

Monthly Expenditure Report



Reporting Month: August 2019

Budget Fiscal Year: 2019-2020

NC Name: Encino Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$51268.17	\$8143.67	\$43124.50	\$6500.00	\$0.00	\$36624.50

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$24350.00	\$434.67	\$21564.69	\$0.00	\$21564.69
Outreach		\$1709.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$13109.81	\$0.00	\$13109.81	\$0.00	\$13109.81
Neighborhood Purpose Grants	\$14450.00	\$6000.00	\$8450.00	\$6500.00	\$1950.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$641.64	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	OFFICE DEPOT #949	08/06/2019	(Credit card transaction)	General Operations Expenditure	Office	\$4.80
2	GOOGLE GOOGLE STORAGE	08/08/2019	(Credit card transaction)	General Operations Expenditure	Office	\$2.99
3	EIG CONSTANTCONTACT.C	08/22/2019	(Credit card transaction)	General Operations Expenditure	Office	\$45.00
4	MULBERRY STREET PIZZER	08/27/2019	(Credit card transaction)	General Operations Expenditure	Office	\$238.38
5	OFFICE DEPOT #949	08/27/2019	(Credit card transaction)	General Operations Expenditure	Office	\$19.68
6	SMART AND FINAL 477	08/28/2019	(Credit card transaction)	General Operations Expenditure	Office	\$23.83
7	MICROSOFT OFFICE 365	08/29/2019	(Credit card transaction)	General Operations Expenditure	Office	\$99.99
8	Los Encinos Docents Association	07/26/2019	Los Encino Docent Association: We have received an...	Neighborhood Purpose Grants		\$2000.00

9	Valley Cultural Center DBA Valley Cultural Foundation	07/29/2019	NPG – Valley Cultural Center: The ENC h...	Neighborhood Purpose Grants		\$4000.00
10	City of Los Angeles Congress of Neighborhoods - Event	08/13/2019	To support congress of neighborhoods	General Operations Expenditure	Outreach	\$750.00
11	City of Los Angeles Budget Advocates	08/13/2019	To support Budget Advocates	General Operations Expenditure	Outreach	\$500.00
12	Encino Chamber of Commerce	08/16/2019	Encino Family Festival – The ENC participate...	General Operations Expenditure	Outreach	\$459.00
Subtotal:						\$8143.67

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	Making the Arts Arts Real for Youth Foundation	08/30/2019	m.a.r.y. Foundation: The m.a.r.y. foundation ...	Neighborhood Purpose Grants		\$1500.00
2	Northridge Beautification Foundation	09/04/2019	HOM 19-08-001: The ENC Homelessness Committee...	Neighborhood Purpose Grants		\$5000.00
Subtotal: Outstanding						\$6500.00

Office DEPOT OfficeMax

ENCINO - (818) 907-1741

08/06/2019 4:46 PM



22VT9XXPPYYQ4BCE4H

SALE 949-4-257-945488-19.7.2
167060 BW SS Letter
170 @ 0.15 25.50
Bulk @0.024 -1.70
Retail After Discounts 23.80
Business Solutions Prc 4.08
You Pay 4.08SS
861775 STAPLING MACHI
27 @ 0.03 0.81
Business Solutions Prc 0.30
You Pay 0.30SS
Subtotal: 4.38
Sales Tax: 0.42
Total: 4.80
MasterCard 5197: 4.80

AUTH CODE 024209
TDS Chip Read
AID A0000000041010 MASTERCARD
TVR 0000048000
CVS PIN Verified

Total Savings:

\$21.93

WE WANT TO HEAR FROM YOU!

