966

Land/Fax 323-474-6416

alberto@manosqs.com

andrew@manosqs.com

Federal Tax ID No. 82-4042623

Holiday With Hope

Request Budget

Toys 125

Cost: \$20 dolls each

TOTAL

\$2,500

