

**PARKS AND RECREATION COMMISSION  
GRANTS COMMITTEE MEETING**

**WEST ANNEX COMMISSION MEETING ROOM  
3031 TORRANCE BLVD. TORRANCE, CA  
TUESDAY, FEBRUARY 18, 2020  
6:30 P.M.**

**A G E N D A**

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **MOTION TO ACCEPT AND FILE REPORT ON POSTING OF AGENDA**
4. **APPROVAL OF MINUTES**  
OCTOBER 9, 2019
5. **OLD BUSINESS**  
None
6. **NEW BUSINESS**
  - A. Approval of the Non-Profit Social Services Agencies 2019 Financial Reports
  - B. Evaluation of the Criteria for the 2021 Grant Program
7. **ADJOURNMENT**

**COMMISSIONERS:**     \_\_\_ Ed Candioly  
                              \_\_\_ Paul Cohen  
                              \_\_\_ William Feliz

**STAFF MEMBERS:**    \_\_\_ Jason Minter, Administrative Services Manager  
                              \_\_\_ Cynthia Rosell, Sr. Administrative Assistant

**MINUTES OF A MEETING OF THE GRANTS COMMITTEE,  
TORRANCE PARKS AND RECREATION COMMISSION**

**1. CALL TO ORDER**

The Grants Committee convened at 6:30 p.m. on Wednesday, October 9, 2019 in the West Annex meeting room, Torrance City Hall.

**2. ROLL CALL**

Present: Committee Members Candioty, Cohen, and Feliz.

Absent: None.

Also Present: Administrative Services Manager Minter.

**3. AFFIDAVIT OF POSTING**

**MOTION:** Commissioner Feliz moved to accept and file the report of the City Clerk on the posting of the agenda. Commissioner Candioty seconded the motion; a roll call vote reflected unanimous approval.

**4. APPROVAL OF MINUTES**

**4A. MINUTES OF AUGUST 14, 2019**

**MOTION:** Commissioner Feliz moved, and Commissioner Cohen seconded, to approve the August 14, 2019 Grants Committee meeting minutes as presented; a roll call vote reflected unanimous approval.

**5. OLD BUSINESS – None.**

**6. NEW BUSINESS**

**6A. APPROVAL OF THE 2020 GRANT FUNDING FOR NON-PROFIT SOCIAL SERVICES AGENCIES**

Administrative Services Manager Minter thanked Committee members for their diligence and meeting the deadline in submitting their rating sheets to staff. He stated their individual reviews and score sheets (Attachments C, D, and E) were compiled into the Grant Rating Chart (Attachment B). He noted in the \$5,000 category there were seven applications received and, based on the scores submitted by Committee Members, it is recommended that grants be awarded to ICAN and Children's Dental Center. He stated there were 13 applications received in the \$2,500 category and, based on their scores, the Committee has indicated that grant awards be given to Walk with Sally, Caring House, South Bay Literacy Council, and St. Paul's United Methodist Church. He noted the Committee's recommendation would be brought before the Parks and Recreation Commission on November 13, 2019 and City Council for final approval in January 2020. He requested that Members make note of any challenges or concerns they had during the rating process and bring them back to the next Committee meeting for discussion.

**MOTION:** Commissioner Cohen moved that the Grants Committee recommend that grants be awarded to six Non-Profit Social Service Agencies as presented, and to forward the recommendation to the Parks and Recreation Commission on November 13, 2019. Commissioner Feliz seconded the motion; a roll call vote reflected unanimous approval.

Administrative Services Manager Minter mentioned that the City Manager has asked the Committee to consider the potential renaming of the Grants program due to a conflict with what another Commission is doing.

7. **ADJOURNMENT**

**MOTION:** At 6:40 p.m., Commissioner Feliz moved to adjourn the meeting in honor of former Assistant City Manager Mary Giordano to February 12, 2020 at 6:00 p.m. at the West Annex meeting room, Torrance City Hall. Commissioner Cohen seconded the motion; a roll call vote reflected approval.

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February 18, 2020

**TO: PARKS AND RECREATION COMMISSION GRANTS COMMITTEE**  
**FROM: JASON MINTER, ADMINISTRATIVE SERVICES MANAGER**  
**SUBJECT: APPROVAL OF THE NON-PROFIT SOCIAL SERVICES AGENCIES 2019 FINANCIAL REPORTS**

The 2019 Non-Profit Social Services Agency Grant Program is now complete. Each agency was notified of the filing deadline for their 2019 Financial Narrative Reports, which was January 31, 2020. As of the submission deadline, the City had received all six (6) of the reports for the 2019 grant period.

The next phase of the grant program requires the Committee to approve the financial reports and forward them to the full Parks and Recreation Commission. With the Commission's approval staff will then forward the recommendation to City Council for acceptance and filing.