Visit survey.officedepot.com



and enter the survey code below:

F5ES 6EK6 F414

Copying for Homelessness Committee meeting



← Detail

 **Google Play** 

Aug 7, 2019 · 3:45 PM
Order ID: SOP.3302-9257-1198-80760..5

Completed

Order summary

200 GB (Google One)
Monthly Subscription - Auto Renews on Sep 7, 2019

Subtotal	\$2.99
Tax	\$0.00
Total	\$2.99

[REMOVE PURCHASE](#)



[Print](#)

Billing Activity - Invoices

Encino Neighborhood Council
Attn: Patricia Bates
200 N. Spring St FL 20
Los Angeles CA 90012-4801
US
P: 818-971-6996

Today's Date: 08/29/2019
User Name: president@encinonc.org

Invoices from 07/17/2019 to 08/14/2019

Date	Description	Charge Amount	Credit Amount
07/27/2019	Invoice #233954959	\$45.00	
	Constant Contact Toolkit - Email		
	Contacts		
	501 - 2,500 Contacts		
	Maximum Number of Contacts This Billing Period: 1244	\$45.00	
	Period from 07/27/2019 to 08/26/2019		

Billing questions? [Contact Support](#)

Constant Contact - 1601 Trapelo Road - Waltham, MA 02451 US

MULBERRY STREET PIZZERIA

17040 VENTURA BLVD
ENCINO, CA 91316
8189068881

Cashier: Encino
27-Aug-2019 2:58:42P

Transaction **125438**

1	Eggplant Parmesan Pizza	\$25.95
2	Mulberry Street New York Pizza	\$39.90
	Pepperoni	\$8.00
2	Mulberry Street New York Pizza	\$39.90
	Mushrooms	\$8.00
	Black Olives	\$8.00
1	Mulberry Street New York Pizza	\$19.95
	Pepperoni	\$4.00
	Sausage	\$4.00
1	Custom Item	\$60.00
Subtotal		\$217.70
Tax		\$20.68
Total		\$238.38
CREDIT CARD SALE		\$238.38
MASTERCARD 5197		

27-Aug-2019 2:59:51P
\$238.38 | Method: EMV
MASTERCARD XXXXXXXXXXXX5197
PATRICIA BATES
Ref #: 923900675061 | Auth #: 054843
MID: *****2884
AID: A0000000041010
AthNtwkNm: MASTERCARD
PIN VERIFIED

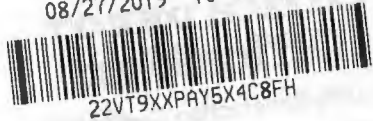
Online: [https://clover.com/
p/3DVZVPY19NVH0](https://clover.com/p/3DVZVPY19NVH0)

Order BRMY2RHAXH5P0

Refreshments for
8/28/19 general
meeting

Office DEPOT OfficeMax

ENCINO - (818) 907-1741
08/27/2019 10:05 AM



22VT9XXPAY5X4C8FH

SALE 949-3-9203-905543-19.7.2

167060 BW SS Letter	108.90
726 @ 0.15	-21.78
Bulk @0.024	87.12
Retail After Discounts	17.42
Business Solutions Prc	17.42SS
You Pay	
861775 STAPLING MACHI	1.50
50 @ 0.03	0.55
Business Solutions Prc	0.55SS
You Pay	
Subtotal:	17.97
Sales Tax:	1.71
Total:	19.68
MasterCard 5197:	19.68

AUTH CODE 068070
TDS Chip Read
AID A0000000041010 MASTERCARD
TVR 0000048000
CVS PIN Verified

Total Savings:
\$92.43

WE WANT TO HEAR FROM YOU!

Visit survey.officedepot.com
and enter the survey code below:

P5EZ A12S V33P

Printing for 8/28/2019 general meeting

Smart & Final. &
 Warehouse & Market. Friend & Neighbor.

