Monthly Expenditure Report



Reporting Month: June 2019 Budget Fiscal Year: 2018-2019

NC Name: Lake Balboa Neighborhood Council

		Monthly Cash Re	econciliation		
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$6634.07	\$5191.30	\$1442.77	\$29.94	\$0.00	\$1412.83

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office		\$1191.30		\$0.00	
Outreach	\$25000.00	\$0.00	\$-6368.63	\$29.94	\$-6398.57
Elections		\$0.00		\$0.00	
Community Improvement Project	\$8500.00	\$0.00	\$4186.40	\$0.00	\$4186.40
Neighborhood Purpose Grants	\$8500.00	\$4000.00	\$3500.00	\$0.00	\$3500.00
Funding Requests Und	der Review: \$0.00	Encumbrar	nces: \$0.00	Previous Expend	itures: \$35490.93

			Expenditures			
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE_lakebal	06/01/2019	(Credit card transaction)	General Operations Expenditure	Office	\$108.00
2	LULU'S RESTAURANT	06/01/2019	(Credit card transaction)	General Operations Expenditure	Office	\$566.00
3	PUBLIC STORAGE 26311	06/03/2019	(Credit card transaction)	General Operations Expenditure	Office	\$315.00
4	PIP PRINTING #756	06/11/2019	(Credit card transaction)	General Operations Expenditure	Office	\$202.30
5	Los Angeles LGBT Center	04/01/2019	Support for the Los Angeles LGBT Center event Mode	Neighborhood Purpose Grants		\$2000.00
6	Northridge Hospital Foundation	05/09/2019	An NPG to support the Northridge Hospital's effort	Neighborhood Purpose Grants		\$2000.00
	Subtotal:					\$5191.30

			Outstanding Expenditures	3		
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	Cindy Kurland	06/03/2019	Refreshments reimbursement for Cindy Kurland for &	General Operations Expenditure	Outreach	\$29.94

Subtotal: Outstanding \$29.94



Invoice number: 3591741820

Google LLC 1600 Amphitheatre Pkwy Mountain View, CA 94043 **United States** Federal Tax ID: 77-0493581

Bill to

Treasurer LBNC Lake Balboa Neighborhood Council PO Box 7720 Lake Balboa, CA 91409 **United States**

Details

Invoice number	3591741820
Invoice date	May 31, 2019
Billing ID	3957-9213-5547
Domain name	lakebalboanc.org

Google Cloud - GSuite

\$108.00 Total in USD

Summary for May 1, 2019 - May 31, 2019

Subtotal in USD	\$108.00
Tax (0%)	\$0.00
Total in USD	\$108.00

You will be automatically charged for any amount due.





Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	May 1 - May 31	18	108.00
		Subtotal in USD		\$108.00
		Tax (0%)		\$0.00
		Total in USD		\$108.00

Lulu's Restaurant 16900 Roscoe Blvd Van Nuys CA 91406 1-818-988-0707

Server: LISA	06/01/201
Table 61/1 -	3:27 F
Guests: 1	4002
FOOD BUFFET 2VEG WRAPS Hot Tea (5 @2.89) Iced Tea (8 @2.99) Soft Drink (3 @2.99) Coffee	379.1 20.0 14.4 23.9 8.9 2.9
Subtotal John Mer W.	449.4 49.1
Total	498.5
Gratuity 15.00%	67.4
Total	566.0

Balance Due

566.00

Thank You Get a GiftCard Promo 10% Added Today PLEASE PAY YOUR SERVER





Your AutoPay confirmation

1 message

Public Storage <DoNotReply@publicstorage.com>
To: treasurer@lakebalboanc.org

Fri, May 3, 2019 at 5:43 PM





Thanks for your AutoPay payment!

Hi LINDA,

We're confirming that a payment in the amount of \$315.00 was made on 05/02/2019 from your Master Card CreditCard account ending in 1518 and entry type is manual.

Your confirmation number for this transaction is 005594.

