

# Monthly Expenditure Report



Reporting Month: April 2021

Budget Fiscal Year: 2020-2021

NC Name: Woodland Hills-Warner  
Center Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$31752.99	\$4148.30	\$27604.69	\$4000.00	\$1000.00	\$22604.69

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$26500.00	\$109.14	\$19706.84	\$0.00	\$19706.84
Outreach		\$1039.16		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$5000.00	\$0.00	\$5000.00	\$0.00	\$5000.00
Neighborhood Purpose Grants	\$500.00	\$3000.00	-\$8925.00	\$4000.00	-\$12925.00
Funding Requests Under Review: \$0.00		Encumbrances: \$1000.00		Previous Expenditures: \$12069.86	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	ARC 1 ACC	04/02/2021	Please note the attached Invoices per City clerk Request	General Operations Expenditure	Office	\$71.64
2	EIG BLUEHOST.COM	04/09/2021	Web site hosting	General Operations Expenditure	Outreach	\$17.99
3	GRASSHOPPER.COM	04/13/2021	web site	General Operations Expenditure	Office	\$37.50
4	DNH GODADDY.COM	04/29/2021	web site address	General Operations Expenditure	Outreach	\$21.17
5	ONEgeneration	04/15/2021	One Generation NPG	General Operations Expenditure	Outreach	\$1000.00
6	Valley Cultural Center DBA Valley Cultural Foundation	04/16/2021	NPG For Valley Cultural15 Center 2021	Neighborhood Purpose Grants		\$3000.00
<b>Subtotal:</b>						<b>\$4148.30</b>

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total

1	new friends homeless center	04/29/2021	food supplies to feed 2500 homeless and food insecure guests at New Freinds Homeless Center	Neighborhood Purpose Grants		\$2000.00
2	about my fathers business	04/29/2021	3 month supply of nonperishable food3 month supply of dental/personal items PPE(hand sanitizer, masks rubber gloves)	Neighborhood Purpose Grants		\$2000.00
<b>Subtotal: Outstanding</b>						<b>\$4000.00</b>



**ARC Document Solutions, LLC**  
**345 Clinton St, Costa Mesa, CA 92626**  
**Federal Tax ID: 74-6036592**

**INVOICE NO. 10716833**

**INVOICE DATE 08/21/20**

**WORK ORDER# P4207667**

**SOLD TO:** Cust# 417515  
 Woodland Hills Warner Center Neighborhoo  
 20929 Ventura Blvd., Ste. 47-535  
 Woodland Hills, CA 91364

**SHIP TO:** Cust# 408014  
 WILL CALL/WAITER - WOODLAND HILLS  
 21044 VENTURA BLVD  
 WOODLAND HILLS, CA 91367

**DUE: 08/18/20 at 10:43AM**

<b>CONTACT</b> Lauren Coffman/Woodland Hills Warner		<b>PHONE</b> 818.222.8222	<b>PURCHASE ORDER#</b>		<b>SALES REP</b> House- LA	
<b>JOB#</b> PLUM Committee	<b>JOB NAME</b> PLUM Committee			<b>BILLER</b> danny meza		<b>LOC</b> 506

OP CODE	DESCRIPTION	TAX	LOC	NO. OF ORIGINALS	COPIES	SIZE	TOTAL QTY	UM	UNIT PRICE	AMOUNT
2516	Digital Color Prints 8.5x11 - First Set	T	506	16	1		16	EA		9.68
1925	Acetate Covers	T	506	1	1		1	EA		1.32
1926	Back Covers (Blk or White)	T	506	1	1		1	EA		2.31
1950	GBC Bind	T	506	1	1		1	EA		2.64
1936.01	Non - Std Hole Punch	T	506	16	1		16	EA		0.48
8522	Set Up	T	506	1	1		1	EA		0.00

**For Billing Inquiries, please contact your local branch at (818) 224-3557**

**For Account Inquiries and Payment Information, please call Aileen Wilson at 626-463-2236**

<b>SUB TOTAL</b>	<b>DISCOUNT</b>	<b>SALES TAX</b>	<b>TOTAL</b>	<b>DEPOSIT</b>	<b>BALANCE DUE</b>
16.43		1.56	17.99		17.99

