

Monthly Expenditure Report



Reporting Month: June 2023

Budget Fiscal Year: 2022-2023

NC Name: North Hollywood West
Neighborhood Council

| Monthly Cash Reconciliation | | | | | |
|-----------------------------|-------------|-------------------|-------------|-------------|---------------|
| Beginning Balance | Total Spent | Remaining Balance | Outstanding | Commitments | Net Available |
| \$18375.03 | \$8140.82 | \$10234.21 | \$1000.00 | \$0.00 | \$9234.21 |

| Monthly Cash Flow Analysis | | | | | |
|---------------------------------------|----------------|------------------------|------------------------|-----------------------------------|---------------|
| Budget Category | Adopted Budget | Total Spent this Month | Unspent Budget Balance | Outstanding | Net Available |
| Office | \$19296.00 | \$1202.64 | \$4789.88 | \$0.00 | \$3789.88 |
| Outreach | | \$987.18 | | \$1000.00 | |
| Elections | | \$0.00 | | \$0.00 | |
| Community Improvement Project | \$7240.00 | \$1451.00 | \$4351.50 | \$0.00 | \$4351.50 |
| Neighborhood Purpose Grants | \$5464.00 | \$4500.00 | \$-1036.00 | \$0.00 | \$-1036.00 |
| Funding Requests Under Review: \$0.00 | | Encumbrances: \$0.00 | | Previous Expenditures: \$15753.80 | |

| Expenditures | | | | | | |
|--------------|---|------------|--|--------------------------------|--------------|-----------|
| # | Vendor | Date | Description | Budget Category | Sub-category | Total |
| 1 | PROMO DIRECT | 06/16/2023 | Promo Items for the NoHoWestNC, for Events and Meetings, as Invoiced. | General Operations Expenditure | Outreach | \$987.18 |
| 2 | Moore Business Results | 06/01/2023 | Communication Services for the NoHoWestNC, as Invoiced. | General Operations Expenditure | Office | \$352.44 |
| 3 | Woods Maintenance Services, Inc. | 06/02/2023 | One Time Clean-Up of the Whitsett Slope, North of the Railroad Tracks, between Sherman Way and Saticoy. As Invoiced, for the NoHoWestNC. | Community Improvement Project | | \$1451.00 |
| 4 | AppleOne Employment Services | 06/02/2023 | Recorder Services of, Margaret Shumaker, for the NoHoWestNC Board Meetings, through AppleOne Employment Services. | General Operations Expenditure | Office | \$46.20 |
| 5 | LAUSD c/o Real Estate and Business Deveopment office | 06/16/2023 | Payment for Permit for facility use for NoHoWestNC Board Meetings for the physical year. As Invoiced | General Operations Expenditure | Office | \$804.00 |
| 6 | Parents, Teachers/Educators & Students in Action (PESA) | 06/06/2023 | NPG for the PESA 2023 Summer Internship Program for Youth Residing in the NoHo Neighborhood Councils. As stated in the NPG. | Neighborhood Purpose Grants | | \$4500.00 |

| | |
|------------------|------------------|
| Subtotal: | \$8140.82 |
|------------------|------------------|

| Outstanding Expenditures | | | | | | |
|---------------------------------|---|-------------|---|--------------------------------|---------------------|------------------|
| # | Vendor | Date | Description | Budget Category | Sub-category | Total |
| 1 | City of Los Angeles Congress of Neighborhoods - Event | 05/24/2023 | Sponsoring the Congress Of Neighborhoods with a contribution of; \$1,000.00. Per attached Form. | General Operations Expenditure | Outreach | \$1000.00 |
| Subtotal: Outstanding | | | | | | \$1000.00 |



Promotional Products • Logo Apparel
Business Gifts • Marketing Materials

931 American Pacific Dr., Suite 100 • Henderson, NV 89014
phone: (800) 748-6150 • (702) 534-4773 • fax: (800) 748-3326
www.promodirect.com • email: info@promodirect.com

