

Monthly Expenditure Report



Reporting Month: June 2024

Budget Fiscal Year: 2023-2024

**NC Name: North Hollywood West
Neighborhood Council**

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$18450.40	\$7909.98	\$10540.42	\$5000.00	\$0.00	\$5540.42

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$19824.00	\$409.98	\$8290.21	\$0.00	\$8290.21
Outreach		\$2500.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$14294.21	\$0.00	\$11634.21	\$0.00	\$11634.21
Neighborhood Purpose Grants	\$9116.00	\$5000.00	-\$7384.00	\$5000.00	-\$12384.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$22783.81	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	Neighborhood Council Budget Day	05/24/2024	17. DISCUSSION AND POSSIBLE ACTION: to approve a contribution of \$1000 to Neighborhood Council Budget Day.	General Operations Expenditure	Outreach	\$1000.00
2	City of Los Angeles Budget Advocacy	05/24/2024	18. DISCUSSION AND POSSIBLE ACTION: to approve a contribution of \$1000 to the City of Los Angeles Budget Advocacy.	General Operations Expenditure	Outreach	\$1000.00
3	City of Los Angeles Congress of Neighborhoods - Event	05/24/2024	19. DISCUSSION AND POSSIBLE ACTION: to approve a contribution of \$500 to City of Los Angeles Congress of Neighborhoods - Event.	General Operations Expenditure	Outreach	\$500.00
4	Parents, Educators/Teachers & Students in Action (PESA)	05/24/2024	8. DISCUSSION AND POSSIBLE ACTION: to approve an NPG application from PESA for \$5000 to operate their summer internship program.	Neighborhood Purpose Grants		\$5000.00
5	WENDY L. MOORE / MOORE BUSINESS RESULTS	06/03/2024	Communication and Developer Services, as Invoiced, provided by Wendy L. Moore of Moore Business Results.	General Operations Expenditure	Office	\$216.24
6	City of Los Angeles - Department of Neighborhood Empowerment	06/07/2024	Operating expenditure for an annual Zoom license	General Operations Expenditure	Office	\$193.74

	Subtotal:	\$7909.98
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Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	She is Hope LA	06/07/2024	9. DISCUSSION AND POSSIBLE ACTION: to approve an NPG application from She is Hope LA for \$5000 to purchase personal hygiene supplies and basics for moms and kids.	Neighborhood Purpose Grants		\$5000.00
Subtotal: Outstanding						\$5000.00

**Neighborhood Council Funding Contribution Form
Congress of Neighborhoods/Budget Advocacy Special Accounts**

I, Gregory Wright (President or Vice-President [VP] name),
declare that I am the President or VP of the North Hollywood West Neighborhood Council

Neighborhood Council (NC) and that on May 23, 20 (meeting date), a Brown Act-noticed public meeting was held by the NC with a quorum of 8 (number) board members present and that by a vote of 8 (number) Yea, 0 (number) Nay, and 0 (number) Abstentions, the NC approved funding contribution(s) from our current Fiscal Year budget for the following Department of Neighborhood Empowerment Special Account(s):

Neighborhood Council Budget Day in the amount of:
*\$ 1000 By checking "Neighborhood Council Budget Day," you will be contributing to cover expenses associated with Budget Day, additional Budget workshops, and essential administrative needs.

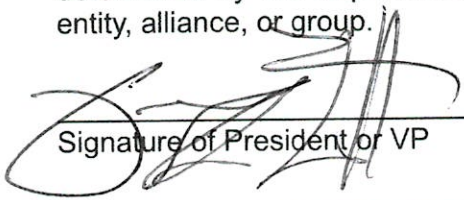
Neighborhood Council Budget Advocacy (L.A. Charter Section 909) in the amount of:
*\$ 1000

L.A. Congress of Neighborhoods (LAAC 22.801) – Event in the amount of:
*\$ 500

L.A. Congress of Neighborhoods (LAAC 22.801) – EmpowerLA Awards in the amount of:
*\$ _____

Therefore, the Neighborhood Council requests that the Office of the City Clerk, NC Funding Program issue payment from our NC's current Fiscal Year budget to the Department of Neighborhood Empowerment for the purpose(s) as indicated above.

Contributions for Neighborhood Council Budget Advocacy and the Congress of Neighborhoods support activities and programs that advance the purpose of the Neighborhood Council System as determined by the Department of Neighborhood Empowerment. Funds do not support any specific entity, alliance, or group.



