# **Monthly Expenditure Report**



**Reporting Month: June 2020 Budget Fiscal Year: 2019-2020** 

NC Name: Coastal San Pedro Neighborhood Council

Monthly Cash Reconciliation								
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available			
\$16593.77	\$10150.21	\$6443.56	\$1100.00	\$0.00	\$5343.56			

	Monthly Cash Flow Analysis								
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available				
Office		\$2454.55		\$0.00					
Outreach	\$31579.78	\$2695.66	\$9343.56	\$0.00	\$9343.56				
Elections		\$0.00		\$0.00					
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
Neighborhood Purpose Grants	\$15000.00	\$5000.00	\$-2900.00	\$1100.00	\$-4000.00				
Funding Requests Und	der Review: \$0.00	Encumbrar	nces: \$0.00	Previous Expend	itures: \$29986.01				

			Expenditures			
#	Vendor	Date	Description	<b>Budget Category</b>	Sub-category	Total
1	APPLEONE EMPLOYMENT SV	06/06/2020	APPROVAL OF MONTHLY EXPENSES, INCLUDING APPROVAL OF TREASURER'S PAYMENT OF ALL RECURRING NEIGHBORHOOD COUNCIL EXPENSES INCLUDING (BUT NOT LIMITED TO) LLOYD STAFFING, THE MAILROOM, ANGELS GATE CULTURAL CENTER MEETING EXPENSES, VENDOR(S) FOR MEETING REFRESHMENTS, AND OFFICE SUPPLIES	General Operations Expenditure	Office	\$1000.00
2	IN THE MAILROOM	06/08/2020	APPROVAL OF MONTHLY EXPENSES, INCLUDING APPROVAL OF TREASURER'S PAYMENT OF ALL RECURRING NEIGHBORHOOD COUNCIL EXPENSES INCLUDING (BUT NOT LIMITED TO) LLOYD STAFFING, THE MAILROOM, ANGELS GATE CULTURAL CENTER MEETING EXPENSES, VENDOR(S) FOR MEETING REFRESHMENTS, AND OFFICE SUPPLIES	General Operations Expenditure	Office	\$295.00

3	APPLEONE EMPLOYMENT SV	06/12/2020	APPROVAL OF MONTHLY EXPENSES, INCLUDING APPROVAL OF TREASURER'S PAYMENT OF ALL RECURRING NEIGHBORHOOD COUNCIL EXPENSES INCLUDING (BUT NOT LIMITED TO) LLOYD STAFFING, THE MAILROOM, ANGELS GATE CULTURAL CENTER MEETING EXPENSES, VENDOR(S) FOR MEETING REFRESHMENTS, AND OFFICE SUPPLIES	General Operations Expenditure	Office	\$247.40
4	APPLEONE EMPLOYMENT SV	06/16/2020	APPROVAL OF MONTHLY EXPENSES, INCLUDING APPROVAL OF TREASURER'S PAYMENT OF ALL RECURRING NEIGHBORHOOD COUNCIL EXPENSES INCLUDING (BUT NOT LIMITED TO) LLOYD STAFFING, THE MAILROOM, ANGELS GATE CULTURAL CENTER MEETING EXPENSES, VENDOR(S) FOR MEETING REFRESHMENTS, AND OFFICE SUPPLIES	General Operations Expenditure	Office	\$219.45
5	APPLEONE EMPLOYMENT SV	06/16/2020	APPROVAL OF MONTHLY EXPENSES, INCLUDING APPROVAL OF TREASURER'S PAYMENT OF ALL RECURRING NEIGHBORHOOD COUNCIL EXPENSES INCLUDING (BUT NOT LIMITED TO) LLOYD STAFFING, THE MAILROOM, ANGELS GATE CULTURAL CENTER MEETING EXPENSES, VENDOR(S) FOR MEETING REFRESHMENTS, AND OFFICE SUPPLIES	General Operations Expenditure	Office	\$392.70
6	PERRY MAILING SERVICES	06/01/2020	22. APPROVAL OF MONTHLY EXPENSES, INCLUDING APPROVAL OF TREASURER'S PAYMENT OF ALL RECURRING NEIGHBORHOOD COUNCIL EXPENSES INCLUDING (BUT NOT LIMITED TO) LLOYD STAFFING, THE MA	General Operations Expenditure	Outreach	\$2695.66
7	Harbor Area Boosters Association	05/28/2020	Resolved, the Coastal San Pedro Neighborhood Council shall provide \$5,000 to the Harbor Area Boosters Association, Inc. to purchase all-terrain vehicles (ATVs)	Neighborhood Purpose Grants		\$5000.00
8	Angels Gate Cultural Center	03/02/2020	APPROVAL OF MONTHLY EXPENSES, INCLUDING APPROVAL OF TREASURER'S PAYMENT OF ALL RECURRING NEIGHBORHOOD COUNCIL EXPENSES INCLUDING (BUT NOT LIMITED TO)	General Operations Expenditure	Office	\$300.00

