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.

<table>
<thead>
<tr>
<th>Name of NC from which you are seeking this grant:</th>
<th>Westchester/Playa</th>
</tr>
</thead>
</table>

**SECTION I - APPLICANT INFORMATION**

1a) Organization Name: Airport Marina Counseling Service  

<table>
<thead>
<tr>
<th>Federal I.D. # (EIN#)</th>
<th>State of Incorporation</th>
<th>Date of 501(c)(3) Status (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>95-2224149</td>
<td>California</td>
<td>01/01/63</td>
</tr>
</tbody>
</table>

1b) Organization Mailing Address: 7891 La Tijera Blvd  

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles</td>
<td>CA</td>
<td>90045</td>
</tr>
</tbody>
</table>

1c) Business Address (if different):  

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

1d) PRIMARY CONTACT INFORMATION:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eden Garcia-Balis, LMFT</td>
<td>310-670-1410</td>
<td><a href="mailto:ebalis@airportmarina.org">ebalis@airportmarina.org</a></td>
</tr>
</tbody>
</table>

2) Type of Organization - Please select one:  

- [ ] Public School (not to include private schools)  
  Attach Signed letter on School Letterhead  
- [x] 501(c)(3) Non-Profit (other than religious institutions)  
  Attach IRS Determination Letter  

3) Name / Address of Affiliated Organization (if applicable):  

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**SECTION II - PROJECT DESCRIPTION**

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

AMCS is requesting funding to continue support for our At-Risk-Kids Program that has provided comprehensive counseling and mental health services to children and their families since 2003. This program includes individual and group counseling, parent education groups and psychiatric services if appropriate at our clinic on and on-site at Westchester Enriched Sciences Magnets, Orville Wright Middle School, Paseo del Rey Elementary School and the Boys and Girls Club of Venice (BGCV) Family Support Center. The youth we serve have specific challenges such as learning disabilities and behavioral issues.

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 and underserved 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 different 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 other clients who cannot afford them. Our services consistently demonstrate that more that 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 to assist our clients who are economically disadvantaged.
SECTION III - PROJECT BUDGET OUTLINE

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

6a) Personnel Related Expenses

<table>
<thead>
<tr>
<th>Requested of NC</th>
<th>Total Projected Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500</td>
<td>$218,473</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

6b) Non-Personnel Related Expenses

<table>
<thead>
<tr>
<th>Requested of NC</th>
<th>Total Projected Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$34,371</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Source of Funding</th>
<th>Amount</th>
<th>Total Projected Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed funds from foundations and corporations as of 12/29/19</td>
<td>$40,000</td>
<td>$292,844</td>
</tr>
<tr>
<td>Balance of funds through special events &amp; other efforts to be completed by 8/15/20</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

(see attached)

9) What is the TOTAL amount of the grant funding requested with this application: $1,500

10a) Start date: 09/01/19 10b) Date Funds Required: 06/15/20 10c) Expected Completion Date: 06/15/20

(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:

<table>
<thead>
<tr>
<th>Name of NC Board Member</th>
<th>Relationship to Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>PRINT Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eden Garcia-Balis, LMFT</td>
<td>AMCE Chief Executive Officer</td>
<td>[Signature]</td>
<td>12/14/19</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>PRINT Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Schwab</td>
<td>AMCS Board Secretary</td>
<td>[Signature]</td>
<td>12/19/19</td>
</tr>
</tbody>
</table>

* 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@acity.org for instructions on completing this form.
Sources of Additional Funding for the At-Risk-Kids Program:
List of budget worksheet

Timeline for how money will be spent:
Grant funds will be taken into revenue upon receipt

Organization or person responsible for carrying out project:
Eden Garcia-Balis, LMFT, Chief Executive Office at Airport Marina Counseling Service
## Airport Marina Counseling Service
### At-Risk Kids Program
#### 2019/2020