Signature of President or VP

5/24/24

Date

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To request payment, the NC Treasurer must submit this completed form in the NC Funding System portal, Outreach Category, as the "Payment Request Document" along with the respective Board Action Certification (BAC) form. Forms must be submitted by the annual deadline for check payment requests (normally June 1st) in order to process the payment from current Fiscal Year funds.

*Please indicate a specific funding amount; Statements such as "unused funding for this fiscal year" will disqualify the payment request.

**"Neighborhood Council Budget Day" or
"City of Los Angeles Budget Advocacy" or
"City of Los Angeles Congress of Neighborhoods - Event" or
"City of Los Angeles Congress of Neighborhoods - Awards"**
Address: 200 N. Spring St., Suite 224, Los Angeles, CA 90012

- You may also search the respective Special Account in the Vendor section of the Funding System portal when submitting the payment request(s).
- Please submit separate payment requests for each Special Account contribution.

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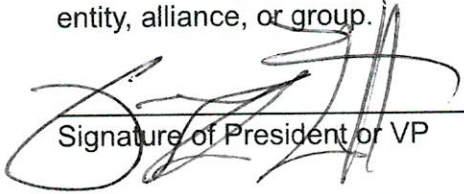
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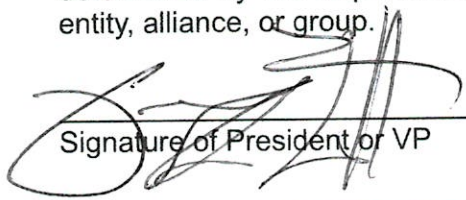
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SECTION III - PROJECT BUDGET OUTLINE

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	\$ 1,000.00	\$ 2,000.00
		\$	\$
		\$	\$

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: \$ 5,000.00

10a) Start date: 06 / 15 / 2024 10b) Date Funds Required: 06 / 15 / 2024 10c) Expected Completion Date: 08 / 15 / 2024
 (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  4/16/24
 PRINT Name Title Signature Date


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

Francine Amster Secretary  4/16/24
 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.

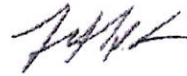
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third 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.

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)	

Print or type.
See Specific Instructions on page 3.

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													
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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 ▶ 4/16/24
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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 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-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."



Invoice #NoHoWest 2024 0531
Number

Date May 31, 2024

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.	216.24
Total Amount Due:	\$216.24

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
5/8/2024	Calendar: Sr. Symposium. Social, Mother's Day, Memorial Day, fire service day, readyla, symposium, adoption day	0.42
5/13/2024	Agenda. Calendar: Fireworks buyback, NoHo Summer Nights, Big Dog Walk. Eblast. Social	1.00
5/22/2024	Youth internship on social	0.17
	Total	1.59

CITY OF LOS ANGELES

BOARD OF NEIGHBORHOOD COMMISSIONERS

VACANT
PRESIDENT

JOY ATKINSON
VICE PRESIDENT

LEONARD SHAFFER
DEBBIE WEHBE
MAGGIE QUIROZ
KEREN WATERS
RANDELL ERVING
DOUGLAS EPPERHART

Email: commission@empowerla.org

CALIFORNIA



KAREN BASS
MAYOR

NEIGHBORHOOD COUNCILS
EMPOWER LA
Department of
NEIGHBORHOOD EMPOWERMENT

20th FLOOR, CITY HALL
200 NORTH SPRING STREET
LOS ANGELES, CA 90012

TELEPHONE (213) 978-1551
TOLL-FREE 3-1-1
FAX: (213) 978-1751
E-MAIL: EmpowerLA@lacity.org

VANESSA SERRANO
INTERIM GENERAL MANAGER

ERICK MUÑOZ
COMMISSION EXECUTIVE ASSISTANT

www.EmpowerLA.org

BILL TO: North Hollywood West Neighborhood Council

INVOICE # 25-041

Address: P.O. Box 101,
12814 Victory Blvd.,
North Hollywood, CA 91606
Email: treasurer@nohowest.org

DATE: April 25, 2024

DUE DATE: Upon Received

Quantity	Item Description	Unit Price	Amount
1.00	Commodity Code 4316: Software-Zoom Enterprise host 05062024-05052025	\$140.57	\$140.57
1.00	Commodity Code 4316: Software-Zoom Audio 05062024-05052025	\$53.17	\$53.17
Total Cost			\$193.74

Please make Checks Payable to:

City of Los Angeles - Department of Neighborhood Empowerment

200 N. Spring Street, Suite 2005

Los Angeles, CA 90012