	LLOYD STAFFING, THÉ MAILRO		
Subtotal:			\$10150.21

			Outstanding Expenditure	s		
#	Vendor	Date	Description	<b>Budget Category</b>	Sub-category	Total
1	POINT FERMIN ELEMENTARY PARENT TEACHER ORGANIZATION	03/20/2020	Resolved, the Coastal San Pedro Neighborhood Council shall provide \$1,100 for Neighborhood Purpose Grant from Point Fermin Elementary School PTO	Neighborhood Purpose Grants		\$1100.00
	Subtotal: Outstanding	g				\$1100.00

From: no-reply-erp@mail.all-in-1.com <no-reply-erp@mail.all-in-1.com > Sent: Friday, June 5, 2020 2:31 PM

To: epperhart@cox.net

Subject: Visa/Mastercard Charge Confirmation

Authorized payment transaction of \$1,000.00 has been received by Appleone Employment Svc on 06/05/2020 for customer number 00950101-0049 in reference to Invoice \$8277608 on your credit card ending with 0817. Your electronic payment reference number is VM003AAD0



<u>Invoice</u>

Accounts Payable

Room 2005 Los Angeles, CA 90012 Customer 00950101 Site No:

0049

Period 03/14/2020 Invoice No: S8277608

Amount Due: \$1,247.40
Payment NET 30 DA NET 30 DAYS

AppleOne Employment P.O. Box 29048 Glendale CA 91209-9048 Tel: 818-240-8688

Email:		
TIN 95-2580864		

C-132956 Epperhart, Doug	Coastal San Pedro No	Akerblom, Sheryl	03/14/2020	04/22/2020	0.00	\$0.00	8.00	\$34.65	0.00	\$0.00	\$277.20
C-132956 Epperhart, Doug	Coastal San Pedro No	Akerblom, Sheryl	03/14/2020	04/22/2020	32.00	\$23.10	0.00	\$0.00	0.00	\$0.00	\$739.20
C-132956 Epperhart, Doug	Coastal San Pedro No	Akerblom, Sheryl	04/25/2020	04/29/2020	10.00	\$23.10	0.00	\$0.00	0.00	\$0.00	\$231.00
ub Total For: S82	77608		ce 720 d 6/9		42.00	)	8.00	Project Aug	0.00	DA MASAGE	\$1,247,41

Please remit payment to: Appleone Employment Services P.O. Box 29048 Glendale, CA 91209-9048

You can now pay electronically through

ApplePay
Visit www.ApplePay.com or Call (866)898-7152 for details



# The Mailroom-Virtual Office Services

Attn: Kristina Smith 1840 S Gaffey St Suite 102 San Pedro, CA 90731 United States

