

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Porter Ranch
 Budget Fiscal Year: 2016-2017
 Request Date: 9/14/2016
 Meeting Date: 9/14/2016
 Agenda Item: #16

Requestor: Andrew Krowne
 Vendor: n/a
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: n/a
 Amount:\$ _____
 # of payments

- ☐ Operations ☐ Outreach ☐ NC Sponsored Event ☐ Neighborhood Purpose Grant
☐ Contract / Lease ☐ Board Member Reimbursement ☐ Community Improvement Project
☐ Out of State ☐ 1099 Expense ☐ One Time Expense ☐ Monthly ☐ Multiple

If a bank card exemption of the daily \$2,500 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit Description Council voting record or 2016-2017 Budget package.

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Balen, David	Signator	✓					
Deroonian, Cheri	At-Large	✓					
Gorman-Chang, Susan	Vice President	✓					
Kim, Alex	At-Large	✓					
Khanlian, Gabriel	Secretary	✓					
Krowne, Andrew	Treasurer	✓					
Leveque, Becky	At-Large	✓					
Milbauer, Jennifer	Oen At-Large	✓					
Mitchell, Mel	At-Large	✓					
Najm, Issam	President	✓					
NC Quorum: <u>6</u>	Grand Total (including page 2):	<u>10</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature:	Signer's Signature: _____
Print/Type name: <u>Andrew Krowne</u>	Print/Type name: <u>David Balen</u>
Date (mm/dd/yy): <u>9/14/16</u>	Date (mm/dd/yy): _____
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials: _____ 1st Level: _____ 2nd Level: _____ Authorization Code: _____