Respectfully submitted,

  
\_\_\_\_\_  
Jason Minter  
Administrative Services Manager

CONCUR:

  
\_\_\_\_\_  
John Jones  
Community Services Director

- Attachments: Non-Profit Social Services Agencies 2019 Financial reports
- A) Happy Hats for Kids
  - B) ICAN
  - C) Pediatric Therapy Network
  - D) Pregnancy Help Center
  - E) South Bay Children's Health Center
  - F) Walk with Sally

## CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

Final Report Date: January 30, 2019

Program / Project Title: Hero Club and Holiday Happy Hats Programs

Grant Number: C2019-003

Grantee Name: Happy Hats for Kids in Hospitals

Grantee Employer ID Number:

Address: 923 Van Ness Avenue, Torrance, CA 90501

Phone: 310-787-0970

Grantee Agency Email: admin@happyhatsforkids.org

Grant Received

\$5,000                       \$2,500

Planned Number of Torrance Residents Served Under This Grant 667

Final Number of Torrance Residents Served Under This Grant 667

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Please limit your response to ¼ page per question:

1. Please provide a short description of your program including overview, accomplishments, outcomes, and final program evaluation.  
Objective: To uplift the spirits and bring happiness and smiles to hospitalized children fighting cancer and other life-threatening illnesses in South Bay hospitals, ERs, hospice as well as their families during the most challenging days of their lives. Our Hero Club gift packages/holiday hats bring much needed distractions from anxieties, fears and trauma.

Happy Hats for Kids in Hospitals is grateful to have received a generous award in the amount of \$2,500 on January 29, 2019. We are excited to report, the Torrance City's donation made it possible to give 667 Hero Club gift packages and Holiday Hats in the following hospitals: Harbor UCLA Medical Center, Torrance Memorial Medical Center, Providence Little Company of Mary Hospital and TrinityKids Care Hospice.

# CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

Your contribution also made a difference in the lives of 28 youth with special needs through our Specialized Mentoring Program for individuals with developmental disabilities who participate in our programs. Through this Program we offer hands-on experience to improve their communication and motor skills, while enhancing their independence for their future.

2. Please give a brief explanation of any challenges or barriers you faced over the course of the program:

Our biggest challenge is raising funds to support our on-going three major programs. We are proud to say these vital programs have been very successful for the past 29 years.

### Program Budget—Projected vs. Actuals.

Category	Projected Program Expenditure	Actual Program Expenditure
Salaries and Benefits	\$ 66,478	\$ 66,478
Operating Expenses	\$ 193,522	\$ 193,522
Capital Equipment	\$ 0	\$ 0
Capital Improvements	\$ 0	\$ 0
Total	\$ 260,000	\$ 260,000

Total Requested from the City of Torrance	\$ 2,500
Agency Cost (Total Program Cost minus City of Torrance Grant Amount)	\$ 191,022

### Project Certification:

I hereby certify that all grant funds were expended as listed above and that the project is complete. I represent and warrant that I have full authority to execute this Project Certification on behalf of the Grantee. I declare under penalty of perjury that the foregoing project certification of project completion for the above mentioned grant is true and correct.

Sheri Schrier

Date January 30, 2020

Type or Print Name of Authorizing Official

  
Signature of Authorizing Official

## CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

Final Report Date: January 30, 2020

Program / Project Title: Help ICAN Purchase a Vehicle for Our Marketplace Initiative

Grant Number:

Grantee Name: Andrew Stone

Grantee Employer ID Number: 45-5441802

Address: 219 N Broadway Redondo Beach, CA. 90277

Phone: (310)-384-7997

Grantee Agency Email: Andrew.stone@ican.org

Grant Received

\$5,000

\$2,500

Planned Number of Torrance Residents Served Under This Grant 16

Final Number of Torrance Residents Served Under This Grant 20

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Please limit your response to ½ page per question:

1. Please provide a short description of your program including overview, accomplishments, outcomes, and final program evaluation.

See attachment.

2. Please give a brief explanation of any challenges or barriers you faced over the course of the program:

See attachment.

# CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

### Program Budget—Projected vs. Actuals.

Category	Projected Program Expenditure	Actual Program Expenditure
Salaries and Benefits	\$	\$
Operating Expenses	\$	\$
Capital Equipment	\$35,000	\$34,881
Capital Improvements	\$	\$
Total	\$35,000	\$34,881

Total Requested from the City of Torrance	\$5,000
Agency Cost (Total Program Cost minus City of Torrance Grant Amount)	\$29,881

### Project Certification:

I hereby certify that all grant funds were expended as listed above and that the project is complete. I represent and warrant that I have full authority to execute this Project Certification on behalf of the Grantee. I declare under penalty of perjury that the foregoing project certification of project completion for the above mentioned grant is true and correct.

Andrew Stone

Date 1/30/2019

Type or Print Name of Authorizing Official

Andrew Stone

Signature of Authorizing Official



1. Please provide a short description of your program including overview, accomplishments, outcomes, and final program evaluation.

For this grant, we asked for funding to help us purchase a van for our Marketplace Initiative, which consists of four microbusinesses we created in order to provide more employment opportunities for our clients in our Life Skills Day Program. Specifically, this van would help our coffee business The Hermosa Coffee Co. and our ICAN Photo Booth by providing us with a van designated to working events that hire our clients. In the past, we had to borrow vans from our other programs to work these events, and consequently, we were unable to work events Monday-Friday between 8AM-3PM because our other programs needed the vans, But with this grant and the van it helped provide, we are now able to work events any time of the week.

