

Monthly Expenditure Report



Reporting Month: June 2020

Budget Fiscal Year: 2019-2020

NC Name: Tarzana Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$32479.68	\$8894.83	\$23584.85	\$0.00	\$0.00	\$23584.85

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$38994.93	\$204.83	\$16557.51	\$0.00	\$16557.51
Outreach		\$6690.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$10277.34	\$2000.00	\$7027.34	\$0.00	\$7027.34
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$16792.59	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	NET ATLANTIC INC	06/04/2020	Mailing list maintenance June 2020	General Operations Expenditure	Outreach	\$40.00
2	THE WEB CORNER, INC	06/05/2020	June 2020 web site maintenance	General Operations Expenditure	Outreach	\$150.00
3	APPLEONE EMPLOYMENT SV	06/09/2020	Minute preparation for 5/14/2020 Special Board Mtg	General Operations Expenditure	Office	\$184.80
4	OFFICE DEPOT #3320	06/18/2020	Folders- Budget Committee	General Operations Expenditure	Office	\$20.03
5	West Valley Food Pantry	05/22/2020	The TNC Board desires to aid the West Valley Food Pantry in their efforts to provide needed meals in Tarzana. To do so the TNC Board proposes to give the West Valley Food Pantry \$2,500 fo...	General Operations Expenditure	Outreach	\$2500.00
6	West Valley Boys & Girls Club	05/28/2020	Resolved:...approves the request from the COVID-19 Ad Hoc Committee for a NPG not to exceed \$2,000.00 for the West Valley Boys & Girls Club "Grab and Go"...	Neighborhood Purpose Grants		\$2000.00

7	West Valley Food Pantry	05/29/2020	Resolved:...approving the COVID-19 Sub Committees request to aid the West Valley Food Pantry ("WVFP") in their efforts to provide much needed meals i...	General Operations Expenditure	Outreach	\$4000.00
Subtotal:						\$8894.83

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



Page 1 of 1

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

Invoice Summary	
Account	1002581
Reference	Invoice 1002581-158
Date	2020-06-01
Due Date	2020-07-01
Total (\$)	40.00
Amount Due (\$)	0.00

<u>Description</u>	<u>Amount (\$)</u>
Pro Bandwidth Usage Max: 0.147 GB	0.00
Service Name: 'tarzana-neighborhood-council' Pro Anno List Max: 2214 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 1002581-158
Due Date	2020-07-01
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 #
6/1/2020	20403

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

PAID
06/05/2020

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 (inlcuded in maintenance)		

Please remit payment at your earliest convenience.

Thank you for your business!

Total

\$150.00



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 05/23/2020
 Invoice No: S8306359
 Amount Due: \$184.80
 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	05/23/2020	05/27/2020	8.00	\$23.10	0.00	\$0.00	0.00	\$0.00	\$184.80
Sub Total For						8.00		0.00		0.00		\$184.80
Grand Total Invoice Amount						8.00		0.00		0.00		\$184.80

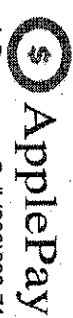
Please remit payment to:

AppleOne Employment Services

P.O. Box 29048

Glendale, CA 91209-9048

You can now pay electronically through



Visit www.ApplePay.com or Call (866)898-7152 for details

TNC AppleOne S8306359



AppleOne
AppleOne Employment Services

City of Los Angeles

Invoice S8306359 Line 1 82930 XI91617820

Web TimeCard

Imaged on 5/26/2020

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

Employee Name: Kramer, Patricia

Serial Number: XI91617820

Week Ending: 5/23/2020

Day	Date	IN	OUT	Lunch	Total	Reg	Over	Double
Sun	5/17/2020	8:00 AM	5:00 PM	1:00	8:00	8:00	0:00	0:00

SubTotals					08:00	08:00	00:00	00:00
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Submitted By: Patricia Kramer|patkramerwrites@aol.com on 5/19/2020

