

Monthly Expenditure Report



Reporting Month: March 2020

Budget Fiscal Year: 2019-2020

NC Name: Tarzana Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$41541.06	\$1647.90	\$39893.16	\$0.00	\$10905.38	\$28987.78

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$48022.27	\$207.90	\$39893.16	\$0.00	\$39893.16
Outreach		\$190.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$1250.00	\$1250.00	\$0.00	\$0.00	\$0.00
Funding Requests Under Review: \$10905.38		Encumbrances: \$0.00		Previous Expenditures: \$7731.21	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	NET ATLANTIC INC	03/04/2020	(Credit card transaction)	General Operations Expenditure	Outreach	\$40.00
2	THE WEB CORNER, INC	03/10/2020	(Credit card transaction)	General Operations Expenditure	Outreach	\$150.00
3	APPLEONE EMPLOYMENT SV	03/11/2020	(Credit card transaction)	General Operations Expenditure	Office	\$207.90
4	Woodland Hills Tarzana Chamber of Commerce Community Benefit Foundation	02/28/2020	...request for a NPG for \$1,250.00 for a \$250 grant for each of the 5 schools in Tarzana participating in the April Earth Day Poster Contest.	Neighborhood Purpose Grants		\$1250.00
Subtotal:						\$1647.90

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

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

INVOICE



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

Invoice Summary	
Account	1002581
Reference	Invoice 1002581-155
Date	2020-03-01
Due Date	2020-03-31
Total (\$)	40.00
Amount Due (\$)	0.00

PAID IN FULL

<u>Description</u>	<u>Amount (\$)</u>
Pro Bandwidth Usage Max: 0.041 GB Service Name: 'tarzana-neighborhood-council'	0.00
Pro Anno List Max: 2265 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 1002581-155
Due Date	2020-03-31
Amount Due (\$)	0.00

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

The Web Corner, Inc.

19509 Ventura Blvd.
Tarzana, CA 91356

Invoice

Date	Invoice #
3/1/2020	19948

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

PAID
03/10/2020

P.O. No.	Terms	Project
	Due on Receipt	

Quantity	Description	Rate	Amount
1	Monthly Maintenance: includes up to 1.5 hours for; phone support, web development, requests, & website adjustments	150.00	150.00
0	Monthly Hosting for tarzananc.org	15.00	0.00
0	Email Archiving:	3.00	0.00
1	Accounts l.shaffer@tarzananc.org (included in maintenance)		

Please remit payment at your earliest convenience. Thank you for your business!	Total	\$150.00
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AppleOne

AppleOne Employment
P.O. Box 29048
Glendale CA 91209-9048
Tel: 818-240-8688
Email:
TIN 95-2580864

City of LA - DONE -TARZANA NC

Accounts Payable

Los Angeles, CA 90012

Invoice

Customer 00950101
Site No: 0048
Period 02/15/2020
Invoice No: S8204258
Amount Due: \$207.90
Payment UPON RECEIPT

Contract #	Requestor	Location	Name	Weekend	Invoice Date	Reg Hrs	Reg Rate	OT Hrs	OT Rate	Misc Hrs	Misc Rate	Amount
C-132956	Len Shaffer	Tarzana Nc	Kramer, Patricia		02/15/2020	9.00	\$23.10	0.00	\$0.00	0.00	\$0.00	\$207.90
Sub Total For:						9.00	\$207.90	0.00	\$0.00	0.00	\$0.00	\$207.90
Grand Total Invoice Amount:						9.00	\$207.90	0.00	\$0.00	0.00	\$0.00	\$207.90

Please remit payment to:
Appleone Employment Services
P.O. Box 29048
Glendale, CA 91209-9048

You can now pay electronically through
 **ApplePay**
Visit www.ApplePay.com or Call! (866)898-7152 for details

*Jan 2020
Board minutes*

TNC APPLEONE S8204258



AppleOne

AppleOne Employment Services

City of Los Angeles

Invoice	S8204258	Line 1	82930	XI20658720
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Web TimeCard

Imaged on 2/17/2020

Client Name: City of LA - DONE- TARZANA NC (009501010048)

Employee Name: Kramer, Patricia

Serial Number: XI20658720

Week Ending: 2/15/2020

Day	Date	IN	OUT	Lunch	Total	Reg	Over	Double
Sun	2/9/2020	8:00 AM	5:00 PM	1:00	8:00	8:00	0:00	0:00
Mon	2/10/2020	8:00 AM	9:00 AM	0:00	1:00	1:00	0:00	0:00

