

# Monthly Expenditure Report



Reporting Month: November 2020 Budget Fiscal Year: 2020-2021

NC Name: Sunland-Tujunga  
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$41487.13	\$5091.75	\$36395.38	\$0.00	\$0.00	\$36395.38

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$22770.00	\$449.00	\$14124.96	\$0.00	\$14124.96
Outreach		\$1142.75		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$10000.00	\$0.00	\$9925.06	\$0.00	\$9925.06
Neighborhood Purpose Grants	\$9230.00	\$3500.00	\$5250.00	\$0.00	\$5250.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$7608.23	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	US STORAGE CENTERS - L	11/02/2020	Monthly US Storage payment for units 358 & 363	General Operations Expenditure	Office	\$449.00
2	ZOOM.US	11/10/2020	STNC Approves Monthly Zoom account meeting Invoice for \$14.99* *Encumbrance Funds 2019-2020	General Operations Expenditure	Outreach	\$14.99
3	THE WEB CORNER, INC	11/12/2020	Monthly Maintenance: includes up to 1.5 hour for; phone support, web development, requests, & website adjustments, Monthly Hosting for stnc.org Email Standard Mailboxes:1 Account secretary@stnc.org (included in maintenance) *2019/2020 Encumbrance funds	General Operations Expenditure	Outreach	\$150.00
4	DIY HOME CENTER #11 CV	11/19/2020	STNC approves up to \$200 for Beautification Committee request for Holiday Ornaments for Little Landers Tree.	General Operations Expenditure	Outreach	\$114.00
5	RITE AID 05532	11/19/2020	STNC approves up to \$200 for Beautification Committee request for holiday ornaments for Little Landers Tree.	General Operations Expenditure	Outreach	\$43.76

6	EIG CONSTANTCONTACT.CO	11/28/2020	Approve Constant Contact \$70.00 Monthly Maintenance Email Plus 501-2500 contacts*. *Encumbrance 2019/2020 Funds	General Operations Expenditure	Outreach	\$70.00
7	Making It Happen, Inc.	10/21/2020	STNC approves Neighborhood Purpose Grant for \$3500 to Making It Happen, Inc. for food and necessity items for families and children in need during the Holidays and Covid-19 in the Sunland Tujunga Comm...	Neighborhood Purpose Grants		\$3500.00
8	City of Los Angeles Congress of Neighborhoods - Event	10/21/2020	STNC approves Neighborhood Council Funding Contribution form for \$250.00 to City of Los Angeles Congress of Neighborhood.	General Operations Expenditure	Outreach	\$250.00
9	City of Los Angeles Congress of Neighborhoods - Awards	10/21/2020	STNC approves Neighborhood Council Funding Contribution form for \$250.00 to City of Los Angeles Congress of Neighborhoods Awards/Networking.	General Operations Expenditure	Outreach	\$250.00
10	City of Los Angeles Budget Advocates	10/21/2020	STNC approves Neighborhood Council Funding Contribution form for \$250.00 to City of Los Angeles Budget Advocates.	General Operations Expenditure	Outreach	\$250.00
<b>Subtotal:</b>						<b>\$5091.75</b>

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
<b>Subtotal: Outstanding</b>						<b>\$0.00</b>

# Receipts:

US Storage Centers - La Crescenta  
4454 Lowell Ave  
La Crescenta, CA 91214

818-957-0700

## Payment Receipt

**Tenant** City of los angeles  
**Company** c/o: City of Los Angeles  
**Address** 200 N. Main St.  
**City, State, Zip** Los Angeles CA 90012  
**Paid Thru**

November 2, 2020  
**Payment Date** November 2, 2020 4:02 PM  
**Unit** 0363  
**Available Credit** 0.00  
**Current Balance** 0.00  
November 30, 2020  
**Receipt Number** 89031  
**Posted By:** RB

Date	Unit	Description	Charge	Discount	Tax	Total	Payment	Method
11/01/20	0358	Protection Pla 11/1-11/30	12.00	0.00	0.00	12.00	12.00	Master Card
11/01/20	0358	Rent 11/1-11/30	212.50	0.00	0.00	212.50	212.50	Master Card
11/01/20	0363	Protection Pla 11/1-11/30	12.00	0.00	0.00	12.00	12.00	Master Card
11/01/20	0363	Rent 11/1-11/30	212.50	0.00	0.00	212.50	212.50	Master Card

Taxes	0.00
Payment (less tax)	449.00
Payment Subtotal	449.00
Credits Applied	0.00
Refunds Applied	0.00
<b>Total Applied to Account</b>	<b>449.00</b>
Current Account Balance	0.00
Paid By	Master Card *****4545
Paid Thru Date	November 30, 2020

