

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Granada Hills South

Budget Fiscal Year: 2015-2016

Request Date: 5/5/2016

Meeting Date: 5/5/2016

Agenda Item: #VI. 4. b) #1

- Operations
 Outreach
 NC Sponsored Event
 Neighborhood Purpose Grant
 Contract / Lease
 Board Member Reimbursement
 Community Improvement Project
 Out of State
 1099 Expense
 One Time Expense
 Monthly
 Multiple

Requestor: Brandon Schindelheim

Vendor: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Amount: \$ 500

of payments: _____

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit
Description

Approve Monthly Expenditure Report for February 2016.

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

| Board Member Name | Board Position | Yes | No | Abstain | *Recused | Absent | Ineligible |
|---------------------------------|--|-----------|----|---------|----------|----------|------------|
| Jerry Askew, Vice-President | Business | | | | | X | |
| Dave Beauvais, President | Seniors | X | | | | | |
| Mike Benedetto | Community Organizations | X | | | | | |
| Jeffrey Bohrer | Member-at-Large | X | | | | | |
| Bonnie Marie Bursk | Commercial Property Owner | | | | | | X |
| Julie Carson | Member-at-Large | | | | | | X |
| Jeremy "Jett" Dunlap | Member-at-Large | X | | | | | |
| Don Graham | Member-at-Large | X | | | | | |
| Sally Kolstad | Education | X | | | | | |
| Dawn Lopez | Member-at-Large | X | | | | | |
| Deron Lopez | Member-at-Large | | | | | | X |
| Joel Lyle | Member-at-Large | X | | | | | |
| Anthony Matthews | Parks and Cultural Arts | | | | | X | |
| Mark Morris | Faith-Based Organizations | X | | | | | |
| Brandon Schindelheim, Treasurer | Member-at-Large | X | | | | | |
| Rene Trinidad | Homeowners | X | | | | | |
| Andrew Wall | Student | | | | | | X |
| Cindy Wu-Freedman | Member-at-Large Community Interest | X | | | | | |
| | | | | | | | |
| | | | | | | | |
| NC Quorum: <u>11</u> | Grand Total (including page 2): | <u>12</u> | | | | <u>2</u> | <u>4</u> |

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

| | |
|---|---|
| Treasurer's Signature: <u>[Signature]</u> | Signer's Signature: <u>[Signature]</u> |
| Print/Type name: <u>Brandon Schindelheim, Treasurer</u> | Print/Type name: <u>Dave Beauvais, President Brad Smith</u> |
| Date (mm/dd/yy): <u>05/05/16</u> | Date (mm/dd/yy): <u>05/05/16</u> |

| | | | | | | | |
|----------------------------|-----------------------------------|------------------------------|---|-----------------------------------|----------------------|-----------------|--------------------------|
| Department Use Only | <input type="checkbox"/> Contract | <input type="checkbox"/> CIP | <input type="checkbox"/> Advanced Payment | <input type="checkbox"/> Approved | Staff Initials _____ | 1st Level _____ | Authorization Code _____ |
| | <input type="checkbox"/> >\$2,500 | <input type="checkbox"/> NPG | <input type="checkbox"/> Sponsored Event | <input type="checkbox"/> Denied | | 2nd Level _____ | |

Department of Neighborhood Empowerment

Reporting Month: FEBRUARY MONTHLY EXPENDITURE REPORT
 NC Name: Granada Hills South Submitted: 4/14/2016 22:14:28

Budget Fiscal Year: 2014-2015 - 2016

FILL IN ALL THE UNSHADED (WHITE) FIELDS (Must be submitted to the Department within 10 days of Board Approval along with documentation and hard copy)