SubTotals					09:00	09:00	00:00	00:00
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Submitted By: Patricia Kramer|patkramerwrites@aol.com on 2/10/2020

Preapproved By: <not available> on <not available>

Approved By: LEONARD SHAFFER|122196 on 2/13/2020

Processed By: valeriaa on 2/17/2020



Harvey Goldberg <goldberg.harvey@gmail.com>

RE: Appleone invoices for City of LA (0048) February 2020

1 message

Leonard Shaffer <l.shaffer@tarzananc.org>
To: harveygoldberg@sbcglobal.net

Thu, Mar 5, 2020 at 2:51 PM

That looks OK. There were 5 pages of minutes for a meeting that lasted more than 3 hours

ljs

Leonard J. Shaffer**President, Tarzana Neighborhood Council**

l.shaffer@tarzananc.org

www.tarzananc.org

From: Harvey Goldberg <goldberg.harvey@gmail.com>
Sent: Thursday, March 05, 2020 12:36 PM
To: Len Shaffer <lenjs@earthlink.net>
Subject: Fwd: Appleone invoices for City of LA (0048) February 2020

Len,

Attached appears to be the bill for the minutes for the January 2020 Board meeting.

Once again we are up to 9 hours.

Do you approve.

thanks.

Harvey

Harvey Goldberg
818-343-8270
Cell 818-903-3600

----- Forwarded message -----

From: Diandra Bei - Special Billing Dept. <dnbei@mail.all-in-1.com>
Date: Thu, Mar 5, 2020 at 8:55 AM
Subject: Appleone invoices for City of LA (0048) February 2020
To: harveygoldberg@sbcglobal.net <harveygoldberg@sbcglobal.net>
Cc: Maria Amparo Gatuslao - Collection Dept. (Corp) <agatuslao@ain1.com>

Credit Card Payment Authorization



Please complete, sign and fax this form to (310) 750-1107

Client Information

CLIENT NAME: Tarzana Neighborhood Council	CUSTOMER NO.: 00950101-0048
ADDRESS: 200 N Spring St	CITY: Los Angeles
STATE: CA	ZIP CODE: 90012

Credit Card Information

CARD TYPE (Please select ONE card type from the choices below):

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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CARD MEMBER NAME:
Harvey Goldberg-Tarzana

CARD NUMBER: 5551690000025734	EXPIRATION DATE: 08/20	
BILLING ADDRESS: 200 N. Spring St		
CITY: Los Angeles	STATE: CA	ZIP CODE: 90012
MEMBER PHONE: 818-343-8270	MEMBER FAX: 818-996-3470	

MEMBER E-MAIL ADDRESS: Check box to receive e-mail confirmation of the transaction(s)
harveygoldberg@sbcglobal.net

AUTHORIZATION FOR SPECIFIC TRANSACTIONS

INVOICES	AMOUNT	INVOICES	AMOUNT
S8204258	\$ 207.90		\$
	\$		\$

Card Member Signature Date 3/9/2020

AUTHORIZATION FOR ALL TRANSACTIONS

I hereby authorize All-in-1, on behalf of AppleOne, to process payment via my credit card for **all transactions** generated as a result of services provided by AppleOne.

Card Member Signature _____ 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. 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 Neighborhood Council

SECTION I - APPLICANT INFORMATION

1a)	WH-Tarzana Community Benefit Foundation	45-0775689	CA	05/10/11
	Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable)
1b)	PO Box 1	Woodland Hills	CA	91365-0001
	Organization Mailing Address	City	State	Zip Code
1c)	6100 Topanga Canyon Boulevard	Woodland Hills	CA	91367
	Business Address (If different)	City	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:			
	Diana Williams	(818) 347-4737	diana@woodlandhillsc.net	
	Name	Phone	Email	
2)	Type of Organization- Please select one:			
	<input type="checkbox"/> Public School <i>(not to include private schools)</i> or <input checked="" type="checkbox"/> 501(c)(3) Non-Profit <i>(other than religious institutions)</i>			
	Attach Grant Request on School Letterhead		Attach IRS Determination Letter	
3)	PO Box1	Woodland Hills, CA 91367		
	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.

The Tarzana Neighborhood Council and the Woodland Hills-Tarzana Community Benefit Foundation are co-sponsoring the 6th annual Earth Day Celebration and Art Poster Contest on Saturday April 18th, 2020 at the Tarzana Recreation Center.

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)

(5) Tarzana Schools are participating in an art poster contest encouraging youth to take care of earth and to make a difference. This year's theme is to empower children to participate in keeping the air we breathe clean and to take care of our environment. 50th Birthday for Earth Day. "What is your present to earth?" It will also create an awareness in our community of the importance of art in schools. Each participating school will receive a \$250 art grant.