Phone: 310-918-8650 ksmith-mailroom@mail.com

City of Los Angeles BTRC# 0000109027-0001-9

# **INVOICE**

Invoice #: 0961-CSPNC Invoice Date: Jun 7, 2020 Reference: MAY 2020

SERVICES

Due date: Jun 17, 2020

Amount due: **\$295.00** 

#### Bill To:

Coastal San Pedro Neighborhood Council

I.dominguez@yahoo.com

Description	Quantity	Price	Amount
MAY 2020 Services VIRTUAL OFFICE SERVICES: Includes printing and assembly of agenda packets for monthly meeting, printing of committee reports, agendas & meeting support documents requested by committee chairs; and physical posting of notices at Mailroom. Finalizing and sending correspondence. Also includes telephone answering service. Flat monthly rate \$125.	1	\$125.00	\$125.00
MONTHLY WEBSITE SERVICES MAY 2020 Uploading and general maintenance of website files including announcement of upcoming meetings and events, posting of agendas/minutes and other related files. Flat monthly rate of \$50.	1	\$50.00	\$50.00
MONTHLY STORAGE FEES MAY 2020 Storage fees for storing sound equipment, file cabinet w/files, current printer, old outdated printer & sorter, paper goods, canopy, banners, etc.	1	\$50.00	\$50.00
SOCIAL MEDIA/EMAIL BLAST MONTHLY FEE MAY 2020: Emails sent through Constant Contact to stakeholder list announcing upcoming committee meetings and monthly meetings. Also includes posting of meetings on CSPNC Facebook page.	1	\$25.00	\$25.00

Constant Contact Service @ \$45 per month. Paid by Mailroom due to CSPNC purchase card on file no longer being valid.	1	\$45.00	\$45.00
		Subtotal	\$295.00
	Disco	unt (\$0.00)	\$0.00
		Shipping	\$0.00
		Total	\$295.00 USD

# THE MAILROOM

1840 S. GAFFEY STREET SUITE 102 SAN PEDRO, CA 90731 3105141797

06/07/2020 - 16:29 PDT

Sale

 Total
 \$295.00

 MasterCard
 ...0817

Name on Card Doug Epperhart

 Auth Code
 056043

 Trans ID
 PL0029424706

 Merchant No
 ...3929

Thank you for your business!

**Customer copy** 

From: no-reply-erp@mail.all-in-1.com <no-reply-erp@mail.all-in-1.com>

**Sent:** Thursday, June 11, 2020 9:25 AM

To: epperhart@cox.net
Subject: Visa/Mastercard Charge Confirmation

Authorized payment transaction of \$247.40 has been received by Appleone Employment Svc on 06/11/2020 for customer number 00950101-0049 in reference to Invoice S8277608 on your credit card ending with 0817. Your electronic payment reference number is VM003AFT0



Accounts Payable

Room 2005 Los Angeles, CA 90012 Invoice

00950101 Customer Site No: 0049

03/14/2020 Period Invoice No: \$8277608

Amount Due: \$1,247.40 Payment NET 30 DAYS

AppleOne Employment P.O. Box 29048 Glendale CA 91209-9048 Tel: 818-240-8688 Email:

TIN 95-2580864

Contract # Requestor	Location	Name	Weekend	invoice Date	Reg Hrs	Reg Rate	OT Hrs	OT Rate	Misc Hrs	Misc Rate	Amount
C-132956 Epperhart, Doug C-132956 Epperhart, Doug C-132956 Epperhart, Doug	Coastal San Pedro No Coastal San Pedro No Coastal San Pedro No	Akerblom, Sheryl Akerblom, Sheryl Akerblom, Sheryl	03/14/2020 03/14/2020 04/25/2020	04/22/2020 04/22/2020 04/29/2020	0.00 32.00 10.00	\$0.00 \$23.10 \$23.10	8.00 0.00 0.00	\$34.65 \$0.00 \$0.00	0.00 0.00 0.00	\$0.00 \$0.00 \$0.00	\$277.20 \$739.20 \$231.00
Sub Total For: S8277	608				42.00		8.00		0.00		\$1,247.40

Please remit payment to: **Appleone Employment Services** P.O. Box 29048 Glendale, CA 91209-9048

You can now pay electronically through

ApplePay
Visit www.ApplePay.com or Call (866)898-7152 for details

From: no-reply-erp@mail.all-in-1.com <no-reply-erp@mail.all-in-1.com>

Sent: Monday, June 15, 2020 2:48 PM

To: epperhart@cox.net

Subject: Visa/Mastercard Charge Confirmation

From: Appleone Employment Svc

The following authorized payment transactions have been received from your credit card on file:

\$612.15



Accounts Payable

Room 2005 Los Angeles, CA 90012

Customer

00950101

0049

Site No: Period 05/23/2020 Invoice No: \$8306352

Amount Due: \$219.45
Payment NET 30 D NET 30 DAYS

AppleOne Employment P.O. Box 29048 Glendale CA 91209-9048 Tel: 818-240-8688 Email: TIN 95-2580864