Your Account Details Log In

LINDA GRAVANI

ACCOUNT

NUMBER: 19335173

PHONE: (818) 481-0714

EMAIL: treasurer@lakebalboanc.org

Payment Details

STORAGE 7660 Balboa Blvd LOCATION: Van Nuys, CA 91406

(818) 528-6371

SPACE NUMBER: A001

SPACE SIZE: 5x18

PAYMENT AMOUNT: \$315.00

	PAST DUE/DUE NOW	DUE NEXT 06/01/2019
RENT	\$0.00	\$300.00
NSURANCE	\$0.00	\$15.00
ГОТАL	\$0.00	\$315.00

Glad to have you with us, Your Public Storage Team

Public Storage.



Please do not reply to this email; it will not get through. If you'd like to reach us please contact your location manager or visit PublicStorage.com . Thanks!

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Invoice

No.

87139

Date

6/3/19

Customer P.O. No.

Jim Stein

Lake Balboa Neighborhood Council PO Box 7720 Lake Balboa CA 91409-7688 James Brown Phone: 818-779-9026

(QUANTITY		DESC	CRIPTION		AMOUNT
	40	Agenda 6.5.19 & 6.1 on 2 sides	Special Minutes, 8.5 x 11 W	/hite 20# Bond 8.5 x 11, 4 shee	ts, copied	\$ 19.56
	15		ns, 8.5 x 11 White 20# Bond	8.5 x 11, copied on 1 side		\$ 0.75
	40			11, 18 sheets, copied on 2 side	S	\$ 75.56
	ی ج					
	16525 She Van 1	Printing 756 rman Way Unit C-11 Nuys, CA 91406 8-986-9245				,
	06/11/2019 Merchant ID: Device ID: Terminal ID:	0811	,		SUB TOTAL	\$ 95.87
	Credit	Charge	LBNC Agendas &	Minutes	TAX	\$ 9.11
	Transaction Card Type: Account:	#: 1 MasterCard		CILA	SHIPPING	\$ 0.00
,	Entra:	**************************************	-	PHIL	TOTAL	\$ 104.98
PIF ha	Amount STAN: Auth. Code: Response: TRANS ID:	\$202.30 01 017097 AUTH/TKT MCPVHHFJ60611	r typesetting errors also not responsible	PLEASE PAY FROM TH will be sent. Indicate numbers you are pay	on your check ing.	other invoice which invoice
	M 1 :				NO LIDON rocoint	

Issuer A00000000041010

CUSTOMER COPY

Thank you!



TSI: ARC:





E800 00



See Reverse Side for Terms & Conditions

e and payable upon receipt.

NOTE: There will be a service charge of 1-1/2% per

month on all past due invoices

Printed Name

Received By: >

Cash

Check #

PIP Charge

Credit Card

Balance Due:

Date

Deposit:

Amount:



Invoice

No.

87247

Date

6/6/19

Customer P.O. No.

James Brown

S	Lake Balboa Neighborhood Council
Ò	PO Box 7720
Г	Lake Balboa CA 91409-7688
	James Brown
Ţ	Phone: 818-779-9026

AUANTITY		DESCRIPTION		AMOUN
100	Valley Good Neighbor on 2 sides	r Laws, 8.5 x 11 white Kelly Digital Color Copy #2	28 (12 x 18) , Printed	\$ 43.60
		, -		
		Picked P B		
Sales Rep:	Mellissa		SUB TOTAL	\$ 13 60
Sales Rep: Taken by:	Mellissa Mellissa		SUB TOTAL	\$ 43.60
	Mellissa	Valley Good Neighbor Laws	SUB TOTAL TAX	\$ 43.60 \$ 4.14
Taken by: Account Typ	Mellissa	Valley Good Neighbor Laws		

PIP PRINTING is not responsible for typesetting errors that you fail to correct. We are also not responsible for loss of customer stock up to 10%.

