

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: Mar Vista

SECTION I - APPLICANT INFORMATION

1a)	<u>Well Baby Center</u>	<u>26-2055149</u>	<u>CA</u>	<u>08/12/2008</u>
	<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)	<u>12316 Venice Blvd.</u>	<u>Mar Vista</u>	<u>CA</u>	<u>90066</u>
	<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1c)	<u></u>	<u></u>	<u></u>	<u></u>
	<i>Business Address (If different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
1d)	PRIMARY CONTACT INFORMATION:			
	<u>Donna Rabin</u>	<u>(31) 402-2229 x 108</u>	<u>donna@wellbabycenter.org</u>	
	<i>Name</i>	<i>Phone</i>	<i>Email</i>	
2)	Type of Organization- Please select one:			
	<input type="checkbox"/> Public School <i>(not to include private schools)</i>	or	<input checked="" type="checkbox"/> 501(c)(3) Non-Profit <i>(other than religious institutions)</i>	
	Attach Signed letter on School Letterhead		Attach IRS Determination Letter	
3)	<u></u>	<u></u>	<u></u>	<u></u>
	<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, parent education, and other support for middle to low-income families in the community for over 11 years. The purpose of the grant is to produce and distribute a mental health focused "Survival Kit" with adult and child face masks, art supplies, and materials for wholesome and fun activities for children and families. A handbook will provide important information (such as "How to Talk to Kids About COVID"), simple exercises and techniques to help maintain stability and sanity in the household, links to resources and more, in an uplifting format.
- 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)
- As part of our response to COVID-19, we have remained open during the pandemic, offering free phone consultations and tele-health counseling and support groups designed to help individuals and families cope with the uncertainties, financial stresses, and increased anxieties of parenting under stay-at-home orders. We intend to work with other local nonprofits to gather additional useful items and identify families in need, and would distribute 200 kits to families. Each kit helps every member of a household. The kits are intended to promote family wellness, destigmatize the need for help and support during this time, and raise awareness of mental health and wellness services. Community support is a known preventative factor in mental health, which is the purpose of providing this kit, with MVCC, to our local families.

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
	production of handbook and kits 5 hours @\$20	\$ 100	\$ 100.00
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	please see itemized budget (attached)	\$ 2894.00	\$ 2894.00
		\$	\$
		\$	\$

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: \$ 2994.00

10a) Start date: 6 / 1 / 20 10b) Date Funds Required: 6 / 1 / 20 10c) Expected Completion Date: 6 / 31 / 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:

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.

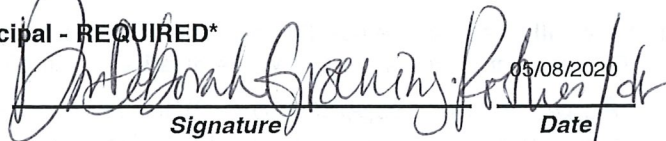
12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED*

Deborah Groening-Rother

Founder, CEO

PRINT Name

Title

 05/08/2020
Signature Date

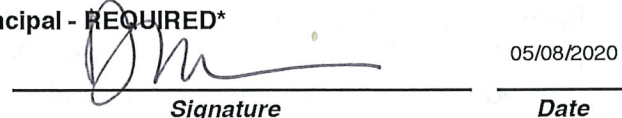
12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*

Donna Rabin

Development Director

PRINT Name

Title

 05/08/2020
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

BUDGET: "JUST ADD WATER" PARENT'S SURVIVAL KIT QUANTITY 200

Supplies/Materials

	Item	Price/Qty	Cost	Per Kit
	2 washable reusable cloth face masks (1 adult/1 child). Partial donation, reg \$6.25-7.25 each	\$3.00/each x 400	1200.00	6.00
	4 oz glass jar/lid	\$21.03/24 x 9	190.00	.88
	4 oz Dawn dish soap	\$19.89/gal x 7	140.00	.63
	1/2 cup sugar	\$0.50/lb x 50	25.00	.06
	wooden dowel	\$6.50/100 x 2	13.00	.07
	pipe cleaner	\$2.00/100 x 2	4.00	.02
	1 cup flour	\$2/lb x 58	116.00	.58
	1 cup salt	\$0.26/lb x 100	26.00	.13
	1 tbsp cream of tartar	\$25/5 lbs	25.00	.12
	1 packet food coloring	\$18.62/24 x 9	167.58	.83
	1 .5 oz packet cooking oil	\$13.18/10 x 20	263.00	1.31
	watercolor paint kit w/brush	\$68/40 x 5	340.00	1.91
	#5 paper bags for dry ingredients	\$3.70/250 x 2	7.40	.04
	12x10x7 recycled kraft bag	\$6.50/25 x 8	52.00	.29
	labels to seal ingredient bags	\$58/8000	58.00	.02
Kit Materials Subtotal			2627.00	\$12.89