** Welcome To Our Encino Store **
 Store #477

 See Us On WEB www.smartandfinal.com

Cashier: Tiffany

DATE 08/28/19 TIME 15:33:49

SH 9 in Paper Plat	2.79	T
Was \$2.99 / YOU SAVED -> \$.20		
Mimosa 40x100 Tblc	15.99	T
Crystal Geysers	.99	F
+CRV	.10	
Crystal Geysers	.99	F
+CRV	.10	
Crystal Geysers	.99	F
+CRV	.10	
SUBTOTAL	22.05	
Sales Tax	1.78	

TOTAL	23.83
MasterCard TENDER	23.83
Cash CHANGE	.00

TOTAL NUMBER OF ITEMS THIS VISIT--> 5

***** Electronic Payment Activity *****
 08/28/2019 15:34:24
 MASTERCARD Entry Method: Chip
 CARD #: XXXXXXXXXXXX5197
 PURCHASE - APPROVED
 AUTH CODE:086645

Mode: Issuer
 AID: A0000000041010

Supplies for 8/28/19 General meeting



Order details

**August 29,
2019**

Order number 568297999625485371



Office 365 Home

Subscription
\$99.99

Completed

Manage
subscriptions

Paid with
MasterCard
**5197

**Billing
address**
200 N Sprin
g St.
Los Angeles,
CA 90012
US

Subtotal	\$99.99
Tax	\$0.00
Total	\$99.99

This is Office 365 for 12 months for
the Encino NC office

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: ENCINO NEIGHBORHOOD COUNCIL

SECTION I - APPLICANT INFORMATION

1a) LOS ENCINOS DOCENT ASSOCIATION 95-3797624 CALIFORNIA 05/15/10
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) 16756 MOORPARK STREET ENCINO CA 91436
Organization Mailing Address *City* *State* *Zip Code*

1c) _____ _____ _____ _____
Business Address (if different) *City* *State* *Zip Code*

1d) **PRIMARY CONTACT INFORMATION:**
AMY ZIDELL 818-962-4962 AMY@SaveLosEncinos.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.**
 This grant will help the Los Encinos Docent Association, the 501(c)3 that is the cooperating association of Los Encinos State Historic Park, fund a special Summer evening event well received and well attended by the community – a professional Shakespeare performance at the park. This year, Saturday, August 3, 2019 at 7:00PM, Shakespeare's play 'Henry V' will be performed on the lawn north of the historic adobe. The grant request expenses of this special event are out of pocket and includes entertainment, portable sanitation, and staffing per special event (event occurs after normal park hours).

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)**
 This grant greatly helps support the Los Encinos Docent Association continue presenting a popular special event serving important public purposes at a special park in Encino (within area 2):

- The widely marketed event helps with neighborhood park awareness.
- The performance brings high-quality live theatre to the neighborhood, admission free.
- This event is enjoyable family-friendly community gathering.
- This event delivers classic arts and literature to all ages under the stars.
- This event has become an annual traditional.

The Encino Neighborhood Council's support of this grant also offers the Encino Neighborhood Council tremendous outreach exposure. Event attendance is expected to be at least 500.

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
Staffing per special event	\$ 600.00	\$ 600.00
	\$	\$
	\$	\$

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Entertainment (includes marketing material cards, banners)	\$ 2000.00	\$ 3000.00
Portable Sanitation	\$ 899.00	\$ 899.16
	\$	\$

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: \$ 3,499.00

10a) Start date: 08 / 03 / 19 10b) Date Funds Required: 08 / 03 / 19 10c) Expected Completion Date: 08 / 03 / 19
 (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*

Amy Zidell President  07/08/19
 PRINT Name Title Signature Date

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

Walter Nelson VP / Secretary  07/18/19
 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

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 20 2012**

LOS ENCINOS DOCENT ASSOCIATION
16756 MOORPARK ST
ENCINO, CA 91436

Employer Identification Number:
95-3797624
DLN:
17053006326002
Contact Person: MELISSA D TRUSTY ID# 31657
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
May 15, 2010
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

**Request for Taxpayer
Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)
LOS ENCINOS DOCENT ASSOCIATION

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
 Other (see instructions) ▶ **Non-Profit, tax exempt 501(c)3**

Exempt payee

Address (number, street, and apt. or suite no.)
16756 Moorpark Street

City, state, and ZIP code
Encino, CA 91436-1068

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
[] [] [] - [] [] - [] [] [] []

Employer identification number
9 5 - 3 7 9 7 6 2 4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *[Handwritten Signature]* Date ▶ **5/23/12**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Office of the City Clerk
 Administrative Services Division
 Neighborhood Council (NC) Funding Program
 Board Action Certification (BAC) Form



