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		\$152.90		\$719.30		
Outreach	\$16200.00	\$493.68	\$14554.42	\$0.00	\$13835.12	
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 Und	der Review: \$0.00	Encumbrai	nces: \$0.00	Previous Expend	litures: \$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:		1			\$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					



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7400 Coldwater Canyon Ave North Hollywood, CA 91605

(818) 429 - 0288 / extraspace.com

August 01, 2024 1:52 AM PDT

EasvPav - EasvPav

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ansaction	# 245	444060 /	System

Rent 369	146.00

08/01/24 - 08/31/24

Insurance 369 14.20

08/01/24 - 08/31/24

-7.30

Senior Discount - 5%

1 MONTH

Subtotal 160.20

Discount -7.30 **Transaction Total** \$152.90

Payment Method Mastercard ending in 4239 152.90

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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

Office of the City Clerk						/.	
Administrative Services Division						ge mile	10 105 105 E
Neighborhood Council (NC) Funding Progra	am					of the	
Board Action Certification (BAC) Form						4 119	166
NC Name: North Hollywood West			Meeting Date:				
Budget Fiscal Year: 2024-25	T		Agenda Item N				
Board Motion and/or Public Benefit Statement (CIP and NPG):	DISCUSSION AND POSSIBLE ACTION: to a. Office/Operational: \$10,200 b. Outreach: \$5,000 c. Election: \$1,000 d. NPGs: \$10,000 e. CIPs: \$5,800	approve the NoHo West N					
Method of Payment: (Select One)	☐ Check		☐ Credit Card		☐ Board	d Member Reimbu	ırsement
Recused Board Members	s must leave the room prio		Count sion and may no	ot return to the ro	om until after t	he vote is comple	ite.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Greg Wright	At Large - 2027	\times					
Leslie Ann Myrick-Rose	At Large - 2025	X					
Vicki Corona	At Large - 2027	\checkmark					
Lorraine Matza	Community - 2027	×					
Adriana Gomez	Business - 2027					Х	
Jonathan Rogers	Resident - 2025	X					
Charles Savinar	Resident - 2027	\prec					
Jim Kompare	Resident - 2025			1	YNAF		
John Dinkjian	Resident - 2027				X		
Carol Rose	Senior/Youth - 2027	X					
Vacant	Senior/Youth						
Vacant	Community						
Vacant	At Large						
						1	
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	<u> </u>			-	1	-	
Board Quorum: 7 We, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board was the state of the Board was a supplied to the state of the Board was the state of the s	I laws, policies, and proced	uncil, declare the	e was approved	d by the Neighbor	this form is acc rhood Council B	curate and completion of the c	ete, and that a public Act compliant public
Authorized Signature	the will in	288	Authorized Si		1	1	
Print/Type Name: Leslie Ann Myr	rick-Rose	\	Print/Type Na	Gleg VVI	ight /	11	
^{Date:} 7/10/24			Date: 7/10/	/24			

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.

Noho West Name of NC from which you are seeking this grant: SECTION I- APPLICANT INFORMATION 2/20/2019 82-4486566 Carebacks Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable) ₁₆₎ РО Вох 15733 North Hollywood 91615 Organization Mailing Address State Zip Code 12631 Vanowen St Unit 4 North Hollywood Business Address (If different) State Zip Code 1d) PRIMARY CONTACT INFORMATION: Tara Smith 818 317 4278 tara@comfycarepacks.org Phone Name <u>Email</u> 2) Type of Organization- Please select one: Public School (not to include private schools) 501(c)(3) Non-Profit (other than religious institutions) or Attach Signed letter on School Letterhead Attach IRS Determination Letter 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.

