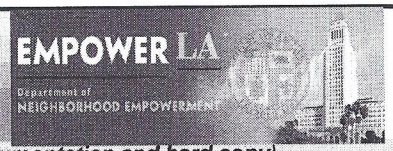
Department of Neighborhood Empowerment

Reporting Month:	JANUARY	MONTHLY EXPENDITURE REPORT	
NC Name:	Tarzana NC	Submitted:	2/1/2017 16:03:20
Budget Fiscal Year:	2016-2017		



FILL IN ALL THE UNSHADED (WHITE) FIELDS (Must be submitted to the Department within 10 days of Board Approval along with documentation and hard copy)

EXPENDITURES BY LINE ITEM (for more than 12 expenditures, you may continue entering on page 3 of this worksheet - see below)

A	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / DESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1	Net Atlantic	1002581-133		1/6/17 Mailing List Maintenance	OUTREACH	☐	☐	$40.00
2	Office Depot	5122		1/11/17 Copies Land Use	OPERATIONS			$3.81
3	The Web Corner	14385		1/18/17 Web Site Maintenance	OUTREACH	☐	☐	$150.00
4	The Rescue Train		TNC 15881	1/20/17 NPG	NPG	☐	☐	$400.00
5	Subway	90123		1/24/17 Sandwiches	OPERATIONS	☐	☐	$138.00
6	Vons	1628779		1/26/17 Refreshments	OPERATIONS	☐	☐	$32.95
7						☐	☐	
8						☐	☐	
9						☐	☐	
10						☐	☐	
11						☐	☐	
12						☐	☐	
	SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered)							$764.76
B	CUMULATIVE EXPENDITURES FROM PRIOR MONTHS (CURRENT FISCAL YR)							$5,194.80
C	OUTSTANDING COMMITMENTS (OBLIGATIONS)							
1						☐	☐	
2						☐	☐	
3						☐	☐	
4						☐	☐	
5						☐	☐	
6						☐	☐	
7						☐	☐	
8						☐	☐	
9						☐	☐	
10						☐	☐	
	SUBTOTAL: Outstanding Commitments (Includes total on page 3)							$0.00
D	Total Expenditures & Commitments							$5,959.56
E	Total Adjustments (such as use taxes assessed, prior fiscal years items, etc) (use '-' for credits, '+' for deductions)							$0.00
F	Approved Budget 2016-2017							$42,015.00
G	Balance of Budget 2016-2017							$36,055.44

Revision Date 08/09/16

Reporting Month:	JANUARY
NC Name:	Tarzana NC

MONTHLY CASH RECONCILIATION

Beginning Balance (A)	Funds Deposited (B)	Total Available (C) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E) = C - D
$12,845.20	$5,446.90	$18,292.10	$764.76	$17,527.34

MONTHLY CASH FLOW ANALYSIS

Category Identifier	Budget Category	Adopted Budget (A)	Total Spent this Month (B)	FY 2015-16 Expenses Cleared in FY 2016-17 (C)	Total Spent in Prior Months (D)	Unspent Budget Balance (E) = A - B - D
100	Operations	$6,935.00	$174.76	$0.00	$2,514.80	$4,245.44
200	Outreach	$8,175.00	$190.00	$0.00	$1,790.00	$6,195.00
300	Community Improvement		$0.00	$0.00		$0.00
400	NPG	$8,340.00	$400.00	$0.00	$890.00	$7,050.00
500	Elections	$18,565.00	$0.00	$0.00		$18,565.00
	TOTAL	**$42,015.00**	**$764.76**	**$0.00**	**$5,194.80**	**$36,055.44**

NEIGHBORHOOD COUNCIL DECLARATION

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and will furnish additional documentation to the Department of Neighborhood Empowerment upon request.

Treasurer Signature		Signer's Signature	
Print Name	Harvey Goldberg	Print Name	Leonard Shaffer
Date	2/28/2017	Date	2/28/2017
NC Additional Comments	Report missing code 900 Unallocated. Being shown as 600 Elections. Case # 15365 for $500.00 not reflected.		