As a result, we were able to successfully meet our project outcomes by providing our clients with significantly more employment opportunities in 2019 than we had in previous years. This past year our Marketplace Initiatives worked multiple events each week, which, before acquiring this van, would not have been possible. In 2019, we more than doubled the employment opportunities for our clients in our Life Skills Day Program through the Hermosa Coffee Co. and our photo booth. Overall, this program was a huge success in 2019.

2. Please give a brief explanation of any challenges or barriers you faced over the course of the program:

A big challenge we faced with our Marketplace Initiative was that at the end of 2019, our coffee cart was stolen. This resulted in our organization having to cancel multiple events and, consequently, our clients temporarily lost their sole source of employment opportunities. With that said, we immediately announced a fundraising campaign to purchase a new coffee cart and the community responded better than we could have ever imagined. Within a few days we met our goal of \$20,000 to replace our cart, but it didn't stop there. Due to various donors both big and small, we ended up raising over \$60,000. It took a few weeks to acquire a new coffee cart, but we were able to replace the stolen one sooner than expected and were able to once again provide job opportunities for our clients. Despite the loss of work from this unexpected challenge, we were still able to provide way more job opportunities for our clients in 2019 than in any previous year because of the grant we received. With a new cart heading into 2020, we expect to provide our clients with an even greater income than we did in 2019.

# CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

Final Report Date: 1/30/2020

Program / Project Title: Parent Support & Community Integration

Grant Number: C2019-005

Grantee Name: Pediatric Therapy Network

Grantee Employer ID Number: 33-0706273

Address: 1815 W. 213<sup>th</sup> Street, Suite 100, Torrance, CA 90501

Phone: (310) 328-0276 x210

Grantee Agency Email: ginag@ptnmail.org

Grant Received

X \$5,000

\*\$2,500

Planned Number of Torrance Residents Served Under This Grant 200

Final Number of Torrance Residents Served Under This Grant 287

Please limit your response to ½ page per question:



# CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

1. Please provide a short description of your program including overview, accomplishments, outcomes, and final program evaluation.

To empower parents as caregivers and expand the potential for achieving each child's maximum level of self-sufficiency, as part of PTN's family-centric practice, PTN provides over 100 free Parent Support & Community Integration initiatives that complement the work of our therapeutic programs. Collectively, our Parent Support & Community Integration initiatives are designed to address the developmental, physical, and social issues of underserved children with special needs, and to offer vital support, resources and education to their caregivers. These initiatives effectively help families reduce stress, gain a network of resources, build support systems, participate in recreational activities, and develop coping skills and strategies.

In 2019, PTN hosted 126 Parent Support & Community Integration initiatives, including 41 Parent Orientation meetings (target: 45), 17 Parent Support Groups (target: 15), 6 Parent Education Workshops (target: 6), 30 Respite Rendezvous events (target: 15), 26 "Stepping Out" Community Integration activities (target: 15), and disseminated 12 Newswire e-blasts to families (target: 12). 3,088 children and families participated in these Parent Support & Community Integration initiatives, including 287 from Torrance (target: 200). 100% of parents with children in PTN's Leaps & Bounds Early Intervention program were represented by at least one parent in a minimum of one parent meeting geared towards their child's individualized goals (target 100%); (2) 96% of parents who attended a workshop expressed a greater understanding of their child's strengths and needs, increased coping strategies, and knowledge of resources and support systems (target 90%); (3) 76% of parents who attended a support group reported that the resources and materials provided will be useful (target 80%).

2. Please give a brief explanation of any challenges or barriers you faced over the course of the program:

PTN is dedicated to providing comprehensive services to the children and families we serve, but unfortunately, the family support programs we offer are not reimbursed by any other funding sources. It is only through the support of the community, like the City of Torrance, that PTN can continue to offer these free Parent Support & Community Integration initiatives.

Another challenge is continuing to meet the needs of a growing number of Spanish-speaking families. A bi-lingual/bi-cultural PTN staff member works to ensure that Spanish-speaking and other traditionally marginalized families are engaged and aware of the services and resources available to them at PTN and within the broader community. As such, several of the Parent Orientations and Parent Workshops were conducted in Spanish or had Spanish translation available. As one PTN Mom shared, "I've had the best experience bonding with other moms and PTN staff. Being an immigrant can be lonely going through the developmental issues with your child, but the Parent Socials have been so helpful. I am very grateful to everyone at PTN for their caring spirit."

The impact of your generosity is seen every day in the lives of the children and families we serve. Thank you for your partnership and belief in our mission.

# CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

### Program Budget—Projected vs. Actuals.

Category	Projected Program Expenditure	Actual Program Expenditure
Salaries and Benefits	\$236,590	\$237,125
Operating Expenses	\$67,575	\$68,610
Capital Equipment	\$0	\$
Capital Improvements	\$0	\$
Total	\$304,165	\$305,735

Total Requested from the City of Torrance	\$5,000
Agency Cost (Total Program Cost minus City of Torrance Grant Amount)	\$300,735

### Project Certification:

I hereby certify that all grant funds were expended as listed above and that the project is complete. I represent and warrant that I have full authority to execute this Project Certification on behalf of the Grantee. I declare under penalty of perjury that the foregoing project certification of project completion for the above mentioned grant is true and correct.

