Monthly Expenditure Report



Reporting Month: August 2021 Budget Fiscal Year: 2021-2022

NC Name: Foothill Trails District Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$40296.89	\$6210.41	\$34086.48	\$875.00	\$0.00	\$33211.48

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office		\$1210.41		\$875.00	
Outreach	\$27000.00	\$0.00	\$24664.34	\$0.00	\$23789.34
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$5000.00	\$5000.00	\$0.00	\$0.00	\$0.00
Funding Requests Under Review: \$0.00		Encumbrar	nces: \$0.00	Previous Expend	ditures: \$1125.25

			Expenditures			
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	THE WEB CORNER, INC	08/05/2021	Monthly website maintenance	General Operations Expenditure	Office	\$150.00
2	ZOOM.US 888-799-9666	08/16/2021	Monthly Zoom Invoice - August 2021	General Operations Expenditure	Office	\$16.34
3	SPECTRUM	08/30/2021	Monthly internet bill (2 months)	General Operations Expenditure	Office	\$169.07
4	TARA A. BLAIR / WILLIAM A. BLAIR DECENDENTS TRUST	08/03/2021	Monthly office lease expense for August 2021	General Operations Expenditure	Office	\$875.00
5	Saffyre Sanctuary, Inc.	08/11/2021	May 15, 2020 Item 15. NPG is hereby RESUBMITTED because vendor did not receive the check last fiscal year (2020-21). Please use accrual in 2020-21.	Neighborhood Purpose Grants		\$5000.00
	Subtotal:		1			\$6210.41

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

1	TARA A. BLAIR / WILLIAM A. BLAIR DECENDENTS TRUST	09/02/2021	Monthly office rent for September 2021	General Operations Expenditure	Office	\$875.00
	Subtotal: Outstanding	9				\$875.00

\$150.00

15300 Ventura Blvd. Suite 400 Sherman Oaks, CA 91403 818-345-7443

Bill To	
Foothill Trails District NC Fallon Milligan	

Date	Invoice #	Terms
8/1/2021	22402	Due on Receipt
Ship To		

Description		Price Each	Amount
phone support, web deve		150.00	150.00
Hosting for: ftdnc.org (incl	luded in Maintenance)	15.00	0.00
yment at your earliest	Total		\$150.00
our business!	Payments/Credits		\$0.00
	Monthly Maintenance: inc phone support, web deve website adjustments	Monthly Maintenance: includes up to 1.5 hours for; phone support, web development, requests, & website adjustments Hosting for: ftdnc.org (included in Maintenance) Total	Monthly Maintenance: includes up to 1.5 hours for; phone support, web development, requests, & website adjustments Hosting for: ftdnc.org (included in Maintenance) 15.00 Total

Balance Due

zoom

Invoice

Zoom Video Communications Inc. 55 Almaden Blvd, 6th Floor

Invoice Date: Aug 16, 2021 Invoice #: INV102586421

Payment Terms: Due Upon Receipt
Due Date: Aug 16, 2021
Account Number: 122318101

Currency: USD
Account Information: FTDNC

Sold To Address: 200 N Spring St.,

Los Angeles, California 90012

United States

cindy.bloom@ftdnc.org

Bill To Address: 200 N Spring St.,

Los Angeles, California 90012

United States

cindy.bloom@ftdnc.org

Federal Employer ID Number: 61-1648780

Purchase Order Number:

Tax Exempt Certificate ID:

Zoom W-9

Charge Details

CHARGE DESCRIPTION	SUBSCRIPTION PERIOD	SUBTOTAL	TAXES, FEES & OTHER CHARGES	TOTAL
Charge Name: Standard Pro Monthly				
Quantity: 1 Unit Price: \$14.99	Aug 16, 2021-Sep 15, 2021	\$14.99	\$1.35	\$16.34
		Subt	total	\$14.99
		Total (Including	Tax)	\$16.34
		Invoice Bala	ance	\$0.00

Taxes, Fees & Other Charge Details

CHARGE NAME	TAX, FEE OR SURCHARGE NAME	JURISDICTION	CHARGE AMOUNT	TAX, FEE OR OTHER CHARGE AMOUNT
Standard Pro Monthly	Utility Users Tax	City	\$14.99	\$1.35

Invoice ZOOM

	Total Tax	\$1.35

Transactions

			Invoice Total	\$16.34	
TRANSACTION DATE	TRANSACTION NUMBER	TRANSACTION TYPE	DESCRIPTION	APPLIED AMOUNT	
Aug 16, 2021	P-112584005	Payment		(\$16.34)	
			Invoice Balance	\$0.00	

Need help understanding your invoice?