Order Form

In Hand Date

Ordered By
Carol Ann Rose
North Hollywood West Neighborhood Council

Order NO. S260233
Order Date 06/16/2023
Customer 337511
Sales Rep. Paolo Mortel

FREE Artwork & Email Proof

| # | Item# | Description | Unit Price | Qty | Extension |
|---------------------------------|-------|--|------------|-----|-----------|
| 1 | 34488 | Non-Woven Mini Tote Bag (20% off applied) | \$1.52 | 150 | \$228.00 |
| | | Setup Fee | \$40.00 | 1 | \$40.00 |
| | | Handle Color -Red | | | \$0.00 |
| | | Imprint Location-Standard Location | | | \$0.00 |
| | | Imprint Colors-White | | | \$0.00 |
| 2 | 20800 | Value Sports Pack (20% off applied) | \$1.60 | 150 | \$240.00 |
| | | Setup Fee | \$39.00 | 1 | \$39.00 |
| | | Item Color-Red | | | \$0.00 |
| | | Imprint Location-Standard | | | \$0.00 |
| | | Imprint Colors-White | | | \$0.00 |
| 3 | 29249 | Vienna? Comfort Pen (20% off applied) | \$2.09 | 100 | \$209.00 |
| | | Setup Fee | \$40.00 | 1 | \$40.00 |
| | | Item Color-Red | | | \$0.00 |
| | | Imprint Location-Standard Location - On Barrel | | | \$0.00 |
| | | Imprint Method-Laser Engraved | | | \$0.00 |
| Subtotal | | | | | \$796.00 |
| Coupon Code (M25) Coupon Amount | | | | | -\$25.00 |
| Tax Amount | | | | | \$66.00 |
| Shipping Cost | | | | | \$150.18 |
| Total | | | | | \$987.18 |

Ship To

| Address | Shipped Via | Qty | Item # |
|--|-------------|-----|--------|
| Carol Ann Rose North Hollywood West Neighborhood Council 8110 Mary Ellen Avenue North Hollywood, CA 91605 (818) 535-5624 | UPS GROUND | 150 | 20800 |
| Carol Ann Rose North Hollywood West Neighborhood Council 8110 Mary Ellen Avenue North Hollywood, CA 91605 (818) 535-5624 | UPS GROUND | 100 | 29249 |
| Carol Ann Rose North Hollywood West Neighborhood Council 8110 Mary Ellen Avenue North Hollywood, CA 91605 (818) 535-5624 | UPS GROUND | 150 | 34488 |



Invoice #NoHoWest 2023 0601
Number

Date May 30, 2023

Mr. Greg Wright
North Hollywood West NC
12814 Victory Blvd.
North Hollywood, CA 91606

Please remit to:

Wendy L. Moore
Moore Business Results
19300 Rinaldi, #7524
Northridge, CA 91327

818 252-9399
<http://www.moorebusinessresults.com/>
City of LA Tax #549794-29

| | |
|---------------------------------------|-----------------|
| Communications services for NoHoWest. | 352.44 |
| Total Amount Due: | \$352.44 |

Thank you for your business. We appreciate working with you.

Please pay within 21 days of invoice date. Payments not received by that date may incur a late fee of \$25. We may also assess a 1.5% interest charge per month on late payments. Interest accrues retroactively from the invoice date. If the invoice is not paid within 90 days, additional collections fees may apply. Returned checks are \$25.

| Date | Task | Hours |
|-----------|---|-------|
| 5/8/2023 | Agenda. Meeting eblast. Social | 0.50 |
| 5/18/2023 | Calendar: Picnic in the Park, Beautification conference, Memorial Day parade, senior symposium, green schools. News: Comment on plastic waste, art box news. Start eblast | 1.25 |
| 5/19/2023 | Update art box news and confirm approval. Agenda. Eblast. Fb/Ig/Nd | 0.67 |
| 5/26/2023 | Memorial Day eblast. Fb | 0.25 |
| | Total | 2.67 |

Woods Maintenance Services, Inc.
dba Graffiti Control Systems
7250 Coldwater Canyon Avenue
North Hollywood, CA 91605
+1 8187642515



INVOICE

BILL TO

North Hollywood West
Neighborhood Council
12814 Victory Blvd., #101
North Hollywood, CA
91606

INVOICE # 16058

DATE 05/31/2023

DUE DATE 06/30/2023

TERMS Net 30

PROPERTY LOCATION

Whitsett Slope

CONTRACT ADMIN

Carol Rose

| DESCRIPTION | QTY/HRS | RATE | AMOUNT |
|---|---------|----------|----------|
| One time clean-up of the Whitsett Slope, north of the railroad tracks, between Sherman Way and Saticoy. Crews pruned/trimmed shrubs, removed weeds, and collected litter from the slope. Work completed 5.30.23 | 1 | 1,451.00 | 1,451.00 |

| | |
|-------------|-------------------|
| SUBTOTAL | 1,451.00 |
| TAX | 0.00 |
| TOTAL | 1,451.00 |
| BALANCE DUE | \$1,451.00 |

We appreciate your business!