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours per week</th>
<th>Hourly Rate</th>
<th>No. of Weeks</th>
<th>Funder Request</th>
<th>Other Income</th>
<th>Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Supervisor (1) WESM</td>
<td>4</td>
<td>37</td>
<td>36</td>
<td>$1,500</td>
<td>$3,828</td>
<td>$5,328</td>
</tr>
<tr>
<td>Clinical Supervisor (1) PDR</td>
<td>3</td>
<td>37</td>
<td>36</td>
<td>$3,996</td>
<td>$3,996</td>
<td>$3,996</td>
</tr>
<tr>
<td>Clinical Supervisor (1) OWMS</td>
<td>3</td>
<td>37</td>
<td>36</td>
<td>$3,996</td>
<td>$3,996</td>
<td>$3,996</td>
</tr>
<tr>
<td>Clinical Supervisor AMCS</td>
<td>4</td>
<td>37</td>
<td>36</td>
<td>$5,328</td>
<td>$5,328</td>
<td>$5,328</td>
</tr>
<tr>
<td>Clinical Supervisor (1) BGCV</td>
<td>10</td>
<td>37</td>
<td>36</td>
<td>$13,320</td>
<td>$13,320</td>
<td>$13,320</td>
</tr>
<tr>
<td>WESM Therapists (5)</td>
<td>25</td>
<td>45</td>
<td>36</td>
<td>$40,500</td>
<td>$40,500</td>
<td>$40,500</td>
</tr>
<tr>
<td>OWMS Therapists (5)</td>
<td>25</td>
<td>45</td>
<td>36</td>
<td>$40,500</td>
<td>$40,500</td>
<td>$40,500</td>
</tr>
<tr>
<td>PDR Therapist (1)</td>
<td>10</td>
<td>45</td>
<td>36</td>
<td>$16,200</td>
<td>$16,200</td>
<td>$16,200</td>
</tr>
<tr>
<td>BGCV Therapists (4)</td>
<td>12</td>
<td>45</td>
<td>36</td>
<td>$19,440</td>
<td>$19,440</td>
<td>$19,440</td>
</tr>
<tr>
<td>AMCS Therapists (5)</td>
<td>25</td>
<td>45</td>
<td>36</td>
<td>$40,500</td>
<td>$40,500</td>
<td>$40,500</td>
</tr>
<tr>
<td>Clinical Director</td>
<td>2</td>
<td>44</td>
<td>36</td>
<td>$3,168</td>
<td>$3,168</td>
<td>$3,168</td>
</tr>
<tr>
<td>Associate Clinical Director</td>
<td>1</td>
<td>36</td>
<td>36</td>
<td>$1,296</td>
<td>$1,296</td>
<td>$1,296</td>
</tr>
<tr>
<td>Chief Executive Officer</td>
<td>1</td>
<td>52</td>
<td>36</td>
<td>$1,872</td>
<td>$1,872</td>
<td>$1,872</td>
</tr>
<tr>
<td>Office Admin</td>
<td>1</td>
<td>26</td>
<td>36</td>
<td>$936</td>
<td>$936</td>
<td>$936</td>
</tr>
<tr>
<td>Payroll taxes @10%</td>
<td></td>
<td></td>
<td></td>
<td>$19,861</td>
<td>$19,861</td>
<td>$19,861</td>
</tr>
</tbody>
</table>

**Payroll Subtotal**

|                | $1,500          | $216,973     | $218,473     |

- Professional & Admin Supplies: $600
- Therapeutic materials: $1,000
- Indirect Overhead (15%): $32,771

**Other Items Subtotal**

|                | $0              | $34,371      | $34,371      |

**Total At-Risk Kids Program Cost**

|                | $1,500          | $251,344     | $252,844     |

19/20 Funds secured/requested:
- Lon V. Smith Foundation: $5,000
- Neighborhood Council of Westchester/Playa: $1,500
- Parish of St. Matthew Thrift Shop: $5,000
- Iben Foundation (BGCV): $25,000
- Los Angeles Trial Lawyers Charity: $5,000
- Zolla Family Foundation: $10,000
- Supervisor Hahn's Office: $5,000
- Global Bridge Foundation: $25,000

**Total requested/funded**: $81,500

**Total from AMCS unrestricted funds**: $171,344

**Total funds raised**: $252,844
At 13, Tyler had to deal with a lot of adult issues that impacted both his school work and his mental health. Tyler's mother had been incarcerated for drug use and drug trafficking, but she recently returned home, and his parents are trying to reconcile. While Tyler desperately wanted his parents together, he immediately found himself in the middle of their fighting and hostility.