CLICK HERE

This plan includes products with monthly and/or yearly subscription periods. The subscription period for each plan, and the total charge, \$14.99 (plus applicable taxes and regulatory fees), per subscription period for that product are set out above in the Charge Details section. Unless you cancel, your subscription(s) will auto-renew each subscription period and each subscription period thereafter, at the price(s) listed above (plus any taxes and regulatory fees applicable at the time of renewal) and your payment method on file at zoom.us/billing will be charged. You can cancel auto-renewal anytime, but you must cancel by the last day of your current subscription period to avoid being charged for the next subscription period. You will not be able to cancel your "base plan" (Zoom Meetings, Zoom Phone, or Zoom Rooms) without first canceling all other subscriptions in your plan. If you cancel, you will not receive a refund for the remainder of your then-current subscription period. You can cancel by navigating to zoom.us/billing and clicking "Cancel Subscription," clicking through the prompts, and then clicking to confirm cancellation. Should Zoom change its pricing, it will provide you with notice, and you may be charged the new price for subsequent subscription.

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



August 29, 2021

Invoice Number: 0300294082921 Account Number: 8448 20 056 0300294

Security Code:

Service At: 9747 WHEATLAND AVE SUNLAND CA 91040-1429

Contact Us

Visit us at SpectrumBusiness.net Or, call us at 1-866-772-4948

Summary Service from 08/29/21 through 09/28/21 details on following pages	
Previous Balance	83.91
Payments Received	0.00
Past Due Balance - Due Now	\$83.91
Spectrum Business™ Internet	83.91
One-Time Charges	1.25
Current Charges Due By 09/15/21	\$85.16
Total Due	\$169.07

Please note your account is past due.

To avoid a late fee, the BALANCE must be paid by the DUE DATE. If unpaid balance is not paid immediately your service may be interrupted. There may be additional fees to restore service. Thank you for your prompt payment.



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652 8448 2000 NO RP 29 08292021 NNNNNYNN 01 005234 0021

FOOTHILL TRAILS NEIGHBOR 9747 WHEATLAND AVE SUNLAND CA 91040-1429

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NEWS AND INFORMATION



August 29, 2021

FOOTHILL TRAILS NEIGHBOR

Invoice Number: 0300294082921 Account Number: 8448 20 056 0300294 9747 WHEATLAND AVE Service At: SUNLAND CA 91040-1429

Total Due \$169.07 \$

Amount you are enclosing

Please Remit Payment To:

TIME WARNER CABLE PO BOX 60074 CITY OF INDUSTRY CA 91716-0074

միրդորհինիանիկինիկինինինինին

Page 2 of 2 August 29, 2021

FOOTHILL TRAILS NEIGHBOR

Invoice Number: 0300294082921 Account Number: 8448 20 056 0300294

Security Code: 2426



Contact Us

Visit us at **SpectrumBusiness.net**Or. call us at 1-866-772-4948

8448 2000 NO RP 29 08292021 NNNNNYNN 01 005234 0021



Payments received after 08/29/21 will appear on your next bill. Service from 08/29/21 through 09/28/21

Spectrum Business™ Internet	
Spectrum Business	83.91
Internet Pro - 100mbps	
Bci 5 Dynamic Ips	0.00
Bci 5 Standard Email	0.00
Accounts	
Bci Dial Access	0.00
	\$83.91
Spectrum Business™ Internet Total	\$83.91

One-Time Charges		
Late Fee	08/29	1.25
One-Time Charges Total		\$1.25
Current Charges Due By 09/15/21		\$85.16
Total Due		\$169.07

Billing Information

Tax and Fees - This statement reflects the current taxes and fees for your area (including sales, excise, user taxes, etc.). These taxes and fees may change without notice. Visit spectrum.net/taxesandfees for more information.

Spectrum Terms and Conditions of Service – In accordance with the Spectrum Business Services Agreement, Spectrum services are billed on a monthly basis. Spectrum does not provide credits for monthly subscription services that are cancelled prior to the end of the current billing month.