NC Name: Encino Meeting Date: 07 24 2019

Budget Fiscal Year: 2019-2020 Agenda Item No: 8-B

Board Motion and/or Public Benefit Statement (CIP and NPG):
 NPG – Los Encino Docent Association: We have received an NPG from the Los Encinos Docent Association for their Shakespeare performance of Henry V on August 3rd, 2019. The request from the ENC is for \$3499. MOTION; EXE-19-07-0069: The ENC's Executive Committee requests that the Encino Neighborhood Council support the Los Encinos Docent Association's NPG request in the amount of \$2000. Passed: 4-0-0.

Method of Payment: (Select One) Check Credit Card Board Member Reimbursement

Vote Count

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

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Lee Blumenfield	Area 1	X					
Walter Almora	Area 2						
Alex Garay	Area 3						
Oliver Rodriguez	Area 4						
Samantha Greitzer	Area 5						
Laurie Kelson	Area 6				X		
Jim Esterle	Area 7	X					
Mary Moore	Apt/Condo					X	
Heather Michaels	At-Large					X	
Henry Eshelman	At-Large	X					
Victoria Miller	Business						
Varant Majarian	Business						
	Education						
Glenn Bailey	Park Adv/Env	X					
Eliot Cohen	Planning & Land Use						
Samuel Apikyan	Public Safety						
Anni Kusseyan	Religious Inst						
Patricia Bates	Volunteer Serv						
Kari Purcell	Encino Ch of Comm						
Carol Levin	EPOA						
Gerald Silver	Homeowners of Encino				X		
	Non-Voting Youth						
Jess Whitehill	Area 4 Alt						
Diane Rosen	Area 5 Alt						
Manjeri Krishna	Area 7 Alt						
Board Quorum: 11	Total:	14			2	2	

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: *Patricia Bates* Authorized Signature: *Alex Garay*
 Print/Type Name: Patricia Bates Print/Type Name: Alex Garay
 Date: 7/24/2019 Date: 7/24/2019

**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. The Neighborhood Council (NC), upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

Name of NC from which you are seeking this grant: Encino Neighborhood Council

SECTION I - APPLICANT INFORMATION

1a) Valley Cultural Center dba Valley Cultural Foundation 51-0172702 CA 12/08/75
Organization Name **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**

1b) 21600 Oxnard Street Woodland Hills CA 91367
Organization Mailing Address **City** **State** **Zip Code**

1c) _____
Business Address (if different) **City** **State** **Zip Code**

1d) **PRIMARY CONTACT INFORMATION:**
Nora Ross (818) 704-1358 nora.ross@valleycultural.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 Grant Request 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.**
 The funds requested will support the Pop Up Park Art project to take place at a Encino Park in Encino CA on September 21, 2019. Funds from the Neighborhood Council will assist in promoting a free arts and culture event for the community.

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)**

The Pop Up Park Art program will take place on September 21, 2019. The performance will be free to the public and the event will include an emerging artist as the opening act and a tribute band selected by the council to perform within budget. Local artists will be invited to attend to exhibit their work and encourage attendees to participate. The funds requested will aid in promoting the event and offset other costs associated with the event such as sound and production. The Encino Neighborhood Council will be provided a 10 x 10 tent, table, 2 chairs & electricity to promote themselves. The Encino Neighborhood logo will be included on all printed and electronic marketing material. The neighborhood council will have the opportunity to address the crowd from the stage prior to or during the intermission of the event.

