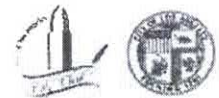


**Neighborhood Council Funding Program**  
**APPLICATION for Neighborhood Purposes Grant (NPG)**



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. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

Name of NC from which you are seeking this grant: Westchester/Playa

**SECTION I - APPLICANT INFORMATION**

1a) Airport Marina Counseling Service 95-2224149 California 01/01/62  
*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-Balis, LMFT 310-670-1410 ebalis@amcshelps.com  
*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 Signed letter 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.

AMCS is requesting funding for support of our Family Therapy Program, which serves parents and children in Westchester and Playa del Rey. AMCS's greatest need right now is funding to supplant client fees, which have dramatically reduced over the last year, due to our clients' financial problems because of COVID and the economy. Our client fee income dropped by \$60,000 last fiscal year and it's on track to be even lower this year. In particular, we would like to request support for our Family Therapy Track clinical supervisor, the person who supervises the therapists. The Family Therapy Track provides counseling to children and their parents, and it is the therapy track where we currently have the longest wait list. A grant for this program would help us fund the supervisor position, free up funds to augment client fees, and ideally reduce the wait time for the families to start seeing a therapist.

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)

AMCS's Family Therapy Track serves parents and children from the community, the majority from Westchester and Playa del Rey. The demand for our low-cost mental health services are greater than ever, to the point where we now have a wait list to begin seeing a therapist. 75% of our clients earn less than \$30,000 a year and would not otherwise have the means to afford private therapy. Our services consistently demonstrate that more than 70% of program participants benefit from therapy, as measured improvements in anxiety, depression, relationships, work and home life. This program is especially important for Westchester and Playa del Rey families, many who are still dealing with the economic consequences of the pandemic. Although therapy fees are based on a sliding scale, based on the clients' ability to pay, many of our clients are now even unable to pay the average hourly fee of \$20. We continue to provide services to them even if this is the case. AMCS's Family Therapy Program is one of the only ways that children from low-income families in Westchester and Playa del Rey can access mental health services.



**SECTION III - PROJECT BUDGET OUTLINE**

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
Family Therapy Program Clinical Supervisor	\$2,500	\$26,226
	\$	\$
	\$	\$

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

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

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

Source of Funding	Amount	Total Projected Cost
Confirmed funds from foundations and corporations for the last year	\$00	\$26,226
Balance of funds through annual fundraising event	\$	\$
(see attached)	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$2,500

10a) Start date: 07 / 01 / 22 10b) Date Funds Required: 12 / 31 / 22 10c) Expected Completion Date: 06 / 30 / 22  
 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

**SECTION IV - POTENTIAL CONFLICTS OF INTEREST**


11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?  
 No  Yes If Yes, please describe below:

Name of NC Board Member	Relationship to Applicant
Geoff Maleman	Independent Contractor

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 NC Funding Program 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 the documents "What is a Public Benefit," and "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 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\*  
Eden Garcia-Balis CEO  10/17/22  
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*  
Edgar Saenz Board Secretary  10.17.22  
 PRINT Name Title Signature Date

\* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or [clerk.ncfunding@lacity.org](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form