

Department of Neighborhood Empowerment

Board Vote Form

NC NAME: Encino

Budget Fiscal Year: 2015-2016

Meeting Date: 6/22/2016

Agenda Item: 6. E. (2)



USE THIS FORM FOR THE FOLLOWING FUNDING ITEMS:

- APPROVAL OF MONTHLY EXPENDITURE REPORT
- BUDGET PACKAGE APPROVAL / AMENDMENT
- APPOINTMENT OF FUNDING OFFICER / CARDHOLDER
- OTHER: NON-FUNDING ACTION ITEM

Description: Approve May 2016 MER

Vote Count

*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
ANNIE KEUSSEYAN	RELIGIOUS REP	x					
CAROL LEVIN	ENCINO PROPERTY OWNERS						x
DEBRA GEORGE	PARK ADVOCATE					x	
DIANE ROSEN	AREA 5 REP	x					
DOUG KRIEDEL	AT LARGE REP					x	
ELIOT COHEN	PLU	x					
GERALD SILVER	HOMEOWNERS OF ENCINO	x					
GLENN BAILEY	PUBLIC SAFETY	x					
HENRY ESHELMAN	AT-LARGE REP	x					
JESS WHITEHILL	AREA 4 REP	x					
JIM ESTERLE	AREA 7 REP						x
KENNETH SILK	AREA 3 REP	x					
LAURA SHOVLANSKY	AREA 1 REP					x	
LAURIE KELSON	AREA 6 REP	x					
MARK LEVINSON	ENCINO CHAMBER OF COMM.					x	
PATRICIA BATES	VOLUNTEER SERVICE	x					
SCOTT LINDEN	AREA 2 REP	x					
SHERMAN GAMSON	APARTMENT/CONDO REP	x					
VARANT MAJARIAN	BUSINESS REP	x					
VICTORIA MILLER	BUSINESS REP	x					
SHELLEY BILLIK	PARKS ALTERNATE						x
BRANDON RAPPORT	CHAMBER ALTERNATE						x
NC Quorum:	11	Totals:	14			4	4

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.

Treasurer's Signature:	Signer's Signature:
Print/Type name: PATRICIA BATES	Print/Type name: DEBRA GEORGE
Date: <u>7/1/2016</u>	Date: <u>7/1/2016</u>
NC Additional Comments	

Department of Neighborhood Empowerment

Reporting Month:

MAY

MONTHLY EXPENDITURE REPORT

NC Name:

Encino

Submitted: 4/22/2016 12:28:18

Budget Fiscal Year: 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)

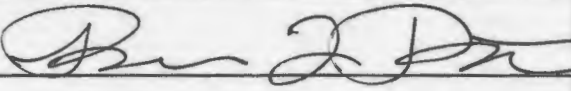
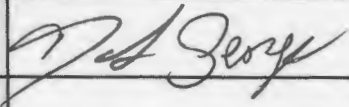
EXPENDITURES BY LINE ITEM (for more than 12 expenditures, you may continue entering on page 3 of this worksheet - see below)							
A	Date / Item / Service Description	BUDGET CATEGORY	VENDOR	INVOICE NUMBER	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1	2016 05 16/	OUTREACH	One Generation Sen Enr Ctr	16-05			\$750.00
2	2016 05 19/	OPERATIONS	AppleOne Employment	S3545146			\$824.28
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered)							\$1,574.28
B	CUMULATIVE EXPENDITURES FROM PRIOR MONTHS						\$32,891.82
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)						\$2,136.00
	C 6. Temporary Staffing Services						
	C 7. Storage						
	C 8. Other Outstanding Commitments	==>	Description:				\$1,750.00
SUBTOTAL: Outstanding Commitments							\$3,886.00
D	Total Expenditures & Commitments						\$38,352.10
E	Total Adjustments by Department (such as use taxes assessed, credits from prior fiscal years, etc) (use '+' for credits, '-' for deductions)						\$0.00
F	Approved Budget 2015-2016						\$42,000.00
G	Balance of Budget						\$3,647.90

1

Reporting Month:	MAY
NC Name:	Encino

MONTHLY CASH RECONCILIATION				
Beginning Balance (A)	Funds Deposited (B)	Total Available (C) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E) = C - D
\$17,102.37	\$0.00	\$17,102.37	\$1,574.28	\$15,528.09

MONTHLY BUDGETARY ANALYSIS						
Category Identifier	Budget Category	Adopted Budget (A)	Total Spent this Month (B)	FY 2014-15 Expenses Cleared in FY 2015-16 (C)	Total Spent in Prior Months (D)	Unspent Budget Balance (E) = A - B + C - D
100	Operations	\$13,500.00	\$824.28	\$0.00	\$19,136.46	-\$6,460.74
200	Outreach	\$9,100.00	\$750.00		\$4,155.09	\$4,194.91
300	Community Improvement		\$0.00			\$0.00
400	NPG	\$11,000.00	\$0.00		\$8,316.00	\$2,684.00
500	Elections	\$8,400.00	\$0.00		\$12,841.27	-\$7,115.73
900	Unallocated		\$0.00			\$0.00
	TOTAL	\$42,000.00	\$1,574.28	\$0.00	\$32,891.82	\$7,533.90

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	PATRICIA BATES	Print Name	DEBRA GEORGE
Date	6/15/16	Date	6/15/16
NC Additional Comments			

Revision Date 1-26-15

Reporting Month:	MAY
NC Name:	Encino

2



STATEMENT OF ACCOUNTS

Page 1 of 1

Statement Number: [REDACTED]

04/30/16 - 05/31/16

UNION BANK

[REDACTED]

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

You may also access your account online
at unionbank.com

Thank you for banking with us
since 2014

ENCINO NEIGHBORHOOD COUNCIL
200 N SPRING ST FL 20
LOS ANGELES CA 90012-4801

- *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: [REDACTED]

Days in statement period: 32

Balance on 4/30	\$	17,102.37
Additions		0.00
Subtractions		-1,574.28
	Checks	-1,574.28
Balance on 5/31	\$	<u>15,528.09</u>
Statement Average Ledger Balance		16,392.50

We waived your service charge this statement period.

