

Monthly Expenditure Report



Reporting Month: August 2024

Budget Fiscal Year: 2024-2025

NC Name: North Hollywood West
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$38781.42	\$5546.58	\$33234.84	\$719.30	\$0.00	\$32515.54

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$16200.00	\$152.90	\$14554.42	\$719.30	\$13835.12
Outreach		\$493.68		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$5800.00	\$0.00	\$5040.00	\$0.00	\$5040.00
Neighborhood Purpose Grants	\$10000.00	\$4900.00	\$5100.00	\$0.00	\$5100.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$1759.00	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	EXTRA SPACE 1529	08/01/2024	Monthly Storage at Extra Space Storage for NC - August 2024	General Operations Expenditure	Office	\$152.90
2	Comfy Carepacks Inc	07/31/2024	DISCUSSION AND POSSIBLE ACTION: to approve an NPG application from Comfy Carepacks for \$4900 for pet vaccinations.	Neighborhood Purpose Grants		\$4900.00
3	WENDY L. MOORE / MOORE BUSINESS RESULTS	08/05/2024	DISCUSSION AND POSSIBLE ACTION: to approve renewing our contract with Wendy Moore Business Results per the proposal for communication and digital services presented.	General Operations Expenditure	Outreach	\$493.68
Subtotal:						\$5546.58

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	APPLEONE EMPLOYMENT SERVICES	09/03/2024	AppleOne - Recorder Services of; Margaret Shumaker for NoHoWest NC General Board Meeting July 2024	General Operations Expenditure	Office	\$46.20

2	WENDY L. MOORE / MOORE BUSINESS RESULTS	09/03/2024	DISCUSSION AND POSSIBLE ACTION: to approve renewing our contract with Wendy Moore Business Results per the proposal for communication and digital services presented.	General Operations Expenditure	Office	\$673.10
Subtotal: Outstanding						\$719.30



7400 Coldwater Canyon
Ave
North Hollywood, CA
91605

(818) 429 - 0288 / extraspace.com

August 01, 2024 1:52 AM PDT

EasyPay - EasyPay

Transaction # 245444060 / System

Rent 369	146.00
08/01/24 - 08/31/24	
Insurance 369	14.20
08/01/24 - 08/31/24	
Senior Discount - 5%	-7.30
1 MONTH	
.....	
Subtotal	160.20
Discount	-7.30
Transaction Total	\$152.90

Payment Method

Mastercard ending in 4239	152.90
.....	
Payment Total	\$152.90

Merchandise Returns will be accepted in original packaging within 30 days of purchase.

Give yourself one less thing to worry about by signing up for easypay at:

myaccount.extraspace.com

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

SECTION I - APPLICANT INFORMATION

1a)	Comfy Carepacks <i>Organization Name</i>	82-4486566 <i>Federal I.D. # (EIN#)</i>	CA <i>State of Incorporation</i>	2/20/2019 <i>Date of 501(c)(3) Status (if applicable)</i>
1b)	PO Box 15733 <i>Organization Mailing Address</i>	North Hollywood <i>City</i>	CA <i>State</i>	91615 <i>Zip Code</i>
1c)	12631 Vanowen St Unit 4 <i>Business Address (if different)</i>	North Hollywood <i>City</i>	CA <i>State</i>	91605 <i>Zip Code</i>

1d) **PRIMARY CONTACT INFORMATION:**

Tara Smith <i>Name</i>	818 317 4278 <i>Phone</i>	tara@comfyarepacks.org <i>Email</i>
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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.**

Comfy Carepacks is deeply committed to ensuring the health and welfare of all companion animals, especially those belonging to unhoused and extremely low-income individuals. We are requesting a grant of \$4900 to help cover the costs of vaccinations for these vulnerable pets. Vaccinations are essential for preventing the spread of diseases among both animals and humans, and they play a crucial role in maintaining the overall health and well-being of pets. However, for many unhoused and extremely low-income individuals, accessing veterinary care and affording vaccinations can be a significant challenge. By providing financial assistance for vaccinations, we aim to remove this barrier to care, ultimately improving the health and quality of life for both pets and their owners in our community. This grant will enable us to reach more pets in need and contribute to a healthier, happier community for all.

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)**

Vaccinated pets bring invaluable benefits to both the animals and their owners. By ensuring pets are vaccinated, we not only safeguard their health but also mitigate the risk of diseases spreading within the pet community. Additionally, vaccinated pets are less likely to require costly medical treatments for preventable illnesses, easing the financial burden on their owners who are already facing significant challenges. Furthermore, healthy and vaccinated pets contribute to the overall well-being and companionship of their owners, providing crucial emotional support in difficult circumstances. Ultimately, this grant would foster a healthier and more stable environment for both pets and their owners, promoting the well-being of the entire North Hollywood pet community.

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
Pet Vaccinations	\$4900	\$4900
	\$	\$
	\$	\$

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: \$4900

10a) Start date: 09/01/24 10b) Date Funds Required: 08/31/24 10c) Expected Completion Date: 09/21/24
 (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*

Tara Smith Founder *Tara Smith* 7/18/24
 PRINT Name Title Signature Date

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

Cindy Holsey Secretary *Cynthia Holsey* 7/19/24
 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

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

DEPARTMENT OF THE TREASURY

Date:

FEB 20 2019

COMFY CAREPACKS INC
12631 VANOWEN ST UNIT 4
NORTH HOLLYWOOD, CA 91605-5325

Employer Identification Number:
82-4486566
DLN:
26053428007469
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
November 09, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

COMFY CAREPACKS INC

Sincerely,

Samuel A. Malton

Director, Exempt Organizations
Rulings and Agreements

**Vaccination Prices -
Latino Alliance of Animal Care Coalition**

**DHPP Vaccine \$16
Bordatella Vaccine \$16
Rabies vaccine \$10
FVRCP vaccine \$15**

\$4900 will cover the cost of approximately 300 dogs to get one vaccination shot.

The number of dogs serviced will decrease if multiple shots are needed.



Invoice #NoHoWest 2024 0801
Number

Date August 1, 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.	493.68
Total Amount Due:	\$493.68

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
7/2/2024	Update bylaws, map on about. News: SNL, sewer rates. Calendar: Milkweed giveaway. Social	0.34
7/5/2024	Agenda. Eblast	0.67
7/9/2024	Meeting documents	0.17
7/10/2024	Meeting reminder eblast. Social	0.17
7/11/2024	Southeast Valley Plan presentation on news. Cooling centers on social. Bylaws meeting	0.67
7/17/2024	Minutes, MER, update committees.	0.34
7/22/2024	Update meeting schedule	0.17
7/31/2024	Congress graphic. Eblast. Social	0.93
8/1/2024	Exec and plum committee meetings	0.17
	Total	3.63

