

**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

**SECTION I - APPLICANT INFORMATION**

1a) Airport Marina Counseling Service 95-2224149 California 01/01/83  
**Organization Name** **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**

1b) 7891 La Tijera Blvd. Los Angeles CA 90045  
**Organization Mailing Address** **City** **State** **Zip Code**

1c) Business Address (if different) City State Zip Code

1d) **PRIMARY CONTACT INFORMATION:**  
Eden Garcia - Ballis, LMFT (310) 670-1410 ebalis@airportmarina.org  
**Name** **Phone** **Email**

2) **Type of Organization- Please select one:**  
 **Public School (not to include private schools)** or  **501(c)(3) Non-Profit (other than religious institutions)**  
**Attach Grant Request on School Letterhead** **Attach IRS Determination Letter**

3) Name / Address of Affiliated Organization (if applicable) City 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 aims 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 includes individual and group counseling, parent education groups and psychiatric services if appropriate, at the clinic and on site at Paseo Del Rey Elementary School, Orville Wright Middle School and Westchester Enriched Magnet School. This program is provided free of charge to the 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 families are able to access mental health and related services at no charge. This grant will help pay for those services and allow AMCS to 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 very important program in the community that is making an impact in the lives of youth and their families. Our services consistently demonstrate that more than 70% of program participants benefit from therapy, as measured by improved relationships with families, grades, and attendance at school and a reduction in negative behaviors such as fighting, truancy or academic failure. We rely on private philanthropy and generosity from within the Los Angeles community to be able to assist our clients who are economically disadvantaged.

**SECTION III - PROJECT BUDGET OUTLINE**

6a) Personnel Related Expenses		
	Requested of NC	Total Projected Cost
Therapists, clinical supervisors, clinical director, child psychiatrist, office staff and ex	\$ 2,000.00	\$ 256,121.00

  

6b) Non-Personnel Related Expenses		
	Requested of NC	Total Projected Cost
Therapeutic materials, professional and administrative supplies and overhead	\$ 0.00	\$ 33,034.00

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  
 No  Yes, please list names of NCs: \_\_\_\_\_

8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs)  No  Yes, please describe:

Source of Funding	Amount	Total Projected Cost
confirmed funds from foundations and corporations; as of 10/15/18	\$ 25,000.00	\$ 289,155.00
Balance of funds through special events & other efforts to be completed by 6/15/19	\$ 262,155.00	

9) What is the TOTAL amount of the grant funding requested with this application: \$ 2,000.00

10a) Start date: 09/01/18 10b) Date Funds Required: 06/15/19

10c) Expected completion date: 06/15/19 (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)

**SECTION IV - POTENTIAL CONFLICTS OF INTEREST**

11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC?  
 No  Yes - Please describe below:

Name of NC Board Member	Relationship to Applicant

11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?  Yes  No \*(Please note that if a Board Member of the NC has a conflict of 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.)

**SECTION 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.

12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED\*  
 Edén García - Ballis AMCS, Chief Executive Of [Signature] 10/23/18  
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*  
 Judy Delavigne AMCS Board Secretary [Signature] 10/23/18  
 PRINT Name Title Signature Date

\* If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form