

Department of Neighborhood Empowerment
 Reporting Month: April 17
 NC Name: Woodland Hills-Warner Center
 Budget Fiscal Year: 2016-2017

MONTHLY EXPENDITURE REPORT
 Submitted: 5/5/2017 15:32:04



FILL IN ALL THE UNSHADED (WHITE) FIELDS (Must be submitted to the Department within 10 days of Board Approval along with documentation and hard copy)
EXPENDITURES BY LINE ITEM (for more than 12 expenditures, you may continue entering on page 3 of this worksheet - see below)

A	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / DESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1	Office Depot	1049		4/3/17 Copies CD-3/LAPD Town Hall @ Taft Sr HS	OPERATIONS			\$107.01
2	Blue Host	32873161		4/4/17 Web & Email Hosting 3 yr	Outreach	X		\$238.08
3	Verizon Wireless	8186399444		1/23-2/23/17 Wifi Hotspot	OPERATIONS	X		\$38.01
4	Grasshopper	114037		4/12/17 Virtual Phone System	OPERATIONS	X		\$30.41
5	The Home Depot West Hills	94991		4/15/17 Trimmer & Cleanup Supplies	CIP			\$58.51
6	Home Depot	W592019565		4/15/17 Service Contract 3 Yrs	CIP			\$60.00
7	Blue Host	33245398		4/18/17 Domain Transfer & Hosting	Outreach	X		\$12.99
8	Home Depot	W592019565		4/15/17 Cub Cadet ST100 22" Wlk Behind String Trmr	CIP			\$357.79
9								
10								
11								
12								
SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered)								\$902.80
B CUMULATIVE EXPENDITURES FROM PRIOR MONTHS (CURRENT FISCAL YR)								\$14,883.89
C OUTSTANDING COMMITMENTS (OBLIGATIONS)								
1	American Legion Post 826	2017031201		3/12/17 Jan, Feb & March 2017 Mthly NC Meetings	OPERATIONS			\$300.00
2	PRI of PEAC-WV Food Pantry	NPG161104	16735	4/27/17 West Valley Food Pantry NPG	NPG			\$750.00
3	ST BERNA OF SIENA CH CNTR	1		4/18/17 PLUM 1 Meeting Rm & Setup	CIP			\$600.00
4	American Legion Post 826	20170422		4/22/17 April, May & June 2017 Mthly NC Meetings	OPERATIONS			\$300.00
5	Port Town Websites	817		3/7/17 Final Inv for New Website	Outreach			\$1,592.50
6								
7								
8								
9								
10								
SUBTOTAL: Outstanding Commitments (Includes total on page 3)								\$3,542.50
D Total Expenditures & Commitments								\$19,329.19
E Total Adjustments (such as use taxes assessed, prior fiscal years items, etc) (use '-' for credits, '+' for deductions)								\$0.00
F Approved Budget 2016-2017								\$42,000.00
G Balance of Budget 2016-2017								\$22,670.81
Revision Date 08/09/16								
Reporting Month: January 17								
NC Name: Woodland Hills-Warner Center								

MONTHLY CASH RECONCILIATION				
Beginning Balance (A)	Deposits (B)	Total Available (C) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E) = C - D
\$16,948.84	\$10,959.67	\$27,908.51	\$902.80	\$27,005.71

MONTHLY CASH FLOW ANALYSIS						
Category Identifier	Budget Category	Adopted Budget (A)	Total Spent this Month (B)	FY 2015-16 Expenses Cleared in FY 2016-17 (C)	Total Spent in Prior Months (D)	Unspent Budget Balance (E) = A - B - D
100	Operations	\$8,430.00	\$175.43	\$0.00	\$930.09	\$7,324.48
200	Outreach	\$21,780.00	\$251.07	\$0.00	\$13,294.25	\$8,234.68
300	Community Improvement	\$11,040.00	\$476.30	\$0.00	\$659.55	\$9,904.15
400	NPG	\$750.00	\$0.00	\$0.00		\$750.00
500	Elections	\$0.00	\$0.00	\$0.00		\$0.00
	TOTAL	\$42,000.00	\$902.80	\$0.00	\$14,883.89	\$26,213.31

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

Treasurer Signature	Heath Kiline	Signer's Signature	L Joyce Fletcher
Print Name	Heath Kiline	Print Name	L Joyce Fletcher
Date	5/10/17	Date	5/10/17
NC Additional Comments			

Revision Date 08/09/16

**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: Woodland Hills-Warner Center Neighborhood Cou

SECTION I - APPLICANT INFORMATION

1a) Los Angeles Fire Department Foundation 27-2007326 California 05/16/10
Organization Name **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**

1b) 1875 Century City East Suite 200 Los Angeles CA 90067
Organization Mailing Address **City** **State** **Zip Code**

1c) Same
Business Address (If different) **City** **State** **Zip Code**

1d) **PRIMARY CONTACT INFORMATION:**
Rachel Wachtel (310) 552-4192 rachel@supportlafd.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 purpose of the grant is to support Fire Station 84 located in Woodland Hills and provide much needed items to Fire Station 84 as follows: The Los Angeles Fire Department Foundation on be-half of Fire Station 84 located at 21050 Burbank Blvd, Woodland Hills, CA 91367 requests funding from the Neighborhood Council for the following items:
 Item 1 - Waring Commercial WFP14S Batch Bowl Food Processor with LiquiLock Seal System, 3-1/2-Quart Price: \$445.58 - Reason: Food processors are used by multiple people every day at fire stations, requiring commercial food processors because at-home food processors do not hold up when creating large meals for multiple fire fighters living on site.
 Item 2 - Sony XBR55X850D 55-Inch 4K Ultra HD Smart TV (2016 Model) Price: \$898.00
 Reason: In fire stations, televisions are used for training purposes, keeping up with incidents and relaxation for firefighters living on site.