Terms & Conditions - Spectrum's detailed standard terms and conditions for service are located at spectrum.com/policies.

Notice - Nonpayment of any portion of your cable television, high-speed data, and/or Digital Phone service could result in disconnection of any of your Spectrum provided services.

Authorization to Convert your Check to an Electronic Funds

Transfer Debit - If your check is returned, you expressly authorize your bank account to be electronically debited for the amount of the check plus any applicable fees. The use of a check for payment is your acknowledgment and acceptance of this policy and its terms and conditions.

Past Due Fee / Late Fee Reminder - A late fee will be assessed for past due charges for service.

Franchise Administrator - City of Los Angeles, Information Technology Agency 200 N Main St, City Hall East, 14th Floor, Los Angeles CA 90012 Telephone and TDD: 3-1-1 One Call To City Hall or http://www.lacity.org

Complaint Procedures - You have 60 days from the billing date to register a complaint if you disagree with your charges.

Video Closed Captioning Inquiries - Spectrum provided set-top boxes for video consumption support the ability for the user to enable or disable Closed Captions for customers with hearing impairment.

For immediate closed captioning concerns, call 1-855-707-7328 or email closedcaptioningsupport@charter.com.

To report a complaint on an ongoing closed captioning issue, please send your concerns via US Mail to W. Wesselman, Sr. Director, 2 Digital Place, Simpsonville, SC 29681, send a fax to 1-704-697-4935, call 1-877-276-7432 or email closedcaptioningissues@charter.com.

Visit Spectrum.com/stores for store locations. For questions or concerns, visit Spectrum.net/support

Sign up for Paperless Billing. It's easy, convenient and secure.

Get your statement as soon as it's available. Instead of receiving a paper bill through the mail, sign up for paperless billing.

 $\underline{\textbf{It's easy}} - \text{enroll in paperless billing visit SpectrumBusiness.net}.$

It's convenient – you can access your statement through SpectrumBusiness.net. **It's secure** – we deliver securely to your SpectrumBusiness.net account and only you can access through a secure sign-in process.

Each month, you'll receive a paperless e-bill that you pay online with your choice of payment options.



Payment Options

Pay Online - Visit us at SpectrumBusiness.net/payment to get started today! Your account number and security code are needed to register.

Pay by Phone - Make a payment free of charge using our automated payment option at 1-866-772-4948; and authorize payment directly from your bank account or credit card.

For questions or concerns, please call 1-866-772-4948.





William A Blair Decedents Trust

24601 Benjamin Circle Dana Point, CA 92629-1012

Invoice

Date	Invoice #
6/2/2021	1067

Bill To	
City of Los Angeles FTDNC 14410 Sylvan Street, Suite 401 Van Nuys, CA 91401 Attn: Cindy Bloom	

P.O. No.	Terms	Project
	Due on receipt	

	Description	Rate	Amount
	kevindavis1935@gmail.com; lamikec@yahoo.com		
	cindy.bloom@ftdnc.org; FTDNC@empowerla.org		
1	Monthly Office Rent - August 2021	875.00	875.00
	Foothill Trails District Neighborhood Council		
		Total	\$875.00

Office of the City Clerk						official Control	105 424
Administrative Services Division						C Clirk	
Neighborhood Council (NC) Funding Progra	m					City	ADED H
Board Action Certification (BAC) Form				luna 17, 20	124		
NC Name: Foothill Trails Distict Budget Fiscal Year: 2021-22			Agenda Item N	June 17, 20 o: Spec. Age			
Board Motion and/or Public Benefit	17. Approve recurrir	ng lease n				f \$ 8 7 5 nr mo	nth for the
Statement (CIP and NPG):	NC office.	ig rease p	aymene for i i	2021 22 111 (ne amount o	1 7073 pi mo	THE TOT CITE
Method of Payment: (Select One)	Check			Credit Card		Board Member I	Reimbursement
	ers must leave the room prior to		Count on and may not re	turn to the room	until after the vo	ote is complete.	
Board Member's First and Last Name		Yes	No	Abstain	Absent	Ineligible	Recused
Alisa Clairet	Area Rep	1					
Cindy Bloom	Area Rep	1					
Daniel Davis	Area Rep	1					
Eli Wells	At Large Rep					1	
Josie Zarate	Area Rep					1	
Judi Trujillo	Area Rep	1					
Julie Battaglia	Area Rep					1	
Kevin Davis	Area Rep	1					
Oma El	Area Rep				1		
Ryan Davis	At Large Rep	1					
Scott Froschauer	Area Rep				1		
Tiser Turner	At Large Rep					1	
Tricia Gillikin	At Large Rep					1	
Board Quorum: 8	Total:	6	0	0	2	5	0