Revision Date 08/09/16

UnionBank

STATEMENT OF ACCOUNTS

Statement Number: [redacted]903
12/31/16 - 01/31/17

UNION BANK
CENTURY CITY 0206
PO BOX 512380
LOS ANGELES CA 90051-0380

TARZANA NEIGHBORHOOD COUNCIL
200 N SPRING ST FL 20
LOS ANGELES CA 90012-4801

Telephone Banking
For 24-hour Automated Direct Service
800-238-4486
800-826-7345(TDD)
Representatives are available
Monday through Saturday

To open additional accounts, or apply for loans, call your banking office at 310-551-8900

You may also access your account online at unionbank.com

Thank you for banking with us since 2014

Business Basics Checking Summary

Account Number: [redacted]903

Days in statement period: 32

Balance on 12/31		$	**12,845.20**
Additions			5,446.90
Subtractions			-764.76
	Checks	-150.00	
	Payments	-400.00	
	Purchases	-214.76	
Balance on 1/31		$	**17,527.34**

Statement Average Ledger Balance 17,319.93

We waived your service charge this statement period.

Additions

Date	Description/Location	Reference		Amount
1/4	CITY OF LOS ANGE EFT PAYMT PPD **********0735	50500999	$	5,446.90

Checks

Number	Date	Reference	Amount	Number	Date	Reference	Amount
5030	1/18	06045660	150.00				

Payments *online and electronic banking*

Date	Description/Location	Reference		Amount
1/20	THE RESCUE TRAIN ONLINE PMT WEB UN1054031107POS	55858621	$	400.00

Purchases *ATM card and Debit card™ purchases*

Date	Description/Location	Reference		Amount
1/6	NET ATLANT SALEM MA SALEM MA	71494193	$	40.00
1/11	OFFICE DEP TARZANA CA TARZANA CA	70904469		3.81
1/24	SUBWAY TARZANA CA TARZANA CA	71766417		138.00
1/26	VONS S RESEDA CA RESEDA CA	73085649		32.95
Total			$	**214.76**

Information and Banking Office Services

For each monthly statement period your account includes:

- Unlimited free Information Services calls to 24-hour Automated Direct Service
- Banking office Information Services calls are $0.00
- Banking office deposits are $0.00

Your account was not charged for information and banking office services during the statement period.

Net Atlantic, Inc.
10 Federal St., Suite 26
Salem, MA 01970
978-219-1920

INVOICE

Invoice Summary	
Account	1002581
Reference	Invoice 1002581-117
Date	2017-01-01
Due Date	**2017-01-31**
Total ($)	**40.00**
Amount Due ($)	**0.00**

Harvey Goldberg
Tarzana Neighborhood Council
19798 Greenbriar Drive
Tarzana, CA 91356

Description	Amount ($)
Pro Bandwidth Usage Max: 0.077 GB Service Name: 'tarzana-neighborhood-council'	0.00
Pro Anno List Max: 2877 Members Service Name: 'tarzana-neighborhood-council'	40.00

Please tear off and return the bottom portion with your payment. Thank you.

Harvey Goldberg
Tarzana Neighborhood Council
19798 Greenbriar Drive
Tarzana, CA 91356

Payment Summary	
Account	1002581
Reference	Invoice 1002581-117
Due Date	**2017-01-31**
Amount Due ($)	**0.00**

Net Atlantic, Inc.
10 Federal St., Suite 26
Salem, MA 01970

Invoice

The Web Corner, Inc.