SECTION III - PROJECT BUDGET OUTLINE

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Promotion of performance, fees for sound and production, funds to help pay for the p	\$ 5,000.00	\$ 10,000.00

- 7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?
 No Yes, please list names of NCs: _____
- 8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs) No Yes, please describe:

Source of Funding	Amount	Total Projected Cost
Councilman Paul Koretz, Gaspar Insurance	\$ 6,000.00	\$ 10,000.00

- 9) What is the TOTAL amount of the grant funding requested with this application: \$5000
- 10a) Start date: 7/1/2019 10b) Date Funds Required: 7/15/2019
- 10c) Expected completion date: 10/30/19 (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC?
 No 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 Department 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 Appendix A, "What is a Public Benefit," and Appendix B "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 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***
 Nora Ross _____ CEO _____ *Nora Ross* _____ 4/2/19
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - **REQUIRED***
 Frank Daftari _____ Secretary _____ *[Signature]* _____ 4/2/19
 PRINT Name Title Signature Date

* If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form



Pop Up Park Art
Encino Park (Location TBD)
BUDGET 2019

Revenue	Budget
Sponsorship Revenue	
As of	<u>\$5,000</u>
Total Revenue	\$5,000

Expenses	Budget
Equipment Rental	\$1,000
Outside Services	\$ 800
Marketing (advertising, postage, social	\$ 600
Permits/Licenses	\$ 400
Security	\$ 200
Sound & Lights	<u>\$2,000</u>
Total	\$5,000

Net Income \$5,000

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Valley Cultural Center

2 Business name/disregarded entity name, if different from above

Valley Cultural Foundation

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

- Individual/sole proprietor or single-member LLC
- C Corporation S Corporation Partnership Trust/estate
- Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____
- Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
- Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

Requester's name and address (optional)

5 Address (number, street, and apt. or suite no.) See instructions.

21600 Oxnard Street, Suite 128

6 City, state, and ZIP code

Woodland Hills, CA 91367

7 List account number(s) here (optional)

Print or type. See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-			-			
or									
Employer identification number									
5	1	-	0	1	7	2	7	0	2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Murden

Date ▶ 2/25/19

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Address any reply to: P.O. Box 2350, Los Angeles, Calif. 90053

Department of the Treasury **A**

LA-EO-75-2095

TAX I.D. # 51-0172702
District Director

Internal Revenue Service

Date: DEC 8 1975 In reply refer to: M. Wendelburg
L-391, Code ~~22~~EOG2:D:

Determination Section (213) 688-4887 PS

► Valley Cultural Center-Warner Park
Corporation
20931 Oxnard Street
Woodland Hills, California 91364

Accounting Period Ending: December 31
Form 990 Required: Yes No
Advance Ruling Period Ends: December 31, 1977

File 87
1 APR 1977

Gentlemen:

Based on the information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization of the type described in section 509(a)(2).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization so long as you continue to meet the requirements of the applicable support test. If, however, you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, in the event you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. In addition, if you submit the required information

Form L-391 (4-73)

within the 90 days. grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(2) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(2) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(2) organization.

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

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions concerning these taxes please let us know.

If your sources of support, or your purposes, character, or method of operation is changed, you should let us know so we can consider the effect of the change on your status. Also, you should inform us of all changes in your name or address.

If the yes box at the top of this letter is checked, you are required to file Form 990, Return of Organization Exempt From Income Tax, only if your gross receipts each year are normally more than \$5,000. The return is due by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file the return on time

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Sincerely yours,

W. H. Connett
District Director

Internal Revenue Service

Date: September 28, 2005

VALLEY CULTURAL CENTER
21550 OXNARD ST STE 470
WOODLAND HLS CA 91367-7116



Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Ms. Dalton 31-07967
Customer Service Specialist
Toll Free Telephone Number:
8:30 a.m. to 5:30 p.m. ET
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
51-0172702

Dear Sir or Madam:

Thank you for submitting the information shown below. The changes indicated do not adversely affect the exempt status of your organization. The exemption letter previously issued continues in effect. We have updated our records to reflect the name as indicated above.

Please advise us of any future change in the character, purpose, method of operation, name, or address of your organization. Such notification is a requirement for retaining exempt status.

Thank you for your cooperation.