PAGE 1 NCFP 107

ou m	TION III - PROJECT BUDGET OUTLINE pay also provide the Budget Outline on a	separate sheet if necessary	or requ e s	sted.	
)	Personnel Related Expenses	أملك المستنب المتقالات والمستنب فالمت	Reque	ested of NC	Total Projected Cost
			\$		\$
			\$		\$
			\$		\$
)	Non-Personnel Related Expenses		Reque	sted of NC	Total Projected Cost
	Pet Vaccinations		\$4900		\$4900
			\$		\$
			\$		\$
P		se list names of NCs:			
	the implementation of this specific pro urces or funding? (Including NPG app				ent on any other factors of please describe:
	Source of Funding				Total Projected Cost
			\$		\$
			\$		\$
			\$		\$
W	hat is the TOTAL amount of the grant	funding requested with this	annlinat	4900)
ECT	ION IV - POTENTIAL CONFLICTS OF I	NTEREST			pletion Date: 09 /21 / t to the Neighborhood Co
la) [Do you (applicant) have a current or fo		ırd Memi	ber of the NC?	
la) [Oo you (applicant) have a current or fo	rmer relationship with a Bo	nrd Memi		
la) [Do you (applicant) have a current or fo	rmer relationship with a Bo	ırd Memi	ber of the NC?	
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1a) [Oo you (applicant) have a current or for No Yes If Yes, please Name of NC Board Member If yes, did you request that the board in Yes No *(Please note that it or participates in the discussion and grant in its entirety.)	rmer relationship with a Bosse describe below: nember consult the Office of a Board Member of the Not ovoting of this NPG, the	f the City C has a C	Relationship (Attorney befo	re filing this application? rest and completes this will deny the payment of
11a) C	Oo you (applicant) have a current or for No	nember consult the Office of a Board Member of the Ned voting of this NPG, the last is have read the document the proposed project(s) flict of interest exist that urrent Board Member of the grant received is not us	f the City C has a concentration ovided he ents "Wand/or p would page Neigh ed in acc	Relationship of Attorney before conflict of intelling Program of Attorney before conflict of intelling Program (s) fall prevent the available conflict of Court cordance with	re filing this application? rest and completes this will deny the payment of municated otherwise is to Benefit," and "Confli- within the criteria of a payment of the Neighborn of the Neighborn of the Neighborn of the warding of the Neighborn of the warding of the Neighborn of t
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a) C	Tara Smith Pes Sifyes, please of No. Pes If Yes, please Name of NC Board Member If yes, did you request that the board reparticipates in the discussion and parant in its entirety.) ION V - DECLARATION AND SIGNATURE by affirm that, to the best of my know accurately stated. I further affirm the set of this application and affirm that it project/program and that no composes Grant. I affirm that I am not a compose of the set of the polication. I further affirm that if the difference of Non-Profit Contact of Non-Profit Conta	nember consult the Office of a Board Member of the Nod voting of this NPG, the last is have read the document the proposed project(s) flict of interest exist that urrent Board Member of the grant received is not us immediately to the Neighbororation or School Principal Founder	ovided hents "Wand/or pwould ple Neighed in accordood (Relationship of Attorney before conflict of intelling Program of the authorous conduction of the authorous conduct	re filing this application? rest and completes this will deny the payment of municated otherwise is c Benefit," and "Conflict within the criteria of a power of the Neighborn of the Neighborn of the terms of the application." 7/18/24

^{*} 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

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.

COMFY CAREPACKS INC

Sincerely.

samples a moletin

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.

Office of the City Clerk			A-100.000				
Administrative Services Division						grand 1	01 105 240
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Board Action Certification (BAC) Form	um					cody 4 h	THE STATE OF
NC Name: North Hollywood West			Meeting Date: 7	7/10/24			
Budget Fiscal Year: 2024-25			Agenda Item No				
Board Motion and/or Public Benefit	DIGGLIGGIGNI	AND DOG				NDC onn	lication from
Statement (CIP and NPG):	DISCUSSION A					MPG app	ilcation ironi
	Comfy Carepac	KS IOI \$4	and for ber	vaccinatic	1115.		
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Recused Board Member	s must leave the room pri		e Count ssion and may no	t return to the ro	om until after th	ne vote is compl	ete.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Greg Wright	At Large - 2027	X					
Leslie Ann Myrick-Rose	At Large - 2025	\times					
Vicki Corona	At Large - 2027	\checkmark					
Lorraine Matza	Community - 2027	×					
Adriana Gomez	Business - 2027					Х	
Jonathan Rogers	Resident - 2025	×					
Charles Savinar	Resident - 2027	V					
Jim Kompare	Resident - 2025			X	MA.		
John Dinkjian	Resident - 2027			1	X		
Carol Rose	Senior/Youth - 2027	X					
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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: Leslie Ann Myrick-Rose

Date: 7/10/24



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
	Update bylaws, map on about. News: SNL, sewer rates. Calendar:	
7/2/2024	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
	Southeast Valley Plan presentation on news. Cooling centers on social.	
7/11/2024	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

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Board Motion and/or Public Benefit statement (CIP and NPG):	THE CHARLES AND FORMULE AND HOLD, TO Applicate to the state of the sta							
•	Moore Business Re	esuits per the	e proposai	ioi commun	cation and c	aigital sci vio	oo procentou.	
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	s must leave the room prior	Vote (ot return to the ro	om until after th	ne vote is comple	ete.	
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused	
Greg Wright	At Large - 2027	×						
Leslie Ann Myrick-Rose	At Large - 2025	\times						
Vicki Corona	At Large - 2027	\times						
Lorraine Matza	Community - 2027	\times						
Adriana Gomez	Business - 2027					Х		
Jonathan Rogers	Resident - 2025	\times						
Charles Savinar	Resident - 2027	X						
Jim Kompare	Resident - 2025	X						
John Dinkjian	Resident - 2027				Х			
Carol Rose	Senior/Youth - 2027	\times						
Vacant	Senior/Youth							
Vacant	Community							
Vacant	At Large							
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Board Quorum: 7 We, the authorized signers of the above meeting was held in accordance with a meeting where a quorum of the Board w	II laws, policies, and proced	incil. declare tha	t the informa was approve	tion presented on d by the Neighbor	this form is acc	curate and comp oard, at a Brown	I lete, and that a public n Act compliant public	
Authorized Signature Com M. Thursday				Authorized Signature:				
Print/Type Name: Leslie Ann Myrick-Rose				Print/Type Name: Gree Wright				
Date: 7/10/24				Date: 7/10/24				