PLEASE PAY FROM THIS INVOICE. No other invoice will be sent. Indicate on your check which invoice numbers you are paying.

TERMS: Due and payable upon receipt.

PIP Charge

Credit Card _

NOTE: There will be a service charge of 1-1/2% per

month on all past due invoice	s.
Printed Name: CHIGO	BENDA
Received By: X	Date 0/7/9
☐ Cash	Deposit:
Check #	Amount:

Balance Due:









See Reverse Side for Terms & Conditions



Invoice

No.

87267

Date

6/8/19

Customer P.O. No.

James Brown

S	Lake Balboa Neighborhood Council
Ò	PO Box 7720
D	Lake Balboa CA 91409-7688
	James Brown
T	Phone: 818-779-9026
\cup	

QUANTITY	DESCRIPTION	AMOUNT
40	May 8th CPBA Minutes, 8.5 x 11 White 20# Bond 8.5 x 11, 3 sheets, copied on 1 side	\$ 9.56
	Proposition III	
Sales Rep:		B TOTAL \$ 9.56
Taken by: Account Type	Mellissa : Charge Lake Balboa Printing-CPBA TA	X \$ 0.91
May 8th	SH	IPPING \$ 0.00
CPBA Minutes	TO	STAL \$ 10.47

PIP PRINTING is not responsible for typesetting errors that you fail to correct. We are also not responsible for loss of customer stock up to 10%.

PLEASE PAY FROM THIS INVOICE. No other invoice will be sent. Indicate on your check which invoice numbers you are paying.

TERMS: Due and payable upon receipt.

NOTE: There will be a service charge of 1-1/2% per

month on all past due invoices

Credit Card

Printed Name: Received By: X Deposit: Cash

Mastercard







See Reverse Side for Terms & Conditions

Amount: Check #

Balance Due: PIP Charge



Invoice

No.

87188

Date

6/5/19

· Customer P.O. No.

James Brown

Lake Balboa Neighborhood Council PO Box 7720 Lake Balboa CA 91409-7688 James Brown Phone: 818-779-9026

	DESCRIPTION	AMOUN
100	Fireworks, 8.5 x 11 white 20# Bond 11 x 17, Printed on 1 side	\$ 21.00
25	LAPD - , 8.5 x 11 White 20# Bond 8.5 x 11, copied on 1 side	\$ 1.25
25	CIS for LBNC, 8.5 x 11 White 20# Bond 8.5 x 11, copied on 1 side	\$ 1.25
25	CF-19-002-S50, 8.5 x 11 White 20# Bond 8.5 x 11, 8 sheets, copied on 1 side	\$ 12.22
-		
Sales Rep:	Mellissa SUB TOTAL	\$ 35.72
Taken by:	Mellissa	\$ 35.72
	Mellissa	
Taken by:	Mellissa e: Charge LBNC Printing TAX	
Taken by:	Mellissa e: Charge LBNC Printing TAX SHIPPING	\$ 35.72 \$ 3.39 \$ 0.00

PIP PRINTING is not responsible for typesetting errors that you fail to correct. We are also not responsible for loss of customer stock up to 10%.

PLEASE PAY FROM THIS INVOICE. No other invoice will be sent. Indicate on your check which invoice numbers you are paying.

TERMS: Due and payable upon receipt.

NOTE: There will be a service charge of 1-1/2% per

month on all past due invoices.

Printed Name:

Received By: >

Deposit:__

Date:

Cash

.