Sincerely,

Janna K. Skufca, Director, TE/GE
Customer Account Services

Item: Amended Articles of Incorporation

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE

THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED

BUSINESS TAX

ISSUED: 09-18-04 V

ACCOUNT NO.	FUND	CLASS	DESCRIPTION	STARTED
972757-35	L	190	PROFS/OCCUPATIONS	08-30-99

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VALLEY CULTURAL CENTER-WARNER PARK CORP
21550 OXNARD ST #470
WOODLAND HLS CA 91367-7116



ISSUED BY:

Antoinette D. Christensen

DIRECTOR OF FINANCE

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS — 200 N. SPRING ST., RM 101, LOS ANGELES CA. 90012
FORM 2000 (rev. 11/03) IMPORTANT - READ REVERSE SIDE

PLEASE READ ALL INFORMATION CAREFULLY.

Sections 21.08(b) / 21.7.6(4) Los Angeles Municipal code

"This business tax registration certificate (and/or) Transient Occupancy Registration Certificate signifies that the person named on the face hereof has fulfilled the requirements of Article 1 of Chapter II of the Los Angeles Municipal Code (and/or) the Uniform Transient Occupancy Tax Ordinance, by registering with the Director of Finance for the purpose of paying business tax for the classification of business for which this certificate is issued (and/or) collecting from transients the Transient Occupancy Tax and remitting said tax to the Director of Finance. This certificate does not authorize the person to conduct any unlawful business or to conduct any lawful business in an illegal (or) unlawful manner or to conduct within the City of Los Angeles the business for which this certificate has been issued, nor to operate a hotel, without strictly complying with all the provisions of the ordinances of said City (or) all local applicable laws, including but not limited to those requiring a permit from any board, commission, department or office of the City. **THIS BUSINESS TAX REGISTRATION CERTIFICATE (AND/OR) CERTIFICATE DOES NOT CONSTITUTE A PERMIT.** Any failure to comply with the requirements of Article 1 of Chapter II of the Los Angeles Municipal Code shall constitute grounds for suspension of this certificate."

This certificate is void upon any change of ownership or location. Annual taxes are due and payable January 1st each year and delinquent if not paid on or before the last day of February each year. Quarterly taxes are due and payable on the first day of January, April, July, and October of each year, and delinquent if not paid on or before the last day of the month due.

STATE BOARD OF EQUALIZATION NOTICE

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office.

**Neighborhood Council Funding Contribution Form – Fiscal Year 2019-2020
Congress of Neighborhoods / Budget Advocates Special Accounts**

I, Alex F. Garay (President or Vice-President [VP] name),

declare that I am the President or VP of the Encino
Neighborhood Council (NC) and that on 7/24/2019 (meeting date), a Brown Act-
noticed public meeting was held by the NC with a quorum of 11 (number) board members
present and that by a vote of 16 (number) Yea, 0 (number) Nay, and 0 (number)
Abstentions, the NC approved funding contribution(s) for the following NC Special Account(s):

L.A. Congress of Neighborhoods – Event in the amount of:

*\$ 750

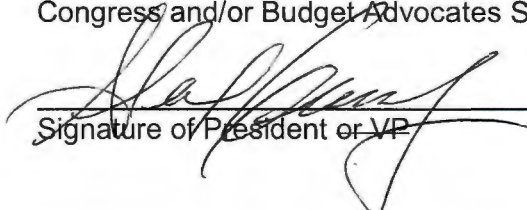
L.A. Congress of Neighborhoods – Networking/EmpowerLA Awards in the amount of:

*\$ _____

Neighborhood Council Budget Advocates in the amount of:

*\$ 500

Therefore, the Neighborhood Council requests that the Office of the City Clerk, NC Funding Program issue payment from our checking account to the Department of Neighborhood Empowerment for the Congress and/or Budget Advocates Special Account(s).


Signature of President or VP

August 6th, 2019
Date

=====

To request payment, the Neighborhood Council Treasurer must submit this completed form through the NC Funding System portal as the "Payment Request Document" along with the respective Board Action Certification (BAC) form. Forms must be submitted no later than June 1, 2020 in order to process the payment from current Fiscal Year available funds.