**TERMS: Net 30 Days**

Please Remit To: ARC Document Solutions, LLC 345 Clinton St. Costa Mesa, CA 92626

Invoices undisputed for 45 days are final.  
 4207667



**ARC Document Solutions, LLC**  
**345 Clinton St, Costa Mesa, CA 92626**  
**Federal Tax ID: 74-6036592**

**INVOICE NO. 10802928**

**INVOICE DATE 12/03/20**

**WORK ORDER# P4278570**

**SOLD TO:** Cust# 417515  
 Woodland Hills Warner Center Neighborhoo  
 20929 Ventura Blvd., Ste. 47-535  
 Woodland Hills, CA 91364

**SHIP TO:** Cust# 408014  
 WILL CALL/WAITER - WOODLAND HILLS  
 21250 Califa Street #101  
 WOODLAND HILLS, CA 91367

**DUE: 12/01/20 at 03:40PM**

<b>CONTACT</b> LAUREN COFFMAN/Woodland Hills Warner		<b>PHONE</b> 818.222.8222	<b>PURCHASE ORDER#</b>		<b>SALES REP</b> House- LA	
<b>JOB#</b>	<b>JOB NAME</b> STREETSCAPE PLAN CITY PLANNING			<b>BILLER</b> danny meza	<b>LOC</b> 506	

OP CODE	DESCRIPTION	TAX	LOC	NO. OF ORIGINALS	COPIES	SIZE	TOTAL QTY	UM	UNIT PRICE	AMOUNT
1900	BW Copies 8.5X11	T	506	46	1		46	EA		8.28
1935	Multiple PDF	T	506	1	1		1	EA		0.53
1936.01	Non - Std Hole Punch	T	506	46	1		46	EA		1.38
1925	Acetate Covers	T	506	1	1		1	EA		1.75
1926	Back Covers (Blk or White)	T	506	1	1		1	EA		2.50
1950	GBC Bind	T	506	1	1		1	EA		6.00
8522	Set Up	T	506	1	1		1	EA		0.00

**For Billing Inquiries, please contact your local branch at (818) 224-3557**  
**For Account Inquiries and Payment Information, please call Aileen Wilson at 626-463-2236**

<b>SUB TOTAL</b>	<b>DISCOUNT</b>	<b>SALES TAX</b>	<b>TOTAL</b>	<b>DEPOSIT</b>	<b>BALANCE DUE</b>
20.44		1.94	22.38		22.38

**TERMS: Net 30 Days**

Please Remit To: ARC Document Solutions, LLC 345 Clinton St. Costa Mesa, CA 92626

Invoices undisputed for 45 days are final.  
 4278570



**ARC Document Solutions, LLC**  
**345 Clinton St, Costa Mesa, CA 92626**  
**Federal Tax ID: 74-6036592**

**INVOICE NO. 10818079**

**INVOICE DATE 12/28/20**

**WORK ORDER# P4293034**

**SOLD TO:** Cust# 417515  
 Woodland Hills Warner Center Neighborhood  
 20929 Ventura Blvd., Ste. 47-535  
 Woodland Hills, CA 91364

**SHIP TO:** Cust# 408014  
 WILL CALL/WAITER - WOODLAND HILLS  
 21250 Califa Street #101  
 WOODLAND HILLS, CA 91367

**DUE: 12/24/20 at 11:10AM**

<b>CONTACT</b> Lauren Coffman/COFFMAN DESIGN		<b>PHONE</b> 818-980-9989	<b>PURCHASE ORDER#</b>			<b>SALES REP</b> House- LA		
<b>JOB#</b> WHWCNC		<b>JOB NAME</b> Woodland Hills Streetscape Pl				<b>BILLER</b> danny meza		<b>LOC</b> 506

