

Monthly Expenditure Report



Reporting Month: June 2019

Budget Fiscal Year: 2018-2019

NC Name: Lake Balboa
Neighborhood Council

Monthly Cash Reconciliation					
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	\$25000.00	\$1191.30	\$-6368.63	\$0.00	\$-6398.57
Outreach		\$0.00		\$29.94	
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 Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$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						
#	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
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Invoice

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

Total in USD	\$108.00
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Summary for May 1, 2019 - May 31, 2019

Subtotal in USD	\$108.00
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Tax (0%)	\$0.00
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Total in USD	\$108.00
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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 P
Guests: 1 4002

FOOD BUFFET	379.1
2VEG WRAPS	20.0
Hot Tea (5 @2.89)	14.4
Iced Tea (8 @2.99)	23.9
Soft Drink (3 @2.99)	8.9
Coffee	2.9

Subtotal	449.4
Tax	49.1

Total	498.5
Gratuuity 15.00%	67.4
Total	566.0

Balance Due 566.00

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



Treasurer LBNC <treasurer@lakebalboanc.org>

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 LOCATION:** [7660 Balboa Blvd](#)
[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
INSURANCE	\$0.00	\$15.00
TOTAL	\$0.00	\$315.00

Glad to have you with us,
Your Public Storage Team

Public Storage.

CONNECT:        **BLOG**

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Customer P.O. No.
Jim Stein

See Reverse Side for Terms & Conditions



16525 Sherman Way • Suite C-11 • Van Nuys, CA 91406
 Tel: (818) 986-9245 • Fax: (818) 995-7955
 pipsfv.com • dox@pipsfv.com

Invoice

No.

87247

Date

6/6/19

Customer P.O. No.

James Brown

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

QUANTITY	DESCRIPTION	AMOUNT
100	Valley Good Neighbor Laws, 8.5 x 11 white Kelly Digital Color Copy #28 (12 x 18) , Printed on 2 sides	\$ 43.60
Picked up JB		
Sales Rep: Mellissa		SUB TOTAL \$ 43.60
Taken by: Mellissa		TAX \$ 4.14
Account Type: Charge		SHIPPING \$ 0.00
Valley Good Neighbor Laws		TOTAL \$ 47.74

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: James Brown

Received By: J. Brown

Date: 6/7/19

☐ Cash

Deposit: _____

☐ Check # _____

Amount: _____

☐ PIP Charge

Balance Due: _____

☐ Credit Card _____



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16525 Sherman Way • Suite C-11 • Van Nuys, CA 91406
Tel: (818) 986-9245 • Fax: (818) 995-7955
pipsfv.com • dox@pipsfv.com

Invoice

No.

87267

Date

6/8/19


Customer P.O. No.

James Brown

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

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	
Sales Rep: Mellissa Taken by: Mellissa Account Type: Charge May 8th CPBA Minutes Lake Balboa Printing-CPBA		SUB TOTAL	\$ 9.56
		TAX	\$ 0.91
		SHIPPING	\$ 0.00
		TOTAL	\$ 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.

Printed Name: James Brown

Received By: X [Signature]

Date: 6/10/19

☐ Cash

Deposit: _____

☐ Check # _____

Amount: _____

☐ PIP Charge

Balance Due: _____

☐ Credit Card _____



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16525 Sherman Way • Suite C-11 • Van Nuys, CA 91406
 Tel: (818) 986-9245 • Fax: (818) 995-7955
 pipsfv.com • dox@pipsfv.com

Invoice

No.

87188

Date

6/5/19

Customer P.O. No.

James Brown

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

QUANTITY	DESCRIPTION	AMOUNT
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		TAX \$ 3.39
Account Type: Charge		SHIPPING \$ 0.00
LBNC Printing		TOTAL \$ 39.11
No Fireworks/		

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: JAMES BROWN

Received By: X

Date: 6/5/19

☐ Cash

Deposit: _____

☐ Check # _____

Amount: _____

☐ PIP Charge

Balance Due: _____

☐ Credit Card _____



See Reverse Side for Terms & Conditions

Meeting Date: 9/5/18

Agenda Item No: 19

Agenda Item No: 19
Approval of \$2,000 to support the Models of Pride conference put on by the Los Angeles LGBT Center.