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)**
 Fire Station 84 provides numerous essential services to the Woodland Hills community including but not limited to fire suppression, medical aid and life saving procedures, building safety inspection, disposal of hazardous waste, etc.
 Fire Station 84 also provides meeting space, free of charge, to the Woodland Hills-Warner Center Neighborhood Council.
 By providing Station 84 with vital household items and equipment the grant will enhance to lives of the Stations firefighters and help equip them so they can do their job protecting the citizens of Woodland Hills and the surrounding areas.

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
	Waring Commercial WFP14S Batch Bowl Food Processor with LiquiLock Seal	\$ 445.58	\$ 445.58
	Sony XBR55X850D 55-Inch 4K Ultra HD Smart TV (2016 Model)	\$ 898.00	\$ 898.00

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

9) What is the TOTAL amount of the grant funding requested with this application: \$ 1,343.58

10a) Start date: 05/01/2017 10b) Date Funds Required: 05/15/2017

10c) Expected completion date: 05/30/2017 (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*

Karen Wagener _____ President Karen Wagener 04/14/2017
 PRINT Name Title Signature Date

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

Nancy Sims _____ Secretary N.S. 04/14/2017
 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

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

DEPARTMENT OF THE TREASURY

Date: **MAY 16 2010**

LOS ANGELES FIRE DEPARTMENT
FOUNDATION
C/O CECILIA GLASSMAN
1875 CENTURY PARK E STE 200
LOS ANGELES, CA 90067

Employer Identification Number:
27-2007326
DLN:
17053098320000
Contact Person:
LISA M VAN DER SLUYS ID# 95264
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
February 25, 2010
Contribution Deductibility:
Yes
Addendum Applies:
No

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.

Letter 947 (DO/CG)

LOS ANGELES FIRE DEPARTMENT

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Choi", with a stylized flourish at the end.

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

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: 1/4/2011

ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002532949-0001-8	L049	Professions/Occupations	08/02/2010	Active

1500000-1

LOS ANGELES FIRE DEPARTMENT FOUNDATION

1875 CENTURY PARKS E SUITE #200
LOS ANGELES, CA 90067-2503

1875 CENTURY PARKS E SUITE #250
LOS ANGELES, CA 90067-2503



ISSUED BY:

Antoinette D. Christoval

DIRECTOR OF FINANCE

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS
FORM 2000 (rev. 8/01) IMPORTANT - READ REVERSE SIDE

P. O. BOX 53200, LOS ANGELES CA 90053-0200

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

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

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

10a) Start date: 05/01/17 10b) Date Funds Required: 06/30/17

10c) Expected completion date: 06/30/17 (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*
 Ady Gil Executive Director  5/4/2017
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
 Fabienne Origer Secretary  5/4/17
 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

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

DEPARTMENT OF THE TREASURY

Date: **MAR 07 2011**

ADY GIL WORLD CONSERVATION
C/O ROBERT JAY GROSSMAN
120 BROADWAY STE 300
SANTA MONICA, CA 90401-2386

Employer Identification Number:
30-0611901
DLN:
17053259322010
Contact Person:
DENNIS C GRUESSER ID# 17178
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Effective Date of Exemption:
February 10, 2010
Addendum Applies:
No

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.

Based on the information you submitted with your application, we have determined you are likely to qualify as a private operating foundation described in section 4942(j)(3) of the Code. Accordingly, you are treated as a private operating foundation for your first year. After that, you will be treated as a private operating foundation as long as you continue to meet the requirements of section 4942(j)(3). You are required to file Form 990-PF annually.

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

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PF

Letter 1075 (DO/CG)

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Ady Gil World Conservation		
	2 Business name/disregarded entity name, if different from above Rockin Rescue		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ Non-Profit 501 (c) 3		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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 20359 Delita Dr.		Requester's name and address (optional)
	6 City, state, and ZIP code Woodland Hills, CA 91364		
	7 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 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																																	
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.																																																	
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="3" style="text-align: center;">-</td><td colspan="3" style="text-align: center;">-</td><td colspan="3"></td></tr> </table> <p style="text-align: center;">or</p> <table border="1" style="margin: auto;"> <tr><td colspan="10" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;">-</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">1</td></tr> </table>	Social security number																		-			-						Employer identification number										3	0		-	0	6	1	1	9	0	1
Social security number																																																	
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Employer identification number																																																	
3	0		-	0	6	1	1	9	0	1																																							

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 on page 3.	

Sign Here	Signature of U.S. person ▶	Date ▶ 5/4/20
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.