OP CODE	DESCRIPTION	TAX	LOC	NO. OF ORIGINALS	COPIES	SIZE	TOTAL QTY	UM	UNIT PRICE	AMOUNT
1900	BW Copies 8.5X11	T	506	46	2		92	EA		16.56
1900.01	2 Sided 8.5x11	T	506	46	2		92	EA		0.00
1950	GBC Bind	T	506	2	1		2	EA		12.00
8522	Set Up	T	506	1	1		1	EA		0.00

**For Billing Inquiries, please contact your local branch at (818) 224-3557**  
**For Account Inquiries and Payment Information, please call Aileen Wilson at 626-463-2236**

<b>SUB TOTAL</b>	<b>DISCOUNT</b>	<b>SALES TAX</b>	<b>TOTAL</b>	<b>DEPOSIT</b>	<b>BALANCE DUE</b>
28.56		2.71	31.27		31.27

**TERMS: Net 30 Days**

Please Remit To: ARC Document Solutions, LLC 345 Clinton St. Costa Mesa, CA 92626

Invoices undisputed for 45 days are final.  
 4293034

**From:** noreply@bluehost.com,  
**To:** lawlerpaul@aol.com,  
**Subject:** BLUEHOST ORDER COMPLETE  
**Date:** Fri, Apr 9, 2021 11:09 am

**Attachments:**

---

Your Bluehost order has been confirmed.

[Account Login](#)

## Payment Confirmation

Thank you again for choosing Bluehost. Our best-in-class solutions are designed to meet all of your online needs. Your payment has been confirmed and you're all set to go. Log in to your account [here](#).

### Billing Information

Peter Fletcher

Woodland Hills Warner Center  
NC

20929 Ventura Blvd # 47-535  
Woodland Hills, CA 91364

### Payment Details

Payment Method: MC 8073

Status: Authorized

Transaction Type: MC ending in 8073

### Receipt Details

Invoice Number: 60334379

Date: 09 April 2021

### Billing Information

Peter Fletcher

Woodland Hills Warner Center NC

20929 Ventura Blvd # 47-535

Woodland Hills, CA 91364

### Payment Details

Payment Method: MC 8073

Status: Authorized

Transaction Type: MC ending in 8073

### Receipt Details

Invoice Number: 60334379

Date: 09 April 2021

Description	Domain	Term Expiration	Price
-------------	--------	-----------------	-------

Description	Domain	Term	Expiration	Price
Domain Name Registration	whcouncil.com	1 year	23 April 2022	\$17.99

Subtotal: \$17.99

**Total: \$17.99**

*This will be billed as “whcouncil.org” on your credit card statement.*

#### Account or Billing Questions?

**All plans and products automatically renew approximately 15 days before the expiration unless you cancel.** Some products, such as SEO services and SiteLock, renew 1 day prior to expiration. The renewal will be for the same term length and at the [regular rates](#) reflected in your Control Panel under [My Account](#). The payment method you provide today, or we have on file, will be used for renewals, unless you change it or cancel. You may cancel at any time by calling customer support at 888-401-4678 or by [logging into your account](#). Please note, if you purchased a Microsoft product, additional [Microsoft terms](#) apply.

Your purchase and use of Bluehost products and services are subject to the [Terms of Service](#), [Privacy Notice](#) and [Cancellation Policy](#).

## Connect With Us

[Privacy Notice](#) | [Terms of Service](#) | [Cancellation Policy](#)

Copyright © 2021. All rights reserved. We never send email unsolicited. Bluehost, 1500 North Priest Drive Suite 200, 2nd Floor Tempe, AZ 85281.



Account Information

WHWCNC
Peter Fletcher
20929 Ventura Boulevard
Woodland Hills, CA 91364, US

Bill Date: 04/12/21
Usage Period: 03/12/21 - 04/12/21

Charges Summary

Previous Invoice Amount: \$31.94
Current Charges:
Recurring Charges \$22.00
Non-Recurring Charges \$0.00
Usage Charges \$6.17
Taxes & Surcharges \$7.28
Federal USF \$2.05
Total Charges: \$37.50
Debits & Credits \$0.00
Payments \$37.50
Balance Due: \$0.00

Grasshopper News

At Grasshopper, we know that entrepreneurs just like you can change the world, one small business at a time.
That's why we started the Entrepreneur Movement. Watch the video at grasshopper.com/idea and tell everyone you know about Grasshopper.