Transaction Type Sale  
Authorization 052865  
Reference 56952

*Text*

I agree to pay the above amount according to the card issuer statement.

x \_\_\_\_\_

Check our website for other locations

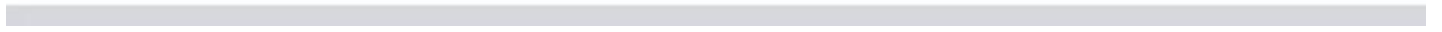
[www.USStorageCenters.com](http://www.USStorageCenters.com)

Join us in our quest to cure cancer. Ask our manager for details.



[www.kureit.org](http://www.kureit.org)

*2019/2020 Encumbrance Funds*





Zoom Video Communications Inc.  
55 Almaden Blvd, 6<sup>th</sup> Floor  
San Jose, CA 95113  
billing@zoom.us

Invoice Date: 11/10/2020  
Invoice #: INV51371168  
Payment Terms: Due Upon Receipt  
Due Date: 11/10/2020  
Account Number: 3002589572  
Currency: USD  
Account Information: Sunland Tujunga NC  
7747 Foothill Blvd,  
Tujunga, California 91042  
United States

Remittance Details should be sent to:  
Finance@zoom.us

sunlandtjunganc@gmail.com

Purchase Order Number:

Tax Exempt Certificate ID:

[Zoom W-9](#)

**CHARGE DETAILS**

Charge Description	Service Period	Subtotal	Tax	TOTAL
<b>Charge Name: Standard Pro Monthly</b> Quantity: 1 Unit Price: \$14.99	11/10/2020-12/09/2020	\$14.99	\$0.00	\$14.99

**INVOICE TOTALS**

	<b>Subtotal:</b>	\$14.99
	<b>Total (Including Tax):</b>	\$14.99
	<b>Invoice Balance:</b>	\$0.00

**TAX DETAILS**

Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			<b>Total Tax</b>	<b>\$0.00</b>

**TRANSACTIONS**

<b>Invoice Total</b>	<b>\$14.99</b>
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INVOICE

Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
11/10/2020	P-55222509	Payment		(\$14.99)
			<b>Invoice Balance</b>	<b>\$0.00</b>

Zoom Phone services provided by Zoom Voice Communications, Inc. Rates, terms and conditions for Zoom Phone services are set by Zoom Voice Communications, Inc.

# Invoice

**The Web Corner, Inc.**  
 19509 Ventura Blvd.  
 Tarzana CA 91356  
 (818) 345-7443

Date	Invoice #	Due Date
11/1/2020	21156	11/1/2020

**PAID**  
 11/12/2020

Bill To
Sunland Tujunga NC 7747 Foothill Blvd., Room 101 Tujunga, CA 91042

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Monthly Maintenance: includes up to 1.5 hour for; phone support, web development, requests, & website adjustments	150.00	150.00
0	Monthly Hosting for stnc.org	15.00	0.00
0	Email Standard Mailboxes:	3.50	0.00
1	Account secretary@stnc.org (included in maintenance)		

Please remit payment at your earliest convenience.  Thank you for your business!	<b>Total</b>	\$150.00
	<b>Payments/Credits</b>	-\$150.00
	<b>Balance Due</b>	\$0.00



Beautification  
Committee ornaments

THANK YOU FOR SHOPPING AT  
DIY HOME CENTER TUJUNGA  
6300 FOOTHILL BLVD.  
TUJUNGA, CA. 91042  
(818) 352-4466

11/19/20 2:05PM 3568 211 SALE

715924	4	EA	\$2.366EA C
150MM PLASTIC HANG-BALL			\$9.46
715987	3	EA	\$2.366EA C
150MM GLITTER BALL ASRTD			\$7.10
715924	2	EA	\$2.366EA C
150MM PLASTIC HANG-BALL			\$4.73
715987	5	EA	\$2.366EA C
150MM GLITTER BALL ASRTD			\$11.83
715987	1	EA	\$2.366EA C
150MM GLITTER BALL ASRTD			\$2.37
715924	1	EA	\$2.366EA C
150MM PLASTIC HANG-BALL			\$2.37
715987	1	EA	\$2.366EA C
150MM GLITTER BALL ASRTD			\$2.37
715924	3	EA	\$2.366EA C
150MM PLASTIC HANG-BALL			\$7.10
715987	3	EA	\$2.366EA C
150MM GLITTER BALL ASRTD			\$7.10
715924	1	EA	\$2.366EA C
150MM PLASTIC HANG-BALL			\$2.37
715987	4	EA	\$2.366EA C
150MM GLITTER BALL ASRTD			\$9.46
715924	5	EA	\$2.366EA C
150MM PLASTIC HANG-BALL			\$11.83
715987	2	EA	\$2.366EA C
150MM GLITTER BALL ASRTD			\$4.73
715924	4	EA	\$2.366EA C
150MM PLASTIC HANG-BALL			\$9.46
715924	5	EA	\$2.366EA C
150MM PLASTIC HANG-BALL			\$11.83