Preapproved By: Alma Martinez (AE) on 5/26/2020

Approved By: <not available> on <not available>

Processed By: ajmartinez on 5/26/2020

Office DEPOT
OfficeMax®

Tarzana - (818) 668-9067

06/18/2020 1:34 PM



V7VTGA6PQ33YMYC66

*BUDGET
COMMITTEE EXP.
FOLDERS*

SALE 3320-2-1125-973896-20.5.2
1402822 nocket Std Ltr 18.29 SS
Business Solutions Prc 18.29

You Pay 18.29SS
Subtotal: 18.29

Sales Tax: 1.74

Total: 20.03

MasterCard 5734 20.03

AUTH CODE 038927
TDS Chip Read

AID A0000000041010 MASTERCARD

TVR 0400088000

CVS No Signature Required

SPC CARD# 8780

Shop online at www.officedepot.com

WE WANT TO HEAR FROM YOU!

Visit survey.officedepot.com

and enter the survey code below:

15QE AVBT T45Y

TNC OFFICE DEPOT 6-18-20



5700 RUDNICK AVENUE
WOODLAND HILLS, CA 91367
(818) 346-5554

INVOICE

DATE: ____ May 21, 2020 ____
INVOICE # __1____

TO:

Tarzana Neighborhood Council
% Harvey Goldberg
Goldberg.Harvey@gmail.com

Invoice for a contribution from Tarzana Neighborhood Council for the purchase of food and related costs to be distributed to local residents due to Covid-19 Pandemic.

Funds can be received through our website PayPal account OR by check - payable to: West Valley Food Pantry

TOTAL: \$ _2,500.00_____

If you have any questions concerning this invoice, please contact:

Debbie Decker
(818) 346-6955
execdirector@westvalleyfoodpantry.org

Meeting Date: 5-14-2020 Special Meeting

Agenda Item No: 10 - as amended

Resolved: The TNC Board desires to aid the West Valley Food Pantry in their efforts to provide much needed meals in Tarzana. To do so the TNC Board proposes to purchase food from Sysco Food Services of Los Angeles or another vendor. TBD in an amount not to exceed \$2500.00. Funds to come from Unallocated. To be classified as Outreach.

LEN/SUSAN LEED / AUGMENTED IRIS/TERRY

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

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.

compliant public meeting where a quorum of the

Leahard / Shaffer

Harvey Goldberg

Leonard J Shaffer

574-2020

5-1420

TNC W VFP 5-14-2020 BAC

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: Tarzana Neighborhood Council

SECTION I - APPLICANT INFORMATION

1a)	<u>West Valley Boys & Girls Club</u>	<u>95-4419365</u>	<u>California</u>	<u>1992</u>
	<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)	<u>7245 Remmet Avenue</u>	<u>Canoga Park</u>	<u>CA</u>	<u>91303</u>
	<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1c)	<u></u>	<u></u>	<u></u>	<u></u>
	<i>Business Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1d)	PRIMARY CONTACT INFORMATION:			
	<u>Tim Blaylock, President/CEO</u>	<u>(818) 610-1054 x 2001</u>	<u>t.blaylock@wvbgc.org</u>	
	<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)	<u></u>	<u></u>	<u></u>	<u></u>
	<i>Name / Address of Affiliated Organization (if applicable)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

SECTION II - PROJECT DESCRIPTION

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

A generous grant from the Tarzana Neighborhood Council will help support our Grab N Go Meal Program.

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)

Our Club sites have been closed for the past 6 weeks due to COVID-19 but we are still supporting youth, families, and the community through our Grab N Go Meal Program. Each week Monday-Friday from 10 AM-12 PM, we provide Grab N Go meals to any youth ages 6-17. We distribute free breakfast and lunch on a first come, first served basis and distribution is done at our Main Clubhouse site in Canoga Park. We average 1,000 meals each week. Once a week during Grab N Go, we also distribute Goodie Bags filled with games, crafts, and supplies to help kids stay busy at home. We have given out over 6,000 meals since the start of Grab N Go.

