



APPLICATION SUMMARY SHEET

PROJECT NAME Community Healing Project	
BRIEF PROJECT DESCRIPTION (50 WORDS OR LESS) To bridge the gap with appropriate mental health interventions, psycho-education, and educate each individual and to help identify their strengths, beliefs and goals. The project will provide client's with appropriate interventions that address their concerns individually and collectively, and help them build their self-worth. The project team is dedicated to providing exceptional care and help to our participates as it relates to learning how to work toward their goals and honor themselves as member of our community empowerment of healing	
PROJECT SITE NAME AND FULL ADDRESS 685 Westminster Ave. Venice Ca 90291	
PROJECT COMPLETION DATE 5/30/2015	# OF VENICE STAKEHOLDERS TO BENEFIT BY THIS PROJECT 200-500

ORGANIZATION OR STAKEHOLDER NAME Mildred Cursh Foundation		
QUALIFYING ADDRESS 685 Westminster Ave. Venice, CA 90291		
DAY PHONE 310428-0276	EVENING PHONE same	CELL PHONE 310428-0276
E-MAIL ADDRESS healedbyhisstripes@yahoo.com		FAX

PROJECT MANAGER Antoinette Reynolds		TITLE Executive Director
MAILING ADDRESS 737 Brooks Ave. Venice, Ca 90291		
DAY PHONE 3104280276	EVENING PHONE 310 428-0276	CELL PHONE 310428-0276
E-MAIL ADDRESS healedbyhisstripes@yahoo.com		FAX

BY SIGNING BELOW, I agree to the terms of the 2015-16 Community Improvement Project funding guidelines. I also acknowledge that the information submitted in this application is accurate to the best of my knowledge. Submitting an application with misleading information may be cause for disqualification.

Antoinette Reynolds
STAKEHOLDER SIGNATURE

Antoinette Reynolds
PROJECT MANAGER SIGNATURE

3/30/2015
DATE

3/30/2015
DATE

AMOUNT REQUESTED **\$ 2,200**
3,750.00

REVIEW (For Office Use Only)

PROJECT # (For Office Use Only)
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PROJECT DESCRIPTION SHEET

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PROJECT DESCRIPTION (Include how many stakeholders will be working on this project.) (Maximum 500 words)

The Community Healing project is an opportunity for Therapeutic group sessions to be available to engage and increase community healing and support from life's stress's. The Mildred Cursh Foundation would like to take this opportunity to engage the members of our community in various support groups to help deal with depression, grief and loss, teen anger and self-esteem in a safe and empowering environment where healing can begin individually and collectively in a changing community where relationship building needs to grow.

Some outcomes and benefits participates will explore their conscious and unconscious bias, identifying their own limited experience spiritually/religiously through self-awareness and interactive discussion. Strategies to develop greater understanding, awareness and sensitivity to self and community will be gained as well. Participates will also learn to develop ways to respond compassionately and openly about diversity issues; practice working with conflict and hurt when diversity issues are involved; Create a sense of community through dialogue and stories; Observe how to mediate cultural conflicts and misunderstandings as it relates to our community.

Throughout the project there will be approximately 30 stakeholders working to make this project happen, for each weekend session to support in, Setup, Cleaning, hosting and welcoming guest and Facilitating the actual group sessions.

COMMUNITY BENEFIT (Description of benefit to the entire community and justification for these benefits)

The community will benefit from experiencing a process of healing, greater awareness of self and of others and the ability to understand and deal with life changes, individually and collectively as life continues to bring about change with in our lives and community.

RETURN ON VNC INVESTMENT (One of the main missions of the VNC is to outreach to Venice stakeholders so that we can represent them to the City. Will this project help us do that, and in what ways).

Yes, Each individual will be able to learn, self empowerment and community empowerment which will foster a stronger commitment to community growth and service.