SUB-TOTAL:\$ 104.11 TAX:\$ 9.89  
TOTAL:\$ 114.00  
BC AMT:\$ 114.00

BK CARD#: XXXXXXXXXXXX6508  
MID:\*\*\*\*\*6999 TID:\*\*\*6566  
AUTH: 093647 AMT:\$ 114.00  
Host reference #:383458 Bat#

Authorizing Network: MASTERCARD

Chip Read  
CARD TYPE:MASTERCARD EXPR: XXXX  
AID : A0000000041010  
TVR : 0000048000  
IAD : 0110607003220000F51F000000000000  
TSI : E800  
ARC : 00  
MODE : Issuer  
CVM : Verified by PIN  
Name : MASTERCARD  
ATC :0019  
AC : 092617831874580E



Beautification  
Committee ornaments



Store #05532  
10465 SUNLAND BLVD  
SUNLAND, CA 91040  
(818) 352-4129

Register #9 Transaction #1651221  
Cashier #55324587 11/19/20 4:01PM

wellness+ rewards  
Dscnt Card#: 95XXXXX9385  
1 PLASTIC ORNAMENTS 5CT PP 9.99 T  
SALE 1/9.99, Reg 1/19.99  
Discount 10.00-  
1 PLASTIC ORNAMENTS 5CT PP 9.99 T  
SALE 1/9.99, Reg 1/19.99  
Discount 10.00-  
1 PLASTIC ORNAMENTS 5CT PP 9.99 T  
SALE 1/9.99, Reg 1/19.99  
Discount 10.00-  
1 PLASTIC ORNAMENTS 5CT PP 9.99 T  
SALE 1/9.99, Reg 1/19.99  
Discount 10.00-

4 Items Subtotal \$39.96  
Tax \$3.80  
Total \$43.76

\*MASTER SALE\* \$43.76  
MASTER card \* #XXXXXXXXXXXX6508  
App #AA APPROVAL AUTO  
Ref # 040491  
Entry Method: Chip  
Verified By PIN

Application Label: MASTERCARD  
AID: A0000000041010  
TVR: 0400048000  
TSI: E800  
AC: AA1A06473F75913A  
ARC: 00

Tendered \$43.76  
Cash Change \$0.00

Your wellness+ rewards Savings: 40.00

Available BonusCash Rewards\*: \$0.00

wellness+ Status: Gold  
wellness+ Points Total: 1563

\*Available rewards do not include rewards earned on this transaction or any pending rewards.

THANK YOU FOR SHOPPING AT RITE AID  
You were served by ISAAC today.



T - Taxable

2019/2020 Encumbrance

**From:** Constant Contact Billing  
**Sent:** Saturday, November 28, 2020 1:36 AM  
**To:** sandy.stnc@gmail.com  
**Subject:** Constant Contact Payment Receipt for Liliana Sanchez

Thank you for your recent payment. Your payment receipt is found below.



**Payment Receipt**  
for November 28, 2020

Sunland-Tujunga Neighborhood Council  
Attn.: Liliana Sanchez  
200 N. Spring Street, Room 224 in Los Angeles, CA  
90012  
Los Angeles, CA 90012  
US  
818564-2232

**Today's Date:** November 28, 2020  
**Payment Date:** November 28, 2020  
**Payment Method:** MasterCard (last 4 digits:  
4545)  
**User Name:** sunlandtjunganc@gmail.com

Thank you for your payment!

Description	Amount Paid
Payment - Credit Card - 4545	\$70.00

Amounts shown may reflect sales tax which is applicable in certain areas.

Note you can continue to view payment receipts online. Log into your Constant Contact account, click the [My Account](#) link in the upper right hand corner of the Home page, and choose the View Payment Receipts option.

You may also use the Opt In/Out of Payment Receipt E-Mails link on the [My Account](#) page to opt out of receiving payment receipt emails in the future.