NC Name: North Hollywood West

Meeting Date: 5/10/2023

Budget Fiscal Year: 2022-23

Agenda Item No: 12

Board Motion and/or Public Benefit Statement (CIP and NPG):

DISCUSSION AND POSSIBLE ACTION: to approve paying Woods Maintenance Services a one-time fee to clean up the Whitsett Slope at a cost not to exceed \$1,451.

CIP GW

Method of Payment: (Select One)

Check

Credit Card

Board Member Reimbursement

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's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused |
|------------------------------------|----------------|----------|----|---------|--------|------------|---------|
| Alessandra Taryn Bea | At Large | X | | | | | |
| Leslie Ann Myrick-Rose | At Large | X | | | | | |
| Greg Wright | Business | X | | | | | |
| Vickie Corona | Community | X | | | | | |
| Lorraine Matza | Community | X | | | | | |
| Jonathan Rogers | Resident | | | | X | | |
| Charles Savinar | Resident | X | | | | | |
| Jim Kompare | Resident | | | | X | | |
| John Dinkjian | Resident | X | | | | | |
| Carol Rose | Senior/Youth | X | | | | | |
| Vacant | Senior/Youth | | | | | | |
| Vacant | At Large | | | | | | |
| Vacant | At Large | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Board Quorum: 7 | | Total: 8 | | | 2 | | |

We, the authorized signers 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.

Authorized Signature: *[Signature]*
 Print/Type Name: Greg Wright

Authorized Signature: *[Signature]*
 Print/Type Name: Carol Rose

Date: 5/10/2023

Date: 5/10/2023



AppleOne

AppleOne Employment Services
P.O. Box 29048
Glendale CA 91209-9048
Tel: 818-240-8688
Email: specialbillingvms@ain1.com

TIN: 95-2580864

City of LA - DONE- North Hollywood West NC

Accounts Payable
Corporate office
Los Angeles, 90012

Invoice

Customer No: 00950101
Site No: 0021
Period Ending: 05/24/2023
Invoice No: S9509516
Amount Due: \$46.20
Payment Term: NET 30 DAYS

| Contract # | Requestor | Location | Employee Name | Weekend | Invoice Date | Reg Hours | Reg Rate | OT Hours | OT Rate | Misc Hours | Misc Rate | Invoice Amount |
|-----------------------------------|-----------|----------|--------------------|------------|--------------|-------------|----------|-------------|---------|-------------|-----------|----------------|
| | | | Shumaker, Margaret | 04/15/2023 | 05/24/2023 | 2.00 | \$23.10 | 0.00 | \$0.00 | 0.00 | 0 | \$46.20 |
| Sub Total For : | | | | | | 2.00 | | 0.00 | | 0.00 | | \$46.20 |
| Grand Total Invoice Amount | | | | | | 2.00 | | 0.00 | | 0.00 | | \$46.20 |

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

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: North Hollywood West

Meeting Date: 7/13/2022

Budget Fiscal Year: 2022-23

Agenda Item No: 13

Board Motion and/or Public Benefit Statement (CIP and NPG):

DISCUSSION AND POSSIBLE ACTION: to reaffirm the FY2022-2023 NoHoWest NC Budget.