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

We, the Treasurer and the Second Signer 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.

Second Signer's Signature

Print/Type Name:

Date:

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 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

SECTION I - APPLICANT INFORMATION

- 1a) Los Angeles LGBT Center 95-3567895 CA
Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)
- 1b) 1220 N Highland Avenue Los Angeles CA 90038
Organization Mailing Address City State Zip Code
- 1c) _____
Business Address (if different) City State Zip Code
- 1d) PRIMARY CONTACT INFORMATION:
Daniel A Perez 323-993-7456 dperez@lgbtcenter.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.

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.

- 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)

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.

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
	Total Personnel Expenses	\$0	\$131,078.25
		\$	\$
		\$	\$
6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Total Other Expenses	\$5,000	\$120,550.00
		\$	\$
		\$	\$

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: 10/20/18 10b) Date Funds Required: 11/20/18 10c) Expected Completion Date: 10/21/18
(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*

Mr. Holtzman CFO [Signature] 7/20/18
 PRINT Name Title Signature Date

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

Daniel A Perez Conference Director [Signature] 7/19/2018
 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@ciacity.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	\$96,281.02
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	<u>131,078.25</u>
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
6520 Gifts	50.00
6530 Volunteer & Staff Support	1,700.00
6560 Outside Services - General	9,300.00
6643 Supplies - General	5,000.00
6700 Mileage	200.00
6705 Parking	4,000.00
6719 Travel - Transportation	300.00
Total Other Expense	<u>120,550.00</u>
Total Exp w/o Vol Svc/In-kind Gifts	<u>251,628.25</u>
Total Exp w/ Vol Svc/In-kind Gifts	<u>251,628.25</u>
Total Rev over 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 Vol Svc/In-kind Gift	(251,628.25)
Net Income/Loss w/ Vol Svc/In-kind Gifts	<u>(251,628.25)</u>



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

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

00031183
BODC: TE

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



003384

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)(1) 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).

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
	First John Portable Bathrooms and hand washing station	\$ 1,700	\$ 83,000
	Victim Resource brochures and CATS services brochures	\$ 800	\$
		\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?

☐ No ☒ Yes If Yes, please list names of NCs: Rosedale8) 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
Victory for Victims Sponsors	\$ 55,000	\$ 83,000
Northridge Hospital covers 100% of staff salaries at event	\$ 20,000	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 2,00010a) Start date: 4 / 20 / 2019 10b) Date Funds Required: 4 / 15 / 2019 10c) Expected Completion Date: 4 / 20 / 2019
(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
Maggi Espada-Hernandez	Special Events Manager

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*

Joni Novosel	Director		3-29-19
PRINT Name	Title	Signature	Date

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

Priscilla Lomeli	Secretary		3-29-19
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

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

SECTION I - APPLICANT INFORMATION

- 1a) Northridge Hospital Foundation (C.A.T.S) 23-7444901 CA April 1975
Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)
- 1b) 8210 Etiwanda Ave. Reseda CA 91335
Organization Mailing Address City State Zip Code
- 1c) 18300 Roscoe Blvd. Northridge CA 91325
Business Address (if different) City State Zip Code
- 1d) **PRIMARY CONTACT INFORMATION:**
- Joni Novosel 818-718-5936 joni.novosel@dignityhealth.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) NHF Center for Assault Treatment Services Van Nuys CA 91405
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.

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.

- 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)

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.

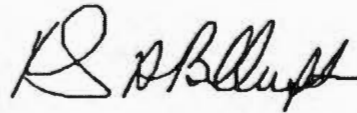
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NORTHRIDGE HOSPITAL FOUNDATION
% RANDY BRADLEY
18300 ROSCOE BLVD
NORTHRIDGE CA 91325

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,

A handwritten signature in black ink, appearing to read "K. A. Billups", written in a cursive style.

Kim A. Billups, Operations Manager
Accounts Management Operations 1

