Monthly Expenditure Report



Reporting Month: July 2020

Budget Fiscal Year: 2020-2021

NC Name: Tarzana Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance Total Spent Remaining Balance Outstanding Commitments Net Availab				Net Available	
\$35652.13	\$2599.92	\$33052.21	\$7027.34	\$0.00	\$26024.87

	Monthly Cash Flow Analysis				
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office		\$230.40		\$0.00	
Outreach	\$46377.99	\$190.00	\$45957.59	\$0.00	\$45957.59
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$9206.86	\$2179.52	\$7027.34	\$7027.34	\$0.00
Funding Requests Under Review: \$0.00		Encumbrar	nces: \$0.00	Previous Expe	nditures: \$0.00

	Expenditures					
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	NET ATLANTIC INC	07/04/2020	Mailing list maintenance-July 2020	General Operations Expenditure	Outreach	\$40.00
2	APPLEONE EMPLOYMENT SV	07/10/2020	May 2020 Board meeting minutes	General Operations Expenditure	Office	\$230.40
3	THE WEB CORNER, INC	07/27/2020	July 2020 Web site maintenance.	General Operations Expenditure	Outreach	\$150.00
4	Woodland Hills Tarzana Chamber of Commerce Community Benefit Foundation	07/01/2020	approving a request from the Woodland Hills-Tarzana Community Benefit Foundation for an NPG for \$2,179.52 to fund the purchase of a "Freestanding Portable Partition&q	Neighborhood Purpose Grants		\$2179.52
	Subtotal:					\$2599.92

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

1	Southern California Preparedness Foundation	08/04/2020	approve the payment of the encumbrance for an NPG for SCPF for \$1,000.00 supporting their 13th Annual Valley preparedness Fair	Neighborhood Purpose Grants		\$1000.00
2	Tarzana Elementary School	08/04/2020	approve payment of encumbrance for a NPG for Tarzana Elementary School for \$3825.00 for IXL Learning License.	Neighborhood Purpose Grants		\$3825.00
3	Portola Charter Middle School	08/05/2020	approve the payment of the encumbrance for an NPG for Portola Middle School for \$2,202.34 for 3 computers for their library.	Neighborhood Purpose Grants		\$2202.34
	Subtotal: Outstanding					\$7027.34

BILLING STATEMENT

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



Page 1 of 2

		Billing Statement Summary					
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u>y</u>		
			Account	1002581			
			Reference	Billing State	ement		
		:		1002581-1			
			Date	2020-07-01			
		Beginning Balance (\$)			40.00		
		Amo	unt Due (\$)	40.00			
	$(1, \dots, n)$		Due Date	2020-07-31			
ſ	Aging (\$)						
İ	Current	1 - 30	31 - 60	61 - 90	>=91		
ľ	40.00	0.00	0.00	0.00	0.00		

Harvey Goldberg

Tarzana Neighborhood Cou 19798 Greenbriar Drive Tarzana, CA 91356

Post Date	Description		Amount (\$)	
2020-07-01	Pro Bandwidth Usage		0.00	
	Max: 0.094 GB		· · · · · · · · · · · · · · · · · · ·	
•	Service Name: 'tarzana-neighborhood-council'			
2020-07-01	Pro Anno List		40.00	
	Max: 2211 Members			
	Service Name: 'tarzana-neighborhood-council'	• •		
PAYMENTS			:	
Post Date	Description	: •		Amount
2020-06-04	Thank You!			-40.00

2020-06-04 Thank You! MasterCard 42042137872

Notes:

HOW MUCH IS YOUR STALE EMAIL LIST COSTING YOU? AVERAGE CUSTOMER SAVINGS IS 30%

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

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

Net Atlantic

<u>0</u>				
Payment Summary				
1002581				
Billing Statement				
1002581-177				
2020-07-31				
40.00				
ake checks				
payable to Net Atlantic, Inc.				
New monies owed will be collected				
via credit card on 2020-07-04.				