Method of Payment: (Select One)

Check

Credit Card

Board Member Reimbursement

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's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused |
|------------------------------------|----------------|----------|----|---------|--------|------------|---------|
| Alessandra Taryn Bea | At Large | X | | | | | |
| Leslie Ann Myrick-Rose | At Large | X | | | | | |
| Greg Wright | Business | X | | | | | |
| Vickie Corona | Community | | | | X | | |
| Lorraine Matza | Community | X | | | | | |
| Jonathan Rogers | Resident | X | | | | | |
| Charles Savinar | Resident | X | | | | | |
| Jim Kompere | Resident | | | | X | | |
| John Dinkpan | Resident | X | | | | | |
| Carol Rose | Senior/Youth | X | | | | | |
| | | | | | | | |
| Vacant | Senior/Youth | | | | | | |
| Vacant | At Large | | | | | | |
| Vacant | At Large | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Board Quorum: ? | | Total: 8 | 0 | 0 | 2 | 0 | 0 |

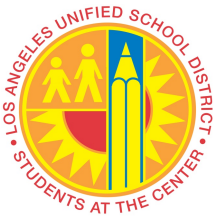
We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signatory
Print/Type Name: Greg Wright

Authorized Signatory
Print/Type Name: Carol Rose

Date: 7/13/22

Date: 7/13/22



INVOICE

LOS ANGELES UNIFIED SCHOOL DISTRICT

Facilities Real Estate & Asset Development
Civic Center Permit Office
333 S. Beaudry Avenue, 1st Floor
Los Angeles, CA 90017

INVOICE
NUMBER

2024A - 11698
PERIOD A 2024

INVOICE DATE: 06/15/2023
INVOICE DUE: 06/22/2023
APPLICATION NO.: 15348
AGENT: JUAN RAMIREZ-MORENO
OFFICE: (213) 241- 6900 | M - F | 8am - 4pm
EMAIL: j.ramirezmoreno@lausd.net

| | |
|---|---|
| TO PERMITEE: ATTN: GREGORY WRIGHT NORTH HOLLYWOOD WEST NEIGHBORHOOD COUNCIL 12814 VICTORY BLVD. SUITE 101 NORTH HOLLYWOOD, CA 91606 PH: (818) 650-1291 CELL: (734) 395-2064 GREGWRIGHTNOHOWESTNC@GMAIL.COM | ORGANIZATION: NORTH HOLLYWOOD WEST NEIGHBORHOOD COUNCIL TYPE OF ACTIVITY: GENERAL BOARD MEETINGS PARTICIPANT AGE RANGE: 18-100 SCHOOL: MADISON MS FACILITY: AUDITORIUM |
|---|---|

| ITEM NO. | DESCRIPTION | BILLABLE TIME | RATE | QTY | TOTAL |
|--|---|---------------|---------|-----|----------|
| 1000 | Facility Use (Auditorium - Hourly Rate) | 18 hrs | \$38/hr | 1 | \$684.00 |
| 3000 | Supplies (Daily Rate) | 6 days | \$5/day | 1 | \$30.00 |
| 4000 | Application Processing Fee | | \$90.00 | 1 | \$90.00 |
| Remarks: | | | | | |
| <ul style="list-style-type: none"> The Permit Office only accepts payment in the exact amount with a Cashier's Check or Money Order payable to L.A.U.S.D. Payment must be received by the Due Date on the invoice or payment slip. Payment must be submitted with payment slip and in exact amount. | | | | | |
| SUBTOTAL | | | | | \$804.00 |
| OTHER/ADJUSTMENTS | | | | | |
| TOTAL | | | | | \$804.00 |

PERMITEE: ATTN: GREGORY WRIGHT

North Hollywood West Neighborhood Council
12814 Victory Blvd. Suite 101
North Hollywood, CA 91606

Payable To: LOS ANGELES UNIFIED SCHOOL DISTRICT
Mail To: Los Angeles Unified School District
C/o Civic Center Permit Office
333 S. Beaudry Ave, 1st Floor
Los Angeles, CA 90017

PAYMENT SLIP

2024A - 11698

Application: 15348 INVOICE NUMBER
06/22/2023

PAYMENT DUE DATE

AMOUNT DUE: \$ 804.00

The Permit Office only accepts **Cashier's Check or Money Order** payable to L.A.U.S.D.
Payment must be received by the Due Date on the invoice or payment slip.
Payment must be submitted with payment slip and in exact amount.

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



NC Name: North Hollywood West Meeting Date: 5/10/2023

Budget Fiscal Year: 2022-23 Agenda Item No: 9

Board Motion and/or Public Benefit Statement (CIP and NPG): DISCUSSION AND POSSIBLE ACTION: to approve the continued use of James Madison Middle School Auditorium for monthly general board meetings and to apply for a Civic Center Permit for July through December 2023 for that purpose at a cost not to exceed \$1000 (~\$165/meeting).