This 13-year-old lacked the skills to manage such chaos at home. Tyler found himself thinking about suicide often. He was angry and his self-esteem plummeted. With no one at home to help him, Tyler found cutting himself was a way to manage his feelings.

Fortunately, a teacher at the local middle school where AMCS provides free counseling funded by AMCS donors referred Tyler for services. Through many months of hard work, the AMCS training therapist helped Tyler understand that his anger, aggressive behavior and sadness were related to his fear and uncertainty about his life.

During their work together, the training therapist grew, too. As Tyler learned new skills for understanding and expressing his feelings, he no longer needed to use a blade to cope. This was the first time the training therapist had a client relinquish a blade into her care. Now, Tyler feels stronger and glad he found comfort in coping mechanisms that did not include self-harm.

Although you may never know the names and faces of who you have helped, please know that you make a difference in their lives every day.

Thank you for your support of AMCS ... because of you we continue to be a safe place for help and healing.
December 10, 2019

To: Westchester Playa Neighborhood Council
From: Eden Garcia-Balis, LMFT, AMCS Chief Executive Officer

RE: 2019 Grant Report

Dear Westchester Playa Neighborhood Council,

Thank you for your generous $1,500 gift to Airport Marina Counseling Service’ (AMCS) A-Risk-Kids Program in 2018. This past fiscal year the program had positive results in part due to your generous contribution. All grant funds were spent providing free counseling at three local schools. In addition the program is offered at the Boys and Girls Club of Venice and at our clinic.

- **Specific objectives set forth for program youth are below:**

1) Conducting comprehensive intakes and assessments for individual mental health counseling for at least 150 youth during the project year.

One of the least-served populations when it comes to mental health services is our young people. They have to battle with the stigma of receiving services among their peers, struggle with fitting counseling into their busy schedules when their transportation options are limited and pay for services when their families routinely struggle to simply put food on the table.

AMCS’s At-Risk Kids program recognizes that mental health services need to be made on-campus in familiar surroundings and in a private and discreet way to be successful. Furthermore, AMCS is cognizant of the financial barriers that often keep children and their families from seeking help, so this program is free to the families we serve.

During the 2018/2019 school year, AMCS saw 124 students, conducting 1,219 sessions in individual and/or family therapy and group counseling. Through these sessions, which often engaged not only students but also their family members, youth learned to cope, heal and learn critical skills to improve their mental health. Connecting with students on traditionally diverse campuses, the majority of the youth who took advantage of AMCS services in this program identified as Hispanic or African-American.

AMCS counselors dealt with a wide range of issues during their therapy sessions, including addiction in the family system, exploring their sexuality, aggressive behavior, peer conflict, wellness care and sexual abuse as well as depression and/or anxiety. Because of the discreet nature in which AMCS therapist work with students on campus, many of these clients were self-referred, and in some cases sought out services in a time of crisis. Developing this on-going level of trust is critical to effectively serving young people.

At the same time, 10 families from Orville Wright Middle School served by the program were involved with a Department of Children and Family Services report and/or law enforcement. It is not uncommon for faculty and other students to have witnessed law enforcement come to speak to, or in one instance, even publicly ankle cuff and remove student (an AMCS client) from campus to be
detained. AMCS therapists are often the only source of mental health stability for these students who have a difficult family life and, without AMCS, have nowhere else to turn.

While the overall number of students served during the most recent school year were slightly lower than projected, AMCS actually served more students per month during the time the program was in operation. Overall numbers were down as the result of a bureaucratic issue with LAUSD that delayed the signing of the MOU that authorizes AMCS to provide services on District campuses. The issue was ultimately resolved, and AMCS continued to offer services as usual. The increase in monthly students served meant that our counselors effectively addressed the demand for services at the four LAUSD schools AMCS serves.

