

**FY 2018/19 DISPARITY FUNDS PROGRAM
PROPOSAL COVER PAGE**

Note: Complete this form for **each** proposed project. Please refer to the Proposal Submission Instructions for clarification for any of the following questions.

Section I. Grantee Information and Cover Sheet

| Please check the box that describes your organization | | |
|---|---|---|
| <input type="checkbox"/> Regional Center (RC) | <input checked="" type="checkbox"/> Community Based Organization (CBO), 501(c)(3) | <input type="checkbox"/> CBO, non-501(c)(3) <input type="checkbox"/> EIN or <input type="checkbox"/> No EIN |

| | |
|--|--|
| a. Name of organization/Group | b. Date |
| Korean American Special Education Center (KASEC) | October 15, 2018 |
| c. Primary contact (Name) | |
| Rosa K. Chang, Executive Director | |
| d. Mailing address | |
| 13353 Alondra Blvd., Suite 110, Santa Fe Springs, CA 90670 | |
| e. Primary e-mail address | f. Primary phone number |
| kasec2000@gmail.com | 562-926-2040 |
| g. Secondary contact email address | h. Secondary contact phone number |
| narikim@kasecca.org | 562-623-7752 |
| i. Brief description of the organization/group (organization type, group mission, etc.). | |
| Korean American Special Education Center (KASEC), a non-profit organization (501(C)(3)) was founded in 2000 by a group of specialists in the fields of special education and mental health. As the first Korean-American special needs resource center in the U.S., KASEC provides a variety of services (i.e., early screening, information, therapy, group activities, etc.) to individuals with developmental/mental health disabilities and their families in the Korean American community. Our mission is to make services more accessible and available by offering them in Korean language in a culturally-sensitive setting to help alleviate the language and cultural barriers that are often experienced by the Korean-American families. KASEC strives to promote more accurate understanding of developmental disabilities and mental health within the Korean-American community by removing the stigma attached to those who are seeking help. | |

Section II. Proposal Summary

| | |
|--|---|
| a. Project title | Developmental & Health Screening and Educational Seminar |
| b. Total amount requested | \$ 221,242 |
| c. Projected number of individuals impacted | 200 |
| d. Duration of project (months) | 12 months Start date: 01/01/19 End date: 12/31/19 |
| e. RC(s) in the project catchment area(s) | catchment area of Lanterman RC, Harbor RC Target zip code(s) for Los Angeles County*: 90010, 90005, 90006 / 90701, 90703, 90650-90652, 90659, 90247 - 90249, 90501, 90503 - 90510, 90717.. |

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| | |
|--|---|
| f. Did your organization receive funding for a project in FY 2017/18? | <input checked="" type="checkbox"/> Yes** <input type="checkbox"/> No <i>**If yes, provide the grant number and answer questions "f1" and "f2." If no, skip to question "g."</i> Grant # (CBOs only): 17-C31, 17-C32, 17-C33, 17-C34 |
| f1. What is the current status of your project? | Project has completed its last proposed activity on September 29 th , 2018. We are currently preparing Q3 Report to submit by Oct. 31 st , 2018. |
| f2. How is this proposal different from your current project? | Our project consists of two elements 1) screening 2) seminar. 1) The screening will be conducted similar to current efforts with some minor changes and improvements to incorporate the feedback from participants. KASEC will be expanding the areas covered by including the catchment area of Harbor Regional Center (RC) and Lanterman RC to increase the number of Korean families to attend and have their children screened and learn more about services. 2) Our seminar will be conducted in a different format, where we will provide half-day seminars for two consecutive weeks for each of the catchment areas. This plan is based on our evaluation that 1) more time is needed to discuss each topic in-depth, 2) to allow more opportunities for questions and consultations, and 3) to accommodate parents who cannot stay several hours due to childcare. |
| g. Will you be working with one or more CBO(s)? | <input type="checkbox"/> Yes*** <input checked="" type="checkbox"/> No |
| h. Will the project require aggregate data from the RC(s)? | <input checked="" type="checkbox"/> Yes*** <input type="checkbox"/> No |

*Zip code information for Los Angeles County can be found at:
<https://www.dds.ca.gov/RC/regionMap.cfm?view=laCounty>

***If yes, please provide letter(s) indicating that the CBO(s) and/or RC(s) have reviewed the proposal and are in support of collaboration.