Gerald S. Papazian  
Type or Print Name of Authorizing Official

Date 1/24/20

[Signature]  
Signature of Authorizing Official

## CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

Final Report Date: January 22, 2020

Program / Project Title: STI Testing and Treatment Program

Grant Number: No number given

Grantee Name: Pregnancy Help Center

Grantee Employer ID Number: 954579814

Address: 1311 Crenshaw Blvd, Suite A  
Torrance, CA 90501

Phone: 310-320-8976

Grantee Agency Email: agross@phctorrance.org

## Grant Received

\$5,000                      x \$2,500

Planned Number of Torrance Residents Served Under This Grant: 30

Final Number of Torrance Residents Served Under This Grant: 24

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Please limit your response to ½ page per question:

1. Please provide a short description of your program including overview, accomplishments, outcomes, and final program evaluation.

The STI Testing and Treatment Program at our clinic provides testing (chlamydia and gonorrhea) and treatment (chlamydia) to individuals who requested this service. In addition to clients requesting STI testing, the STI Testing and Treatment program provided risk assessment/ screening for all clients who did not request STI screening. All positive chlamydia test clients were given an antibiotic treatment at no charge.

All STI testing clients are provided with education about STI's and the health risks associated with them. Referrals for additional STI testing were provided, if necessary. Sexual partners of positive STI test clients are treated for chlamydia to reduce the risk of transmitting the STI. We

# CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

have tested 73 clients in 2019 with 32% coming from the City of Torrance. Education is offered to clients on STIs and risk reduction. We market this service throughout the entire South Bay.

Financial Report: 2020

2. Please give a brief explanation of any challenges or barriers you faced over the course of the program:

We have not come across any barriers or challenges over the past year. The Center is committed to the free STI Testing and Treatment Program and will continue to fund this program through our general operating funds. We will continue our education and marketing efforts in order to increase the number of clients served, especially during this time of need. We are extremely grateful to the City of Torrance for funding this very important service.

### Program Budget—Projected vs. Actuals.

Category	Projected Program Expenditure	Actual Program Expenditure
Salaries and Benefits	\$6,000	\$6,000
Operating Expenses	\$2,000	\$1,486
Capital Equipment	\$0	\$0
Capital Improvements	\$0	\$0
Total	\$8,000	\$7,486

Total Requested from the City of Torrance	\$2,500
Agency Cost (Total Program Cost minus City of Torrance Grant Amount)	\$4,986

# CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

### Project Certification:

I hereby certify that all grant funds were expended as listed above and that the project is complete. I represent and warrant that I have full authority to execute this Project Certification on behalf of the Grantee. I declare under penalty of perjury that the foregoing project certification of project completion for the above mentioned grant is true and correct.

Adrienne Gross, Executive Director  
Type or Print Name of Authorizing Official

Date: 1/21/20



Signature of Authorizing Official

## CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

Final Report Date: **January 28, 2020**

Program / Project Title: **Improving Oral Health Outcomes for Underserved Torrance Youth**

Grant Number: **C2019-007**

Grantee Name: **South Bay Children's Health Center Association, Inc.**

Grantee Employer ID Number: **95-6003956**

Address: **410 Camino Real, Redondo Beach, CA 90277**

Phone: **(310) 316-1212**

Grantee Agency Email: **[mschenasi@sbchc.com](mailto:mschenasi@sbchc.com)**

Grant Received:

\$5,000

\$2,500

Planned Number of Torrance Residents Served Under This Grant 240

Final Number of Torrance Residents Served Under This Grant	<b>710</b>	<b>Outreach</b>
	<b>146</b>	<b>Dental Clinic</b>
	<b>42</b>	<b>Virtual Dental Home</b>
	<u><b>898</b></u>	<b>Total</b>

Please limit your response to ½ page per question:

- Please provide a short description of your program including overview, accomplishments, outcomes, and final program evaluation.**

Funding from the City of Torrance for the grant period of February 1, 2019 through January 31, 2020, assisted in the provision of oral health outreach education and direct dental care to underserved Torrance youth and their families. As we continue serving the most critical community needs using best-practices in a public health environment, our focus remains on educating children and families about the importance of oral health care, facilitating their connection to SBCHC as a "Dental Home," and providing ongoing preventative and restorative dental treatment at our dental clinic or through our "Virtual Dental Home" model of care.