We appreciate your business.  
Best Regards,  
Constant Contact Billing  
1601 Trapelo Road, Suite 329 - Waltham, MA 02451

**Questions?** Please give us a call!  
**US / Canada Toll Free: (855) 229-5506**  
**UK Toll Free: 0808-234-0942**  
**Outside US / Canada: 0808-234-0945**

**Need to cancel your account?** Just give us a call!  
**US / Canada Toll Free: 855-229-5506**  
**UK Toll Free: 0808-234-0945**  
**Outside US / Canada: +1 781-472-8120**

**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: STNC

**SECTION I - APPLICANT INFORMATION**

1a) MAKING IT HAPPEN, INC. 38-3922699 CA 5-15-2016  
 Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)

1b) PO Box 4372 SUNLAND CA 91040  
 Organization Mailing Address City State Zip Code

1c) N/A \_\_\_\_\_  
 Business Address (if different) City State Zip Code

**1d) PRIMARY CONTACT INFORMATION:**

PATTEE COLVIN 818-433-2148 pattee.colvin@makingithappeninc.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. TO PROVIDE FOOD AND NECESSITY ITEMS FOR THE HOLIDAYS TO LOCAL CHILDREN AND FAMILIES IN NEED IN THE SUNLAND-TUJUNGA 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)**

TO PROVIDE FOOD, WARM CLOTHING, JACKETS, SHOES, BLANKETS AND ANY NECESSITY ITEMS TO SUPPORT OUR COMMUNITY NEEDS IN TIME OF CURRENT PANDEMIC AND CRISIS.



**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>
	FOOD, WARM CLOTHING, HYGIENE ITEMS	\$ 9,500.00	\$ 15,000.00
		\$	\$
		\$	\$

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

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>
DONATIONS	\$ 3,500.00	\$ 15,000.00
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 3500.00

10a) Start date: 11/1/2020 10b) Date Funds Required: 11/1/2020 10c) Expected Completion Date: 12/31/2020  
 (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>
SANDY LARSS	VOLUNTEER

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\*  
Pattie Colvin PRESIDENT Pattie Colvin 9-28-2020  
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*  
Jessica Ortiz SECRETARY Jessica Ortiz 9-28-20  
 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

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

DEPARTMENT OF THE TREASURY

Date: 11/10/16

MAKING IT HAPPEN INC  
C/O PATRICIA COLVIN  
PO BOX 4372  
SUNLAND, CA 91041

Employer Identification Number:  
38-3922699  
DLN:  
17053263307016  
Contact Person:  
RACHEL M LEIFHEIT ID# 31617  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
May 15, 2016  
Contribution Deductibility:  
Yes  
Addendum Applies:  
Yes

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar

Letter 947



MAKING IT HAPPEN INC

ADDENDUM

If you have been in existence for at least three years and you have not filed a Form 990 return or notice for three consecutive years, you may soon receive a letter (Notice CP120A) that we automatically revoked your exempt status, as required by law, for failure to file a return or notice for three consecutive years. This letter will serve to reinstate your exempt status, so you will not need to re-apply. However, you may need to file the appropriate delinquent Forms 990 for all years you have operated as a tax-exempt organization.



**Neighborhood Council Funding Contribution Form  
Congress of Neighborhoods / Budget Advocates Special Accounts**

I, Liliana Sanchez (President or Vice-President [VP] name),  
declare that I am the President or VP of the Sunland Tujunga NC  
Neighborhood Council (NC) and that on Oct 14, 2020 (meeting date), a Brown Act-  
noticed public meeting was held by the NC with a quorum of 15 (number) board members  
present and that by a vote of 14 (number) Yea, 0 (number) Nay, and 0 (number)  
Abstentions, the NC approved funding contribution(s) for the following NC Special Account(s):

Neighborhood Council Budget Advocates in the amount of:

\*\$ 250.00

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

\*\$ 250.00

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

\*\$ 250.00

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

Liliana Sanchez  
Signature of President or VP

10/14/2020  
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 by the annual deadline for check payment requests (normally June 1<sup>st</sup>) in order to process the payment from current Fiscal Year funds.

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

**"City of Los Angeles Budget Advocates" or**

**"City of Los Angeles Congress of Neighborhoods - Event" or**

**"City of Los Angeles Congress of Neighborhoods - Awards"**

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.





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\*\$ 250.00

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\*\$ 250.00

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Liliana Sanchez  
Signature of President or VP

10/14/2020  
Date

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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 by the annual deadline for check payment requests (normally June 1<sup>st</sup>) in order to process the payment from current Fiscal Year funds.

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

**"City of Los Angeles Budget Advocates" or**

**"City of Los Angeles Congress of Neighborhoods - Event" or**

**"City of Los Angeles Congress of Neighborhoods - Awards"**

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.