Checks

Number	Date	Reference	Amount	Number	Date	Reference	Amount	
5025	5/16	06204928	750.00	5026	5/19	06813322	824.28	
Total							\$	<u>1,574.28</u>

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

For the current monthly statement period you called:

Automated Direct Service on: 5/4.

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

(3)

**Department of Neighborhood Empowerment
Funding Request Form**



NC NAME: Encino

Budget Fiscal Year: 2015-2016

Request Date: 1/13/16

Meeting Date: 1/27/16

Agenda Item: P6

Requestor: Patricia Bates

Vendor: One Generation Senior Ctr

Address: 18255 Victory Blvd

City: Reseda State: CA

Zip Code: 91335 Phone: 8187052345

Amount: \$ 875

- 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 # of payments L

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

Booth for senior symposium Community Event

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
Al Mass	At-Large Representative					X	
Anni Koussayan	Area 1 representative	X					
Art Sherman	Public Safety Representative					X	
Carol Levin	Encino Property owners Rep.	X					
David Hudgins	Area 7 Representative					X	
Debra George	Park advocate/Environment Rep.		X				
Eliot Cohen	Planning & Land Use Rep.	X					
Gerald Silver	Homeowners of Encino Rep.	X					
Jason Ackerman	Area 2 Representative	X					
Glenn Bailey	At-large alternate					X	
Kathy Moghimi-Patterson	At-large Representative	X					
Ken Silk	Area 3 Representative	X					
Laurie Kelson	Area 6 Representative	X					
Mark Levinson	Encino Chamber Representative	X					
Shelley Rivlin	Education Representative	X					
Sherman Gamson	Apartment/Condo Representative	X					
Talar Dardarian	Religious Organization Rep.					X	
Todd Rubinstein	Business Representative	X					
Victoria Miller	Business Representative	X					
Deborah Watson	Area 7 Alternate					X	
NC Quorum: <u>11</u>	Grand Total (including page 2):	<u>13</u>	<u>1</u>			<u>6</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: _____
Print/Type name: <u>Patricia L. Bates</u>	Print/Type name: _____
Date (mm/dd/yy): _____	Date (mm/dd/yy): _____
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials: _____ 1st Level: _____ 2nd Level: _____ Authorization Code: _____

7

NC NAME: Encino
Meeting Date: 1/27/16
Agenda Item: 8b

Vote Count

***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
Diane Rosen	Area 5 Representative					X	
NC Quorum:	0	Totals (this page only):					



INVOICE

Invoice # 16-05

January 14, 2016

Encino Neighborhood Council
Attn: Al Mass

REMIT PAYMENT TO:
ONEgeneration Senior Enrichment Center
18255 Victory Blvd.
Reseda, CA 91335
818-705-2345

Senior Symposium

Item	Amount
Senior Symposium Sponsorship – booth, canopy, table with 2 chairs, and inclusion of logo on flyers, banners, programs and other outreach materials for the May 14, 2016 Senior Symposium.	\$750.00
Balance Due	\$750.00

A1

Payment Due By April 20, 2016

6



AppleOne

AppleOne Employment Services

P.O. Box 29048

Glendale CA 91209-9048

Tel: 818-240-8688

Email: specialbillings@ain1.com

TIN: 95-2580864

CITY OF LOS ANGELES

Attn: ACCOUNTS PAYABLE

CORPORATE OFFICES

200 N. SPRING ST. ROOM 2005

LOS ANGELES, CA 90012

Invoice

Customer No: 00950101

Site No: 0079

Period Ending: Multiple

Invoice Date: 04/20/2016

Invoice No: S3545146

Amount Due: \$824.28

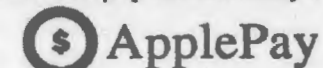
Payment Term: NET 30 DAY

Supervisor	Name	Weekend	Inv Date	Ref Inv No	Reg Hr	Reg Rate	OT Hr	OT Rate	DT Hr	DT Rate	Misc Hr	Misc Rate	ACA Hr	ACA Rate	Tax
	LAINO, ROMINA	04/02/2016	04/06/2016	01-4014910	7.58	\$22.18	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00
	LAINO, ROMINA	04/09/2016	04/13/2016	01-4020650	14.33	\$22.18	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00
	LAINO, ROMINA	04/16/2016	04/20/2016	01-4030717	15.25	\$22.18	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00

Grand Total Invoice Amount

Please remit payment to: **AppleOne Employment Services**
P.O. Box 29048
Glendale, CA 91209-9048

You can now pay electronically t



Visit www.ApplePay.com or Call (866)898-7

Handwritten initials: A2