| EXPENDITURES BY LINE ITEM (for more than 12 expenditures, you may continue entering on page 3 of this worksheet - see below) | | | | | | | |
|--|--|-----------------|-------------------------------|----------------|---------------------|-----------------|-------------|
| A | Date / Item / Service Description | BUDGET CATEGORY | VENDOR | INVOICE NUMBER | OUT OF STATE VENDOR | 1099 Reportable | TOTAL |
| 1 | 02/01/16 / Helium Tank / Rental Fee - Bd Mbr Reimb | OUTREACH | Tavern Service - Benedetto | N/A | | | \$131.90 |
| 2 | 02/08/16 / Copies / Event Flyers | OUTREACH | UPS Store | N/A | | | \$129.06 |
| 3 | 02/23/16 / PO Box Fee / Rental Fee - Bd Mbr Reimb | OUTREACH | Postal Plus (B. Smith Reimb.) | N/A | | | \$150.00 |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered) | | | | | | | \$410.96 |
| B | CUMULATIVE EXPENDITURES FROM PRIOR MONTHS | | | | | | \$27,777.21 |
| C | OUTSTANDING COMMITMENTS | | | | | | |
| C 1. | Outstanding Checks (checks that have been issued, but have not yet cleared the account) | | | | | | |
| C 2. | Rent/Lease | | | | | | |
| C 3. | Contractual Services | | | | | | |
| C 4. | Large Purchases | | | | | | |
| C 5. | Neighborhood Purpose Grants (pending or in process) | | | | | | |
| C 6. | Temporary Staffing Services | | | | | | |
| C 7. | Storage | | | | | | |
| C 8. | Other Outstanding Commitments ==> Description: VARIOUS | | | | | | \$10,900.00 |
| SUBTOTAL: Outstanding Commitments | | | | | | | \$10,900.00 |
| D | Total Expenditures & Commitments | | | | | | \$39,088.17 |
| E | Total Adjustments by Department (such as use taxes assessed, credits from prior fiscal years, etc) (use '+' for credits, '-' for deductions) | | | | | | \$12,250.00 |
| F | Approved Budget 2014-2015 | | | | | | \$42,000.00 |
| G | Balance of Budget | | | | | | \$15,161.83 |

| | |
|------------------|---------------------|
| Reporting Month: | FEBRUARY |
| NC Name: | Granada Hills South |

| MONTHLY CASH RECONCILIATION | | | |
|-----------------------------|---------------------|-----------------------------|-------------------------------|
| Beginning Balance (A) | Funds Deposited (B) | Total Available (C) = (A+B) | Cash Spent this Month (D) |
| \$15,452.94 | \$0.00 | \$15,452.94 | \$410.96 |
| | | | Remaining Balance (E) = C - D |
| | | | \$15,041.98 |

| MONTHLY BUDGETARY ANALYSIS | | | | | |
|----------------------------|-----------------------|--------------------|----------------------------|---------------------------------|--|
| Category Identifier | Budget Category | Adopted Budget (A) | Total Spent this Month (B) | Total Spent in Prior Months (C) | Unspent Budget Balance (D) = A - B - C |
| 100 | Operations | \$6,000.00 | \$0.00 | \$3,012.30 | \$2,987.70 |
| 200 | Outreach | \$29,750.00 | \$410.96 | \$12,264.91 | \$17,074.13 |
| 300 | Community Improvement | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 400 | NPG | \$18,500.00 | \$0.00 | \$12,500.00 | \$6,000.00 |
| 500 | Elections | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 900 | Unallocated | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | TOTAL | \$54,250.00 | \$410.96 | \$27,777.21 | \$26,061.83 |

NEIGHBORHOOD COUNCIL DECLARATION

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and will furnish additional documentation to the Department of Neighborhood Empowerment upon request.

| | | | |
|---------------------|---|--------------------|---|
| Treasurer Signature |  | Signer's Signature |  |
| Print Name | BRANDON SCHINDELHEIM | Print Name | BRAD SMITH |
| Date | 4/14/16 | Date | 04/14/16 |

NC Additional Comments

Revision Date 1-26-15

Reporting Month: FEBRUARY
 NC Name: Granada Hills South

| ADDITIONAL EXPENDITURES BY LINE ITEM (Optional, do not print page 3 unless you use it) | | | | | | | |
|--|-----------------------------------|-----------------|--------|----------------|--------------|-----------------|---------------|
| A | Date / Item / Service Description | BUDGET CATEGORY | VENDOR | INVOICE NUMBER | OUT OF STATE | 1099 Reportable | TOTAL |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | | | | | | | |
| 27 | | | | | | | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |
| 32 | | | | | | | |
| 33 | | | | | | | |
| 34 | | | | | | | |
| 35 | | | | | | | |
| 36 | | | | | | | |
| SUBTOTAL: Expenditures by Line Item | | | | | | | \$0.00 |