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Attachment A-2

**FY 2018/19 DISPARITY FUNDS PROGRAM
PROJECT INFORMATION**

| |
|--|
| 1. Project title |
| Developmental & Health Screening and Educational Seminar |
| 2. Select the target group(s) the project intends to serve and provide a description of each group. Check all that apply. |
| <input checked="" type="checkbox"/> Ethnicity: Korean <input checked="" type="checkbox"/> Language(s): Korean <input checked="" type="checkbox"/> Age group(s): 0 - 5 years old <input type="checkbox"/> Socioeconomic: <input type="checkbox"/> Other: |
| 3. Which area(s) of focus does the project meet? Check all that apply. |
| <input checked="" type="checkbox"/> 1. Increase access to information about services available through the RC system and processes to receiving those services. <input type="checkbox"/> 2. Provide assistance during the intake process. <input checked="" type="checkbox"/> 3. Empower consumers to advocate for needed services. <input checked="" type="checkbox"/> 4. Increase access to services that meet the cultural and linguistic needs of consumers and their families. <input checked="" type="checkbox"/> 5. Other (explain): 1) Provide screening to identify children for needed services and to provide early intervention 2) Educate on autism and other developmental delays & disabilities and its related services. |
| 4. Project Type. Check all that apply. |
| <input type="checkbox"/> Translation (equipment, translator services, translating brochures or materials, etc.) <input checked="" type="checkbox"/> Outreach (community events, website or social media design, materials, etc.) <input type="checkbox"/> Workforce capacity (staff training, incentives for bilingual employees, etc.) <input checked="" type="checkbox"/> Parent education (online or in person trainings, workshops, etc.) <input type="checkbox"/> Promotores (para professionals to help develop relationships and trust with the Regional Center) <input type="checkbox"/> Family/consumer support services (1:1 coaching, enhanced case management, service navigation, etc.) <input checked="" type="checkbox"/> Other: Screening (health screening in seven areas- hearing, vision, dental, social/emotional, speech, fine and gross motor) |
| 5. What experience does the organization/group have working with the target population? |
| <p>KASEC has been able to provide free developmental screening in the OC and LA areas for the past five years. According to our survey, 85% of our participating children received the screening for the first time. With our previous project in the catchment area of Lanterman Regional Center, we were able to help increasing their number of intakes and successful referrals from 73 to 107 in year 2015-16 to 2016-17. This number remained almost steady at 104 in 2017-18. Our past screening experience in the areas of Lanterman RC, ELARC, OCRC, and SGPRC yielded positive results by referring 54 children to the respective regional centers, which included 14 to Lanterman RC and 5 to Harbor RC. We are targeting vicinity of Lanterman RC because</p> |

**FY 2018/19 DISPARITY FUNDS PROGRAM
PROJECT INFORMATION**

Koreatown is the area most populated by Korean-Americans. In addition, the area of Harbor RC has at least 20,000 Koreans living and we have yet to serve this part of the community.

6. Explain how the target population(s) are underserved using POS data or other data as supporting evidence.

According to Lanterman RC's most recent POS data between July 1, 2016 - June 30, 2017, Asians account for 9% of ethnicity served at the Lanterman RC and they showed a drastic gap in access to services compared to White clients (White: \$23,396 per capita authorizations; \$18,386 per capita expenditures vs Asian: \$15,555 and \$11,593, respectively).

From the Harbor RC's POS data for the same year, Asians account for about 12% of ethnicity served. Their utilization rate of per capita authorized is at 80%, but this misrepresents some specific ethnicity groups, such as Koreans, Philipinos, and Cambodians because most of the Asians utilizing the POS currently are Chinese and Japanese.

Moreover, we have found out from our own data that 85% of the participating children have never been screened and their parents were not aware of the services available for their children. This poses a serious gap in taking the critical initial steps in providing proper development support.