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

TNC NETATLANTIC 7-1-2020

	AppleOne	0
2		

AppleOne Employment P.O. Box 29048 Glendale CA 91209-9048

Email: TIN 95-2580864 Tel: 818-240-8688

City of LA - DONE - TARZANA NC

Accounts Payable

Los Angeles, CA 90012

Site No: Customer 0048 00950101 Invoice

Period 06/20/2020 Invoice No: \$8330106 Amount Due: \$230.40 Payment UPON RECEIPT

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Please remit payment to:

Glendale, CA 91209-9048 P.O. Box 29048 **Appleone Employment Services**

MAY NON AND

ApplePay

You can now pay electronically through

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

THE ARECHE S8330106

The Web Corner, Inc.

19509 Ventura Blvd. Tarzana, CA 91356

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 Date
 Invoice #

 7/1/2020
 20560

Bill To		1 20
Tarzana Neighborhood PO Box 571016	Council	011-
Tarzana, CA 91357		

		P.O. No.	Terms		Project	
			Due on Receipt			
Quantity	Description		Rate		Amount	
0	Monthly Maintenance: includes up to 1.5 hours for; pho requests, & website adjustments Monthly Hosting for tarzananc.org Email Archiving: 1 Accounts I.shaffer@tarzananc.org (inlcuded in mainte		nent,	150.00 15.00 3.00	150.00 0.00 0.00	
	nent at your earliest convenience.					

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.

me	of NC from which you are seeking this grant:	Tarzana NC			angangangangangan sa king king kanalangangan
•					:
- desiring the	TION I- APPLICANT INFORMATION WH-Tarzana Community Benefit Foundation	45-0975689	CA		5/10/2011
121	Organization Name	Federal I.D. # (EIN#)	State of Inco	rporation	Date of 501(c)(3) Status (if applicable
1h)	PO Box 1	Woodland H	lills (A	91365-0001
•	Organization Mailing Address	City	S	tale	Zip Code
1c)	6100 Topanga Canyon Blvd	Woodland H	lills (A	91367
10)	Business Address (If different)	City	S	tate	Zip Code
1d):		18-347-4737	diana@	woodla	andhillscc.net
	Name	Phone	En	ail	
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Signed letter on School Letterhead	or 501(c)(3) No Attach IRS	n-Profit (other t Determination	han religious Letter	s institutions)
3)	Name / Address of Affiliated Organization (if app	licable) City		State	Zip Code

SECTION II - PROJECT DESCRIPTION

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

Tarzana Recreation Center will be offering summer camp this year during the COVID-19 Pandemic. They only have room for 48 campers, 6 groups of 8. The camp will require social distancing. In order to accomplish the goal of 8 groups, the gym will be required to be split into space for two group. Thus the Rec Center needs to purchase a "Freestanding Portable Partition" to provide for the social distancing in the gym. Other rooms in the Rec Center complex do not fit the required guidelines.

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)

This grant will allow a greater number of campers to attend the Tarzana Recreation summer camp, by creating a better use of space available.

NPG TNCAWH-TCBF 6-11-20

Personnel Related Expanses	Requested of NC	Total Projected Cost
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	IS	5
Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Purchase of "Freestanding Portable Partition	\$2179.52	\$2179.52
	\$	\$
		and the second

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?

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) IN O I Yes If Yes, please describe:

Source of Funding	Amount	Total Projected Cost
	5	S
	\$	S
	S	S

9) What is the TOTAL amount of the grant funding requested with this application: \$2,179.52

10a) Start date: $\frac{06}{29}$ $\frac{29}{2020}$ 10b) Date Funds Required: $\frac{07}{10}$ $\frac{10}{2020}$ 10c) Expected Completion Date: $\frac{8}{14}$ $\frac{14}{2020}$ (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 No	Yes	If Yes, pleas	e describe below:	and the second	
Name	of NC Board	Member		arti	Relationship to Applicant
1.			en anne en la companya de la companya	the state of the second s	andra an
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11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?

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*

Diana Williams	CEO	Dear DU	A 6/11/2020
PRINT Name	Title	Signature	Date
12b) Secretary of Non-profit Corporation	or Assistant School Pri		

x. 11.