PROJECT PLANNING SHEET

WORK PLAN (Include a TIME-LINE for the project with beginning date and completion date of each phase. Projects may not begin prior to August 1, 2015 and must be completed by May 15, 2016)

Group Session Time-Line

August 1,8,15,22,29 - Sept. 5, 2015	Art Therapy Adolescent and Adult Participates
September 12,19,26, - Oct. 3,10,17	Spiritual Journeys / Anger Management
October 24,31 - Nov. 7,14,21,28	Mindfulness/Yoga/Meditation/ Grief and Loss
December 1 - 31, 2015	Open Discussion Groups
January 1 - 31, 2015	Music Therapy/ Teen Self-esteem
February'2016	Teen Anger
March'2016	Teen Stress
April'2016	Emotional & Physical Pain
May'2016	Couples Group session and Spiritual Journeys

MAINTENANCE PLAN (if applicable)

Volunteers will handle all maintenance for the project which will consist of:

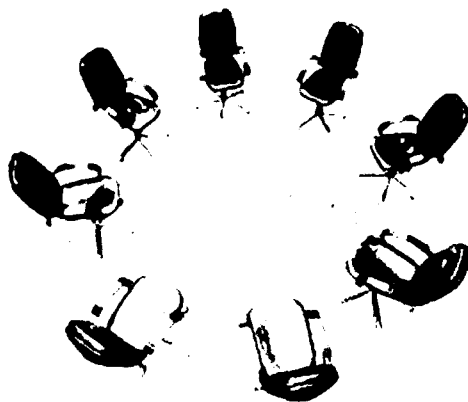
- Setup
- Breakdown
- Cleaning of restrooms and vacuuming



PROJECT RENDERING SHEET (If applicable)

Attach conceptual images of the project to this sheet or design and print your own sheet. Include text explanations.

Community Healing Project Group Session





ORGANIZATION SHEET (If applicable)

(Only complete this form if the applicant is an organization. If so, do not complete Page 7)

ORGANIZATION NAME Mildred Cursh Foundation
ORGANIZATION ADDRESS Westminster Ave Venice Ca 90291
ORGANIZATION DESCRIPTION AND PURPOSE (Include the experience that your organization has in the execution of similar projects) The Mildred Cursh Foundations mission is to bridge the gap between those families that are affected by incarceration - mentoring and through education and outreach within the community to empower and support those that are underprivileged or experiencing difficult times due to life challenges. For the past 10 years the organization has teamed up with Whole Foods and The Southern California Long Beach Food Bank to help support those families in need of Food and Clothing in our Food Distribution give-way 8 times per month. The Mildred Cursh Foundation was able to execute and collaborate with the LMU student work experience program on a project that was supported by the VNC 5 years ago in an effort to bring College students and our community youth together in our After School Mentoring Program which was a great success. The Mildred Cursh Foundation has been working successfully in the community for the past 12 years and longer under the leadership of Mildred Cursh Reynolds, The Concerned Parents organization to rid gang violence and drug sales, graffiti white-out and Clean and green supporter's.

TOTAL MEMBERS 6	The proposal must include the names and SIGNATURES of 5 members of the organization (preferably Board members)	YEAR ESTABLISHED 2002
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BY SIGNING BELOW, I declare in good faith that I am a member of the organization named above. I realize the Venice Neighborhood Council may contact me to verify my membership and participation in this organization.

NAME	ADDRESS	PHONE	SIGNATURE
Antoinette Reynolds	737 Brooks Ave Venice Ca 90291	310 428-0276	<i>Antoinette Reynolds</i>
Raji Kaur	641 Santa Clara Venice, Ca 90291	310-428-1042	<i>Rajinder Kaur</i>
Sam Brown	1609 Barry Ave Los Angeles Ca 90066	310 617 4623	<i>Sam Brown</i>
Nichalous Reynolds	737 Brooks Ave Venice Ca 90291	310 466-7687	<i>Nichalous Reynolds</i>
Dina Tevas	15231 Magnolia Blvd Sherman Oaks, CA 91403	323 350-0844	<i>Dina Tevas</i>



PERMISSION FOR USE OF PROPERTY SHEET (If applicable)

Use this form to show the approval of the use of the project site from the property owner, school principal, city agency, etc. Attach as many as necessary.