Revision Date 1-26-15



STATEMENT OF ACCOUNTS

Page 1 of 1
Statement Number: 0071163927
01/30/16 - 02/29/16

UNION BANK
CENTURY CITY 0206
PO BOX 512380
LOS ANGELES CA 90051-0380

Telephone Banking
For 24-hour Automated Direct Service
800-238-4486
800-826-7345(TDD)
Representatives are available
Monday through Saturday

To open additional accounts,
or apply for loans, call your
banking office at 310-551-8900

GRANADA HILLS SOUTH NEIGHBORHOOD COUNCIL
200 N SPRING ST FL 20
LOS ANGELES CA 90012-4801

You may also access your account online
at unionbank.com

Thank you for banking with us
since 2014

- Save time by depositing checks directly from your smartphone or tablet. Easy Usage: It is simple to submit a deposit. Select an account, enter the amount and take a photo of both sides of the check. It's that simple. Quick Confirmation: Check your deposit status online or with your mobile app. For more information, go to: unionbank.com/mobilecheckdeposit

Business Basics Checking Summary

Account Number: 0071163927

Days in statement period: 31

| | | |
|----------------------------------|----|-------------------|
| Balance on 1/30 | \$ | 15,452.94 |
| Additions | | 0.00 |
| Subtractions | | -410.96 |
| | | Checks -281.90 |
| | | Purchases -129.06 |
| Balance on 2/29 | \$ | 15,041.98 |
| Statement Average Ledger Balance | | 15,204.08 |

We waived your service charge this statement period.

Checks

| Number | Date | Reference | Amount | Number | Date | Reference | Amount |
|--------------|------|-----------|--------|--------|------|-----------|---------------|
| 5003 | 2/1 | 08319578 | 131.90 | 5009* | 2/23 | 08300810 | 150.00 |
| Total | | | | | | \$ | 281.90 |

Purchases ATM card and Debit card™ purchases

| Date | Description/Location | Reference | Amount |
|------|--|-----------|-----------|
| 2/8 | THE UPS ST GRANADA HILL CA GRANADA HILL CA | 73891819 | \$ 129.06 |

Information and Banking Office Services

For each monthly statement period your account includes:

- Unlimited free Information Services calls to 24-hour Automated Direct Service
- Banking office Information Services calls are \$0.00
- Banking office deposits are \$0.00

Your account was not charged for information and banking office services during the statement period.

Mail Boxes Etc. - #672
18017 Chatsworth Street
Granada hills, CA 91344
(818) 360-6144

02/04/16 05:08 PM

We are the one stop for all your
shopping, postal and business needs.

We offer all the services you need
to keep your business going.



| | |
|----------------|-------------|
| 000001 (003) | t1 \$ 54.60 |
| Copies | QTY 780 |
| Reg Unit Price | \$ 0.07 |
| 054000 (014) | t1 \$ 63.50 |
| Misc Taxable | |

SubTotal \$ 118.10
tax (t1) \$ 10.90
Total \$ 129.00

Master Card \$ 129.00

ACCOUNT NUMBER * *****360
Appr Code: (S) Sale

Receipt ID 83814218972071883982 781 Items
CSH: Center Tran: 2456 Reg: 001

Thank you for visiting our store.
Please come back again soon.

Whatever your business and personal
needs, we are here to serve you.

Postal Plus
11024 Balboa Blvd.
Granada Hills, CA 91344
Phone (818)366-0360
Fax (818)366-0370

HOUSE OF THE \$8.00 NOTARY

| | |
|--------------------------|--------|
| Renew Mailbox #767 | 150.00 |
| Term: 1/25/16 to 1/25/17 | |
| | |
| SUBTOTAL | 150.00 |
| TAX | 0.00 |
| TOTAL | 150.00 |
| TEND MasterCard | 150.00 |

Total shipments: 0
GRANADA HILLS SOUTH N.C.: J...
#293484 02/04/2016 08:29 AM
Workstation: 0 - Master Workstation
CCTran#

Thank you for your business

Sale
Result: CAPTURED
Auth No: 005425
Reference: 00000001
Ticket No: 574554
Sequence #: 29013
TroutD: 29013
Workstation: Master Workstation
Account No: 54XXXXXXXXX8913
Magnetic Stripe Read
Card Issuer: MC
Card Member: SMITH/BRADLEY S
Amount: 150.00

Signature X.....