19509 Ventura Blvd
Tarzana, CA 91356

Date	Invoice #
1/1/2017	14385

Bill To
Tarzana Neighborhood Council PO Box 571016 Tarzana, CA 91357

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
	Phone Support and General Web Development	150.00	150.00

PAID 1/17/17

L8BNF-
K9Y93

	Total	$150.00

Department of Neighborhood Empowerment
Funding Request Form

EMPOWER LA

NC NAME: Tarzana NC
Budget Fiscal Year: 2015-16
Request Date: 12/13/2016
Meeting Date: 12/13/2016
Agenda Item: 12

Requestor: The Rescue Train
Vendor: THE RESCUE TRAIN
Address: 11221 VENTURA BLVD
City: STUDIO CITY State: CA
Zip Code: 91604 Phone: 323-899-5540
Amount:$ 400
# of payments: —

☐ [illegible] ☐ Outreach ☐ NC Sponsored Event ☑ Neighborhood Purpose Grant
☐ [illegible] ☐ Board Member Reimbursement ☐ Community Improvement Project
☐ [illegible] ☒ One Time Expense ☐ [illegible] ☐ Multiple
☐ Out of State ☐ 1099 Expense

If a bank card exemption of the daily $1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit Description: The TNC Board approves the Budget Committee's recommendation to approve the request from The Rescue Train for a NPG (grant) for $[illegible] to fund a Shelter Intervention Program to pay fees for spay neuter, [illegible] fees, [illegible] and dog training for low income pet owners in the West Valley

1st: LEN 2nd: ESTHER

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Bochar, Gus	Board Member					X	
Dan, Reuben	Board Member			X			
Danat, [illegible]	Board Member					X	
Fleninger, [illegible]	Board Member					X	
Gunfrack, David	Board Member	X					
Goldberg, Harvey	Board Member					X	
Green, [illegible]	Board Member					X	
Hessler, Fran	Board Member	X					
	Board Member						
BARRY EDELMAN	Board Member	X					
Mausner, Jeff	Board Member	X					
[illegible]	Board Member					X	
Raich, [illegible]	Board Member	X					
Sak[illegible]	Board Member	X					
Semonz, [illegible]	Board Member					X	
Shaffer, Leonard	Board Member	X					
Summers, [illegible]	Board Member	X					
Silverman, Richard	Board Member	X					
~~Weinberger, [illegible]~~	~~Board Member~~						
W[illegible]	Board Member	X					
NC Quorum: 10	Grand Total (including page 2):	10		1		7	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: [signature]
Print/Type name: Harvey Goldberg
Date (mm/dd/yy): 12-17-16

Signer's Signature: [signature]
Print/Type name: Leonard [illegible] Shaffer
Date (mm/dd/yy): 12-13-16

Department Use Only: ☐ Contract ☐ [illegible] ☐ [illegible] ☑ Approved ☐ [illegible] ☑ [illegible] ☐ [illegible] ☐ Denied
Staff Initials: jh
1st Level: 1/17/17 [signature]
2nd Level: 01/17/17
Authorization Code: TNC-15881

Revised 1.26.15

Neighborhood Council Funding Program
APPLICATION for Neighborhood Purposes Grant (NPG)

EMPOWER L.A. Department of NEIGHBORHOOD EMPOWERMENT

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. The Neighborhood Council (NC), upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

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

SECTION I APPLICANT INFORMATION

1a) The Rescue Train (*Organization Name*) | 20-1897642 (*Federal I.D. # (EIN#)*) | California (*State of Incorporation*) | 12/2/2004 (*Date of 501(c)(3) Status (if applicable)*)

1b) 11271 Ventura Blvd #405 (*Organization Mailing Address*) | Studio City (*City*) | CA (*State*) | 91604 (*Zip Code*)

1c) 10734 Valley Spring Lane (*Business Address (if different)*) | Toluca Lake (*City*) | CA (*State*) | 91602 (*Zip Code*)

1d) *PRIMARY CONTACT INFORMATION:*
Lisa Young (*Name*) | 323-899-5640 (*Phone*) | topdog@therescuetrain.org (*Email*)

2) **Type of Organization- Please select one:**
☐ Public School *(not to include private schools)* **Attach Grant Request on School Letterhead** or ☒ 501(c)(3) Non-Profit *(other than religious institutions)* **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.**
Funds would be used towards spay/neuter, redemption fees, vet bills, and/or dog training, for low income pet owners in the West Valley, depending on what each case needs to keep their pet out of the shelter and home where they belong.