Contract # Requestor	Location	Name	Weekend	Involce Date	Reg Hrs	Reg. Rate	OT Hrs	OT Rate	Misc Hrs	Misc Rate	Amount
C-132956 Epprehart, Doug	Coastal San Pedro No	Akerblom, Sheryl	05/23/2020	05/27/2020	9.50	\$23.10	0.00	\$0.00	0.00	\$0.00	\$219.45
Sub Total For: S830	06352				9.50	reliest ()	0.00	Ay Service	0.00		\$219.45
Grand Total Invoice Amount		tregografico			9.50		0.00		- 0.00		\$219.45

Please remit payment to: Appleone Employment Services P.O. Box 29048 Glendale, CA 91209-9048

You can now pay electronically through

ApplePay

Visit www.ApplePay.com or Call (866)898-7152 for details

Date: 6/5/2020 10:57

Page 1 of 1

From: no-reply-erp@mail.all-in-1.com <no-reply-erp@mail.all-in-1.com>

Sent: Monday, June 15, 2020 2:48 PM

To: epperhart@cox.net

Subject: Visa/Mastercard Charge Confirmation

From: Appleone Employment Svc

The following authorized payment transactions have been received from your credit card on file:

No	Trans Date	Reference No	Transaction Descripti	on Amount
1	06/15/2020	VM003AJU0	Invoice S8204246	\$392.70
2	06/15/2020	VM003AJV0	Invoice S8306352	\$219.45

\$612.15



Accounts Payable

Room 2005 Los Angeles, CA 90012 Invoice

Customer 0095

00950101

Site No: 0049
Period 02/22/2020
Invoice No: \$8204246

Amount Due: \$392.70
Payment NET 30 DAYS

AppleOne Employment P.O. Box 29048 Glendale CA 91209-9048 Tel: 818-240-8688 Email: TIM 95-2580864

(114 90-200000-				and the second of the	Louis Carlos	Post Consisted as	ri serata aksi	OT	and the same	Misc Rate	Amount
		Name	Weekend	invoice	Reg	Reg	Line.	Rate	Misc Hrs	Misc rate	
Contract # Requestor	Location		A Company	Late	17.00	\$23,10	0.00	\$0.00	0.00	\$0.00	\$392,70
C-132956 Epprehart, Doug	Coastal San Pedro No	Akerblom, Sheryl	02/22/2020	02/26/2020	17.00	\$23.10	0.00	Ψ0.00		Personal Services	
			AND ASSISTAN	100	17.00	) - C	0.00		0.00		\$392.70
Sub Total For: \$82	04246	The second second	24.4.4.5.5.40.00	***	F4 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	particular merupating					
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Please remit payment to:
Appleone Employment Services
P.O. Box 29048
Glendale, CA 91209-9048

You can now pay electronically through

(\$) ApplePay

Visit www.ApplePay.com or Call (866)898-7152 for details

Page 1 of 1

#### PERRY MAILING SERVICES

# Invoice

2531 W. 237TH ST STE #126 **TORRANCE CA 90505** 

Date	Invoice #
5/26/2020	14523

Bill To

COASTAL SAN PEDRO NEIGHBORHOOD COUNCIL 376 W. 14TH ST. SAN PEDRO, CA. 90731

P.O. No.	Terms	Project
VBL	Due on recpt	

Quantity	Description	R	ate	Amount
11,231	POSTAGE @ PRE-SORT STANDARD RATES. (**MAY 2020 NEWSL MAILING**)	ETTER	0.164	1,841.88
11,231	MAILING & LETTER SHOP SERVICES: (**MAY 2020 - COASTAL C NEWSLETTER MAILING**) SORT BY CARRIER ROUTE & WALK SEQUENCE SATURATION US SELECTED CARRIER ROUTES FROM RESIDENTIAL MAILING LIS 90732) CREATE BARCODE SACK TAGS FROM U.S.P.S - E.D.D.M. MAILIN SOFTWARE (EVERY DOOR DIRECT MAIL) SORT, TIE, SACK, STRAP, PALLETIZE, SHRINK WRAP, PREPARE I VERIFICATION REPORT, AND SUBMIT POSTAL VERIFICATION R "POSTAL 1" SOFTWARE.	SING Γ. (90731 & G POSTAL	0.064	718.78
2	COURIER SERVICE: DELIVERY OF FINISHED MAILING TO TORRANCE MAIN POST OF "DROP SHIP", ALL MAIL TO SAN PEDRO MAIN POST OFFICE.  (**Confirmation of receipt of this quote via e-mail, or verbal authorization is required prior to commencement of data management and lettershop services, MAILING SERVICES, COMPUTER SERVICES, AND A DELIVERY FEES, DEPOSIT MUST BE RECEIVED PRIOR TO DELIVE FINISHED MAILING TO POST OFFICE, AND WILL BE FOLLOWED U.S.P.S. POSTAL RECEIPT. (**PROOF OF DELIVERY**)  **ALL SERVICES ARE PRO-RATED AND INVOICED TO EXACT POMAILED.**  — ADDITIONAL FEE IF INVOICE IS PAID VIA, CREDIT OR DEBIT	from client vices**)  LL ERY OF WITH	67.50	135.00
Thank you for yo	ur business.	Tota	al	\$2,695.66