SECTION III - PROJECT BUDGET OUTLINE

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
\$250 art grant for the 5 schools-Wilbur Charter for Enriched Academics, Tarzana Elementary School, Nestle Avenue Elementary Charter School, Portola Middle School and Sherman Oaks Center for Enriched Studies	\$ 1,250.00	

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: _____ \$ 1,250.00

10a) Start date: 01/29/20 10b) Date Funds Required: 04/01/20

10c) Expected completion date: 04/18/20 (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:

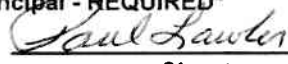
Name of NC Board Member	Relationship to Applicant

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 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*
 Diana Williams Executive Director  1/29/20
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
 Paul Lawler Foundation Board President Corporate Secretary  1/29/2020
 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

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Woodland Hills-Tarzana Chamber of Commerce Community Benefit Foundation	
2 Business name/disregarded entity name, if different from above West Valley-Warner Center Chamber of Commerce Community Benefit Foundation	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. PO Box 1	Requester's name and address (optional)
6 City, state, and ZIP code Woodland Hills, CA 91365-0001	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																																																			
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.																																																			
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 25px; height: 20px; text-align: center;">4</td> <td style="width: 25px; height: 20px; text-align: center;">5</td> <td style="width: 25px; height: 20px; text-align: center;">-</td> <td style="width: 25px; height: 20px; text-align: center;">0</td> <td style="width: 25px; height: 20px; text-align: center;">9</td> <td style="width: 25px; height: 20px; text-align: center;">7</td> <td style="width: 25px; height: 20px; text-align: center;">5</td> <td style="width: 25px; height: 20px; text-align: center;">6</td> <td style="width: 25px; height: 20px; text-align: center;">8</td> <td style="width: 25px; height: 20px; text-align: center;">9</td> </tr> </table>	Social security number																				or										Employer identification number										4	5	-	0	9	7	5	6	8	9
Social security number																																																			
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4	5	-	0	9	7	5	6	8	9																																										

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ▶
Date ▶ 12/27/2018	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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

DEPARTMENT OF THE TREASURY

Date:

MAY 10 2011

WOODLAND HILLS TARZANA CHAMBER OF
COMMERCE COMMUNITY BENEFIT
C/O WHTCC
20121 VENTURA BLVD STE 204
WOODLAND HILLS, CA 91364

Employer Identification Number:
45-0975689

DLN:

17053095374001

Contact Person:

DEL TRIMBLE

ID# 31309

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

February 14, 2011

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

Office of the City Clerk
 Administrative Services Division
 Neighborhood Council (NC) Funding Program
 Board Action Certification Form

HARVEY / ESTHER



NC Name: Tarzana	Meeting Date: 2-25-2020
Budget Fiscal Year: 2019 - 2020	Agenda Item No: 11
Board Motion and/or Public Benefit Statement (CIP and NPG):	Resolved: The TNC Board approves the Budget Committee's recommendation regarding the request from the Woodland Hills-Tarzana Community Benefit Foundation for a NPG for \$1,250 for a \$250 grant for each of the 5 schools in Tarzana participating in the April 2020 Earth Day Poster Contest. Funds to come from Unallocated.

Vote Count

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Terry Saucier	Board Member	X					
David Garfinkle	Board Member	X					
Pam Blattner	Board Member	X					
Harvey Goldberg	Treasurer	X					
Eran R. Heissler	1st VP	X					
Devon Cromwell	Board Member	X					
Joyce Greene	Board Member				X		
Kenneth Schwartz	Board Member	X					
Susan Rogen	Board Member	X					
Esther Weider	Board Member	X					
Max Flehinger	Secretary	X					
Jeff Mausner	2nd VP	X					
	Board Member						
Leonard J. Shaffer	President	X					
Barry Edelman	Board Member	X					
Iris Polonsky	Board Member	X					
Susan Lord	Board Member				X		
Bob Shmaeff	Board Member				X		
Scott Diamond	Board Member	X					
Michael Povar	Board Member	X					
Mark Epstein	Board Member	X					
Quorum	10	Total	17		3		

We, the Treasurer and the Second Signer 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.

Treasurer's Signature <i>Harvey Goldberg</i>	Second Signer's Signature <i>Leonard J Shaffer</i>
Print/Type Name: Harvey Goldberg	Print/Type Name: Leonard J Shaffer
Date: 2-25-2020	Date: 2-25-20

TNC NPG WH-T CBE 2-25-2020