

Monthly Expenditure Report



Reporting Month: May 2021

Budget Fiscal Year: 2020-2021

NC Name: Tarzana Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$10052.89	\$8767.41	\$1285.48	\$700.00	\$0.00	\$585.48

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$24377.99	\$384.00	\$1285.48	\$0.00	\$585.48
Outreach		\$190.00		\$700.00	
Elections		\$2193.41		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$31206.86	\$6000.00	\$0.00	\$0.00	\$0.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$45531.96	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	NET ATLANTIC INC	05/04/2021	Mailing list maintenance June 2021	General Operations Expenditure	Outreach	\$40.00
2	THE WEB CORNER, INC	05/12/2021	Website maintenance for May 2021	General Operations Expenditure	Outreach	\$150.00
3	APPLEONE EMPLOYMENT SV	05/12/2021	Minutes for March 2021 Board Mtg	General Operations Expenditure	Office	\$384.00
4	ONEgeneration	05/05/2021	Resolved: The TNC Board approves the request from ONEgeneration for an NPG in the amount of \$1000.00 to support their 13th annual Senior Symposium on Saturday, June 19, 2021. The TNC...	Neighborhood Purpose Grants		\$1000.00
5	Hope of the Valley	05/05/2021	Resolved: The TNC Board adopts the recommendation of the Budget Committee to approve an NPG request from Hope of the Valley Rescue Mission for \$5,000 to purchase Essential Items for ...	Neighborhood Purpose Grants		\$5000.00

6	Trident Communications, Inc	05/14/2021	Resolved: The TNC Board adopts the recommendation from the Budget Committee regarding the Ad Hoc Election Committee's request NTE \$6,000 to print and mail postcards to all resi...	General Operations Expenditure	Elections	\$2193.41
	Subtotal:					\$8767.41

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	City of Los Angeles Congress of Neighborhoods - Event	05/27/2021	Resolved: The TNC Board adopts the recommendation of the Budget Committee to approve a \$700 contribution for the September 2021 Congress of Neighborhoods from the 2020-21 fiscal year...	General Operations Expenditure	Outreach	\$700.00
	Subtotal: Outstanding					\$700.00

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 1002581-169
Date	2021-05-01
Due Date	2021-05-31
Total (\$)	40.00
Amount Due (\$)	0.00

Description	Amount (\$)
Pro Bandwidth Usage Max: 0.079 GB	0.00
Service Name: 'tarzana-neighborhood-council' Pro Anno List Max: 2170 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 1002581-169
Due Date	2021-05-31
Amount Due (\$)	0.00

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

The Web Corner, Inc.

15300 Ventura Blvd. Suite 400
Sherman Oaks, CA 91403

Invoice

Date	Invoice #
5/1/2021	21991

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

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.		Total	
Thank you for your business!		\$150.00	



AppleOne

City of LA - DONE - TARZANA NC

Invoice

Accounts Payable

AppleOne Employment

P.O. Box 29048

Glendale CA 91209-9048

Tel: 818-240-8688

Email:

TIN 95-2580864

Los Angeles, CA 90012

Customer 00950101
 Site No: 0048
 Period 04/24/2021
 Invoice No: S8600587
 Amount Due: \$384.00
 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	Shafer, Len	Tarzana Nc	Kramer, Patricia		04/24/2021	15.00	\$25.60	0.00	\$0.00	0.00	\$0.00	\$384.00
Sub Total For	Kramer, Patricia					15.00		0.00		0.00		\$384.00
Grand Total Invoice Amount						15.00		0.00		0.00		\$384.00

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

THE APPLE ONE S8600587



AppleOne
AppleOne Employment Services

City of Los Angeles

Invoice	S8600587	Line 1	178212	XL52033921
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Web TimeCard

Imaged on 4/26/2021

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

Employee Name: Kramer, Patricia

Serial Number: XL52033921

Week Ending: 4/24/2021

Day	Date	IN	OUT	Lunch	Total	Reg	Over	Double
Mon	4/19/2021	8:00 AM	5:00 PM	1:00	8:00	8:00	0:00	0:00
Tue	4/20/2021	8:00 AM	3:00 PM	0:00	7:00	7:00	0:00	0:00

SubTotals					15:00	15:00	00:00	00:00
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Submitted By: Patricia Kramer|patkramerwrites@aol.com on 4/21/2021