р _____

Authorized Signature Clindy Blow	Authorized Signature:
Print/Type Name: Cindy Bloom	Print/Type Name: Kevin J. Davis
Date: June 17, 2021	Date: June 17, 2021
•	NCEP 101 BAC Rev020118

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.

SEC	Name of NC from which you are seeking this grant TION I- APPLICANT INFORMATION	t:					
1a)							
,	Organization Name	F	ederal	I.D. # (EIN#)	State o	of Incorporation	Date of 501(c)(3) Status (if applicable
1b)	Organization Mailing Address	<u> </u>	ity			State	Zip Code
1c)	Business Address (If different)	- <u>c</u>	ity			State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:						
	Name	Pho	one			Email	
2)	Type of Organization- Please select one: Public School (not to include private schools)	or	-	501(c)(3) No	n-Profit	(other than religious	s institutions)
	Attach Grant Request on School Letterhe	ad		Attach IRS I	Determin	ation Letter	
3)	Name / Address of Affiliated Organization (If applicable)			City		State	Zip Code
SEC	TION II - PROJECT DESCRIPTION						

4) Please describe the purpose and intent of the grant.

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)

EC I	ION III - PROJECT BUDGET OUTLIN	V C			
a)	Personnel Related Expenses		Request	ed of NC	Total Projected Cost
1	Non-Personnel Related Expenses		Request	ed of NC	Total Projected Cost
· F	General Operating Supplies (hay, shavings, to	ools, safety equpiment)	•	\$ 5,000.00	\$ 75,000.0
l	arananan annan da aran aran da da aran da da aran aran				
Ī					
	Have you (applicant) applied to appl	other Neighborhood (Pouroilo roguesti	na funda far	this project?
)	Have you (applicant) applied to any	= ,	Journalis requesti	ng runus ror	uns project?
	■ No □ Yes, please list name	es of NCs.			
	Is the implementation of this specifi	c program or purpose	described in box	4 above co	ntingent on any other
	factors or sources or funding? (Inc	luding NPG applicatio	ns to other NCs)	■ No	Yes, please describ
	Source of Funding		Amount		Total Projected Cost
	Donations (Individuals)		Amount	\$ 50,000.00	
ı	Other Corporate and Foundation Grants			\$ 15,000.00	
I					
		(C C C		4.	A.F. 000
	What is the TOTAL amount of the gr	ant funding requested	a with this applica	auon:	\$ 5,000.0
	Start date: 06/01/21 10b) [Date Funds Required:	06/01/21		
a)	Do you (applicant) have a former or	existing relationship	with a Board Men	nber of the N	C?
	■ No □ Yes - Please d	lescribe below:			
	Name of NC Board Member			Relationship	to Applicant
	enda que adeque en en en esta en				
h)	If yes, did you request that the board	d member consult the	Office of the City	Δttornev be	fore
-	filing this application?				ne NC has a conflict of
	interest and completes this form, or				
	will deny the payment of this grant i	•		-	
C.	TION V - DECLARATION AND SIGNA	TURF			
~	TON V BEGLARATION AND CIONA	TORL			
	I hereby affirm that, to the best of m	y knowledge, the info	rmation provided	herein and	communicated otherwis
	is truly and accurately stated. I furt	her affirm that I have I	ead Appendix A,	"What is a P	ublic Benefit," and
	Appendix B "Conflicts of Interest" of				
	fall within the criteria of a public be				
	prevent the awarding of the Neighborn	-			
	Neighborhood Council to whom I ar used in accordance with the the term				
	used in accordance with the the teri	ms of the application	stated here, said	iunus snaii i	se returned immediately
	to the Neighborhood Council.				
		rporation or School P	rincipal - REQUIR	ED*	
a)	to the Neighborhood Council.	rporation or School P	rincipal - REQUIR	ED*	04/07/
la)	to the Neighborhood Council. Executive Director of Non-Profit Co		Start!	ED*	04/07/ Date
(a)	to the Neighborhood Council. Executive Director of Non-Profit Co Esta G. Bemstein PRINT Name	President & CEO Title	Stary:	Signature	04/07 Date
a) b)	to the Neighborhood Council. Executive Director of Non-Profit Co Esta G. Bernstein PRINT Name Secretary of Non-profit Corporation	President & CEO Title or Assistant School I	Stary:	Signature	04/07/ Date
a) b)	to the Neighborhood Council. Executive Director of Non-Profit Concepts (Secretary of Non-Profit Corporation Lori Reyes)	President & CEO Title or Assistant School I VP & Secretary	Principal REQUI	Signature RED*	04/07/ Date
a)	to the Neighborhood Council. Executive Director of Non-Profit Co Esta G. Bemstein PRINT Name Secretary of Non-profit Corporation Lori Reyes PRINT Name	President & CEO Title or Assistant School I VP & Secretary Title	Principal - REQUI	Signature RED* Signature	04/07/ Date
2a) 2b)	to the Neighborhood Council. Executive Director of Non-Profit Concepts (Secretary of Non-Profit Corporation Lori Reyes)	President & CEO Title or Assistant School I VP & Secretary Title position of Executive D	Principal - REQUI	Signature RED* Signature	Date 04/07/ Date tact the Department