PROJECT NAME	Community Healing Project
APPLICANT	Antoinette Reynolds - Mildred Cursh Foundation

ENTITY OR NAME OF PERSON WHO CONTROLS USE OF THE PROPERTY	First Baptist Church of Venice	TITLE	Bishop Allen
FACILITY/BUSINESS NAME	First Baptist Church of Venice	PHONE	310 905-4689
SITE ADDRESS	685 Westminster Ave Venice Ca 90291		

DESCRIPTION OF USE AND PERMISSION NEEDED FOR THIS SITE

Group session rooms -
bathrooms
Kitchen

Pastoral approval

Pastor Allen's son was ill; Pastor was out of town. he can sign if approved

BY SIGNING BELOW, I declare in good faith that I own or am responsible for the named property. I understand that the applicant is seeking funding through the Venice Neighborhood Council. I grant the applicant permission to use the property for the implementation of the above named project. I understand that the project will begin after August 1, 2015.

3/30/2015

SIGNATURE

DATE



COMMUNITY INVOLVEMENT SHEET

Use this sheet to establish the involvement of Venice stakeholders in this project. It may also be used to document pledges of volunteer hours. Points will be deducted during the review process if this sheet is not completed.

PROJECT NAME <i>Community Healing Project</i>	APPLICANT <i>Mildred Cursh Foundation</i>
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NAME	ADDRESS	SIGNATURE	DATE SIGNED	NATURE OF INVOLVEMENT	HOURS PLEDGED
<i>Michelle Thomas</i>	<i>410 Indian Wells Ave</i>	<i>[Signature]</i>	<i>3/14/15</i>	<i>Volunteer</i>	<i>90</i>
<i>Shante McCawen</i>	<i>611 Brooks Ave 90291</i>	<i>[Signature]</i>	<i>3/17/2015</i>	<i>Volunteer</i>	
<i>MARZINA COLEMAN</i>	<i>3717 BABLEY AVE #20274</i>	<i>[Signature]</i>	<i>3/19/15</i>	<i>VOLUNTEER</i>	<i>90</i>
<i>MORENA ALVAREDO</i>	<i>4706 W 118TH ST. Hawthorne</i>	<i>[Signature]</i>			
<i>Mary MADDO</i>	<i>915 7th Ave Venice 90291</i>	<i>[Signature]</i>	<i>3-17-15</i>	<i>Volunteer</i>	
<i>MITCHELL WHITE</i>	<i>2133 W. 84th</i>	<i>[Signature]</i>	<i>3-17-15</i>	<i>Volunteer</i>	
<i>MR EZRAL</i>	<i>VENICE</i>	<i>MR EZRAL</i>			
<i>Miguel GSO</i>	<i>5174 El Soguelito</i>	<i>[Signature]</i>	<i>3-17-15</i>	<i>Volunteer</i>	<i>15</i>
<i>JOSE JAIRO G</i>	<i>11829 Alcazar St</i>	<i>[Signature]</i>	<i>3-19-15</i>	<i>Volunteer</i>	
<i>PATRICK NEGU</i>	<i>4652 VLA MARINA #210 PLAYA DEL REY</i>	<i>[Signature]</i>	<i>3/20/15</i>	<i>VOLUNTEER</i>	
<i>LUPE GONZALES</i>	<i>609 Sunset Ave Ven. 90291</i>	<i>[Signature]</i>	<i>3/20/15</i>	<i>Volunteer</i>	<i>—</i>
<i>Katherine Jones</i>	<i>534 Westminster Venice CA</i>	<i>[Signature]</i>			<i>90</i>

Attach letters of support from the community behind this page. Letters that state something unique about the project or from people who will be directly affected by the project will have a greater impact.