## 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.

	Name of NC from which you are seeking this grant:	Westchester/Playa				
SE	CTION I- APPLICANT INFORMATION					
1a	Airport Marina Counseling Service  Organization Name	95-2224149	Mendelalist connectings	Californ	nia	01/01/63
	7891 La Tijera Blvd.	Federal I.D. #	(EIN#)	State	of Incorporation	Date of 501(c)(3) Status (if applicable)
1b)	Organization Mailing Address	Los Angeles			CA	90045
	organization walling Address	City	(in wavegen outcomer 1-80-0040/Profilms and	NCSR Prime in medicial colonia analogica, pip	State	Zip Code
1c)	Business Address (If different)	City	(Section Control of the Control of t	<b>BATOM</b> ON TO THE PROPERTY OF THE PARTY OF TH	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:					
	Eden Garcia - Balis, LMFT	(310) 670-1410	H-00001  01001  010  010  010  010  01	Market of State Water	ebalis@airportma	arina.org
2)	Type of Organization- Please select one:  Description:  Public School (not to include private schools)  Attach Grant Request on School Letterhead			-Profit	Email (other than religious	s institutions)
3)	Name / Address of Affiliated Organization (If applicable)		City	alin (alia) di a selle della princi di dicci di antico conservazione	State	Zip Code

## SECTION II - PROJECT DESCRIPTION

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

A grant from the Neighborhood Council will be used for Airport Marina Counseling Service (AMCS) At-Risk Kids Program. This program addresses barriers to academic and social success and behaviors that are likely to lead to negative outcomes, such as poor school performance, negative social behaviors, and risk of school dropout. Research shows that if there is no successful intervention, issues develop on a larger scale and could potentially impact the neighborhood, community and the larger society. Through the At-Risk Kids Program, AMCS alms to change the trajectory of the lives of youth to more positive outcomes, including remaining in school and developing positive relationships, while addressing the trauma and key issues in their lives. Most families and children in this program are uninsured and live below 200% of poverty. This program reproducts includes individual and group counseling, parent education groups and psychiatric services if appropriate, at the clinic and on site at Paseo Del schools and clients to assure there is not a barrier to care and that the entire school experience will be improved for all students on the campus.

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)

This grant benefits underprivileged youth and families in the community with little or no access to mental health services. We treat all of our clients with respect and dignity. We are a non-discriminatory facility serving all populations and ethnicities. Through the At-Risk Kids Program, youth and continue to offer free services to clients who cannot afford them. At AMCS, no one is ever turned away for economic reasons alone. This is a that more than 70% of program participants benefit from therapy, as measured by Improved relationships with families, grades, and attendance at within the Los Angeles community to be able to assist our clients who are economically disadvantaged.

Personnel Related Expenses   Requested of NC   Total Projected Cost   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00   \$250,191,00	SE(	STION III - PROJECT BUDGET OUTLINE		Λ	IPG APPLICATION Page 2					
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Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?		Therapeutic materials, professional and administrative supplies and overhead	Kedni		Total Projected Cost					
Source of Funding		and overnead		\$ 0.00	\$ 33,034.00					
Source of Funding										
Source of Funding	7)	Have you (applicant) and the								
Source of Funding	,	No Complicant) applied to any other Neighborhood Councils requesting funds for this project?								
Source of Funding		product names of NCS;								
Source of Funding	8)	is the implementation of this specific program or purpose describe	s of 2 m to	and the state of t						
Source of Funding Confirmed funds from foundations and corporations; as of 10/16/18  Belance of funds through special events & other efforts to be completed by 6/15/19  What is the TOTAL amount of the grant funding requested with this application:  \$2,000.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,150.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$289,155.00  \$299,155.00  \$299,155.00  \$299,155.00  \$299,155.00  \$299,155.00  \$299,155.00  \$299,155.00  \$299,		factors or sources or funding? (Including NDC and leading and above contingent on any other								
Amount   Amount   Amount   Amount   Amount   Amount   Balance of funds through special events & other efforts to be completed by 6/15/19   \$25,000.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,155.00   \$289,150.00   \$289,150.00   \$289,150.00   \$289,150.00   \$289,150.00   \$2	I	("Totaling to applications to other NCs) No D Yes please describe								
9) What is the TOTAL amount of the grant funding requested with this application:  \$2,000.00  Start date: 0901/18	Ì	confirmed funds from foundations and assessing	Amour	it i	Total Projected Cost					
9) What is the TOTAL amount of the grant funding requested with this application:  (10a) Start date: 09/01/18		Balance of funds through special events 8 other = 4 - 1 - 4		\$ 25,000.00						
Case   Start date:   19901/18   10b   Date Funds Required:   05/15/19   (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)		9 6/15/19		\$ 262,155.00						
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follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)    Policy	10c)	, and itaquitou.								
Table Do you (applicant) have a former or existing relationship with a Board Member of the NC?  Name of NC Board Member    Name of NC Board Member   Relationship to Applicant	,	follow-up form to the Neighborhand Co. (After completion of the	ne proj	ect, the applica	ant must submit a					
Tay Do you (applicant) have a former or existing relationship with a Board Member of the NC?    No   Yes - Please describe below:   Relationship to Applicant	SECT	ON IV - POTENTIAL CONFIDENCE OF INDEPENDENT	of Ne	ghborhood En	powerment)					
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Name of NC Board Member  Relationship to Applicant  Relationship to Application  Relationship to Application  Relationship to Relationship  Relatio		No See Place described to the Boa	ırd Mei	nber of the NC	?					
Ib) If yes, did you request that the board member consult the Office of the City Attorney before filling this application?	N	Jame of NC Board Member	PARTY INCOME AND ADDRESS OF THE PARTY AND ADDR							
interest and completes this form, or participates in the discussion and voting of this NPG, the Department will deny the payment of this grant in its entirety.)  ECHION V-DECLARATION AND SIGNATURE  I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read Appendix A, "What is a Public Benefit," and Appendix B "Conflicts of Interest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of a public benefit project/program and that no conflict of interest exist that would prevent the awarding of the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council.  Executive Director of Non-Profit Corporation or School Principal - REQUIRED*  Diddy Delavigne  AMCS, Chief Executive Of Principal - REQUIRED*  AMCS Board Secretary  AMCS Board Secretary  Title  Signature  Date  PRINT Name  Title  Title  Signature  Date			None apropriority (Constitution)	Relationship to	o Applicant					
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at (213) 978-1551 for instruction of Executive Director or Secretary, please contact the Department	a 14	1106	50.44	THE DITE WITH HE REALING.	1)					
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