

Council

Contact Information

Neighborhood Council: Los Feliz Neighborhood Council, Los Feliz Neighborhood

Name: Linda Demmers

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Date of NC Board Action: 05/19/2015

Type of NC Board Action: For

Impact Information

Date: 06/08/2015

Update to a Previous Input: No

Directed To: City Council and Committees

Council File Number: 15-0548

Agenda Date:

Item Number:

Brief Summary: The Los Feliz Neighborhood Council supports "the identification and protection of this historic route." However any agreement must be clear it cannot prohibit the City from contemplating or executing any public works projects nearby; adjacent to, or upon a site where trail-identifying signage is ultimately placed.

Additional Information: According to the National Park Service (NPS), the Juan Bautista National Historic Trail is "symbolic pathway" commemorating a 1775-1776 Spanish expedition. NPS also states, "there never was an Anza 'trail';" "there is no actual trail to be seen;" and "...there may never be anything found from the expedition..."i.e., Anza's exact route is speculative.

**Department of Neighborhood Empowerment  
Funding Request Form**



NC NAME: Los Feliz  
 Budget Fiscal Year: 2014-2015  
 Request Date: \_\_\_\_\_  
 Meeting Date: 19-May-15  
 Agenda Item: \_\_\_\_\_

Requestor: \_\_\_\_\_  
 Vendor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 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 \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

*Mauceri moved  
Khanjian Seconded*

Public Benefit  
 CIS: Description  
 15-0548

*Juan Bautista de Anza National Trail*

**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
Bellamy, Robbie	Education			X			
<del>Brandt, Kate</del>	Outreach					X	
Carlson, Shannon	Business			X			
Carter-Gargani, Nicola	VP Communications			X			
Cassadore, Brian	District C		X				
Dammann, Reid	District A	X					
Demmers, Linda	President	X					
<del>Jamison, Julie</del>	District E					X	
Khanjian, Christina	District B	X					
Klipp, Luke	Treasurer	X					
Lao, Jennifer	Secretary		X				
<del>Lim, Chris</del>	District D					X	
<del>Longfellow, Juan</del>	District D					X	
Mauceri, Mark	Sports & Recreation	X					
<del>Matoney, Michael</del>	Public Safety					X	
Rodriguez, Marcus	District C			X			
Rossmann, Scott	District D	X					
<del>Vacant</del> <i>Paley</i>	District A			X			
Vacant	District C						
NC Quorum:	<b>Grand Total (including page 2):</b>	<i>6</i>	<i>2</i>	<i>5</i>		<i>5</i>	

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:	<i>Linda Demmers</i>
Print/Type name:		Print/Type name:	
Date (mm/dd/yy):		Date (mm/dd/yy):	
<b>Department Use Only</b>	<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: _____