### **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 gra		Vista Commu 	nity Council		
SEC	TION I- APPLICANT INFORMATION Infant/Parent Mental Health Foundation DBA Well Baby Center	26-	2055149	CA		08/12/2008
1a)	Organization Name	Fede	ral I.D. # (EIN#)	State of Incorpo	oration	Date of 501(c)(3)
1b)	12316 Venice Blvd.	Mai	· Vista	CA		Status (if applicable 90066
,	Organization Mailing Address	City		State		Zip Code
1c)						
	Business Address (If different)	City		State	,	Zip Code
1d)	PRIMARY CONTACT INFORMATION: Donna Rabin (31	0) 402-22	229 x108	donna@	wellba	ubycenter.org
	Name	Pho	ne	Email		
2)	Type of Organization- Please select one:  ☐ Public School (not to include private schools)  Attach Signed letter on School Letterhead			n-Profit <i>(other than</i> netermination Lett		institutions)
3)	Name / Address of Affiliated Organization (if ap	plicable)	City		State	Zip Code

#### 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 Mar Vista community for over 11 years. The purpose of this grant is produce and distribute a mental health focused "Parent's Survival Kit" with adult and child reusable face masks, art supplies, and materials for wholesome and fun activities for children and families. A handbook will provide important information ("How to Talk to Kids About COVID", for example), simple exercises and techniques to help maintain stability and mindfulness 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)

We have remained open through the pandemic, offering free phone consultations, tele-health counseling, and support groups to help individuals and families cope with increasing anxieties during Safer at Home orders. The "Survival Kit" project will promote family wellness, destigmatize the need for support, and raise awareness of available low- and no-cost mental health services such as the parenting support warm line we are launching, free of charge, in response to the COVID-19 crisis. Community support is a known preventive factor in mental health, which is the purpose of providing this kit to 100 of our local families. We will work with other organizations to add other useful items and to identify Mar Vista families in need. The "Survival Handbook" will be added to our website, as a free online resource available to all.

-		a separate sheet if necessa	ry or requested.	
ا ''	Personnel Related Expenses	a coparate enect il necessa	Requested of NC	Total Projected Cost
	staff est. 10 hrs @ \$20/hr	handbook content	\$ 200	\$ 200
ŀ	creation & printing, assembly		\$	\$
Ī			\$	\$
6b)	Non-Personnel Related Expenses		Requested of NC	Total Projected Cost
′	please see itemized budget	for 100 kits (attached)	\$ 1600.00	\$ 1614.00
ŀ	produce our normized sudget	ior roo mie (amaonea)	\$	\$
Ī			\$	\$
	e you (applicant) applied to any othe No	ase list names of NCs:		
o) is ii sou	rces or funding? (Including NPG app	olications to other NCs)	No Yes If Ye	es, please describe:
	Source of Funding		Amount	Total Projected Cost
	<u>-</u>		\$	\$
			\$	\$
			\$	\$ 00.00
•	o you (applicant) have a current or fo		Board Member of the NC	?
		ormer relationship with a E se describe below:		o to Applicant
	No ☐ Yes If Yes, plea			
	No ☐ Yes If Yes, plea			
11b) If O <u>o</u>	NO ☐ Yes If Yes, plea ame of NC Board Member  yes, did you request that the board of the participates in the discussion and the reparticipates in the discussion and the results of the participates in the discussion and the participates in the participates in the discussion and the participates in the discussion and the participates in the discussion and the participates in the participates in the discussion and the participates in the participates i	se describe below:  member consult the Office f a Board Member of the d voting of this NPG, the	Relationship  e of the City Attorney be NC has a conflict of in	o to Applicant  fore filing this application? terest and completes this
Interest benefit Purposthis approximately	No ☐ Yes If Yes, plea ame of NC Board Member  yes, did you request that the board if Yes ☐ No *(Please note that if yer participates in the discussion and	member consult the Office f a Board Member of the d voting of this NPG, the  URE  weledge, the information nat I have read the docu at the proposed project(solution) filet of interest exist the current Board Member of the grant received is not the	Relationship  The of the City Attorney be NC has a conflict of ing Program  Provided herein and comments "What is a Pulse) and/or program(s) fact the Neighborhood Coused in accordance with the Neig	fore filing this application?  terest and completes this mail deny the payment of payment of payment of the Benefit," and "Confliall within the criteria of a paymenting of the Neighborouncil to whom I am subn
Interest this apstated	yes, did you request that the board in the participates in the discussion and rant in its entirety.)  ON V - DECLARATION AND SIGNATION AND SIG	member consult the Office of a Board Member of the doubled voting of this NPG, the surrent Board Member of the current Board Member of the grant received is not a simmediately to the Neighboration or School Principals.	Provided herein and comments "What is a Pulse) and/or program(s) fat would prevent the afthe Neighborhood Coursed in accordance with borhood Council.	fore filing this application?  terest and completes this mail deny the payment of payment of payment of the Benefit," and "Confliall within the criteria of a paymenting of the Neighborouncil to whom I am subn
Interest this apstated	yes, did you request that the board in the participates in the discussion and rant in its entirety.)  ON V - DECLARATION AND SIGNATION AND SIG	member consult the Office of a Board Member of the d voting of this NPG, the owner of the d voting of the information at I have read the docuat the proposed project of interest exist the current Board Member of the grant received is not a simmediately to the Neigl poration or School Princip Founder, CEO	Relationship  e of the City Attorney be NC has a conflict of in e NC Funding Program  provided herein and comments "What is a Pul s) and/or program(s) fa at would prevent the a f the Neighborhood Co used in accordance with hoorhood Council.  pal -REQUIRED*	fore filing this application?  terest and completes this n will deny the payment of  municated otherwise is olic Benefit," and "Conflial within the criteria of a payment of the Neighbor of the terms of the appli
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\* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form