I Agree to Pay Above Total Amount
According to Card Issuer Agreement
(Merchant Agreement if Credit Voucher)

(CUSTOMER COPY)

Mailbox Renewal Notice

▶ **\$150.00 payment due by 1/25/2016**

Mailbox # 767

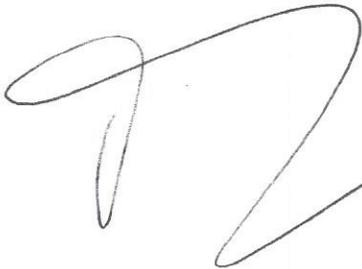
JIM SUMMERS GRANADA HILLS SOUTH N.C.
17435 S.F. MISSION BLVD.
GRANADA HILLS, CA, 91344

Notice Date: 1/15/2016
Due Date: 1/25/2016
Term: 1/25/2016 to 1/25/2017

Your Mailbox Service Agreement will expire on the Due Date listed above. Please remit the above amount prior then to avoid interrupted service. Thank you for your business!

| Charges | Rates per term | | | |
|-----------------|----------------|----------|----------|---------------|
| | 1 month | 3 months | 6 months | 12 months |
| Term: 12 months | | | | |
| Mailbox: | 18.00 | 48.00 | 84.00 | 150.00 |
| Sales tax: | | | | 0.00 |
| Total: | | | | 150.00 |

Charges and rates listed on this notice are based on store rates in effect at the time of this notice.



GASNC

Postal Plus
11024 Balboa Blvd.
Granada Hills, CA 91344
Phone (818)366-0360
Fax (818)366-0370

HOUSE OF THE \$8.00 NOTARY

Date: 11/30/15 Time: 15:52:08

*Benedetto
reimbursed*

*Comm
meeting*

Result: CAPTURED
Auth No: 075218
Reference: 00000014
Ticket No: 898724
Sequence #: 27951
AuthID: 27951
Account No: 44XXXXXXXXX2919
Magnetic Stripe Read
Card Issuer: Visa
Card Member: BENEDETTO/MICHAEL J
Amount: 11.65

Signature X.....

I Agree to Pay Above Total Amount
According to Card Issuer Agreement
(Merchant Agreement if Credit Voucher)

(CUSTOMER COPY)

MIKE

BENEDETTO

REIMBS.

Tavern Service Company
18228 Parthenon Street

Order Id: 102680 Till: 100
10-09-15 16:44 102680 ES

55.00 ID TANK RENTAL \$71.00

Subtotal: \$71.00

Sales Tax:

Total: \$77.34

Visa:

THANK YOU

Tavern Service dba
Rainbow Balloons
The Draft Beer Store
Northridge Ice

SERVICE COMPANY
18228 PARTHON STREET
NORTH RIDGE, CA 91325
9-0287

667484

street
fine
le
Benedetto
reimb.

ed
batch#: 000006
17:37:26

deposit

Approved: Online Bat
10/09/15

Inv#: 00000029 Appr C

Total: \$

Customer Cop:

THANK YOU
FOR VISITING

BENEDETTO
REIMBS.

Receipt
Tavern Service Company
18228 Parthenon Street

Northridge, CA 91325
818-989-3111

Id: 102681
-15 17:23 1026

CF HELIUM AND TANK
CF HELIUM AND TANK

Unit Count: 1

Receipt: 102706

Visa \$120.02

THANK YOU
Tavern Service dba
Rainbow Balloons
The Draft Beer Store

TAVERN SERVICE, INC.