Our collaborative partnership with the Pediatric Therapy Network continues to grow through the provision of oral health education for parents, staff and other caregivers and the ability of



# CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

youth participating in either the LEAP Program (special needs) or Early Head Start, to receive full preventative dental check-ups and preventative dental treatment on-site in Torrance. We have successfully accomplished and achieved these program objectives:

- 42 children during the 12-month grant period have received complete preventative checkups on-site at the Pediatric Therapy Network through the LEAP Program and/or Early Head Start. 100% of the children (against a 75% objective) also received preventative fluoride varnish to reduce the occurrence (or reoccurrence) of dental disease.
- 146 youth from the City of Torrance received dental care at the Lawndale Dental Clinic over the 12-month grant period.
- 550 children and teens and 160 young adults participated in SBCHC's oral health outreach program at these community sites: Torrance Memorial Medical Center (Clergy Breakfast and Community Resource Fair), El Camino College, Torrance WIC Centers, the Pediatric Therapy Network, and the Torrance YMCA. (Additional health fairs at El Camino College and Harbor UCLA Pediatrics are scheduled for April 2020).
- Approximately 30 parents, caregivers and staff received oral health education during Virtual Dental Home visits, providing information on how to encourage any needed behavioral change, along with age-appropriate anticipatory guidance.
- Children from Torrance with special health needs who receive dental treatment at the Dental Clinic continue to receive the additional "happy visits" necessary to be able to effectively treat comprehensive dental needs without general anesthesia.

### **2. Please give a brief explanation of any challenges or barriers you faced over the course of the program:**

In August 2019, our Outreach Coordinator went on Maternity leave during the second half of the grant period. We were able to meet our project objectives in Torrance as a result of redistributing her work among other staff. Our two greatest barriers/challenges to significant growth continues to be limited staffing on our end and challenges growing our Outreach Program within TUSD as the direct result of fewer school nurses available. While SBCHC conducts the dental screenings, the school nursing staff typically follows up directly with families with children that show an immediate need for dental treatment. Also, we were able to reach our educational objective through our Virtual Dental Home partnership with the Pediatric Therapy Network but were not able to conduct any additional workshops beyond that.

# CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

### Program Budget—Projected vs. Actuals.

Category	Projected Program Expenditure	Actual Program Expenditure
Salaries and Benefits	\$ 4,033	\$ 4,033
Operating Expenses	\$ 700	\$ 550
Capital Equipment	\$	\$
Capital Improvements	\$	\$
Total	\$ 4,733	\$ 4,583

Total Requested from the City of Torrance	\$ 2,500
Agency Cost (Total Program Cost minus City of Torrance Grant Amount)	\$ 2,083

### Project Certification:

I hereby certify that all grant funds were expended as listed above and that the project is complete. I represent and warrant that I have full authority to execute this Project Certification on behalf of the Grantee. I declare under penalty of perjury that the foregoing project certification of project completion for the above mentioned grant is true and correct.

MARC SUTENAS

Type or Print Name of Authorizing Official

Date

1/28/2020



Signature of Authorizing Official

## CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

Final Report Date: 1.30.20Program / Project Title: Friendship Activities

Grant Number:

Grantee Name: Walk With SallyGrantee Employer ID Number: 61-147-2800Address: 840 Apollo Street, Ste 324, El Segundo, CA 90245Phone: 310-322-3900

Grantee Agency Email:

Grant Received

 \$5,000 2,500Planned Number of Torrance Residents Served Under This Grant 12Final Number of Torrance Residents Served Under This Grant 10


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 Please limit your response to ½ page per question:

1. Please provide a short description of your program including overview, accomplishments, outcomes, and final program evaluation.

Friendship Activities are the backbone of our Walk With Sally Community and are one of the most important elements in sustaining Mentor/Mentee relationships, or Friendships, for 1 year and many times 2-5 years or longer. These Activity Days are scheduled quarterly and bring together our mentees, their mentors, family members, mentees in waiting and their families as well as prospective mentors and volunteers. Each activity provides an opportunity for education, exposure and fun and helps to bond each Friendship as well as each mentee and family to our Mentoring program and community.

This year we increased our average attendance by 15% to an average of 96 attendees per Friendship Activity. This equates to stronger Friendships and more participation within our entire annual curriculum.

# CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

Our Annual Surf Day Friendship Activity is one of the most beloved. We partner each year with the Jimmy Miller Memorial Foundation to teach our mentees to surf and our community how to care of the Ocean! This year we had 116 attendees including about 23 mentees that attended for the first time and have never had the opportunity to surf as well as 3 children who had never been in the ocean. One parent of two boys in the program ages 13 and 11 let us know that during her 2<sup>nd</sup> battle with breast cancer in 6 years, she relishes these activity days as they are many times the only opportunity her family has to enjoy an outing together.

2. Please give a brief explanation of any challenges or barriers you faced over the course of the program:

Our constant challenge is always transportation. Most of the time a Mentor provides transportation for the mentee and alleviates many issues regarding the ability to get a child to the activity day. However, in certain circumstances where the Mentor cannot make the activity day or the Mentor and Mentee are located in a part of the county that is too far for them to travel, the Friendship misses out on the full experience of the program.

We are currently working on a satellite office in downtown Los Angeles in order to provide activities across town and more opportunities for the entire growing program of Friendships to participate and experience community and bonding.