Printed Materials/Ads

200 sheets card stock (handbook)	\$18/pack	18.00
2000 sheets paper (handbook)	\$39/case	39.00
Creative design & printing (handbook)	\$0.06/page x 2000	120.00
Facebook ad push	\$3/day x 30	90.00

Production/Distribution

Staff est 5 hours @ avg \$20/hr. (we will rely mostly on volunteers for assembly and distribution of the kits and flyers).		100.00
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Total Project—200 Kits* \$2,994.00

***Not included in this budget are additional materials and goods we would solicit for donation by other organizations for inclusion in the kits--hand sanitizer, wipes, paper towels, etc.**

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)

YOUR RETURN MAILING ADDRESS

NAME: Deborah Groening
 ADDRESS: 9107 Wilshire Blvd. #215
 CITY: Beverly Hills
 STATE: CA ZIP CODE: 90210

LOS ANGELES REGISTRAR-RECORDER/ COUNTY CLERK

10/21/08



20081872898

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

- ☒ Original- \$23.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT) ☐ New Filings- \$23.00-
☐ Refile- \$18.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING) (CHANGES IN FACTS FROM ORIGINAL FILING-REQUIRES PUBLICATION)
 \$4.00- FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION \$4.00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

The following person(s) is (are) doing business as:

*1. Well Baby Center

2.

Print Fictitious Business Name(s)

** 9107 Wilshire Blvd., #215

Street address of principal place of business

Mailing address if different

Beverly Hills CA 90210 Los Angeles
 City State Zip COUNTY

City State Zip

Articles of Incorporation or Organization Number (if applicable): At #ON 3087898

*** REGISTERED OWNER(S):

1. The Infant/Parent Mental Health Foundation

2.

Full Name/Corp/LLC

Full Name/Corp/LLC

9107 Wilshire Blvd., #215

Residence Address (P.O. Box not accepted)

Residence Address (P.O. Box not accepted)

Beverly Hills, CA 90210

City State Zip

City State Zip

California

If Corporation or LLC - Print State of Incorporation/Organization

If Corporation or LLC - Print State of Incorporation/Organization

3.

4.

Full Name/Corp/LLC

Full Name/Corp/LLC

Residence Address (P.O. Box not accepted)

Residence Address (P.O. Box not accepted)

City State Zip

City State Zip

If Corporation or LLC - Print State of Incorporation/Organization

If Corporation or LLC - Print State of Incorporation/Organization

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

**** THIS BUSINESS IS CONDUCTED BY: (Check one)

- ☐ an Individual ☐ a General Partnership ☐ a Limited Partnership ☐ a Limited Liability Company
☐ an Unincorporated Association other than a Partnership ☒ a Corporation ☐ a Trust ☐ Copartners
☐ Husband and Wife ☐ Joint Venture ☐ State or Local Registered Domestic Partners ☐ a Limited Liability Partnership

**** The registrant commenced to transact business under the fictitious business name or names listed above on October 1, 2008

(Insert N/A above if you haven't started to transact business)

I declare that all information in this statement is true and correct.

(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

REGISTRANTS/CORP/LLC NAME (PRINT) The Infant/Parent Mental Health Foundation TITLE President

REGISTRANT SIGNATURE Deborah Groening IF CORP OR LLC, PRINT NAME Deborah Groening

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.

NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK

BY: _____, Deputy

Well Baby Center is licensed with the Department of Public Health and is staffed by licensed family therapists, registered clinical associates and early childhood specialists. Since 2009 we have provided mental health and preventative services to over 5,000 children and family members.

Well Baby Center has provided 764 service units (session or group) for clients in Mar Vista 90066 (527), 90034, and 90064 (237) zip codes, January—mid-May, 2020. Of these:

COUNSELING SESSIONS—INDIVIDUAL, FAMILY OR CHILD

<u>Annual Gross Household Income</u>	<u>Sliding-Scale Fee</u>	
\$60,000 and up	\$70-\$120 (full fee)	21%
\$20,000-60,000	\$30-\$69	32%
under \$20,000	\$29 or less	47%

79% of individual counseling sessions are on sliding scale.

47% are in the lowest household income bracket of under \$20,000 annually.

GROUPS

\$60,000 and up	\$40 (full fee)	57%
\$20,000-60,000	\$11-\$39	33.5%
under \$20,000	\$10 (scholarships)	9.5%

43% of group participation is on sliding scale.