2) Providing anger management groups or developmental groups, as needed, for project youth.

In addition to dealing with traditional issues faced by students, a critical factor in achieving success when working with young people is to constantly be nimble and flexible so that their current needs can be met. To that end, AMCS created several new groups to augment our individual counseling and address on-campus needs.

At the request of BGCV members, an anxiety management group was created for the teens at the club. The group explored reasons for anxiety, how it presents in the body and how difficult it is to manage. Participants also had the opportunity to learn and share new coping strategies for managing anxiety. The teens reported feeling empowered with the new skills they have learned, feeling confident about managing their anxiety after the group.

In addition, at the request of the principal at OWMS, a Boys Group was started for 7th and 8th graders who were referred to the group to deal with anger and aggression issues. Many had been identified as bullies by teachers and peers. Initially the boys did not want to participate in the group and were reluctant to open up and share their feelings and experiences. As they got to know each other, however, they found commonalities and began to see the group as a safe space to explore their feelings. The group facilitators encouraged the students to explore topics that are sometimes seen as taboo, including the students’ dislike for school, lying and stealing, and other more universal topics such as sleep patterns and communication. This group quickly developed into a safe space in which these young men could effectively explore their shadow selves in a non-judgmental environment without fear of shame. In the end, not only did the students enjoy the group, but therapists reported a decrease in anger and aggression among the group members.

3) Providing Parent Education Classes (10-week series) at least twice during the contact year.

AMCS conducted only one Ten-Week Parenting Class at the BGCV during the 2018/2019 school year due to lack of demand during the fall offering. Nevertheless, parents who did participate in the class learned emotional regulation skills that allowed them to be more present with their children and make more effective parenting choices in regards to discipline, cooperation and encouragement. The AMCS STEP Parenting Class offers clients a new way of understanding themselves, parenting techniques and connecting with their children and has proven to be very effective and one that participants truly enjoyed. One parent from the class, “G.S.” said that she would read the parenting manual over and over and was comforted by learning new ways of communicating and raising her family. AMCS will continue to promote and deliver this class in an effort to engage local parents,
many of whom struggle with financial issues and the lack of quality parental role models from whom they may have learned better parenting skills.

- **List of obstacles encountered, if any, and how they have been approached**
  As described above, the most critical obstacle facing the At-Risk Kids program during the 2018/2019 school year was the delay in getting the MOU between AMCS and LAUSD signed in a timely manner. We believe that issue has been resolved effectively and the 2019/2020 program began on time and is already helping students. Another obstacle AMCS faced in meeting our goals for this period was the lack of demand for our Parenting Class. We believe, however, that an increased focus on promoting this class, both through traditional means and via social media and e-mail advertising should generate enough demand for us to hold a second class during the coming year.

In community,

[Signature]

Eden Garcia-Balis, LMFT
Chief Executive Officer
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 1968 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 1968 continues to be in effect.

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

Sincerely,

[Signature]

Disclosure Assistant
Form W-9 (Rev. 11-2017)

Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Airport Marina Counseling Service

2. Business name/disregarded entity name, if different from above

Same as above

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=corporation, S=corporation, P=Partnership)
☐ Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

☐ Exempt payee code (if any)

☐ Exemption from FATCA reporting code (if any)

(apply to accounts maintained outside the U.S.)

See Specific Instructions on Page 2

8. Address (number, street, and apt. or suite no.)

7891 La Tijera Bl.

Los Angeles, CA 90045

9. City, state, and ZIP code

Requestor’s name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requestor for guidelines on whose number to enter.

Social security number

[ ] [ ]

Employer identification number

9 [5] 2 2 2 4 1 4 9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person

Date

[Signature]

[Date]

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoptiontaxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amounts reportable on an information return. Examples of information returns include, but are not limited to, the following:

* Form 1099-DIV (dividends, including those from stocks or mutual funds)
* Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
* Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
* Form 1099-S (proceeds from real estate transactions)
* Form 1099-K (merchant card and third party network transactions)
* Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
* Form 1098-C (canceled debt)
* Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X

Form W-9 (Rev. 11-2017)