### Program Budget—Projected vs. Actuals. – Mentoring Program

Category	Projected Program Expenditure	Actual Program Expenditure
Salaries and Benefits	\$361,700	\$320,393.01
Operating Expenses	\$271,500	\$289,811.94
Capital Equipment	\$0	\$
Capital Improvements	\$0	\$
Total	\$633,200	\$610,204.95

Total Requested from the City of Torrance	\$2500
Agency Cost (Total Program Cost minus City of Torrance Grant Amount)	\$607,704.95

Project Certification:

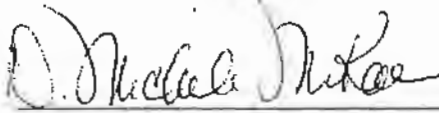
# CITY OF TORRANCE

## NON-PROFIT SOCIAL SERVICE AGENCY FINANCIAL REPORT – 2019

I hereby certify that all grant funds were expended as listed above and that the project is complete. I represent and warrant that I have full authority to execute this Project Certification on behalf of the Grantee. I declare under penalty of perjury that the foregoing project certification of project completion for the above mentioned grant is true and correct.

D. Michele McRae  
Type or Print Name of Authorizing Official

Date 1/30/20



Signature of Authorizing Official

**TO: PARKS AND RECREATION COMMISSION – GRANTS COMMITTEE**  
**FROM: JASON MINTER, ADMINISTRATIVE SERVICES MANAGER**  
**SUBJECT: EVALUATION OF THE CRITERIA FOR THE 2021 GRANT PROGRAM**

The 2019 Grant Program is complete and the current 2020 Grant period is underway. The Committee will now begin preparation for the 2021 Grant Year. The first step is the review of the application and criteria. Based on information received from the public, as well as questions that arose internally, staff are recommending that the Committee review the following:

1. Grant application (Attachment A)
2. Grant criteria (Attachment B)
3. Scoring system (Attachment C)

It is the recommendation of staff that the Committee review these components and make recommendations for the 2021 Grant cycle. If additional information is needed, staff can return at the next scheduled meeting with updated forms. Any requests or comments made during the discussion will be brought back to the Committee for final review at a later date. Once the Committee approves the 2021 criteria, a final item will be prepared for the full Parks and Recreation Commission.

Respectfully submitted,



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Jason Minter  
Administrative Services Manager

CONCUR:



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John Jones  
Community Services Director

Attachments: A) Grant application  
B) Grant criteria  
C) Scoring rubric and sheet



City of Torrance  
Parks and Recreation Commission  
Social Service Grant Program

**NON-PROFIT SOCIAL SERVICE GRANT PROGRAM APPLICATION – 2021**

All applications are due to the City of Torrance by 5:00 p.m. on September \_\_\_\_, 2020.  
Email complete application to [Grants@TorranceCA.gov](mailto:Grants@TorranceCA.gov)

**I. SUMMARY INFORMATION**

- A. PROGRAM/PROJECT TITLE:
- B. Please provide a brief project description (25 words or less).

**C. AGENCY APPLICANT INFORMATION**

Agency Legal Name:  
 Street Address:  
 City, State, Zip:  
 Website:  
 Phone Number:  
 Email:

Name of Agency Contact:  
 Title of Agency Contact:  
 Phone Number:  
 Agency Contact E-mail:

**D. FUNDING LEVEL**

Indicate which funding level your agency is seeking  
(Select One Funding Amount):

\$5,000 ( ) or \$2,500 ( )

*\* If there are fewer than four (4) qualifying applications received for the \$2,500 funding level, these grants may be offered to qualifying applicants from the \$5,000 funding level.*

*The Grants Committee has the right to modify either grant level if there are not enough qualified applicants.*

**II. GENERAL INFORMATION**

To be considered for funding, a grant applicant must provide with the application proof of non-profit status under Section 501(C) 3 of the Internal Revenue Code or Section 23701(c) or (d) of the California Revenue and Taxation Code. See Section IV.

**IS YOUR AGENCY INCORPORATED IN CALIFORNIA AS A NON-PROFIT ORGANIZATION?**

YES ( )      NO ( )

If "YES", please furnish the Date of Incorporation:

If "NO", but your organization supports or is sponsored by a non-profit organization.

Name of Organization:

FEDERAL IDENTIFICATION #

STATE IDENTIFICATION #

**A. TOTAL AGENCY EXPENDITURES**

Category	FY 2020	Projected 2021
Salaries and Benefits	\$	\$
Operating Expenses	\$	\$
Capital Equipment	\$	\$
Capital Improvements	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

**B. TOTAL AGENCY INCOME SOURCES**

Source	FY 2020	Projected 2021
Grants--Governmental	\$	\$
Grants--Private Foundations	\$	\$
Donations	\$	\$
Fund Raising	\$	\$
Fees	\$	\$
Government Subventions	\$	\$
Service Contracts	\$	\$
Other	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

**C. ARE YOUR AGENCY'S SERVICES AND FACILITIES ACCESSIBLE TO INDIVIDUALS WITH DISABILITIES?**

YES ( )      NO ( )

**D. TOTAL NUMBER OF CURRENT STAFF**

Full-Time ( )      Part-Time ( )      Contractors ( )      Volunteers ( )

**E. TOTAL NUMBER OF INDIVIDUALS SERVED BY AGENCY**



### III. PROGRAM INFORMATION

*(Please address the following questions using a maximum of 1 page per question. Make sure the responses indicate which section and question you are addressing. Insert responses between Section III and Section IV.)*