Partner Offers





**Detail of Current Charges**

**Payments & Credits**

Date	Detail	Payment/Credit
04/12/21	Monthly Payment, Paid on Master Card ending in 8073	\$37.50
<b>Total Payments &amp; Credits:</b>		<b>\$37.50</b>

**Recurring Charges**

Current Period		
Pay As You Grow Plan, 04/12/21 - 05/12/21		\$12.00
Voicemail Transcription, 04/12/21 - 05/12/21		\$10.00
<b>Total Recurring Charges:</b>		<b>\$22.00</b>

**Minute Charges Summary**

Type	Included	Used	Overage	Rate	Charge
Domestic	0 minutes	102.6	102.6 minutes	0.060	\$6.17
<b>Total Minute Charges:</b>					<b>\$6.17</b>

**Taxes & Surcharges**

Type	Detail	Charge
Tax	Utility Users Tax	\$2.27
Tax	CA Teleconnect Fund	\$0.12
Tax	Universal Lifeline Telephone Service Charge	\$0.73
Tax	CA High Cost Fund A	\$0.10
Tax	FCC Regulatory Fee (Wireline)	\$0.02
Tax	CASF	\$0.15
Tax	CA TRS	\$0.07
Tax	CA PUC Fee	\$0.07
Surcharge	Regulatory Recovery Fee	\$3.75
<b>Total Taxes &amp; Surcharges:</b>		<b>\$7.28</b>

**Federal Universal Service Fund**

Type	Detail	Charge
Surcharge	Fed Universal Service Fund	\$2.05
<b>Total Federal USF Contributions:</b>		<b>\$2.05</b>

**Summary of Minute Charges**

**By Number**

Number	Total Minutes	
+18186399444	102.6	
<b>Total Minutes Used:</b>		<b>102.6</b>

**Explanation of Terms**

- Domestic:** Calls that are placed inside the United States and its provinces.
- Off Shore:** Calls placed outside of U.S. borders.
- International:** Calls placed from a country other than the U.S.
- Federal Universal Service Fund** The USF contribution factor established by the Federal Communications Commission is
- Voice Over:** Use of voice talents for recording of main greeting or extensions.
- Bonus Minutes:** Extra minutes that are credited to your account.
- Set Up Support:** Help setting up your account and customizing your features.



applicable to telecommunications services and is adjusted by the FCC every calendar quarter.

X



# Receipt

CONTACT US 24/7 480-505-8877

No 1862240495

**DATE:**  
Apr 29, 2021, 8:36 AM

**CUSTOMER #:**  
67565349

**BILL TO:**  
Heath Kline  
20929 Ventura Boulevard, #47-535,  
Woodland Hills, California 91304,  
United States  
Woodland Hills Warner Center Neighborhood Council  
+1.8187046899

**PAYMENT:**  
MasterCard ----- 8073 \$21.17

Previous Balance \$21.17

Received Payment (\$21.17)

**Balance Due (USD)** **\$0.00**

Term	Product	Amount
1 yr	.ORG Domain Renewal WHCOUNCIL.ORG 1	\$20.99
	<b>Subtotal</b>	<b>\$20.99</b>
	Taxes	\$0.00
	Fees	\$0.18
	<b>Total (USD)</b>	<b>\$21.17</b>

## REFERENCE

Taxes \$0.00

**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: Woodland Hills - Warner Center

**SECTION I - APPLICANT INFORMATION**

1a) ONEgeneration 95-406979 CA 1978  
*Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)*

1b) 17400 Victory Blvd. Van Nuys CA 91406  
*Organization Mailing Address City State Zip Code*

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

1d) **PRIMARY CONTACT INFORMATION:**  
Sue Sexton 818-708-4756 ssexton@onegeneration.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.