Signature

Title

Date

PRINT Name

#### BUDGET: "JUST ADD WATER" PARENT'S SURVIVAL KIT QUANTITY 100

	GET: "JUST ADD WATER" PARENTS	S SURVIVAL KII QUANTITY	100	
Supplies/Materials  **EUXABLE FABRIC FACE EACH WITH SCATTERE EACH STAND AND MODERATE AND ADDITIONAL FACE A	Item 2 washable reusable cloth face masks (1 adult/1 child). Partial	Price/Qty \$3.00/each x 200	Cost 600.00	Per Kit 6.00
STILE \$100  557 (2 to purchase grad)	donation, reg \$6.25-7.25 each			
Mil (agreement) a green set make the green set of green set make the g	4 oz glass jar/lid	\$21.03/24 x 5	105.00	.88
A SEE OF	4 oz Dawn dish soap ½ cup sugar	\$19.89/gal x 4 \$0.50/lb x 25	78.00 12.50	.63 .06
18" x 12" Dowels  res mana  Victorial and mana  In mana	wooden dowel	\$6.50/100	6.50	.07
<	pipe cleaner	\$2.00/100	2.00	.02
Calcustome Pape Camors. Jacor Ned Calors - Pards of 100	1 cup flour 1 cup salt	\$2/lb x 30 \$0.26/lb x 50	60.00 13.00	.58 .13
	1 tbsp cream of tartar 1 packet food coloring	\$25/lb x .5 \$18.62/24 x 5	12.50 93.00	.12 .83
************************************	1 .5 oz packet cooking oil watercolor paint kit w/brush	\$13.18/10 x 10 \$68/40 x 3	132.00 204.00	1.31 1.91
BH.	#5 paper bags for dry ingredients	\$3.70/250	4.00	.04
one hard of End Skyren (op	12x10x7 recycled kraft bag	\$6.50/25 x 4	26.00	.29
95	labels to seal ingredient bags	\$58/8000	58.00	.02
		Kit Materials Subtotal	1407.00	\$12.89
Printed Materials/Ads  Production/Distribution	200 sheets card stock (handbooks) 2000 sheets paper (handbooks) Printing, in-house (handbooks) Facebook ad push	\$18/pack \$39/case \$0.06/page x 1000 \$3/day x 30	18.00 39.00 60.00 90.00	
i roduction/Distribution	Staff est total 10 hours @ avg \$20/hr. Handbook creative design & content (incl online) 5 hrs; kit distribution 5 hrs		200.00	
	, , , , , , , , , , , , , , , , , , , ,	Total Project—100 Kits*	<u>\$1814.00</u>	

<sup>\*</sup>Not included in this budget are additional materials and goods we are soliciting 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

Date: AUG 1 2 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.