- A. Statement of Need:** The statement of need is a key element of the proposal that makes a clear, concise, and well supported statement of the problem to be addressed.
- B. Project Description:** The project description refers to how the project is expected to work and solve the stated problem, how it contributes to the well-being of the community.
- C. Grant Program Goals:** Program goals refer to specific activities in the proposal. It is necessary to identify all objectives related to the goals to be reached, and the methods to be employed to achieve the stated objectives. The figures used should be verifiable. The stated objectives will be used to evaluate the program's progress so be realistic in your description.
- D. Project Outcomes:** Please describe the overall change to be seen by end of the grant cycle, and explain how you measure the grant project impact.
- E. Age group(s) you expect this Program/Project to service during the year:** Indicate which populations your program will serve (i.e. youth, adult, senior, special populations) and how many Torrance residents will receive service under your program. Also, describe your outreach efforts to these populations.
- F. Evaluation Strategy:** Please describe how you evaluate the success of your program showing the evaluation of results that can be attributed to the program as well as the extent to which the project has satisfied its stated objectives.

**IV. PROGRAM/PROJECT BUDGET SHEET**

**Program Budget**

To ensure greatest impact, funds should be directed toward the provision of direct client services.

**BUDGET (Direct Cost of Program/Project)**

**Cost Estimate**

Category	PROJECTED 2021
Salaries and Benefits	\$
Operating Expenses	\$
Capital Equipment	\$
Capital Improvements	\$
<b>Total Cost of the Program</b>	<b>\$</b>

Total Requested from the City of Torrance	\$
Agency Cost (Total Program Cost minus City of Torrance Grant Amount)	\$

Would you do this program/project if the City did not provide funding, or funded less than the amount requested?

Yes: ( )

No: ( )

**V. PROOF OF 501 (c) (3) NON-PROFIT STATUS**

“To be considered, a grant applicant must provide with its application proof of non-profit status under Section 501(C) 3 of the Internal Revenue Code or Section 23701(c) or (d) of the California Revenue and Taxation Code.”

Please attach the documents that prove your agency’s non-profit status.



**City of Torrance  
Parks and Recreation Commission  
Social Services Grants Program**

**NON-PROFIT AGENCY GRANT APPLICATION – 2021**

Application Packet Checklist

- Signed Statement of Intent on Agency Letterhead
- Summary Sheet
- A. Statement of Need
- B. Project Description
- C. Grant Program Goals
- D. Project Outcomes
- E. Age Groups Served
- F. Evaluation Strategy
- Program Budget
- Proof of Non-Profit Status

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Please make sure that:

- All attachments clearly state which section is being addressed
- Do not provide promotional literature such as brochures, scanned business cards, resumes, or web site material.
- Proposal copies are to be submitted in PDF format and sent to [Grants@TorranceCA.gov](mailto:Grants@TorranceCA.gov).

City of Torrance ♦3031 Torrance Boulevard ♦Torrance, CA 90503  
(310) 618-2939  
[www.TorranceCA.Gov](http://www.TorranceCA.Gov)

# ELEGIBILITY AND EXCLUSIONS - CRITERIA

## ELIGIBILITY

- The Grantee must be Torrance-based or must provide proof of service to Torrance residents.
- Grant awards are not a City commitment for continuing financial support.
- A grant should be for a particular program or project of the Grantee, rather than for the general support of a multi-purpose agency.
- To ensure greatest impact, funds should be directed toward the provision of direct client services.
- To be considered, a grant applicant must provide with its application proof of non-profit status under Section 501(C) 3 of the Internal Revenue Code or Section 23701(c) or (d) of the California Revenue and Taxation Code.”
- The Grantee’s program shall begin within 90 days of the grant award.
- All facilities and services provided under the grant must be accessible to individuals with disabilities.
- Youth programs must serve Torrance youth enrolled within the boundaries of the Torrance Unified School district.

## Funding Exclusions

- Administrative Costs.
- Organizations that deny service, membership or other involvement on the basis of race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status.
- Advertising, film or video project.
- Athletic sponsorships for individuals and teams.
- Capital campaigns and endowments (defined as any plans to raise funds for a significant purchase or expense, such as new construction, major renovations or to help fund normal budgetary items).
- Contests or pageants.
- Fundraising events (walks, races, tournaments, dinners etc.)
- In-kind donation requests.
- Donations to Nationally-sponsored organizations: American Cancer Society, American Diabetes Association, American Heart Association, Children's Miracle Network and United Way.
- Professional memberships, including association/chamber memberships.
- Organizations or programs that do not benefit the citizens of Torrance.
- Organizations whose programming or policies may position the City of Torrance in a negative light.
- Organizations whose services do not benefit the City of Torrance or the community at large.
- Political causes, candidates, organizations or campaigns.
- Projects that send products or people to foreign countries or on domestic travel.
- Registration fees.
- Requests made on behalf of another organization or by an unauthorized representative of the recipient organization.
- Requests made solely to benefit one person or family.
- Research.
- Administrative salaries, stipends, tips and rewards.
- Scholarships (tuition, room, board, other expenses for college/university/vocational school attendance).