DBA THE DRAFT BEER STORE AND RAINBOW BALLOONS
18228 PARTHENIA STREET • NORTHRIDGE, CA 91325
(818) 349-0287 • (818) 349-7998

10968

RENTAL EQUIPMENT AND DEPOSIT AGREEMENT

Customer Name: Wko Beverage (SNC) Start Rental Date: 1/10/15
Street Address: 16847 K. Webster St #123 Apt. # 123 City: Canoga Park
Daytime Phone: (818) 723-8087 Evening Phone: (818) 851-5163

| Quantity | Equipment Rental | Daily Late Rental | Deposit Required | Total Deposits |
|----------|-------------------|-------------------|------------------|----------------|
| | 1/2 Keg | \$ 0.00 | \$ 30.00 | \$ |
| | Picnic Pump | \$ 3.00 | \$ 60.00 | \$ |
| | Single Jockey Box | \$ 5.00 | \$ 300.00 | \$ |
| | Double Jockey Box | \$ 10.00 | \$ 400.00 | \$ |

| | | | | | |
|---|---|--------|----------|-----------|-----------|
| | Triple Jockey Box | | \$ 20.00 | \$ 500.00 | \$ |
| | Quadruple Jockey Box | | \$ 30.00 | \$ 600.00 | \$ |
| | Ice Tub | | \$ 1.00 | \$ 15.00 | \$ |
| 1 | Helium Tank: Size <u>269</u> cubic feet | | \$ 5.00 | \$ 100.00 | \$ 100.00 |
| 1 | Helium Regulator | | \$ 2.00 | \$ 40.00 | \$ 40.00 |
| | | TOTAL: | \$ | | \$ 170.00 |

READ CONTRACT BEFORE SIGNING!

Rental equipment remains the property of Tavern Service Co. at all times and is not part of the purchase. The customer is responsible for the care and use of the equipment and all or part of the customer's deposit may be forfeited if the equipment is damaged. Customer is responsible for the full value of lost equipment. Tavern Service is not responsible for dissatisfaction caused by failure of our equipment; we are only responsible for the rental price of the equipment. Rental period is for 72 hours unless otherwise noted. Daily rental fee will be charged on all equipment returned late and until it is returned. CUSTOMER'S DEPOSIT WILL BE CASHED IF THE CUSTOMER FAILS TO RETURN ALL EQUIPMENT WITHIN 5 DAYS. Checks require 14 days to clear, and refund will be held until then. Ice barrels are property of Tavern Service and must be returned along with other equipment or a \$10 lost charge will be assessed. Jockey Boxes include: Cooler, coil, tap, regulator, CO2 tank, faucet, lines and tap handles. Party packs include pump and barrel.

TAVERN SERVICE WILL MAKE EVERY EFFORT TO MAKE SURE EQUIPMENT FUNCTIONS PROPERLY. IF FOR ANY REASON THERE IS A MALFUNCTION, IT IS THE CUSTOMERS RESPONSIBILITY TO CALL US BEFORE CLOSING AND WE WILL HAVE THE EQUIPMENT EXCHANGED OR REPAIRED. IT IS STRONGLY RECOMMENDED THAT YOU TEST YOUR EQUIPMENT BEFORE CLOSING SO WE CAN BE OF ASSISTANCE. WE ARE OPEN UNTIL 6 PM MONDAY THROUGH FRIDAY AND UNTIL 5 PM ON SATURDAY. THERE ARE NO REFUNDS ON KEG BEER, INCLUDING UNTAPPED KEGS. FEDERAL LAW PROHIBITS THE RETURN OF ALCOHOLIC BEVERAGES ONCE IT HAS LEFT OUR PREMISES, THEREFORE THERE ARE NO REFUNDS OR EXCHANGES.

I, the undersigned, have read, understand and accept the terms as they are outlined above.

[Signature] 10/19/15
 Customer Signature Date

FOR OFFICE USE ONLY

| | |
|---|--------------------------|
| Equipment must be returned by: <u>10/12/15</u> | Equipment Returned: |
| Deposit Paid By: CASH CHECK <u>VISA</u> M/C AMEX DISC | Received By: |
| Sales Clerk: <u>SAMOS</u> | Deposit Refunded: YES NO |
| Invoice #: <u>10-705</u> Cash Deposit # | Deposit Received By: |