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

Approved By: LEONARD SHAFFER|122196 on 4/22/2021

Processed By: ajmartinez on 4/26/2021

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

SECTION I - APPLICANT INFORMATION

- 1a) ONEgeneration 95-4066979 CA 1978
Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)
- 1b) 17400 Victory Blvd. Van Nuys CA 91406
Organization Mailing Address City State Zip Code
- 1c) _____
Business Address (if different) City State Zip Code
- 1d) **PRIMARY CONTACT INFORMATION:**
Sue Sexton 818-708-4756 ssexton@onegeneration.org
Name Phone Email
- 2) Type of Organization- Please select one:
☐ Public School (not to include private schools) or ☒ 501(c)(3) Non-Profit (other than religious institutions)
Attach Signed letter on School Letterhead 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.

ONEgeneration would like to request the Tarzana Neighborhood Council's participation in our outdoor, walk-thru 13th annual Senior Symposium on Saturday, June 19, 2021. This event will allow for a COVID-friendly opportunity to engage with community vendors who provide access to resources and services to the older adult community and their caregivers. In these challenging times, we need your support more than ever to assist us with the cost of renting canopies, tables and chairs (for the vendors only) which will be used for this walk-thru experience.

- 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 year more than ever, the health and wellness of our senior community is of the utmost importance. Our goal is to keep our older adult population, many of whom are lonely and isolated, connected and informed. Due to the pandemic and in order to keep everyone safe, this year's symposium will be held entirely outdoors as a walk-thru event at our ONEgeneration Adult Daycare Center's campus, the home of our weekly Encino Farmers Market at 17400 Victory Blvd., Van Nuys, CA 91406. Vendor booths will be set-up following social distancing protocol on the grassy area of our soccer field. All vendors and participants will be required to wear masks. Seniors and their caregivers will park and walk a short distance to the vendor booths to safely pick up information and resources. Participating Neighborhood Councils will have access to a vendor space at the event. Information will be available on our weekly food

TNC NPG ONEGENERATION 4-27-21

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
	Rental costs of canopies, tables and chairs	\$ 1,000	\$ 14,000
		\$	\$
		\$	\$

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

☐ No ☒ Yes

If Yes, please list names of NCs: Reseda, Canoga Park, Encino, West Hills, Winnetka, Woodland Hills, Northridge South, Van Nuys, Lake Balboa

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: \$ 1,000.00

10a) Start date: 06 / 19 / 21 10b) Date Funds Required: 06 / 19 / 21 10c) Expected Completion Date: 06 / 19 / 21
(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*

Tenna Harris President/CEO [Signature] 4/23/21
PRINT Name Title Signature Date

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

Tina Esterle Board Secretary [Signature] 4/23/21
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



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248653327
May 27, 2010 LTR 4168C E0
95-4066979 000000 00

00018938

BODC: TE

ONEGENERATION
VALLEY SENIOR SERV & RESOURCES CTR
17400 VICTORY BLVD
VAN NUYS CA 91406-5349

Employer Identification Number: 95-4066979
Person to Contact: Ms. Espelage
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 18, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1991.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

0248653327

May 27, 2010 LTR 4168C E0

95-4066979 000000 00

00018939

ONEGENERATION
VALLEY SENIOR SERV & RESOURCES CTR
17400 VICTORY BLVD
VAN NUYS CA 91406-5349

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

TNC NPS ONE GENERATION 4-27-21 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) Hope of the Valley Rescue Mission 27-2053273 CA 12/22/2009
Organization Name **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**
- 1b) 11076 Norris Avenue Pacoima CA 91346
Organization Mailing Address **City** **State** **Zip Code**
- 1c) _____
Business Address (if different) **City** **State** **Zip Code**
- 1d) **PRIMARY CONTACT INFORMATION:**
- Ken Craft 805-279-3055 Ken.Craft@hopeofthevalley.org
Name **Phone** **Email**
- 2) **Type of Organization- Please select one:**
☐ Public School (not to include private schools) or ☒ 501(c)(3) Non-Profit (other than religious institutions)
Attach Signed letter on School Letterhead **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.