☐ Check #

Amount:

PIP Charge

Credit Card

Balance Due:

MasterCald







See Reverse Side for Terms & Conditions

Administrative Services Divisi Neighborhood Council (NC) Fo Board Action Certification For	unding Program						
NC Name: Lake Balboa			Monting D	_{te:} 9/5/18			434
Budget Fiscal Year: 2018-2			# 25 00 N 4 5 12 00 Y	19			
Board Motion and/or Public Benefit Statement (CIP and NF	Approval of \$2,0 Angeles LGBT (oort the Mo	dels of Pride	conterenc	e put on by	the L
Recused Boardmen	bers must leave the room pri	or to any disc	ote Count ussion and may	not return to the	roon wetil - fr		600
Doute Member Warne	Board Position	Yes	No			2.0980.20	lete.
Carla Bautista	At Large Appointed, ALASR		110	Abstain	Absent	Ineligible	Reci
James Brown	1st VP Residential RSR	X			- ``		
Ruth Doxsee	Organizational, OSR				X		
Kristin Fujitaki	At Large Appointed, ALASH	X					
Linda Gravani	President, BSR	X					_
Byron Guttierrez	At Large Elected, ALECISR	X					
James Hart	Treasurer, RSR	X					
Sandy Joseph	2nd VP Residential, RSR	X					
Cindy Kurland	Residential, RSR	X	-				
Maddie McKay	Youth Representative		-		X		
Allen Nelson	Communications Ofcr, OSR	X		-	^		
Carol Newman	Secretary Business, BSR	X					
Mary Pennomon	Senior, SSR	X					
Linda Pruett	Organizational, OSR	X		-			
Tom Riley	Residential, RSR	X					I la
Karen Schatz	Residential, RSR						y:-
Jim Stein	Business, BSR	X			Х		
	- John Cos, Don						
I.e.		10					
ls the Treasurer and the Second	Signer of the char	13	0	0	4	0	0
the Treasurer and the Second : plete, and that a public meeting d, at a Brown Act compliant pu	g was held in accordance with blic meeting where a quorum	of the Board	Mas prospet	ires. The above wa	s approved by t	he Neighborhood	ate and Council
surer's Signature			econd Signar's C	ignature	N SCA	im	
/Type Name: James	Hart	11	rint/Type Name	10 1			
9/9/18			ate:	9/9/18			

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 maeting. 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.

mentation to the Office of the City Craim. The of NC from which you are seeking this grant:	Lake	Balboa				
Los Angeles LGBT Center Organization Name 1b) 1220 N Highland Avenue Organization Mailing Address	Federa	567895 I.D. # (EIN#) Angeles		CA State	S	ate of 581(c)(3) latus (if applicable 038 Zip Code
1c) Business Address (If different)	City			State		Zip Code
1d) PRIMARY CONTACT INFORMATION: Daniel A Perez		993-7456	(perez@	lalgh	otcenter.org
Name 2) Type of Organization- Please select one: □ Public School (not to include private schools) Attach Signed letter on School Letterhead	or	Si vostava) t	von-Profit S Determi	fother than reli nation Letter	gious ex	stitutions?
			Jity		State	Zip Code

Please describe the purpose and intent of the grant.

Models of Pride is the largest LGBTQ youth conference in LA. This year's event will include an Opening Session, over 100 workshops, lunch, resource fair, job fair, college fair, dinner, entertainment hour, and outdoor dance party (all free)! Attendance at Models of Pride has continued to grow year after year, and with the addition of the Parent & Professional Institute (last year hosting over 400 people), we are reaching out to the Neighborhood Councils to help support the conference as it continues to grow to accommodate over 2,000 attendees.

 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)

Celebrating it's 26th anniversary, the Models of Pride conference coordinated by the Los Angeles LGBT Center has grown from a safe space gathering of high school students to a full day of community for youth 24 and younger, including elementary students, middle school students, high school students, and college students. The additional tracks for parents and professionals have made Models of Pride a one stop shop for LGBTQ youth, as well as allies, to learn, grow, network, and have fun with fellow supporters of the LGBTQ community. The NPGs from NCs will specifically be used to offset the lunch purchased for the attendees, as well as dinner for the youth attendees.

