

**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) *Attach Signed letter on School Letterhead* or 501(c)(3) Non-Profit (other than religious institutions) *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.**

This grant will support outreach and marketing efforts to increase awareness and engagement with our free therapy programs, including "Project Impact" for individuals affected directly and indirectly by recent wildfires, the "Senior Connection" group therapy program at the Westchester Senior Center, and our therapy program for former foster care youth. Funds will be used for monthly advertising in the Hometown News and targeted placements in the Argonaut and other relevant publications to ensure these vital services reach those most 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)**

This grant will directly support the mental health and well-being of vulnerable populations in our community by raising awareness of free, accessible therapy programs. By promoting services like "Project Impact" for wildfire survivors, the "Senior Connection" for isolated older adults, and therapy for former foster youth, we are connecting those most in need with critical care. Mental health support strengthens individuals, families, and the broader community, leading to improved public health, resilience, and overall quality of life.

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
	None	\$	\$
		\$	\$
		\$	\$
6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Print Advertising	\$2,000	\$5,000
		\$	\$
		\$	\$

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	\$3,000	\$5,000
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:

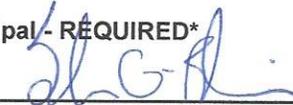
Name of NC Board Member	Relationship to Applicant
Geoff Maleman	Independent Contractor

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  5/28/25
 PRINT Name Title Signature Date

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

Laura McGaughey Board Secretary  5-28-25
 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

Internal Revenue Service

Department of the Treasury

District
Director

300 N. Los Angeles Street, MS 7043
Los Angeles, CA 90012

AIRPORT MARINA COUNSELING SERVICE
7891 LA TIJERA BLVD.
LOS ANGELES, CA 90045-3133

Person to Contact:
L BARRAGAN
Telephone Number:
(213) 894-2336
Refer Reply to:
EO(0807)98
Date:
AUGUST 25, 1998
EIN: 95-2224149

Dear Taxpayer:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal income tax in SEPTEMBER 1963 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the Code, because it is an organization described in Section 170(b)(1)(A)(iii).

The exempt status for the determination letter issued in SEPTEMBER 1963 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,



Disclosure Assistant