Make checks payable to each respective Special Account as approved by your NC Board:
"City of Los Angeles Congress of Neighborhoods - Event" or
"City of Los Angeles Congress of Neighborhoods - Awards" or
"City of Los Angeles Budget Advocates"
Address: 200 N. Spring St., Suite 224, Los Angeles, CA 90012
You may also search the respective Special Account in the Vendor section of the Funding System portal when submitting the payment request(s).
Please submit separate payment requests for each Special Account contribution.

*Please indicate a specific funding contribution amount; Statements such as "unused funding for this fiscal year" will disqualify the payment request.

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Encino Meeting Date: 07 24 2019

Budget Fiscal Year: 2019-2020 Agenda Item No: 6-B3

Board Motion and/or Public Benefit Statement (CIP and NPG): Congress of Neighborhoods: Discussion and possible action. The ENC has available funds from the ~~2019-2020~~ ^{2019/2020} budget. MOTION; EXE-19-06-0060: The ENC's Executive Committee recommends that the Encino Neighborhood Council approve giving the Congress of Neighborhoods \$750. Previously approved 17 Y, 0 N, 0 Abstain, 1 absent, 1 ineligible

Method of Payment: (Select One) Check Credit Card Board Member Reimbursement

Vote Count

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

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Lee Blumenfield	Area 1	X					
Walter Almora	Area 2						
Alex Garay	Area 3						
Oliver Rodriguez	Area 4						
Samantha Greitzer	Area 5						
Laurie Kelson	Area 6				X		
Jim Esterle	Area 7	X					
Mary Moore	Apt/Condo					X	
Heather Michaels	At-Large					X	
Henry Eshelman	At-Large	X					
Victoria Miller	Business						
Varant Majarian	Business						
	Education						
Glenn Bailey	Park Adv/Env	X					
Eliot Cohen	Planning & Land Use						
Samuel Apikyan	Public Safety						
Anni Keusseyan	Religious Inst						
Patricia Bates	Volunteer Serv						
Kari Purcell	Encino Ch of Comm						
Carol Levin	EPOA						
Gerald Silver	Homeowners of Encino				X		
	Non-Voting Youth						
Jess Whitehill	Area 4 Alt						
Diane Rosen	Area 5 Alt						
Manjeri Krishna	Area 7 Alt						
Board Quorum: 11	Total:	16			2	2	

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: Patricia Bates Date: 7/24/2019

Authorized Signature: Print/Type Name: Alex Garay Date: 7/24/2019

**Neighborhood Council Funding Contribution Form – Fiscal Year 2019-2020
Congress of Neighborhoods / Budget Advocates Special Accounts**

I, Alex F. Garay (President or Vice-President [VP] name),

declare that I am the President or VP of the Encino
Neighborhood Council (NC) and that on 7/24/2019 (meeting date), a Brown Act-
noticed public meeting was held by the NC with a quorum of 11 (number) board members
present and that by a vote of 16 (number) Yea, 0 (number) Nay, and 0 (number)
Abstentions, the NC approved funding contribution(s) for the following NC Special Account(s):

L.A. Congress of Neighborhoods – Event in the amount of:

*\$ 750

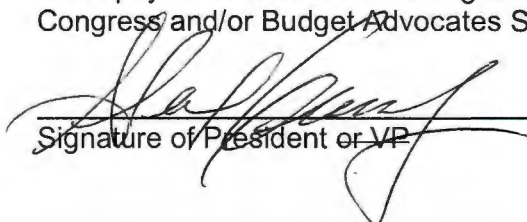
L.A. Congress of Neighborhoods – Networking/EmpowerLA Awards in the amount of:

*\$ _____

Neighborhood Council Budget Advocates in the amount of:

*\$ 500

Therefore, the Neighborhood Council requests that the Office of the City Clerk, NC Funding Program issue payment from our checking account to the Department of Neighborhood Empowerment for the Congress and/or Budget Advocates Special Account(s).


