

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.

Mar Vista Community Council

Name of NC from which you are seeking this grant: _____

SECTION I - APPLICANT INFORMATION

1a) Well Baby Center	26-2055149	CA	08/12/2008
<i>Organization Name</i>	<i>Federal I.D. # (EIN#)</i>	<i>State of Incorporation</i>	<i>Date of 501(c)(3) Status (if applicable)</i>
1b) 12316 Venice Blvd.	Mar Vista	CA	90066
<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1c) _____	_____	_____	_____
<i>Business Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1d) PRIMARY CONTACT INFORMATION:			
Donna Rabin	(310) 402-2229 ext 108	donna@wellbabycenter.org	
<i>Name</i>	<i>Phone</i>	<i>Email</i>	
2) Type of Organization- Please select one:			
<input type="checkbox"/> Public School (not to include private schools)	or	<input checked="" type="checkbox"/> 501(c)(3) Non-Profit (other than religious institutions)	
Attach Signed letter on School Letterhead		Attach IRS Determination Letter	
3) _____	_____	_____	_____
<i>Name / Address of Affiliated Organization (if applicable)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

SECTION II - PROJECT DESCRIPTION

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

Well Baby Center has provided affordable counseling and other support to the local community for over 11 years. Our basic overhead costs are funded by one private foundation grant, but we rely on some fee revenue to meet our staff costs. Due to COVID-19 pandemic, there is a need for us to provide free counseling for those now out of work and struggling in many ways to manage the pandemic. Therefore, we are asking to receive a Neighborhood Purposes Grant to create an Emergency Scholarship Fund for those who need free services right now.

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)

Our mission for over a decade has been to support the infant-family mental health and wellness needs within our community. Our non-profit parenting and counseling center, located in the heart of Mar Vista, has served thousands of people and trained hundreds of clinicians. Mental health services and support are not just a benefit but a necessity right now. The Emergency Scholarship Fund will allow us to provide free counseling and support to families and individuals in our community who are not able to afford the services they need. Please see attached for details of allocation of funds.

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
	150 hours clinician/facilitator @\$30/hr	\$ 4500.00	\$ 4500.00
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Advertising services	\$ 500.00	\$ 500.00
		\$	\$
		\$	\$

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
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 5000.00

10a) Start date: 6 / 1 / 20 10b) Date Funds Required: 5 / 1 / 20 10c) Expected Completion Date: 6 / 1 / 21
 (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

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*
 Deborah Groening-Rother Founder, CEO  4/21/20
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
 Donna Rabin Director of Development  4/21/20
 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

Well Baby Center provides sliding scale counseling and therapeutic group fees for middle to low-income families struggling with mental health issues, including anxiety and depression. But in these extraordinary times people have additional stressors of being out of work, fearing for themselves and their loved ones, or if they are working from home, managing their children being at home all day. These additional struggles make it imperative that mental health services be available for those who do not qualify for public assistance but are unable to pay their bills. The need is great and impacts the most vulnerable, hardest hit members of our community, including children. The Mar Vista Community Council's Neighborhood Purposes Grant would fund 125 counseling appointments (at \$30/session paid to the clinician and \$10 for admin costs). For two patients, that would mean a session a week for the rest of the year. It could also mean (at \$20/group) that several moms would be able to join a parenting support group for a year.

- Self Care Group – meditation, yoga stretching, breathing, taking time out for one self to talk about what they are going through. (Our cost \$20 for group session.)
- Practical Parenting for Trying Times Group – learning ways to manage meltdowns and maintain stability while sheltering at home. (Our cost \$20 for group session.)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: AUG 12 2008

THE INFANT PARENT MENTAL HEALTH
FOUNDATION
C/O KENNETH L GROSS
9777 WILSHIRE BLVD STE 515
BEVERLY HILLS, CA 90212

Employer Identification Number:
26-2055149
DLN:
17053086346008
Contact Person:
THOMAS C KOESTER ID# 31116
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Effective Date of Exemption:
February 15, 2008
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Based on the information you submitted with your application, we have determined you are likely to qualify as a private operating foundation described in section 4942(j)(3) of the Code. Accordingly, you are treated as a private operating foundation for your first year. After that, you will be treated as a private operating foundation as long as you continue to meet the requirements of section 4942(j)(3). You are required to file Form 990-PF annually.

Please see enclosed Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, for some helpful information about your responsibilities as an exempt organization.

Letter 1075 (DO/CG)