ONEgeneration would like to request the Woodland Hills - Warner Center Neighborhood Council's participation for our 13th annual drive-thru Senior Symposium on Saturday, June 19, 2021. This event will allow for a COVID-friendly opportunity to engage with local community vendors who provide access to resources and services for the older adult community and their caregivers. In these challenging times, we need your support more than ever to assist us with the cost of renting canopies, tables and chairs (for the vendors only) which will be used for this drive-thru experience. +

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 year more than ever, the health and wellness of our senior community is of the utmost importance. Our goal is to keep our older adult population, many who are lonely and isolated, connected and informed. Due to the pandemic and to in order to keep everyone safe, the symposium will be a "drive-thru" event at ONEgeneration's Encino Farmers Market parking lot located at 17400 Victory Blvd., Van Nuys, CA 91406. Vendor booths will set up so seniors and their caregivers can pass by safely to stop for a bit to pick up information and resources. Resources include information about ONEgeneration's bi-monthly food bank, senior homebound meal delivery, transportation, Care Management, Supportive Services and virtual health & wellness programs. Participating Neighborhood Councils will have access to a vendor space during this event. +

**SECTION III - PROJECT BUDGET OUTLINE**

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a)	<b>Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
		\$	\$
		\$	\$
		\$	\$

6b)	<b>Non-Personnel Related Expenses</b>	<b>Requested of NC</b>	<b>Total Projected Cost</b>
	Rental costs of canopies, tables and chairs	\$ 1,000.00	\$ 14,000.00
		\$	\$
		\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  
 No  Yes If Yes, please list names of NCs: Reseda, Canoga Park, Encino, Northridge South, Lake Balboa, Winnetka, Tarzana, Northridge East, Van Nuys, West Hills

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:

<b>Source of Funding</b>	<b>Amount</b>	<b>Total Projected Cost</b>
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 1,000.00

10a) Start date: 06 / 19 / 21 10b) Date Funds Required: 06 / 19 / 21 10c) Expected Completion Date: 06 / 19 / 21  
 (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:

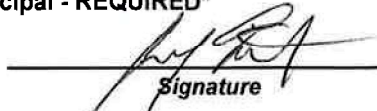
<b>Name of NC Board Member</b>	<b>Relationship to Applicant</b>

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\*  
Jenna Hauss, MSW President & CEO  2/10/21  
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*  
Jim Esterle Board Secretary  2-10-21  
 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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form

Office of the City Clerk Administrative Services Division Neighborhood Council (NC) Funding Program

**Board Action Certification Form**

NC Name: Woodland Hills Warner Center

BUDGET 2020-2021

Board Motion and/or Public Benefit Statement (CIP and NPG):

21-033 One Generation NPG \$1000

Method of Payment: (Select One)


Board Member Reimbursement

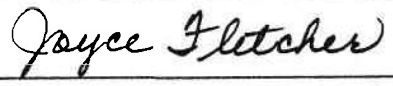
Vote Count

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

Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused-Notes
Aaron Quantz	Resid Rep. Area 1,	x					
Karen DiBiase	Biz Rep. Area 1 SEC	x					
Marc Schwartz	CBO Rep. Area 1	x					
Reina McCaughey	Area 1 Alternate					x	
Brian Drapkin	Residential Rep. Area 2	x					
Paul Lawler	Business Rep. Area 2, Treas	x					
Sean McCarthy	CBO Rep. Area 2	x					
Ray Cole (Votes If Absent Above)	Alternate, Area 2					x	
Nancy McLean	Residential Rep. Area 3	x					
Angela Dawson	Business Rep. Area 3	x					
John Sandy Campbell	CBO Rep. Area 3	x					
AlexFarassati	Alternate, Area 3				x		
Don Patterson	Residential Rep. Area 4	x					
Dena Weiss	Business Rep. Area 4				x		
MARTIN LIPKIN	CBO Rep. Area 4	x					
open	Alternate, Area 4						
Austin Rocker	Residential Rep. Area 5	x					
Lisa Meyer	Business Rep. Area 5				x		
Peter Fletcher	CBO Rep. Area 5	x					
Vacant (Votes If Absent Above)	Alternate, Area 5						
Lauren Coffman	Residential Rep. Area 6	x					
Gilbert Yablon	Business Rep. Area 6				x		
Heath Kline	CBO Rep. Area 6	x					
AUGUST STEURER	Alternate, Area 6					x	
Ginny Sand	Res Rep. Area 7				x		
Joyce Fletcher	Biz Rep. Area 7, Pres	x					
HOUTON HORMOZIAN	CBO Rep. Area 7	x					
	Alternate, Area 7						
Sheppard Kaufman	At-Large Rep,						
	At-Large Alt					x	
ANDREW MC NEAL	Youth Rep					x	Ineligible (Age)
<b>Totals</b>		<b>17</b>	<b>0</b>	<b>0</b>			