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 Rescue Train runs the highly successful intervention program and pet pantry at the East Valley Animal Shelter and since its inception in 2015 has kept over 1100 dogs, cats, birds and rabbits from being impounded while offering important resources and education to the local community. This grant will be used to serve low income pet owners in West Valley in the same way and get the dialogue started about the possibility of having a shelter intervention program there.

SECTION III - PROJECT BUDGET OUTLINE

6a)

Personnel Related Expenses	Requested of NC	Total Projected Cost
N/A		

8b)

Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Spay/neuter, redemption fees, vet assistance etc.		
For West Valley Shelter Intervention		

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

8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (including NPG applications to other NCs) ☒ No ☐ Yes, please describe:

Source of Funding	Amount	Total Projected Cost

9) What is the TOTAL amount of the grant funding requested with this application: [redacted]

10a) Start date: [redacted] 10b) Date Funds Required: [redacted]

10c) Expected completion date: [redacted] (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC?
☒ No ☐ Yes - Please describe below:

Name of NC Board Member	Relationship to Applicant
N/A	

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 Department 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 Appendix A, "What is a Public Benefit," and Appendix B "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 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*

Lisa Young	Executive Director	[signature]	11/14/16
PRINT Name	*Title*	*Signature*	*Date*

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

Delilah Loud	Secretary	[signature]	11/14/16
PRINT Name	*Title*	*Signature*	*Date*

* If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form

Office DEPOT
OfficeMax

OFFICE DEPOT #3320
18211 Ventura Boulevard
Tarzana, CA 91356
(818) 668-9067

01/10/2017 16.9.2 4:22 PM
STR 3320 REG 1 TRN 5122 EMP 642368

SALE

Product ID	Description	Total
167060	BW SS Letter	
140 @ 0.14		19.60
Bulk @0.025		-2.80
Retail After Discounts		16.80
Business Solutions Prc		3.50
You Pay		**3.50**SS

Subtotal:	3.50
Sales Tax:	0.31
Total:	3.81
MasterCard 7425:	3.81

LAND USE COPIES

AUTH CODE 056138
TDS Swiped
SPC CARD# 9728
****

Total Savings:
$16.10

VONS

STORE MGR HEBER GONZALEZ 818-881-7020
THANK YOU FOR SHOPPING WITH US!

PRES EXP.) WESTVAL CART MTG

GROCERY

3 QTY CLASSIC MI .		19.47 S
Regular Price	**26.97**	
Card Savings	**7.50-**	
2 QTY CRYSTL GYS .		9.98 S
CRV SFTDK 35PK NTX		3.50 S
Regular Price	**10.98**	
Card Savings	**1.00-**	
TAX		0.00
**** BALANCE		32.95

VONS STORE #2039
19333 VICTORY BLVD.
RESEDA CA 91335

Credit Purchase 01/24/17 15:55
CARD # **********7425
REF: 64001628779 AUTH: 00033819

PAYMENT AMOUNT 32.95

Mastercard 32.95

CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 7
01/24/17 15:55 2039 6 303 3496

****

Subway#28178-0 Phone 818-344-0999
19231 VENTURA BLVD
TARZANA, CA, 91356
Served by: Maria 1/23/2017 10:33:46 am
Term ID-Trans# 1/A-90123

Qty	Size	Item	Price
1		36 Cookie Platter	18.00
2		Extra Large SndPlt	120.00
1		12 Cookies	0.00

Sub Total	138.00
Total (Take Out)	138.00
Credit Card	138.00
Change	0.00

FOOD MTG

Approval No: 081225
Reference No: 702318826898
Card Issuer: Mastercard
Account No: **********7425
Acquired: Swipe
Amount: $138.00
Date/Time: 1/23/2017 10:33:45 AM

Signature:

X_____
I agree to pay above total amount
according to the Card Issuer Agreement.

CUSTOMER COPY

Host Order ID: 685-315-1167790