Office of the City Clerk		·				,			
Administrative Services Division						go tradico (			
Neighborhood Council (NC) Funding Prog	ram					N. Co.			
Board Action Certification (BAC) Form						TO THE			
NC Name: COASTAL SAN PEDRO	-		Meeting Date:	May 18, 202	20				
Budget Fiscal Year: 2019-2020			Agenda Item N	o: 22. Expense	38				
Board Motion and/or Public Benefit Statement (CIP and NPG):	Approval of Monthly Neighborhood Coun- Gate Cultural Center	cil expense	es including (b	ut not limited	to) Lloyd Sta	ffing, The Mai	il-room, Angels		
Method of Payment: (Select One)	C Check		☐ Credit Card		[.] Boar	d Member Reimb	ursement		
Recused Board Member	rs must leave the room prio		ote Count Ission and may no	ot return to the ro	oom until after 1	he vote is compl	ete.		
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused		
Islah Cade	At-Large				X				
Louis Dominguez	Treasurer	X							
	At-Large	X	<u> </u>						
Greg Ellis		×			·				
Doug Epperhart	President				-				
Bob Gelfand	At-Large	X							
Noel Gould	At-Large	X				<u> </u>			
Richard Havenick	At-Large	X		ļ					
Andrea Herman	At-Large	X		in the second		ļ			
Erika Hernandez	At-Large	Х							
Daniel Kohn	At-Large	X							
John Kopczynski	At-Large	Х							
Kathleen Martin	Secretary	Х							
Kavitha Muthuswamy	At-Large	Х							
Dean Pentcheff	Vice President	Х					ř		
Shannon Ross	At-Large				X				
Robin Rudisill	At-Large	X			1				
	1	·····			X				
Jose Vargas	At-Large			<u> </u>	<del>  ^</del>				
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Board Quorum: # 9	Total:	14	D D	0	3	-	-		
We, the authorized signers of the above meeting was held in accordance with al meeting where a quorum of the Board w	I laws, policies, and proced	ncil, declare ures. The abo	that the information was approved	on presented on by the Neighbor	this form is acc rhood Council B	curate and compl oard, at a Brown	ete, and that a public Act compliant public		
Authorized Signature	`		Authorized Sig	nature:		a-1-			
Print/Type Name: Louis Domir	oguez )		Print/Type Na	Print/Type Name: Doug Epperhart					
Date: May 1/8	2020		Date:	M 10	11 18	2020			
11 ay 18,	4040			11100	4 101		CFP 101 BAC Rev0201		

### 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.

me of MC from Mulcu	you are seeking this gran	t: Coastal	Dan Red	VO
ECTION I- APPLICANT	INFORMATION			
a) Harbot B. Organization Name	oosters Claser	23-7368476 Federal I.D. # (EIN#)	Cafif. State of Incorporation	5-19-00 Date of 501(c)(3)
b) <u>2229 U</u> Organization Mailing	WOLTER DI.	Sankedro	CQ- State	Status (if applicable)  90732  Zip Code
c}				·
Business Address (fi	f different)	City	State	Zip Code
d) PRIMARY CONTAC	T INFORMATION:			
SgT (alk	ereno Plows	(201726-7920	26926	Elapa. inline
Name		Phone	Email	
	ot to include privete schools) letter on School Letterhead		Profit (other than religious termination Letter	•
Name / Address of A	ffiliated Organization (if app	licabie) City	State	Zip Code
CTION II - PRO IECT D	ffiliated Organization (if app. ESCRIPTION		State	Zip Code
ection II-PROJECT D I) Please describe the IAPD QA Y NE GENELLIN CUICL IN HI CUMENT A		grant. Lic Safety po C to partin of two NU years red a	er in growing to ev in grown	r the distr enting fun eracil Celice son operation