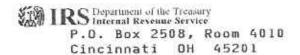
ON III - PROJECT BUDGET OUTLINE by also provide the Budget Outline on a sepa	trate speet if necessar	y of requirement.	
Personnel Related Expenses		Requested of NC	Total Projected Cost
Total Personnel Expens	165	\$0	\$131.078.25
		S	S
		\$	\$
Non-Personnel Related Expenses		Requested of NC	Total Projected Cost
Total Other Expense:		\$5,000	\$ 120,650.00
TOTAL CHAS EXPENSES		5	S
		\$	S
ve you (applicant) applied to any other Nei I No	st names of NCs:	ed in Question 4 contin	gent on any other factors o
urces or funding? (Including NPG applicat	ions to other NCs)	No Tyes If Ye	es, please describe:
Source of Funding		Amount	Total Projected Cost
Processing Control of the Control of		S	\$
		\$	5
		5	000.00
Start date: 10 ,20 ,18 10b) Date Funds (After completion of the project, the application of the project, the application of the project, the application of the project of	REST r relationship with a B		BUNCHE WAY
TION IV - POTENTIAL CONFLICTS OF INTE Do you (applicant) have a current or forme No 2 Yes If Yes, please d	REST r relationship with a B	oard Member of the NO	BUNCHE WAY
TION IV - POTENTIAL CONFLICTS OF INTE Do you (applicant) have a current or forme	REST r relationship with a B	oard Member of the NO	i7
Do you (applicant) have a current or forme No	r relationship with a B escribe below: ober consult the Office Board Member of the oting of this NPG, the	Relationshi	ip to Applicant efore filing this application atterest and completes this
Do you (applicant) have a current or formed No Yes If Yes, please of Name of NC Board Member If yes, did you request that the board memory yes No "(Please note that if a light or participates in the discussion and vegrant in its entirety.) If NV - DECLARATION AND SIGNATURE beby affirm that, to the best of my knowle accurately stated. I further affirm that the fit project/program and that no conflictors Grant. I affirm that I am not a current application. I further affirm that if the good here, said funds shall be returned improved the second of the said funds shall be returned improved the said said the said said the said said the said said said said said said said said	escribe below: ber consult the Office Board Member of the below thing of this NPG, the below the proposed project of interest exist the Board Member or ant received is not neediately to the Neighber 1 to the N	oard Member of the No Relationships of the City Attorney by NC has a conflict of in the NC Funding Program (a) and/or program (b) at would prevent the fithe Neighborhood Council.	ip to Applicant efore filing this application of the payment of t
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^{*} 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@iacity.org for instructions on completing this form

Los Angeles LGBT Center Board Approved Budget Report 946 CYF - Models of Pride For the Twelve Months Ending Sunday, June 30, 2019

	FY 2019 Budget
5000 Salaries & Wages	\$98,281.02
6001 Employer FICA	7,518,68
6003 Employer SUI	737.80
6051 Workers Comp Insurance	7.970.58
6052 Medical/Dental/Vision Insurance	15,850.80
6053 Long-term Disability Insurance	579.93
6055 Life Insurance	139.44
Total Personnel Expense	131,078.25
6303 Promotional & Outreach Expense	3,000.00
6329 Client Services - Transportation	5.000.00
6390 Event Expenses - Other	85,000.00
6448 Printing	7,000.00
8520 Gifts	50.00
6530 Volunteer & Staff Support	1,700.00
6560 Outside Services - General	9,300.00
6643 Supplies - General	5,000.00
	200.00
6700 Mileage	4.000.00
6705 Parking	300.00
6719 Travel - Transportation	120,550.00
Total Other Expense	120,550,00
Total Exp w/o Vol Svc/In-kind Gifts	251,628.25
Total Exp w/ Vol Svc/ln-kind Gifts	251,628.25
Total Reviever Ex w/o Vol Svc/In-kind Gi	(251,628.25)
Total Rev over Exp w/ Vol Svc/In-kind Gi_	(251,628.25)
Net Income/Loss w/o Voi Svc/In-kind Giff	(\$251,628.25)
Net Income/Loss w/ Vol Svc/In-kind Gifts_	(\$251,628.25)



In reply refer to: 4077556534 July 17, 2014 LTR 4168C 0 95-3567895 000000 00

00031183 BODC: TE

003384

LOS ANGELES LGBT CENTER
% MIGUEL MEDEL CONTROLLER
1625 SCHRADER BLVD
LOS ANGELES CA 90028-6213

Employer Identification Number: 95-3567895
Person to Contact: S LENARD
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 02, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in July 1984.