Our model is and always has been preventative. We are on the front line of a growing mental health crisis resulting from the COVID-19 pandemic. Instances of spousal and child abuse are expected to rise as a result of the COVID pandemic, as are depression and anxiety disorders.

Community support is a known preventative element in mental health. Our “Survival Kit” project is fundamentally community outreach, intended to raise awareness of available mental health services, and to encourage individuals, families, and couples to seek the services they need. As public mental health resources become overstrained by demand, we are a community clinic, we have the capacity and stand ready to help our community’s families.

To help a parent is to help a child. We predominantly serve the members of this community most vulnerable to financial insecurity. We have well-established relationships to many middle- to low-income individuals and families in the Mar Vista community, as well as to other organizations, and we can use our reach to connect with those folks who are struggling now.



well baby center®
A NON-PROFIT PARENTING & COUNSELING CENTER

The Case for Free Food, Childcare, and Mental Health Services for Families During the Time of the Pandemic (and Beyond)

By Deborah Groening, Licensed Marriage and Family Therapist, Psy.D.
May 13, 2020



Two New York Times articles written on May 12, 2020, spoke about the emotional toll resulting from the Covid-19 virus and how it is wreaking havoc on our community — and in particular, our families with young children. These two journalists emphasized the psychological trauma that a majority of our families are experiencing right now and how this puts them at risk for stress-related mental illnesses such as depression and anxiety, as well as spousal and child abuse -and worse- if they are already struggling with pre-existing mental health issues, financial stressors, grieving over the loss of a loved one, or other physical, social, or emotional challenges.

They emphasized the extreme shortage of competent mental health care workers that are needed right now to prevent terrible and long-lasting psychological outcomes. Although it is difficult to conduct therapy with children remotely, Well Baby Center is rising to the challenge through the dedication of our counselors and parent educators. They, like so many others on the front line, are committed to doing whatever is necessary to alleviate suffering in our community NOW.

As a preventative model of care, Well Baby Center's mission is to mitigate long-term psychological effects of stress and distress on children through early interventions for the parents

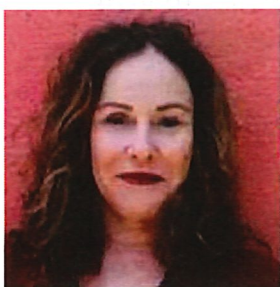
of these children. For our adult clients with or without children, our switch to online treatment has been difficult, but it has allowed our services to continue more or less uninterrupted. Nonetheless, I worry about the children and the long term effect of this pandemic on their growing sense of self within this very insecure environment -one in which we are all trying to maintain our equilibrium. Children feel what their parents feel, and right now, and for the foreseeable future, what their parents feel is a massive sense of frustration and helplessness, which manifests as stress and anxiety. Tempers become shorter, close-quarters become prisons, and loss of economic security becomes an ominous monster lurking in the shadows. Of course, children don't understand any of this and so they fill in the gaps — may be mommy is angry because I was “bad”. Maybe mommy and daddy are arguing because I was “bad”. This makes them all the more anxious and apt to “act out” themselves, causing a vicious cycle to everyone's peril.

On May 13, 2020, Roger Cohen wrote in the New York Times about the challenge before us: Whether to go back to our old ways (“old dispensation”) as quickly as possible or to use this tragedy to bring forth societal transformation. This is something that we must all reflect upon while things are moving at a slower pace. Why is it so hard for human beings to learn from experience and find the will to change?

Cohen goes on to say, “I’ve been thinking about children and the virus, this invisible thing that upended their lives closed schools, closed playgrounds, ended play dates and introduced them to Zoom. How they advise their furry animals they cannot leave the dollhouse today ‘because of the virus’. How they will put a mask on stuffed animals, because of the virus, and how they want to be told fairy tales, to be distracted from the virus. For them, and this vulnerable planet and more than 33 million newly unemployed Americans, it is worth trying to ensure that the “old dispensation” yields to something new, something more balanced, born of a strange revelation”.

We all want to be told fairy tales to be distracted from the worrying effects of the pandemic, but we must inhibit our natural inclinations and instead face our fears and ask the hard questions — why have we given our planet a “fever”, why we are giving one another a fever, and how we can use this crisis to build a better world that is more balanced, fair, and united.

For further tips and ideas about how to address your child's feelings visit blog.wellbabycenter.org.



Deborah Groening is a Licensed Marriage and Family Therapist, Psy.D. Candidate and Certified Infant-Mental Health Specialist. She is also the Executive Director of Well Baby Center.