7. How will the project address the identified POS disparity?

There still is a significant opportunity to raise awareness and help many families to obtain access to resources; they may be either in "denial" or simply not knowing what to do. This screening and health fair will help address the POS disparity by screening the children in seven different developmental areas (i.e., speech, fine motor, gross motor, social/emotional, vision, hearing, dental) with results of "pass" or "referral" evaluation. Those with "referral" in any one of the seven areas will be provided follow-up services catered to their needs to ensure parents are guided in the direction of taking the next step to benefit their child. We will also have Harbor and Lanterman Regional Centers (depending on the area of the screening) set an informational booth so they can consult and take families who may be eligible for the services.

In addition, the educational seminars will cover regional centers' services, eligibility, intake process and any other questions the families may have. We are aware that even though their child may be eligible, the parents especially have trouble accessing these services due to simply not knowing where to seek help and language barriers. By providing educational seminars on various topics in Korean language, we hope to provide guidance to the Korean-American community who are in need of receiving services that is available for them to utilize.

8. How is the proposed project unique or different from a current effort (e.g., strategies, activities, goal) in this catchment area? If the project is similar to a current effort, how will the proposed project expand on the current effort?

Our project will be mostly similar to the current efforts but we will be expanding our project to the areas of the Harbor RC, which includes Cerritos, Norwalk, Torrance and Gardena. These cities are estimated to account for about at least 20,000 Korean-American residents. We have yet to hold our screenings in this area but already had 10 identified resident families from here who came to our past screenings. We expect there will be many Korean families who will benefit from holding the event closer to where they live. This past year, we screened total of 261 children over the span of four different regions (LA, E.LA, San Gabriel/Pomona, and OC) and found that 122 children (47%) were referred to seek further services in obtaining a thorough evaluation. Out of the 122 children, 54 children were referred to their respective regional centers. There is definitely a need to expand our effort to as many regions as possible because there is certainly a need for services that we could provide.

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Our seminar event this past year concluded with hosting 84 community members consisting of parents and people who were involved with child development. Many left our seminar more educated and informed of how they can better seek out for children who are diagnosed with developmental disability and autism. Next year, we plan to provide educational seminars but implement a different format. We will provide half-day seminars for two consecutive weeks for each catchment area instead of one full day seminar. By allocating more time per topic and dividing the seminar sessions to two sessions, we will be able to satisfy the community's request for more in-depth lectures and better meet their childcare needs.

9. How did your organization collect input from the community and/or target population to design the project?

Our projects have been continuously monitored and amended to better serve the community over the past five years. We have modified our method of service delivery from our own experiences and will strive to improve furthermore in the future. The following inputs were collected and considered:

- 1) Surveys from screening and seminar participants: The surveys included questionnaires of participants' previous screening history, ideas to improve the services during screening and seminars (time, location, efficiency), and their knowledge of ABA services, Regional Centers, and other therapies. We also have open comments sections which we found helpful to enhance the quality and efficiency of our projects.
- 2) Surveys from specialists: Surveys from the specialists who provided their expertise/services at our screening and seminar events were collected. The inputs from the specialists were important because they have direct interaction with the people who attend our screenings and seminars. Their comments were also reflected in designing our project.
- 3) Feedback from Lanterman RC and Harbor RC: We were able to obtain positive feedback from Lanterman RC with whom we collaborated this past year for both screening and seminars. As provided in the Letter of Support, they gave us the affirmation of our project and the impact it has brought to the community. We were also able to arrange a meeting with the Harbor RC representatives to discuss the disparity in the Asian population as well as to gain more insight on the Korean population around the area. After learning about our services and the results that we have brought to the community, they extended positive support for our collaboration next year. They also gave additional information and ideas on how we can cooperate to better assist the community in the near future.