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.

4077556534 July 17, 2014 LTR 4168C 0 95-3567895 000000 00 00031184

LOS ANGELES LGBT CENTER % MIGUEL MEDEL CONTROLLER 1625 SCHRADER BLVD LOS ANGELES CA 90028-6213

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

Sincerely yours,

Tamera Ripperda

Director, Exempt Organizations



CINCINNATI OH 45999-0038

In reply refer to: 0248254921 Aug. 01, 2018 LTR 4168C 0 23-7444901 000000 00

00027131

BODC: TE

NORTHRIDGE HOSPITAL FOUNDATION % RANDY BRADLEY 18300 ROSCOE BLVD NORTHRIDGE CA 91325



041611

Employer ID number: 23-7444901

Form 990 required: YES

Dear Taxpayer:

We're responding to your request dated July 23, 2018, about your tax-exempt status.

We issued you a determination letter in April 1975, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(3) as a Type I supporting organization. A Type I supporting organization is operated, supervised, or controlled by one or more publicly supported charities.

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(l) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

	ION III - PROJECT BUDGET OUTLINE ay also provide the Budget Outline on a separate sheet if ne	cessary or reques	ted.	
	Personnel Related Expenses		sted of NC	Total Projected Co
		s		s
		s		\$
		s		\$
	Non-Personnel Related Expenses	Reque	sted of NC	Total Projected Cos
	First John Portable Bathrooms and hand washing staff	lon \$ 1,7	00	\$ 83,000
	Victim Resource brochures and CATS services brochu		0	\$
		s		\$
]	ve you (appligant) applied to any other Neighborhood Cou No	s:_ Zes	eda Na	
s t	he implementation of this specific program or purpose de irces or funding? (Including NPG applications to other N	escribed in Ques	ion 4 conting	gent on any other fact s, please describe:
5 Q (Amou	. 11 1 .	s, please describe: Total Projected Cos
	Source of Funding Victory for Victims Sponsors		55.000	\$ 83,000
	Northridge Hospital covers 100% of staff salaries at ev	<u></u>	0,000	\$
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	nat is the TOTAL amount of the grant funding requested v	<u>I</u>		,000
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	After completion of the project, the applicant should sub-	mit a Project Con	pieson Kept	At to tite Neighbotho
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Program at (213) 978-1058 or clerk.ncfunding@lacity.org for instructions on completing this form

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:

LAKE BALBOA NC

SEC	TION I- APPLICANT INFORMATION				
1a)	Northridge Hospital Foundation (C.A.T.S)	23-	7444901	CA	April 1975
,	Organization Name	Fed	leral I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
1b)	8210 Etiwanda Ave.		Reseda	CA	91335
	Organization Malling Address	City	/	State	Zip Code
1c)	18300 Roscoe Blvd.		Northrdige	CA	91325
	Business Address (If different)	City	,	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:				
	Joni Novosel		818-718-5936	joni.novosel@	dignityhealth.org
	Name .	Ph	one	Email	
2)	Type of Organization- Please select one: U Public School (not to include private schools) Attach Signed letter on School Letterhead	or		-Profit (alher than religious etermination Letter	s institutions)
21	NHF Center for Assault Treatment Services		Van N	uys CA	91405
3)	Name / Address of Affiliated Organization (if appl	icable)	City	State	Zip Code

SECTION II - PROJECT DESCRIPTION

4) Please describe the purpose and Intent of the grant.

