

**NEIGHBORHOOD COUNCIL FUNDING PROGRAM
REQUEST FOR DEMAND WARRANT**



Submit via: Mail: 200 N. Spring St., LA, CA 90012; Fax : (213) 978-1751; or Email: done.funding@lacity.org www.empowerla.org

REQUEST DATE: _____ **Check Request Amount:** \$

NEIGHBORHOOD COUNCIL: _____
NC MAILING ADDRESS: _____ **CITY** _____ **ZIP** _____

Please select a category. Refer to the checklist for the required supporting documents.

OPERATIONS	OUTREACH	NBHD Improvement	GRANT	OTHER
<input type="checkbox"/> AUD <input type="checkbox"/> OFF <input type="checkbox"/> EDU <input type="checkbox"/> POS <input type="checkbox"/> FAC <input type="checkbox"/> TAC <input type="checkbox"/> MIS <input type="checkbox"/> TRL <input type="checkbox"/> Other _____	<input type="checkbox"/> ADV <input type="checkbox"/> MEE <input type="checkbox"/> ELE <input type="checkbox"/> NEW <input type="checkbox"/> EVE <input type="checkbox"/> WEB _____ # Attended <input type="checkbox"/> Other _____	<input type="checkbox"/> Beautification Project Type: _____ <input type="checkbox"/> Capital Project Facility: _____ <input type="checkbox"/> Other	<input type="checkbox"/> 501(c)3 Non-Profit _____ <input type="checkbox"/> Public School _____	<input type="checkbox"/> Board Member Reimbursement <input type="checkbox"/> Transfer to City Dept. <input type="checkbox"/> NC Joint Payment NC 1: _____ NC 2: _____

CHECKLIST OF REQUIRED DOCUMENTS:

<input type="checkbox"/> Invoice # _____	<input type="checkbox"/> W-9 Form	<input type="checkbox"/> Business Tax Registration Certificate
<input type="checkbox"/> Artwork/Flyer	<input type="checkbox"/> Other	
For NPG's only: <input type="checkbox"/> NPG	<input type="checkbox"/> Official School Letter	<input type="checkbox"/> IRS Determination Letter
For Board Member Reimbursements only:	<input type="checkbox"/> Original Receipts	<input type="checkbox"/> Copy of Cancelled Check / Bank Statement

Please complete the information below for the payee:

Make check payable to: _____

Remittance Address: _____

_____ *City* _____ *State* _____ *Zip Code*

BOARD BENEFIT STATEMENT - Description and Purpose of Expenditure:

BOARD APPROVAL Budget Line Item (provide date of budget approval and vote count)

DECLARATION

We, the authorized signatories of the Neighborhood Council listed above, under penalty of perjury, declare that a Brown Act noticed public meeting was held with a quorum of the board present and the expenditure detailed on this demand warrant was approved as an official action of the governing board. We further declare that: (1) the undersigned are authorized to make this request, (2) this funding request is exclusively intended for the Neighborhood Council named above, (3) all reasonable precautions shall be exercised by the undersigned to safeguard and account for use of the funds, and (4) the amount of the check requested will be deducted from the total available balance in my Neighborhood Council Funding Program account.

Date of Board Action: ____ / ____ / ____ **Board Vote:** ____ yes ____ no ____ abstentions

Treasurer and 2nd Signatory signatures are required.

Treasurer Signature: _____

2nd Signatory Signature: _____

Print Name: _____

Print Name: _____

Phone: _____

Phone: _____

DEPARTMENT USE ONLY

Vendor Code _____

APPR Acct. # _____

Approval Signature _____

Date _____

Approval Signature _____

Date _____