Method of Payment: (Select One) Check Credit Card Board Member Reimbursement

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's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused |
|------------------------------------|----------------|-----|----|---------|--------|------------|---------|
| Alessandra Taryn Bea | At Large | X | | | | | |
| Leslie Ann Myrick-Rose | At Large | X | | | | | |
| Greg Wright | Business | X | | | | | |
| Vickie Corona | Community | X | | | | | |
| Lorraine Matza | Community | X | | | | | |
| Jonathan Rogers | Resident | | | | X | | |
| Charles Savinar | Resident | X | | | | | |
| Jim Kompare | Resident | | | | X | | |
| John Dinkjian | Resident | X | | | | | |
| Carol Rose | Senior/Youth | X | | | | | |
| Vacant | Senior/Youth | | | | | | |
| Vacant | At Large | | | | | | |
| Vacant | At Large | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Board Quorum: 7 | Total: | 8 | | | 2 | | |

We, the authorized signers 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.

Authorized Signature:
 Print/Type Name: Greg Wright

Authorized Signature:
 Print/Type Name: Carol Rose

Date: 5/10/2023

Date: 5/10/2023

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: NoHo West Neighborhood Council

SECTION I - APPLICANT INFORMATION

- 1a) Parents, Educators/Teachers & Students in Action 46-2694430 Ca. 12/20/13
Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)
- 1b) 14500 Roscoe Blvd. - 4th Floor, Room 18 Panorama City Ca. 91402
Organization Mailing Address City State Zip Code
- 1c) _____
Business Address (if different) City State Zip Code
- 1d) **PRIMARY CONTACT INFORMATION:**
Seymour Amster 818-943-0613 Seymour.Amster@pesa-edu.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.

2023 SUMMER INTERNSHIP PROGRAM FOR YOUTH RESIDING IN THE NOHO NEIGHBORHOOD COUNCIL

Parents, Educators/Teachers & Students in Action (PESA) is a non-profit that provides opportunities to youth. PESA provides services to youth referred to it by schools, law enforcement, and parents.

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 purpose of this grant would be to provide an internship opportunity for youth residing in this Neighborhood Council District. The internship would be composed of educating youth on basic office skills that they can use for future employment, Financial Literacy Workshops, Civic Engagement Workshops and College Readiness Workshops. They would also engage in a community project that they could practice utilizing the skills they have been taught.

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 |
|-----|--|-----------------|----------------------|
| | Office Skills and Civic Engagement Workshops | \$ 1,500.00 | \$ 3,000.00 |
| | Financial Literacy Workshops | \$ 1,500.00 | \$ 3,500.00 |
| | High School and College Readiness Workshops | \$ 1,000.00 | \$ 1,400.00 |

| 6b) | Non-Personnel Related Expenses | Requested of NC | Total Projected Cost |
|-----|--------------------------------|-----------------|----------------------|
| | Materials | \$ 500.00 | \$ 750.00 |
| | | \$ | \$ |
| | | \$ | \$ |

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

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: \$ 4,500.00

10a) Start date: 06 / 15 / 2023 10b) Date Funds Required: 06/15 / 2023 10c) Expected Completion Date: 09 / 01 / 2023
 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

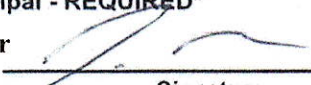
11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?
 No Yes If Yes, please describe below:

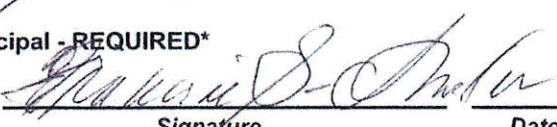
| Name of NC Board Member | Relationship to Applicant |
|-------------------------|---------------------------|
| | |
| | |
| | |

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***
 Seymour Amster Chief Executive Officer  5/30/23
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - **REQUIRED***
 Francine Amster Secretary  5/30/23
 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

OGDEN UT 84201-0029

In reply refer to: 4077591934
Oct. 28, 2015 LTR 4168C 0
46-2694430 000000 00
00030922
BODC: TE


PARENTS EDUCATORS-TEACHERS &
STUDENTS IN ACTION
18017 CHATSWORTH ST
GRANADA HILLS CA 91344-5608

007650

Employer Identification Number: 46-2694430
Person to Contact: Ms. Wiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 05, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 2013.