Revised 012615 - Page 2 of 2

Saffyre Sanctuary, Inc. Budget for Program Expenses Prepared for the Foothill Trails Neighborhood Council

<u>Item</u>	Number of Items	Cost/Each	<u>Total</u>
Hay	60	30.00	1,800.00
Bedding	90	10.00	900.00
Manure Rakes	5	25.00	125.00
Brooms	5	15.00	75.00
Muck Buckets	5	20.00	100.00
Fly Masks	8	25.00	200.00
Gloves (Human)	4	10.00	40.00
Masks (Human)	4	10.00	40.00
Jolly Tug	2	40.00	80.00
Ball with Cover	2	208.00	416.00
Cavaletti Poles	4	150.00	600.00
Subtotal			4,376.00
Sales Tax			415.72
Shipping/Delivery			250.00
Grand Total			5,041.72

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

Date: AUG 3 1 2010

SAFFYRE SANCTUARY INC C/O CHRISTOPHER P MCCLANCY PO BOX 1124 DARIEN, CT 06820-1124 Employer Identification Number: 27-0333811 DLN: 17053155306010 Contact Person: JASON T SAMMONS ID# 31616 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: May 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: June 18, 2009 Contribution Deductibility: 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)

SAFFYRE SANCTUARY INC

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

Sincerely,

Tobert live

Robert Choi Director, Exempt Organizations Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

Office of the City Clerk						otteles ()	105 46
Administrative Services Division						aity of hos	
Neighborhood Council (NC) Funding Program						Chy Clore	OF ADED THE
Board Action Certification (BAC) Form							
NC Name: Foothill Trails Distict			Meeting Date: May 20, 2021				
Budget Fiscal Year: 2020-21	L		Agenda Item No				·
Board Motion and/or Public Benefit Statement (CIP and NPG):	15. APPROVE a Neighborhood Purpose Grant for Saffyre Sanctuary in the amount of \$5,000					1\$5,000	
Method of Payment: (Select One)	Check	Credit Card			Board Member Reimbursement		
Vote Count Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.							
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Alisa Clairet	Area Rep	1					
Cindy Bloom	At Large Rep	1					
Daniel Davis	At Large Rep	1					
Fallon Milligan	Area Rep	1					
Josie Zarate	At Large Rep	1					
Judi Trujillo	At Large Rep	1					
Kevin Davis	Area Rep	1					
Lisa Johnson	Area Rep	1					
MaryLouise Eckman	At Large Rep	1					
Ryan Davis	Area Rep	1					
Scott Froschauer	Area Rep				1		
Teresa Kelley	Area Rep				1		

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present

0

10

Total:

Board Quorum: 8

Authorized Signature Clindy Blow	Authorized Signature:
Print/Type Name: Cindy Bloom	Print/Type Name: Kevin J. Davis
^{Date:} May 20, 2021	^{Date:} May 20, 2021
	NCFP 101 BAC Rev020118