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.

Treasurer   
 Paul Lawler

Second Signer's Signature   
 Joyce Fletcher

**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: Woodland Hills Warner Center 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 St, Suite 128 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) Attach Signed letter on School Letterhead or  501(c)(3) Non-Profit (other than religious institutions) 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 are to support the Valley Cultural Foundation's community programs. The programs include Concerts on the Green, Movies on the Green or Drive Up Concerts and the Arts on the Move programs which includes the Children's Performance Series. Funds from the Neighborhood Council will assist in promoting arts and culture to the community free of charge.

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)

Funds from the Woodland Hills Warner Center Neighborhood Council will be used to provide community outreach at the Concerts on the Green held at Warner Center Park. The \$3,000 support will included a 10x10 booth for ten (10) Sunday Concerts and the July 4th event. The booth includes a tent, table chairs and electrical outlet. Woodland Hills Warner Center NC will receive recognition (logo) will be included on the Valley Cultural Foundation's website and all program produced by VCF during this fiscal year which includes the Children's Performance Series and podcast programs.

**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
	Promotion of performance of a variety of events through the Valley Cultural Foundation	\$ 3,000.00	\$ 1,200,000.00
		\$	\$
		\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  
 No  Yes If Yes, please list names of NCs: Canoga Park Neighborhood Council

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
Gaspar Insurance Services, Warner Center News, Los Angeles County Arts, Douglas Emmet, Keyes Motors, Allison Assets, Amazon	\$ 1,200,000.00	\$ 1,200,000.00
DCA/LA, Westfield Topanga, and more	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 3,000.00

10a) Start date: 06 / 01 / 21 10b) Date Funds Required: 05 / 01 / 21 10c) Expected Completion Date: 09 / 30 / 21  
 (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:

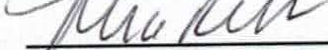
Name of NC Board Member	Relationship to Applicant

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\*

Nora Ross CEO  1/15/21  
 PRINT Name Title Signature Date

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

Frank Daftari Secretary  1/15/21  
 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](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form



# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://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 Foundation**

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

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.)

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)

Requester's name and address (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:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶

*Ava Ren*

Date ▶

*1/4/2021*

## 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](http://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.*



# INVOICE

Valley Cultural Foundation  
 21600 Oxnard Street, Suite 128  
 Woodland Hills, CA 91367  
 818-704-1358

DATE: FEBRUARY 4, 2021  
 INVOICE # WHWCNC001

TO Woodland Hills Warner Center Neighborhood Council  
 Attn: Joyce Fletcher

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
		Due on receipt	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	Community Support to Include: 1 10x10 Booth at 10 Sunday Concerts and July 4 <sup>th</sup> to include tent, table, chairs and electrical outlet Support for the Children's Performance Series NC Logo on Stage sponsorship banner, VCF website and printed when applicable. Podcast	\$3,000.00	\$3,000.00

SUBTOTAL	\$3,000.00
SALES TAX	
<b>TOTAL</b>	<b>\$3,000.00</b>

Make all checks payable to Valley Cultural Foundation

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 Section 2002: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 by  
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