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) D 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	ng person(s)	is (are) doing bus	iness as:	
*1 Well Baby Center	2.			
		Business Name(s)		
** 9107 Wilshire Blvd., #215		1		
Street address of principal place of business		Mallin	ng address if different	
Beverly Hills CA 90210 Los Angele	98			
City State Zip	COUNTY	City	State	Zip
Articles of Incorporation or Organization Number (if applicable): Al #ON 30878	98	-		
REGISTERED OWNER(S):				
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		· -
California		City	State	Zip
If Corporation or LLC - Print State of Incorporation/Organization		If Corneration or LLC - F	Print State of Incorporation/Organiza	lion
		ii corporation or ecc =1	Tim Otato of moorporation organiza	4011
3	4.			
Full Name/Corp/LLC		Full Name/Corp/LLC		
Residence Address (P.O. Box not accepted)				
Residence Address (P.O. Box not accepted)		Residence Address (P.	O. Box not accepted)	
City State Zip		City	State	Zip
, C		Oily	State	Zip
If Corporation or LLC - Print State of Incorporation/Organization		If Corporation or LLC - P	rint State of Incorporation/Organiza	tion
		•	,	
IF MORE THAN FOUR REGISTRA	WTS, ATTACH AD	DITIONAL SHEET SHOW	ING OWNER INFORMATION	
**** THIS BUSINESS IS CONDUCTED BY: (Check one)				
□ an Individual □ a General Partnership	□ a Limite	d Partnership	a Limited Liability Comp	oany
□ an Unincorporated Association other than a Partne		a Corporation		Copartners
□ Husband and Wife □ Joint Venture □ State	or Local Regi	stered Domestic Pa		bility Partnership
***** The registrant commenced to transact business under the fi	ictitious busines	s name or names list	ed above on October	1. 2008
			(Insert N/A above if you haven't sta	
I declare that all info	rmation in t	his statement is	true and correct.	
(A registrant who declares as true in			to be false is guilty of a cri	me.)
REGISTRANTS/CORPALC NAME (PRINT) The Infant/Parent Mental	Health Four	ndation TIT	LE President	
Allhouse & Manan	M a-			
REGISTRANT SIGNATURE V/NJUM/NOV/N. N. N	IF CORP	OR LLC, PRINT NA	ME Deborah Groening	
If corporation, also print corporate title of officer. If t	Lo. also pri	nt title of officer (	ar manager	
If corporation, also print corporate title of officer. If the statement was filed with the County Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on the date indicated to the county Clerk of LOS ANGELES on t	ated by the filed sta	mp in the upper right come	er.	
NOTICE – IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FIC WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS F	CTITIOUS NAME ST	TATEMENT GENERALLY	EXPIRES AT THE END OF FIVE Y	EARS FROM THE DATE ON
IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 179	113 OTHER THAN A	A CHANGE IN THE RESID	ENCE ADDRESS	JATS AFTER ANT CHANGE
OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEME	NT MUST BE FILE	D BEFORE THE EXPIRAT	TION.	
THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE US	E IN THIS STATE	OF A FICTITIOUS BUSINE	ESS NAME IN VIOLATION OF THE	RIGHTS OF ANOTHER
UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY	<b>BUSINESS AND P</b>	ROFESSIONS CODE).		
	OF THE ORIG	WAL GIVE BUENT U	WILE IN WIT OFFICE.	
DEAN C. LOGAN, LOS ANGELES COUNTY CLERK	В	Y:		. Deputy

Rev. 01/01/08

P.O. BOX 53592, LOS ANGELES, CA 90053-0592

PH: (582) 462-2177

WEB ADDRESS: LAVOTE..NET

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 7,600 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

Annual Gross Household Income	Sliding-Scale Fee	
\$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%

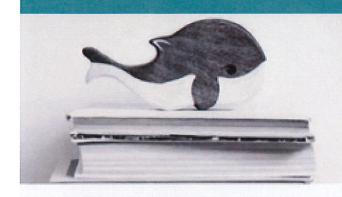
43% of group participation is on sliding scale.

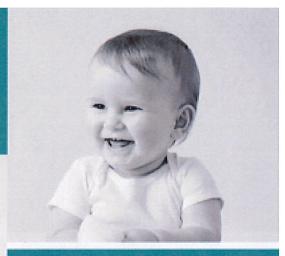
**Our model is and always has been preventative**. We are on the front line of a growing mental health crisis resulting from the CIVD-19 pandemic. Instances of spousal and child abuse are expected to rise as a result of the COVID pandemic, as are depression and anxiety disorders.

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 in the Mar Vista community, as well as to other organizations, and we can use our reach to connect with those people who are struggling now.

SPEAK TO A MENTAL HEALTH
PROFESSIONAL TODAY TO THINK
ABOUT WAYS TO RESPOND TO YOUR
FAMILIES' CURRENT CHALLENGES.

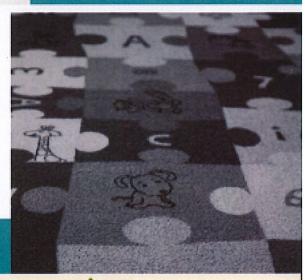




No charge! Same-day response! 15 minute consultation!

# PARENTING SUPPORT WARM LINE

\*This is not a 24-hour emergency hotline, so if this is a medical emergency please call 911 or go to your nearest emergency hospital.





well baby 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.