DISPARITY FUNDING PROPOSAL – SCHEDULE OF DEVELOPMENT/ACTIVITIES WORKSHEET

Completed worksheets shall be submitted with the funding proposal. List all key staff and activities, and identify the quarter that each activity will occur. More than one copy of each worksheet may be submitted if additional space is required. *Please see Attachment C-1 for a sample worksheet.*

| Project Title: Developmental Screening & Health Fair and Educational Seminar | | | | | | | | | |
|---|--|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | 2018 | 2019 | | | | 2020 | | |
| Activity | Staff | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| | | 10/1/18-12/31/18 | 1/1/19-3/31/19 | 4/1/19-6/30/19 | 7/1/19-9/30/19 | 10/1/19-12/31/19 | 1/1/20-3/30/20 | 7/1/19-9/30/19 | 10/1/19-12/31/19 |
| Execute Grant agreement with DDS | Director | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordinate logistics (Schedule event date, secure location, etc.) | Project Coordinator & Project Specialist | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact Specialists and contract | Project Specialist & Project Assistant | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact related organization and contract, if needed | Project Specialist & Project Assistant | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recruit volunteers | Project Specialist & Project Assistant | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan meeting for screening activities | Project Coordinator & Project Specialist | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Create and distribute flyer, use social media and other outlets to advertise event. | Director, Project Supervisor, Project Coordinator, Project Specialist, Project Assistant | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Schedule Media Interview | Project Coordinator & Project Specialist | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: Monthly intervals may also be used, rather than quarterly as shown in this sample. For projects shorter than 6 months, DDS may require monthly reporting. Please use as many copies of this worksheet as needed

| Project Title: Developmental Screening & Health Fair and Educational Seminar | | | | | | | | | |
|---|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | 2018 | 2019 | | | | 2020 | | |
| Activity | Staff | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| | | 10/1/18-12/31/18 | 1/1/19-3/31/19 | 4/1/19-6/30/19 | 7/1/19-9/30/19 | 10/1/19-12/31/19 | 1/1/20-3/30/20 | 7/1/19-9/30/19 | 10/1/19-12/31/19 |
| Collect survey data and feedback from participants and specialists | Project Specialist, Project Assistant | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: Monthly intervals may also be used, rather than quarterly as shown in this sample. For projects shorter than 6 months, DDS may require monthly reporting. Please use as many copies of this worksheet as needed

| Project Title: Developmental Screening & Health Fair and Educational Seminar | | | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | 2018 | 2019 | | | | 2020 | | |
| Activity | Staff | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| | | 10/1/18-12/31/18 | 1/1/19-3/31/19 | 4/1/19-6/30/19 | 7/1/19-9/30/19 | 10/1/19-12/31/19 | 1/1/20-3/30/20 | 7/1/19-9/30/19 | 10/1/19-12/31/19 |
| Coordinate logistics for Educational Seminar | Project Coordinator & Project Specialist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: Monthly intervals may also be used, rather than quarterly as shown in this sample. For projects shorter than 6 months, DDS may require monthly reporting. Please use as many copies of this worksheet as needed

DISPARITY FUNDING PROPOSAL – SCHEDULE OF DEVELOPMENT/ACTIVITIES WORKSHEET

Completed worksheets shall be submitted with the funding proposal. List all key staff and activities, and identify the quarter that each activity will occur. More than one copy of each worksheet may be submitted if additional space is required. *Please see Attachment C-1 for a sample worksheet.*

| Project Title: Developmental Screening & Health Fair and Educational Seminar | | | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | 2018 | 2019 | | | | 2020 | | |
| Activity | Staff | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| | | 10/1/18-12/31/18 | 1/1/19-3/31/19 | 4/1/19-6/30/19 | 7/1/19-9/30/19 | 10/1/19-12/31/19 | 1/1/20-3/30/20 | 7/1/19-9/30/19 | 10/1/19-12/31/19 |
| Conduct Educational Seminar (2 consecutive weeks for each two locations; total 4 weeks) | Director, Project Supervisor, Project Coordinator, Project Specialist, Project Assistant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Collect survey data and feedback from participants and specialists | Project Specialist & Project Assistant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prepare and submit final report to DDS | Director, Project Supervisor, Project Specialist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: Monthly intervals may also be used, rather than quarterly as shown in this sample. For projects shorter than 6 months, DDS may require monthly reporting. Please use as many copies of this worksheet as needed