- Third-party giving, including funds that are re-allocated to fiscally sponsored organizations.
- Tickets for contests, raffles or any other activity with prizes.

## CITY OF TORRANCE

3031 Torrance Boulevard  
Torrance, CA 90503  
(310) 618-2939  
[www.TorranceCA.Gov](http://www.TorranceCA.Gov)

### NON-PROFIT AGENCY GRANT 2021 Scoring Rubric

The following scale may be used by reviewers as a guideline when assigning scores to each criterion. For these purposes, an element is an item pertinent to a review criterion as defined in the Notice of Funding Availability (NOFA).

#### Suggested Scoring Guidelines

Criterion Value	Outstanding	Very Good	Satisfactory	Marginal	Poor
10	10	9-8	7	6	5-1
15	15-14	13-12	11	10-9	8-1
20	20-19	18-16	15-14	13-12	11-1
30	30-29	28-24	23-21	20-18	17-1
<b>Approx. %</b>	<b>95-100%</b>	<b>80-94%</b>	<b>70-79%</b>	<b>60-69%</b>	<b>59-1%</b>

Outstanding	All elements are clearly addressed, well-conceived, thoroughly developed, and well supported. Documentation and required information are specific and comprehensive. Weaknesses identified will likely have no effect on the applicant's proposed project.
Very Good	Elements are clearly addressed with necessary detail and adequate support. Most documentation and required information are specific and sufficient. Weaknesses identified will likely have minor effect on the applicant's proposed project.
Satisfactory	Elements are addressed, although some do not contain necessary detail and/or support. Most documentation and required information are present and acceptable. Weaknesses identified will likely have moderate effect on the applicant's proposed project.
Marginal	Some elements are not addressed, and those addressed do not contain necessary detail and/or support. Some documentation and required information are missing or deficient. Weaknesses identified will likely have significant effect on the applicant's proposed project.
Poor	Few, if any, elements are addressed. Documentation and required information are deficient or omitted. Weaknesses identified will likely have substantial effect on the applicant's proposed project.



**City of Torrance  
Parks and Recreation Commission  
Social Service Grant Program**

**GRANT REVIEW SCORE SHEET - 2021**

<b>Applicant:</b>		<b>Reviewer:</b>	COMMISSIONER CANDIOTY <input type="checkbox"/> COMMISSIONER COHEN <input type="checkbox"/> COMMISSIONER LOVE <input type="checkbox"/>
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Grant Amount requested:  \$5,000       \$2,500

Application - III. Program Information	SCORE :	Comments (Strengths and Weaknesses)
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**A. Statement of Need - 15 Possible Points**

**Does The Applicant...**

- Make a clear, concise, and well supported statement of the problem?	/10	
- Provide explanation of the extent/severity of the problem in the target community?	/5	
<b>Total</b>		

**B. Project Description - 30 Possible Points**

**Does The Applicant...**

- Explain how the program works and solves the stated problem ?	/15	
- Does the program contribute to the well-being of the community?	/15	
<b>Total</b>		

**C. Grant Program Goals - 15 Possible Points**

**Does The Applicant...**

- Specify activities in the proposal?	/5	
- Identify all the objectives related to the goals to be reached?	/5	
- Explain the methods to be employed to achieve the stated Objectives?	/5	
<b>Total</b>		

**D. Program Outcomes - 10 Possible Points**

**Does The Applicant...**

- Describe the overall change they want to see by the end of the one-year grant cycle?	/5	
- Explain how they will measure impact	/5	
<b>Total</b>		

<b>Application - III. Program Information</b>	<b>SCORE:</b>	<b>Comments (Strengths and Weaknesses)</b>
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**E. Age groups / Torrance Residents - 10 Possible Points**

**Does The Applicant...**

- Describes the populations served by the program	/5	
- Details number of Torrance residents served under the program *	/5	
<b>Total</b>		

\* Number of Torrance Residents Served: \_\_\_\_\_

**F. Evaluation Strategy - 10 Possible Points**

**Does The Applicant...**

- Results can be attributed to the program.	/5	
- Consistent with the extent to which the program has satisfied its stated objectives	/5	
<b>Total</b>		

<b>Application - IV. Program /Project Budget</b>	<b>SCORE:</b>	<b>Comments (Strengths and Weaknesses)</b>
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**G. Program Budget - 10 Possible Points**

**Does The Applicant...**

- Detail effective use of Grant Funding for the Program?	/10	
<b>Total</b>		

<b>TOTAL</b>		<b>of Possible</b>	<b>100</b>
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Overall Strengths of Proposal:

Overall Weaknesses of Proposal:

**STAFF VERIFICATION:**

**INITIALS:** \_\_\_\_\_

- Has the applicant provided appropriate proof of non-profit status?      Yes  No
- Is the applicant a Torrance-based non-profit organization?      Yes  No
- Did Applicant receive a Non Profit Social Service Grant from the City during the last two years?      Yes  No
- If yes, specify what type of support they received?      \$5,000      \$2,500