PRINT Name	Titie	Signature	Date
Paul Lawler	Board Corporate Secretary	And Sauler	6/11/2020

* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <u>clerk.ncfunding@lacity.org</u> for instructions on completing this form

DEPARTMENT OF THE TREASURY

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

Date: MAY 1 0 2011

WOODLAND HILLS TARSANA CHAMBER OF COMMERCE COMMUNITY BENEFIT C/O WETCC 20121 VENTURA BLVD STE 204 WOODLAND HILLS, CA 91364 Employer Identification Number: 45-0975689 DLN:

17053095374001 Contact Person: DEL TRIMBLE Contact Telephone Number: (377) 829-5500

ID# 31309

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:

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 latter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

No

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 Charitles, for some helpful information about your responsibilities as an exempt organization.

THE NOG WHATCE IRSLIP

Letter 947 (DO/CG)

Departi	WJ-9 October 2018) ment of the Treasury. Revenue Service	Request for Taxpayer Identification Number and Certific So to www.irs.gov/FormW9 for instructions and the lates	· · · ·	Give Form to the requester. Do not send to the IRS.
	Woodland Hills-Tar. 2 Business name/disrega	Ir income tax return). Name is required on this line; do not leave this line blank, zana Chamber of Commerce Community Benefit Foundation ded entity name, if different from above Center Chamber of Commerce Community Benefit Found		
Print or type. Specific Instructions on page 3.	following seven boxes. Individual/sole propr single-member LLC Limited liability comj Note: Check the app LLC if the LLC is cla another LLC that is;	pany. Enter the tax classification (C=C corporation, S=S corporation, P=Partners propriate box in the line above for the tax classification of the single-member ow ssified as a single-member LLC that is disregarded from the owner unless the or not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single the owner should check the appropriate box for the tax classification of its owner	Certain instruct Exempt ship) ▶ mer. Do not check wher of the LLC is te-member LLC that r.	ptions (codes apply only to entitles, not individuals; see ions on page 3): payee code (if any) ion from FATCA reporting any) accounts maintained outside line U.S.)
See Sp	PO Box 1 6 City, state, and ZIP cod	91365-0001	Requester's name and addre	ss (optional)
	your TIN in the appropri	tentification Number (TIN) are box. The TIN provided must match the name given on line 1 to avo		mber
reside entitie 77N; li Note:	ent alien, sole proprietor, es, it is your employer ide ater. If the account is in more	duals, this is generally your social security number (SSN). However, for or disregarded entity, see the instructions for Part I, later. For other antification number (EIN). If you do not have a number, see How to get than one name, see the instructions for line 1. Also see What Name a or for guidelines on whose number to enter.	and Employer identific	ation number 9 7 5 6 8 9
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- 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.

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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 the 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 (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 allen), 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.

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C Name: Tarzana	and the second		Meeting Date:	6-23-2020	· · · · · · · · · · · · · · · · · · ·		
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Recused Boardmember	s must leave the room prio	Vo	te Count	of return to the m	ion until after t	he vote is compl	ete
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Terry Saucier	Board Member	<u> X </u>					
David Garfinkle	Board Member	X					
Pam Blattner	Board Member	X					
Harvey Goldberg	Treasurer	X		a an an the base of the state of the	. <u> </u>	: 	
Eran R. Heissler	1st VP	λ	ta anna 1945 anna an Air		· · · · ·		
Devon Cromwell	Board Member	Y.					<u></u>
Joyce Greene	Board Member				X		
Kenneth Schwartz	Board Member	X			a statistica (n. 1990) National (n. 1990) National (n. 1990)		
Susan Rogen	Board Member	X					
Esther Weider	Board Member	X					
Max Flehinger	Secretary	X					
Jeff Mausner	2nd VP	X					
	Board Member				ana sa sa sa sa sa sa		
Leonard J. Shaffer	President	X	27 Seeding State State States				
Barry Edelman	Board Member	X					
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Quorum 10 We, the Treasurer and the Second complete, and that a public meet Board, at a Brown Act compliant r	Signer of the above named ng was held in accordance v	with all laws, p	d Council, declare	that the informa	tion presented was approved A	on this form is ac by the Neighborh	curate and ood Council
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Treasurer a infritocore	for the second s	/	Print/Type Na	ame: Le	onard JA	Shaffer	
Date: 6-7	Goldberg		Dāte: 6	-23-	10		

TNCNPG WH-TOBE 6-11-2020 BAC