Signature of President or VP

August 6th, 2019
Date

=====

To request payment, the Neighborhood Council Treasurer must submit this completed form through the NC Funding System portal as the "Payment Request Document" along with the respective Board Action Certification (BAC) form. Forms must be submitted no later than June 1, 2020 in order to process the payment from current Fiscal Year available funds.

Make checks payable to each respective Special Account as approved by your NC Board:

**"City of Los Angeles Congress of Neighborhoods - Event" or
"City of Los Angeles Congress of Neighborhoods - Awards" or
"City of Los Angeles Budget Advocates"**

Address: 200 N. Spring St., Suite 224, Los Angeles, CA 90012

You may also search the respective Special Account in the Vendor section of the Funding System portal when submitting the payment request(s).

Please submit separate payment requests for each Special Account contribution.

*Please indicate a specific funding contribution amount; Statements such as "unused funding for this fiscal year" will disqualify the payment request.

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Encino Meeting Date: 07 24 2019

Budget Fiscal Year: 2019-2020 Agenda Item No: 6-B5

Board Motion and/or Public Benefit Statement (CIP and NPG): Budget Advocates: Discussion and possible action. The budget advocates are a non-paid group that service neighborhood councils. MOTION; EXE-19-06-0061: The ENC's Executive Committee recommends that the Encino Neighborhood Council approve giving \$500 to the Budget Advocates. Previously approved 17 Y, 0 N, 0 Abstain, 1 absent, 1 ineligible

Method of Payment: (Select One) Check Credit Card Board Member Reimbursement

Vote Count

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

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Lee Blumenfeld	Area 1	X					
Walter Almora	Area 2						
Alex Garay	Area 3						
Oliver Rodriguez	Area 4						
Samantha Greitzer	Area 5						
Laurie Kelson	Area 6				X		
Jim Esterle	Area 7	X					
Mary Moore	Apt/Condo					X	
Heather Michaels	At-Large					X	
Henry Eshelman	At-Large	X					
Victoria Miller	Business						
Varant Majarian	Business						
	Education						
Glenn Bailey	Park Adv/Env	X					
Eliot Cohen	Planning & Land Use						
Samuel Apikyan	Public Safety						
Anni Keusseyan	Religious Inst						
Patricia Bates	Volunteer Serv						
Kari Purcell	Encino Ch of Comm						
Carol Levin	EPOA						
Gerald Silver	Homeowners of Encino				X		
	Non-Voting Youth						
Jess Whitehill	Area 4 Alt						
Diane Rosen	Area 5 Alt						
Manjeri Krishna	Area 7 Alt						
Board Quorum: 11	Total:	16			2	2	

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: Patricia Bates Date: 7/24/2019
 Authorized Signature: Print/Type Name: Alex Garay Date: 7/24/2019

Encino Chamber of Commerce

4933 Balboa Blvd
Encino CA 91316-3497

Ph 818-789-4711 Fax 818-789-2485

Alex Garay
Encino Neighborhood Council
4924 Paso Robles Ave.
Encino CA 91316

Date 08/13/2019 **Number** 24804

INVOICE

Date Due: 08/13/2019

Account Number: 4731

Total Amount Due: \$459.00

Thank you for supporting the Encino Chamber of Commerce

1	2019 Encino Family Festival	\$175.00	\$175.00
1	2019 Encino Family Festival	\$100.00	\$100.00
1	2019 Encino Family Festival	\$184.00	\$184.00

\$175 = Non-profit Booth; \$100 = Electricity; \$184 = Health Permit.

No charge for Corner Booth Placement

Serving the Business Community Since 1936

A portion of Membership Dues may be tax deductible as an ordinary and necessary business expense. Please consult with your tax advisor.

Please pay my invoice with my credit card information below

Name on card _____ Amount \$ _____

Billing address and zip, if different from above _____

cc# _____

Expiration _____ CVV code _____

Please remember to include the invoice number on your check.

Alex Garay
Encino Neighborhood Council
4924 Paso Robles Ave.
Encino CA 91316

Date of invoice: 08/13/2019
Invoice Number: 24804
Account Number: 4731

Total Amount Due: \$459.00

Amount Enclosed: _____