DISPARITY FUNDING PROPOSAL – PROJECT MEASURES WORKSHEET

Completed worksheets shall be submitted with the funding proposal. Check the types of qualitative and quantitative outcome measures you will use. For each type, describe the activity to be measured and the data collection method. More than one copy of each worksheet may be submitted if additional space is required. *Please see Attachment D-1 for a sample worksheet.*

| Project Title: Developmental & Health Screening Fair and Educational Seminar | | |
|---|--|---|
| Measures of Outcomes | Type of Measure(s). Check all that apply. | Activity To Be Measured; Data Collection Method |
| | <input checked="" type="checkbox"/> Count | <p>1) Number of participants in screening and seminars; they will be counted on site with a check-in sheet</p> <p>2) Number of participants who were referred in one or more areas; data will be collected with a screening form which indicates "pass" or "referral" in each of the 7 screened areas.</p> <p>3) Number of participants who were referred to RC and number of successful referrals; data will be collected with a screening form which indicates "referral" to RC, which we will have parents visit the RC booth to have their information taken by the RC representative, or be guided to their respective RC. Follow-up calls to parents will be conducted to check on the success of the referrals made.</p> <p>4) Number of participants who demonstrate improved understanding of lecture topics (Autism, ABA therapy, speech, OT, School, RC Services); Develop and conduct pre and post surveys for participants to compare how much they learned before and after the seminars.</p> |
| | <input type="checkbox"/> POS | |
| | <input checked="" type="checkbox"/> Pre/post survey/assessment | 1) Assess the quality of our screening and seminar; conduct a survey on the services provided at the screening (time, location, efficiency, staff, specialists) |

| | | |
|--|--|---|
| | <input type="checkbox"/> Stakeholder feedback | |
| | <input checked="" type="checkbox"/> Materials | 1) Number of training materials distributed; Data will be collected by counting the number of materials passed out/sent 2) Number of KASEC Informative Magazines distributed (Quarterly magazine called "Morning Sunshine"; Data will be collected by counting the number of materials passed out/sent |
| | <input type="checkbox"/> Other: PLEASE DESCRIBE: | |

PROJECT BUDGET WORKSHEET

Budget worksheet should reflect the total amount of funding needed for the duration of the project. More than one worksheet may be submitted if additional space is needed. Full time equivalent (FTE) typically means 40 hours per week. For example, .5FTE means 20 hours per week.

| | | |
|---|-----------------------------|-----------------------------|
| Organization Name | | |
| KOREAN AMERICAN SPECIAL EDUCATION CENTER | | |
| Project Title | | |
| DEVELOPMENTAL SCREENING & HEALTH FAIR AND EDUCATIONAL SEMINAR | | |
| Project Duration (start and end date) | | |
| Start Date: 01/01/2019 | End Date: 12/31/2019 | Number of Months: 12 |

| Description | Year 1 Annual Cost | Year 2 Annual Cost* | Total Cost |
|--|--------------------|---------------------|------------|
| Salary/Wages and Benefits | | | |
| Name: Kyung Rosa Chang Title/Position: Director (Bilingual) <input checked="" type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): .15 | \$10125 | \$ | \$10125 |
| Name: Sam Yoon Title/Position: Outreach Coordinator (Bilingual) <input checked="" type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): .3 | \$12075 | \$ | \$12075 |
| Name: Nari Kim Title/Position: Project Specialist (Bilingual) <input checked="" type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): 1 | \$40500 | \$ | \$40500 |
| Name: TBN Title/Position: Project Assistant (Bilingual) <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): .5 | \$18750 | \$ | \$18750 |
| Name: Hyun Sun Park Title/Position: Project Supervisor <input checked="" type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): 1/10 | \$24750 | \$ | \$24750 |
| Name: Title/Position: <input type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): | \$ | \$ | \$ |
| Name: Title/Position: <input type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): | \$ | \$ | \$ |
| Salary/Wages and Benefits Total | \$106200 | \$ | \$106200 |