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. Conroy*  
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:  
513-263-3768  
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

# CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE

THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED

## BUSINESS TAX

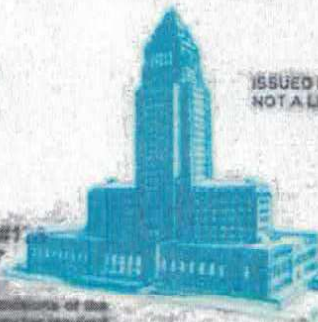
ISSUED: 5/13/2019

ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0000972757-0001-4	L049	Professions / Occupations	12/8/1975	Active

VALLEY CULTURAL CENTER  
VALLEY CULTURAL FOUNDATION  
21600 OXNARD ST STE 128  
WOODLAND HILLS CA 91367-4977

Director of Finance

21600 OXNARD STREET SUITE #1  
WOODLAND HILLS, CA 91367-4977



ISSUED FOR TAX COMPLIANCE PURPOSES ONLY  
NOT A LICENSE, PERMIT, OR LAND USE AUTHORIZATION

ISSUED BY:

*Clavi Bartels*

DIRECTOR OF FINANCE

No registration certificate or permit issued under the provisions of the Business Tax Ordinance of the LAMC, or the payment of any tax required under the provisions of the Business Tax Ordinance of the LAMC shall be construed as authorizing the conduct or continuance of any illegal business or of a legal business in an illegal manner.

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS - Office of Finance, P.O. Box 55206, Los Angeles CA 90055-0206  
IMPORTANT - READ REVERSE SIDE

Office of the City Clerk Administrative Services Division Neighborhood Council (NC) Funding Program

Board Action Certification Form

NC Name: Woodland Hills Warner Center

BUDGET 2020-2021

Board Motion and/or Public Benefit Statement (CIP and NPG): 21-031 NPG Valley Cultrual Center Foundation \$3000

Method of Payment: (Select One)

Board Member Reimbursement

Vote Count

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

Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused-Notes
Aaron Quantz	Resid Rep. Area 1,	x					
Karen DiBiase	Biz Rep. Area 1 SEC	x					
Marc Schwartz	CBO Rep. Area 1	x					
Reina McCaughey	Area 1 Alternate					x	
Brian Drapkin	Residential Rep. Area 2	x					
Paul Lawler	Business Rep. Area 2, Treas	x					
Sean McCarthy	CBO Rep. Area 2	x					
Ray Cole (Votes If Absent Above)	Alternate, Area 2					x	
Nancy McLean	Residential Rep. Area 3	x					
Angela Dawson	Business Rep. Area 3		x				
John Sandy Campbell	CBO Rep. Area 3	x					
Alex Farassati	Alternate, Area 3				x		
Don Patterson	Residential Rep. Area 4	x					
Dena Weiss	Business Rep. Area 4				x		
MARTIN LIPKIN	CBO Rep. Area 4			x			
open	Alternate, Area 4						
Austin Rocker	Residential Rep. Area 5	x					
Lisa Meyer	Business Rep. Area 5				x		
Peter Fletcher	CBO Rep. Area 5	x					
Vacant (Votes If Absent Above)	Alternate, Area 5						
Lauren Coffman	Residential Rep. Area 6	x					
Gilbert Yablon	Business Rep. Area 6				x		
Heath Kline	CBO Rep. Area 6	x					
AUGUST STEURER	Alternate, Area 6					x	
Ginny Sand	Res Rep. Area 7				x		
Joyce Fletcher	Biz Rep. Area 7, Pres	x					
HOUTON HORMOZIAN	CBO Rep. Area 7	x					
	Alternate, Area 7						
Sheppard Kaufman	At-Large Rep.						
	At-Large Alt					x	
ANDREW MC NEAL	Youth Rep					x	Ineligible (Age)
<b>Totals</b>		<b>15</b>	<b>1</b>	<b>1</b>			

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.

Treasurer *Paul Lawler* Second Signer's Signature *Joyce Fletcher*  
 Paul Lawler Joyce Fletcher