The purpose of this request is to support the Center for Assault Treatment Services (C.A.T.S) 17th Annual Victory for Victims Walk/Run with a no cost information and health expo. This event is to raise awareness of domestic and sexual violence, child maltreatment, and human trafficking the walk run portion of the event is used to raise funds to continue to provide all services at C.A.T.S free of charge to victims of all ages. C.A.T.S has served the valley since 1997 serving over 18,000 victims of violence. Located at the Family Justice Center with other partners who are co-located under one roof with one common goal to dedicate our organizations to the prevention of child maltreatment, domestic violence, and sexual abuse. Your support will assist us to continue to provide this vital annual community event.

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)

Support of this event continues to help us raise awareness to the broader community. The statistic show that for every one report of sexual violence or domestic violence there are a least four others that are never reported. Events such as this is a universal approach to "Break the Silence and Stop the Abuse". There are many community adults and children living in unhealthy relationships and in homes where violence is occurring on a regular basis. This type of event held in a park is a safe place for the community to pick up information and is tied to a fun event that promotes walking and running. This event has been supported by the community for the past 16 years. We have a long history of treating victims of crime and providing evidence-based prevention models in the community to help break the cycle of generational violence. The event provides booths from many other local non-profit community based organizations and the Los Angeles County Department of Public Health to provide resources in addition to ours. For example an not cost all those who attend will have the opportunity to learn Hand only CPR so that they can assist others if needed. Funds will support the cost of educational brochures and public health required portable bathrooms including handicap unit and hand washing station.

PAGE 1 MCFP 107

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NORTHRIDGE HOSPITAL FOUNDATION % RANDY BRADLEY 18300 ROSCOE BLVD NORTHRIDGE CA 91325

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

Kim A. Billups, Operations Manager Accounts Management Operations 1

Office of the City Clerk					A. 1897		
Administrative Services Division						Α	
Neighborhood Council (NC) Funding Pro	gram					- / //	. 4
Board Action Certification (BAC) Form							- Col
NC Name: Lake Balboa						3.55	186
Budget Fiscal Year: 2018-2019			Meeting Date: A Agenda Item No				
Board Motion and/or Public Benefit	\$2,000 NDG au	arded to	Agenda item No	50 33	<u> </u>		
Statement (CIP and NPG):	\$2,000 NPG aw	arded (victory For	Victims V	Valk/Run		
Method of Payment: (Select One)	■ Check		☐ Credit Card		□ Board	i Member Reimb	Irsement
Recused Spard Membe	rs must leave the room prio	Vi t to any disc	ofe Count	SQUARE S			
board Member's First and Last Name	Board Position				om until after t	he vote is comple	ete.
Carla Bautista	ALASR	Yes	No	Abstain	Absent	Ineligible	Recused
James Brown	1st VP, RSR	X	-				
Ruth Doxsee	OSR	X	+				
Kristin Fujitaki	ALASR	X					
Linda Gravani	Pres, BSR	X					
Byron Guttierrez	ALECISR	X			110000000000000000000000000000000000000		
James Hart		X					
Sandy Joseph	Treasurer, RSR	X			544000000000000000000000000000000000000		
	2nd VP, RSR	X					-
Cindy Kurland	RSR	X					
Maddie McKay	Youth Rep					X	
Allen Nelson	Comms,OSR	X				^	
Carol Newman	Secretary, BSR	X					
Mary Pennomon	SSR	X	+				
Linda Pruett	OSR	X					
Tom Riley	RSR						
Karen Schatz	RSR	X					
Jim Stein	2nd Signer,BSF	X					
	and digital, bar	X					
		772-2730					-
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the authorized signers of the above na sting was held in accordance with all lan sting where a quorum of the Board was p	med Neighborhood Council,	declare that The above	the information po was approved by th	esented on this Neighborhoo	form is accurat d Council Board	e and complete, , at a Brown Act	and that a pu compliant pu
horized Signature			Authorized Signature	1/2	1. 5	91	
t/Type Name: James Hart				in Stein	-11	700	
4/23/19			Dote: 4/23	/			