| Operating Expenses | | | |
|--|------------------|--|------------------|
| Advertising | \$24,000 | | \$24,000 |
| Outreach | \$21,200 | | \$21,200 |
| Food & Beverages for Seminar Attendees | \$2,000 | | \$2,000 |
| In-State Travel/ Training | \$4,000 | | \$4,000 |
| Instructional Items | \$2,000 | | \$2,000 |
| Facility Rentals - Seminar(x4)/ Screening(x2) | \$3,000 | | \$3,000 |
| Other Expenses (Contracted Services) | | | |
| Screening Specialists | \$16,000 | | \$16,000 |
| Seminar Speakers | \$3,000 | | \$3,000 |
| Follow up Consultants | \$10,000 | | \$10,000 |
| Child Care for Seminars | \$1,000 | | \$1,000 |
| | | | |
| Operating Expenses Total | \$86,200 | | \$86,200 |
| | | | |
| Administrative Expenses (Indirect Costs, up to 15%) | | | |
| Rent | \$13,140 | | \$13,140 |
| Phone/ Internet/ Utilities | \$1,080 | | \$1,080 |
| Bookkeeping | \$12,150 | | \$12,150 |
| Office Supply | \$1,000 | | \$1,000 |
| CPA-Professional Consultant | \$1,200 | | \$1,200 |
| Insurance - Liability | \$272 | | \$272 |
| Administrative Expenses Total | \$28,842 | | \$28,842 |
| Project Budget Total | \$221,242 | | \$221,242 |

*As applicable. If the period for year 2 is less than 12 months, provide budget for the amount of months that services will be provided.

Proposer (applicant):

Authorized by (print name): Rosa K. Chang

Signature:  Date: 10/15/2018

Sub-grantee (subcontractor):**

Authorized by (print name): _____

Signature: _____ Date: _____

**As applicable.

PROJECT BUDGET NARRATIVE WORKSHEET

The items and descriptions in this worksheet must correspond to the items listed in the Budget Worksheet (Attachment E-1).

| | | |
|--|-----------------------------|------------------------------------|
| Organization Name | | |
| Korean American Special Education Center (KASEC) | | |
| Project Title | | |
| Developmental & Health Screening and Educational Seminar | | |
| Project Duration (start and end date) | | |
| Start Date: 01/01/2019 | End Date: 12/31/2019 | Number of Months: 12 Months |

| Salary/Wages and Benefits – Line Item | Description of Duties |
|--|---|
| Title/Position: Director | Oversee all aspects of operation: execute grant agreement and reports; authorize program development, advertisement; ensure all properties of projects are well facilitated |
| Title/Position: Project Supervisor | Provide supervision in activities involving advertisement, data research, program development, follow-up consultations, and events |
| Title/Position: Project Coordinator | Coordinate mainly with outreach activities involving logistics (planning date, event venues); advertisement planning; facilitating events |
| Title/Positions: Project Specialist | Hands on person for all project-related activities; coordinating logistics, contact/contracting outside specialists for events; developing event materials and program; analyze data; facilitating events |
| Title/Position: Project Assistant | Provide assistance to activities of collecting data and reservations; sending out reminders for events; support in contacting community for follow-ups and scheduling; assisting in advertisement |

| Operating Expenses – Line Item | Description |
|---|---|
| Advertising | News Paper/Flyer/ TV/ Radio |
| Outreach | Website/ Informational Magazine/ Brochure |
| Food & Beverages for Seminar Attendees | |
| In-State Travel/ Training Cost | Mileage(5000mix\$.535)/ Training Cost |
| Instructional Items | Laptop/ software |
| Facility Rentals - Seminar(x4)/ Screening(x2) | |
| Other Expenses (Contracted Services) | |
| Screening Specialists | Screening Specialists for 2 locations |

| | |
|-------------------------|-----------------------------------|
| Seminar Speakers | Speakers for 2 location |
| Follow-up Consultants | Follow-up Evaluation & Consulting |
| Child Care for Seminars | |
| | |

| Administrative Expenses – Line Item | Description |
|-------------------------------------|---------------------|
| Rent | Use of Office space |
| Phone/ Internet/ Utilities | |
| Bookkeeping | |
| Office Supply | |
| CPA-Professional Consultant | |
| Insurance-Liability | |

Proposer (applicant):

Authorized by (print name): Rosa K. Chang

Signature:  Date: 10/15/2018

Sub-grantee (subcontractor):**

Authorized by (print name): _____

Signature: _____ Date: _____

**As applicable.