may also provide the Budget Outline on a separate sheet if nece	SMURRY OF FEMILIPSIPOL	
Personnel Related Expenses	Requested of NC	Total Projected Cost
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	is is	ŝ
	\$	\$
Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
two All terraine vehicles		
TWO THE LEVELUE	\$ 5,000 \$	\$ 30,000
	\$	Š
lave you (applicant) applied to any other Neighborhood Coun	cile reguesting funds for thi	
☐ No	Harbor City + Cel	stral San Ped
s the implementation of this specific program or purpose des sources or funding? (Including NPG applications to other NC:		jent on any other factor 5, please describe:
Source of Funding	Amount	Total Projected Cost
Plains All American Pineline	\$ 5,000	\$ 30,000
	S /	\$
	\$	\$
Do you (applicant) have a current or former relationship with	a Board Member of the NC	?
No Search Member	Relationshin	to Applicant
	Relationship	to Applicant
	Relationship	to Applicant
Name of NC Board Member		
Name of NC Board Member	ffice of the City Attorney bef	ore filing this applicatio
Name of NC Board Member  If yes, did you request that the board member consult the Ol  Yes  No  *(Please note that if a Board Member of or participates in the discussion and voting of this NPG grant in its entirety.)  CTION V - DECLARATION AND SIGNATURE	ffice of the City Attorney bef the NC has a conflict of int the NC Funding Program	ore filing this applications or and completes to will deny the paymen
Name of NC Board Member  If yes, did you request that the board member consult the Ol  Yes No *(Please note that If a Board Member of or participates in the discussion and voting of this NPG grant in its entirety.)  CTION V - DECLARATION AND SIGNATURE reby affirm that, to the best of my knowledge, the information of the contraction of	ffice of the City Attorney bef the NC has a conflict of int the NC Funding Program	ore filing this application or filing this application of the payment of the paym
Name of NC Board Member  If yes, did you request that the board member consult the Old Yes No *(Please note that If a Board Member of or participates in the discussion and voting of this NPG grant in its entirety.)  CTION V - DECLARATION AND SIGNATURE preby affirm that, to the best of my knowledge, the informatic accurately stated. I further affirm that I have read the discussion and voting of this NPG grant in its entirety.)	ffice of the City Attorney bef the NC has a conflict of int the NC Funding Program on provided herein and co ocuments "What is a Pub	ore filing this application or filing this application of the payment will deny the payment of t
Name of NC Board Member    Name of NC Board Member	ffice of the City Attorney bef the NC has a conflict of int the NC Funding Program on provided herein and co ocuments "What is a Pub act(s) and/or program(s) fal	ore filing this application or filing this application of the payment of the paym
Name of NC Board Member	ffice of the City Attorney bef the NC has a conflict of int the NC Funding Program on provided herein and co ocuments "What is a Pub act(s) and/or program(s) fall that would prevent the a	ore filing this application or filing this application of the paymer will deny the paymer mmunicated otherwiselic Benefit," and "Core is within the criteria of warding of the Naigh
Name of NC Board Member    If yes, did you request that the board member consult the Ol     Yes	ffice of the City Attorney bef the NC has a conflict of int the NC Funding Program ion provided herein and co ocuments "What is a Pub act(s) and/or program(s) fai that would prevent the a	ore filing this application or filing this application of the paymer will deny the paymer mmunicated otherwiselic Benefit," and "Core is within the criteria of warding of the Neighbardi to whom I am su
Name of NC Board Member    If yes, did you request that the board member consult the Ol     Yes	ffice of the City Attorney bef the NC has a conflict of int the NC Funding Program ion provided herein and co ocuments "What is a Pub ect(s) and/or program(s) fai that would prevent the a er of the Neighborhood Cou ot used in accordance wit	ore filing this application or filing this application of the payment of the paym
Name of NC Board Member  b) If yes, did you request that the board member consult the Of Yes One *(Please note that If a Board Member of or participates in the discussion and voting of this NPG grant in Its entirety.)  CTION V - DECLARATION AND SIGNATURE ereby affirm that, to the best of my knowledge, the information accurately stated. I further affirm that I have read the derest" of this application and affirm that the proposed projectafit project/program and that no conflict of interest exist reposes Grant. I affirm that I am not a current Board Members application. I further affirm that if the grant received is not ted here, said funds shall be returned immediately to the Note of the said funds shall be returned immediately to the Note of the said funds shall be returned immediately to the Note of the said funds shall be returned immediately to the Note of the said funds shall be returned immediately to the Note of the said funds shall be returned immediately to the Note of the said funds shall be returned immediately to the Note of the said funds shall be returned immediately to the Note of the said funds shall be returned immediately to the Note of the said funds shall be returned immediately to the Note of the said funds shall be returned immediately to the Note of the said funds shall be returned immediately to the Note of the said funds shall be returned immediately to the Note of the said funds shall be returned immediately to the said f	ffice of the City Attorney bef the NC has a conflict of int the NC Funding Program ion provided herein and co ocuments "What is a Pub ect(s) and/or program(s) fai that would prevent the a er of the Neighborhood Cou ot used in accordance with eighborhood Council.	ore filing this application or filing this application of the paymer will deny the paymer mmunicated otherwiselic Benefit," and "Core is within the criteria of warding of the Neighbardi to whom I am su
Name of NC Board Member  b) If yes, did you request that the board member consult the Of Yes O No *(Please note that If a Board Member of or participates in the discussion and voting of this NPG grant in its entirety.)  CTION V - DECLARATION AND SIGNATURE ereby affirm that, to the best of my knowledge, the information accurately stated. I further affirm that I have read the derest" of this application and affirm that the proposed projectafit project/program and that no conflict of interest exist rposes Grant. I affirm that I am not a current Board Member application. I further affirm that if the grant received is no confliction.	ffice of the City Attorney bef the NC has a conflict of int the NC Funding Program ion provided herein and co ocuments "What is a Pub ect(s) and/or program(s) fai that would prevent the a er of the Neighborhood Cou ot used in accordance with eighborhood Council.	ore filing this application or filing this application of the paymer will deny the paymer mmunicated otherwiselic Benefit," and "Core is within the criteria of warding of the Neighbardi to whom I am su
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Name of NC Board Member    Name of NC Board Member	ffice of the City Attorney befithe NC has a conflict of into the NC Funding Program  Ion provided herein and coocuments "What is a Publict(s) and/or program(s) fait that would prevent the air of the Neighborhood Couot used in accordance with eighborhood Council.  Incipal - REQUIRED*	ore filing this application of the payment will deny the payment of the payment of the payment of the payment of the Neighbord of the Neighbord of the payment of the payme
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\* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form

