

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 to support our Family Therapy Program, which provides counseling services to parents and children in the Westchester and Playa del Rey communities. Our most urgent need is funding to subsidize sliding scale fees for our primarily low-income clients, who pay an average of just \$20 per therapy session. Specifically, we are seeking support for the Family Therapy Track's clinical supervisor, who oversees the therapists delivering care. This therapy track currently has the highest level of demand across all of AMCS's services. A grant toward this program would help cover the cost of the supervisor position and, in doing so, free up additional resources to further subsidize therapy for families in need.
- 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 local community, with the majority residing in Westchester and Playa del Rey. The demand for our low-cost mental health services is greater than ever. Seventy-five percent of our clients earn less than \$30,000 per year and would not otherwise have access to affordable, private therapy. Our outcomes consistently show that over 70% of program participants experience measurable improvements in areas such as anxiety, depression, relationships, and functioning at home and work. The Family Therapy Program remains one of the only accessible mental health resources for children from low-income families in the Westchester and Playa del Rey areas, filling a critical gap in services for those most in need.

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	\$ 2,000	\$ 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	\$ 26,226	\$ 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: \$ 2,000

10a) Start date: 07 / 01 / 25 10b) Date Funds Required: 12 / 31 / 25 10c) Expected Completion Date: 06 / 30 / 26
 (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 *Eden Garcia-Balis* 4/14/25
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal **REQUIRED**

Laura McGaughey Board Secretary *Laura McGaughey* 4-16-25
 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 for instructions on completing this form