NPG
TNC, WV BGC 5.22.2020

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
Funding would help support Grab N Go Meal Program	\$ 2,000	\$ 181,424
	\$	\$
	\$	\$

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: \$ 2,000.00

10a) Start date: 3 / 30 / 2020 10b) Date Funds Required: 6 / 22 / 2020 10c) Expected Completion Date: 12 / 31 / 2020
 (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*

Tim Blaylock	President/CEO	<i>Tim Blaylock</i>	<u>5-22-20</u>
PRINT Name	Title	Signature	Date

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

Tim Blaylock	Secretary	<i>Tim Blaylock</i>	<u>5-22-20</u>
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
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 30 1997

WEST VALLEY BOYS & GIRLS CLUB
P.O. BOX 6576
WOODLAND HILLS, CA 91369-6576

Employer Identification Number:
95-4419365

DLN:
317178699

Contact Person:
EO CUSTOMER SERVICE

Contact Telephone Number:
(213) 894-2289

Our Letter Dated:
June, 1993

Addendum Applies:
no

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

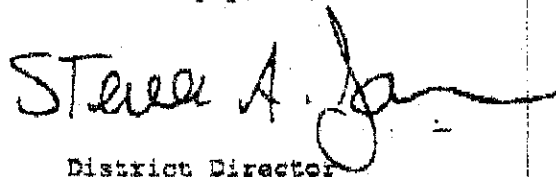
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


District Director

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) West Valley Boys & Girls Club	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ <input type="checkbox"/> Other (see instructions) ▶	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 7245 Remmet Ave.	Requester's name and address (optional)
City, state, and ZIP code Canoga Park, Ca 91303	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-				-	
Employer identification number								
9	5	-	4	4	1	9	3	6

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).

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 on page 4.

Sign Here	Signature of U.S. person ▶ <i>Jim Bleybach</i>	Date ▶ <i>7-1-2020</i>
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



5700 RUDNICK AVENUE
WOODLAND HILLS, CA 91367
(818) 346-5554

INVOICE

DATE: ____ May 28, 2020 ____
INVOICE # __2____

TO:

Tarzana Neighborhood Council
% Harvey Goldberg
Goldberg.Harvey@gmail.com

Invoice for a contribution from the Tarzana Neighborhood Council for the purchase of food and related costs to be distributed to local residents due to Covid-19 Pandemic \$4,000.

Funds can be received through our website PayPal account OR by check - payable to: West Valley Food Pantry

TOTAL: \$ _4,000.00 _____

If you have any questions concerning this invoice, please contact:

Debbie Decker
(818) 346-6955
execdirector@westvalleyfoodpantry.org

TNC WVFP Inv 5-28-2020

Office of the City Clerk Administrative Services Division Neighborhood Council (NC) Funding Program Board Action Certification Form		<div style="font-size: 2em; font-family: cursive;">Harvey</div> / <div style="font-size: 2em; font-family: cursive;">Susan Lord</div> <div style="text-align: right; margin-top: -20px;"> </div>	
NC Name: Tarzana		Meeting Date: 5-26-2020	
Budget Fiscal Year: 2019 - 2020		Agenda Item No: 12	
Board Motion and/or Public Benefit Statement (CIP and NPG): Resolved: The TNC Board approves the Budget Committee's action approving the COVID-19 Sub Committee's request to aid the West Valley Food Pantry in their efforts to provide much needed meals in Tarzana by donating to the West Valley Food Pantry \$4,000 for the purchase of food and related costs, for distribution to local residents. To be classified as Outreach, COVID-19 Assistance, West Valley Food Pantry. Funds to come from Unallocated.			
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.			
Board Member Name	Board Position	Yes	No
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		
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		
Iris Polonsky	Board Member	X	
Susan Lord	Board Member	X	
Bob Shmaett	Board Member		
Scott Diamond	Board Member		
Michael Povar	Board Member	X	
Mark Epstein	Board Member	X	
Quorum	10	Total	16
			3
			1
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			Second Signer's Signature
Print/Type Name:	Harvey Goldberg		Print/Type Name:
Date:	5-26-2020		Date:
			5-26-20

TNC WVFP BAC 5-26-2020