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office of the City Clerk						general 1	
dministrative Services Division						iny of hys	
Neighborhood Council (NC) Funding Pro Board Action Certification (BAC) Form	gram					DG 976	S
AGAGTAL CAN DEDUC	<u> </u>		Meeting Date:	May 18, 202	0		
NC Name: COASTAL SAN PEDRO  Budget Fiscal Year: 2019-2020			Agenda Item No				
Board Motion and/or Public Benefit Statement (CIP and NPG):	Resolved, the Coa Harbor Area Boos	astal Sar iters Ass	Pedro Nei ociation, Inc	ghborhood c. to purcha	Council sh se all-terra	all provide l ain vehicles	\$5,000 to the (ATVs).
Method of Payment: (Select One)	E Check		☐ Credit Card		☐ Board	d Member Reimbi	ırsement
Powered Roard Memb	ers must leave the room prior		te Count ssion and may no	t return to the ro	om until after t	he vote is comple	ete.
Board Member's First and Last Name		Yes	No	Abstain	Absent	Ineligible	Recused
Islah Cade	At-Large	X					
Louis Dominguez	Treasurer	X					
Greg Ellis	At-Large	X					
Doug Epperhart	President	X					
Bob Gelfand	At-Large	Х					
Noël Gould	At-Large	Х	-				
Richard Havenick	At-Large	Х					
Andrea Herman	At-Large		X				
Erika Hemandez	At-Large		Х				
Daniel Kohn	At-Large	Х					
John Kopczynski	At-Large	X					
Kathleen Martin	Secretary	Х					
Kayitha Muthuswamy	At-Large		Х				
Dean Pentcheff	Vice President	X	-				
Shannon Ross	At-Large	X					
Robin Rudisill	At-Large	X					82
Jose Vargas	At-Large	X	<u> </u>				- / (
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Board Quorum: « 9	Total:	14	3	ō	0	-	-
We, the authorized signers of the abor meeting was held in accordance with meeting where a quorum of the Board	all laws, policies, and procedu	ncil, declare t res. The abo	hat the informati ve was approved	on presented on by the Neighbor	this form is acc rhood Council B	curate and compl loard, at a Brown	ete, and that a pu Act compliant pu
Authorized Signature	24		Authorized Sig	gnature:	pperh	art	6
Print/Type Name: Louis Domi	X)		Print/Type Na	me: Daniel	Epperhart		