Hope of the Valley is seeking a 5,000 grant to support the purchasing of needed items for the Tiny Home Village in Tarzana. HOTV will use this fund to provide essential items for the 76 Tiny Homes that will eventually house 148 individuals in need of shelter. Essential items will include shelter supplies, equipment, and personal protective equipment. This can include the needed tables, chairs, masks, water, food, gloves and disinfecting materials. HOTV would utilize the funds to prepare for the needs of housing the initial 76 individuals who will be utilizing services.

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 would afford Hope of the Valley Rescue Mission the opportunity to fully prepare for the opening for the Tiny Home Village in Tarzana. It will help those most in need with their essential items to remain safe and stable. This support will eliminate some of the most common financial barriers our program faces and will serve our clients living in Tarzana's Tiny Home Village. This support would enable HOTV to ultimately house more individuals who are experiencing homelessness in the City of Tarzana and would allow for more specialized support to increase their readiness for permanent housing.

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
	Shelter and program supplies	\$ 5,000.00	\$ 22,800.00
		\$	\$
		\$	\$

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

☐ No ☒ Yes If Yes, please list names of NCs: Tarzana Neighborhood Council- Bedding 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) ☒ 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: \$ \$5,000.00

10a) Start date: 05 / 25 /2021 10b) Date Funds Required: 05 / 25 /2021 10c) Expected Completion Date: 06 / 30 /2022
(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*

Ken CRAFT CEO [Signature] 4-6-21
PRINT Name Title Signature Date

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

Rowan Vansleve CFO [Signature] 4/6/2021
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
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 06 2010

HOPE OF THE VALLEY RESCUE MISSION
C/O KEN CRAFT
PO BOX 248
SUN VALLEY, CA 91353

Employer Identification Number:
27-2053273
DLN:
17053084315000
Contact Person:
RENEE RAILEY NORTON ID# 31172
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
December 22, 2009
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)

HOPE OF THE VALLEY RESCUE MISSION

Sincerely,

A handwritten signature in blue ink that reads "Robert Choi". The signature is fluid and cursive, with the first name "Robert" and last name "Choi" clearly distinguishable.

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

TNC NPS HOPE OF VALLEY 4-7-21 BAC



INVOICE

PLEASE REMIT TO:

7872 SOLUTION CENTER
CHICAGO IL 60677-7008

Sales Contact:

Jean Boyle
Ph: 818.845.1581
jeanb@tridentcommunications.com

INVOICE DATE:	5/12/2021
INVOICE #:	1-59481
OUR JOB #:	200-922664
TERMS:	NET 10 DAYS
DUE DATE:	5/22/2021

TARZANA NEIGHBORHOOD COUNCIL
PO BOX 571016
TARZANA CA 91357

SHIP TO: (93541)
ATTN: PAMELA BLATTNER
TARZANA NEIGHBORHOOD COUNCIL
PO BOX 571016
TARZANA CA 91357

CUSTOMER PO#		SHIP VIA	SHIP DATE	SALES REPRESENTATIVE		
TARZANA N. COUN		POST OFFICE	4/1/2021	Jean Boyle		
Ordered	Shipped	DESCRIPTION		U/M	PRICE UNIT	AMOUNT
18,189	18,189	POSTCARD 6.5"X8 2SIDES/FULL COLOR 14 pt card stock		EA/1	0.115	2,091.74
1	1	NOTE BASED ON BULK POSTAGE		EA/1	0.00	0.00
		RECEIPT WE BRING YOUR ORDER IN WITH MANY OTHER ORDERS ALL TOGETHER FOR A BIG BULK POSTAGE PRICE AND MAY NOT BE ABLE TO GET AN INDIVIDUAL POSTAGE RECEIPT				
1	1	NOTE please pay with a check mail per invoice address		EA/1	0.00	0.00
1	1	POSTAGE ADDITIONAL POSTAGE 101.67 ONCE MAILED NEW TOTAL		EA/1	101.67	101.67
		ONCE WE GOT TO THE POST OFFICE, AND GAVE THEM THE ZONES THEY GAVE US A NEW UPDATED TOTAL which was an additional \$203.36				
1	1	NOTE total pieces mailed 18189 total postage \$2983.00		EA/1	0.00	0.00
1	1	NOTE first time art no charge value \$110.00		EA/1	0.00	0.00
	16,949	POSTAGE 15296 RESIDENTIAL/ 1653 BUSINESS ADDRESSES		EA/1	0.17	2,881.33

[illegible]

TNC TRIDENT BAC 2-23-21