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.

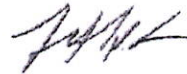
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077591934
Oct.-28, 2015 LTR 4168C 0
46-2694430 000000 00
00030923

PARENTS EDUCATORS-TEACHERS &
STUDENTS IN ACTION
18017 CHATSWORTH ST
GRANADA HILLS CA 91344-5608

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

Sincerely yours,



Jeffrey I. Cooper
Director, EO Rulings & Agreement

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. Parents, Educators/Teachers & Students in Action | |
| 2 Business name/disregarded entity name, if different from above | |
| 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 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 checked="" type="checkbox"/> Other (see instructions) ▶ Non-Profit Corporation exempt under 501 (c)(3) | 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| 5 Address (number, street, and apt. or suite no.) See instructions. 18017 Chatsworth Street #337 | Requester's name and address (optional) |
| 6 City, state, and ZIP code Granada Hills, Ca. 91344 | |
| 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 *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| - | | | - | | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 4 | 6 | - | 2 | 6 | 9 | 4 | 4 | 3 | 0 |

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ 4/27/23 |
|------------------|----------------------------|-----------------------|

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.



CITY OF LOS ANGELES
 Office of Finance
 P.O. Box 53200
 Los Angeles CA 90053-0200

PARENTS, EDUCATORS / TEACHERS & STUDENTS IN ACTION

18017 CHATSWORTH STREET UNIT #337
 GRANADA HILLS, CA 91344-5608

14500 ROSCOE BLVD FLOOR #4TH
 PANORAMA CITY, CA 91402-4190

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS
CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE
 THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED

Business TAX ISSUED:08/15/2022

| ACCOUNT NO. | FUND/CLASS | DESCRIPTION | STARTED | STATUS |
|-------------------|------------|---------------------------|------------|--------|
| 0002893373-0001-4 | L049 | Professions / Occupations | 03/01/2016 | Active |

I PARENTS, EDUCATORS / TEACHERS & STUDENTS IN ACTION
S
S
U 18017 CHATSWORTH STREET UNIT #337
E GRANADA HILLS, CA 91344-5608
D
T
O 14500 ROSCOE BLVD FLOOR #4TH
 PANORAMA CITY, CA 91402-4190

ISSUED FOR TAX COMPLIANCE PURPOSES ONLY
NOT A LICENSE, PERMIT, OR LAND USE AUTHORIZATION
 ISSUED BY:

DIRECTOR OF FINANCE

"No registration certificate or permit issued under the provisions of the Business Tax ordinances of the LAMC, or the payment of any tax required under the provisions of the Business Tax ordinances of the LAMC shall be construed as authorizing the conduct or continuance of any illegal business or of a legal business in an illegal manner."



NC Name: North Hollywood West Meeting Date: 5/22/23

Budget Fiscal Year: 2022-23 Agenda Item No: 4

Board Motion and/or Public Benefit Statement (CIP and NPG): DISCUSSION AND POSSIBLE ACTION: to approve an NPG application from Parents, Educators/Teachers & Students in Action (PESA) for their Summer Internship Program at the amount requested of \$5,000. 4,500 GW

Method of Payment: (Select One) Check Credit Card Board Member Reimbursement

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's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused |
|------------------------------------|----------------|-----------------|----|---------|----------|------------|---------|
| Alessandra Taryn Bea | At Large | X | | | | | |
| Leslie Ann Myrick-Rose | At Large | X | | | | | |
| Greg Wright | Business | X | | | | | |
| Vickie Corona | Community | | | | X | | |
| Lorraine Matza | Community | X | | | | | |
| Jonathan Rogers | Resident | X | | | | | |
| Charles Savinar | Resident | X | | | | | |
| Jim Kompare | Resident | X | | | | | |
| John Dinkjian | Resident | | | | X | | |
| Carol Rose | Senior/Youth | X | | | | | |
| Vacant | Senior/Youth | | | | | | |
| Vacant | At Large | | | | | | |
| Vacant | At Large | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Board Quorum: 7 | | Total: <u>2</u> | | | <u>2</u> | | |

We, the authorized signers 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.

Authorized Signature: [Signature] Date: 5/22/23
 Authorized Signature: Carol Rose Date: 5/22/23