020 NCFP 101 BAC Rev020118

Date:

Date:

#### **Angels Gate Cultural Center**

3601 S. Gaffey St San Pedro, CA 90731 US 310.519.0936 Terry@angelsgateart.org www.angelsgateart.org

### Invoice



#### **BILL TO**

Coastal Neighborhood Council Coastal San Pedro Neighborhood Council

#### SHIP TO

Coastal Neighborhood Council Coastal San Pedro Neighborhood Council

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
8602	02/29/2020	\$300.00	03/01/2020	Due on receipt	

DATE	DESCRIPTION	AMOUNT
02/01/2020	Meeting in Classroom G	50.00
02/05/2020	Meeting in Classroom G	50.00
02/06/2020	Meeting in Classroom G	50.00
02/10/2020	Meeting in Classroom G	75.00
02/12/2020	Meeting in Classroom G	75.00

January 2020 BALANCE DUE \$300.00

Office of the City Clerk		***				<del></del>	
Administrative Services Division						(A	
Neighborhood Council (NC) Funding Progi	ram					of the state of th	
Board Action Certification (BAC) Form						Y 69 1	
NC Name: COASTAL SAN PEDRO	Meeting Date:	February 18	2020				
Budget Fiscal Year: 2019-2020	Agenda Item No: 18. Expenses						
Board Motion and/or Public Benefit Statement (CIP and NPG):	Approval of Monthly Expenses, including approval of Treasurer's payment of all recurring						
Statement (CF and NFG):	Neighborhood Council expenses including (but not limited to) temporary staff, The Mail-room, Angels Gate Cultural Center meeting expenses, vendor(s) for meeting refreshments, and office supplies.						
Method of Payment: (Select One)	☐ 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
Isiah Cade	At-Large	X					
Louis Dominguez	Treasurer	X					
Greg Ellis	At-Large	X				<del></del> -	
Doug Epperhart	President	X					
Bob Gelfand	At-Large	×					
Noel Gould	At-Large	X					
Richard Havenick	At-Large	X	-			- <u>-</u> -	,, <u>, , , , , , , , , , , , , , , , , ,</u>
Andrea Herman	At-Large				X		
Erika Hernandez	At-Large	X		<del>-</del>		1	
Daniel Kohn	At-Large	X					
John Kopczynski	At-Large	X					
Kathleen Martin	Secretary	X					
Kavitha Muthuswamy	At-Large	×					.,
Dean Pentcheff	Vice President	×	<u> </u>				
Shannon Ross	At-Large				×	<del> </del>	
Robin Rudisill	At-Large	X					
Jose Vargas	At-Large				X	<del> </del>	
	*****						
			-				
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oard Quorum: 9	Total:	14			3	<u> </u>	
Ve, the authorized signers of the above na neeting was held in accordance with all la neeting where a quorum of the Board was p	amed Neighborhood Coun ws, policies, and procedu	icil, declare tha	t the information was approved by	presented on th the Neighborho	is form is accur	rate and complete ard, at a Brown A	e, and that a public ct compliant public
uthorized Signature	Authorized Signa	Authorized Signature:					
rint/Type Name: Louis Domingu	Print/Type Name: Doug Epperhart						
ate: February 18, 2020			Date: February 18, 2020				
	replicaty to, 2020						