

**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
Family Resource Navigators (FRN)	October 15, 2018
c. Primary contact (Name)	
Eileen Crumm	
d. Mailing address	
219 Estudillo Ave San Leandro, California 94577	
e. Primary e-mail address	f. Primary phone number
eileenc@familyresourcenavigators.org	510-384-0922
g. Secondary contact email address	h. Secondary contact phone number
kking@careparentnetwork.org	925-313-0999
i. Brief description of the organization/group (organization type, group mission, etc.).	
<p>This project is a collaboration between two peer parent agencies serving Alameda and Contra Costa counties (the RCEB catchment area). FRN is a multi-lingual, multi-cultural agency located in Alameda County that provides parent leadership opportunities, information and referral, and family navigation. FRN will partner with Care Parent Network (CPN) in Contra Costa. CPN is a one-stop family resource center serving families of children with disabilities and special health care needs. Both agencies are peer parent directed and staffed, have bi-lingual and bi-cultural staff as well as a 20+ year history of serving regional center eligible families. Both agencies share the mission of providing information, support and advocacy to families of children with special needs. Our shared vision is a world where every family has what it needs for their child with disabilities. FRN is a 501(c)(3) California corporation, and CARE is a program of the Contra Costa ARC.</p>	

Section II. Proposal Summary

a. Project title	African American Community Empowerment (AACE)
b. Total amount requested	\$ 343,762
c. Projected number of individuals impacted	1,660
d. Duration of project (months)	24 months Start date: 1/01/19 End date: 12/31/20
e. RC(s) in the project catchment area(s)	1 Target zip code(s) for Los Angeles County*:

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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-C20
f1. What is the current status of your project?	Project is in the 4 th month of operation.
f2. How is this proposal different from your current project?	The focus is on a population not covered in FRN's project, 'Multi-lingual Family to Family Navigation'. The focus of this project is on clients/families identifying as African American/black.
g. Will you be working with one or more CBO(s)?	<input checked="" type="checkbox"/> Yes*** <input type="checkbox"/> No
h. Will the project require aggregate data from the RC(s)?	<input type="checkbox"/> Yes*** <input checked="" 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
AACE (African American Community Empowerment)
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: Black/African American <input type="checkbox"/> Language(s): <input checked="" type="checkbox"/> Age group(s): 0-21 <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 checked="" type="checkbox"/> 2. Provide assistance during the intake process. <input checked="" type="checkbox"/> 3. Empower consumers to advocate for needed services. <input 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): Build trust with members of the community and regional center
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 checked="" type="checkbox"/> Promotores (para professionals to help develop relationships and trust with the Regional Center) <input checked="" type="checkbox"/> Family/consumer support services (1:1 coaching, enhanced case management, service navigation, etc.) <input type="checkbox"/> Other:
5. What experience does the organization/group have working with the target population?

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AACE is a joint project of two peer parent agencies, Family Resource Navigators (FRN) and Care Parent Network (CPN). Both agencies have had staff members from the African American community and have provided supports, services and outreach to the community for over 20 years. Over the last 3 years, both agencies have increased outreach focused on African American families. CPN has had an African American Support group for 3 years. This group served as a focus group for African American parents for developing this proposal. CPN also recently developed an African American Advisory Committee comprised of peer parents, mentors and CPN staff with a primary focus on identifying strategies about building trust with community members and encouraging referrals to Early Start and the school district for children 0-5. CPN also has an outreach initiative, the "Family Academy" series, in partnership with the Oakley school district. FRN has had African American families as an outreach priority for Early Start for last 3 years and has developed relationships with providers – such as Black Infant Health – and community organizations such as the Disability Ministry at Allen Temple Baptist Church. FRN also has a new outreach initiative of peer parents, Parent Champions, with a focus on African American parents, particularly dads. This project is in its second year. Parent Champions have been working on building trust with community members and encouraging referrals to Early Start and the school district for children 0-5. This project would expand and connect the efforts of the two agencies to effectively reach the community and add a large community event and family support events.

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

There is evidence of underservice in ES (Early Start), as the proportion of African Americans (AA) in the 2016-2017 ES POS data is not reflective of the general population. According to kidsdata.org, the percentage of children 0-17 in Contra Costa for 2016 from this demographic is 9.2%, in Alameda it is 10.8 (with Contra Costa at about 73.2% of Alameda's 0-17 population). The RCEB ES percentage served is 8.62%, lower than the population percentage for either county and suggests that those who identify as African American are underrepresented in ES. Second, these ES families are also receiving an average of \$127 less in per capita services than their white counterparts and have POS authorizations that average \$496 less. Finally, the population percentage dramatically increases to 14% for children 3-21, which suggests late identification of Lanterman eligible. For Lanterman eligible, African American clients receives an average of \$590 less than their white counterparts in per capital expenditures.

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

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PROJECT INFORMATION**

Key informants and focus group participants suggested that mistrust of systems may be a significant cause of underrepresentation of African Americans infant and toddlers in early start (and later entry into the regional center system). The first goal in the project will be to create more positive perceptions between RCEB and members of the African American community. AACE will have promotora workers doing outreach to the community to build relationships - with a focus on parents of young children (partnering with Black Infant Health projects and faith based health ministries). Families identified in outreach will be given help connecting to and advocating for RCEB/generic resources by AACE staff. AACE will hold a large community event to introduce families to RCEB services/generic services and offer community building events (with an emphasis on fathers and early intervention). In year 2, the project will continue to provide family navigation and promotora work, adding smaller family events and support groups to continue community building. Disparity will be addressed through outreach, relationship building, family navigation and community building of African American families with a child eligible (or potentially eligible) for RCEB services. AACE proposes to provide outreach to 800 families each year. Direct family navigation will be provided to 80 families annually.

FRN and CPN are confident that this model will work because of our extensive experience serving families in Early Start. In addition, FRN has been using this model of promotora outreach, community events and family navigation for RCEB clients over the last two years – first funded through RCEB diversity grants in 2017-2018, and currently through the DDS Disparity program for 2018-2020. The focus of these current efforts have been on families that speak Spanish, Arabic, Farsi/Dari, Hindi and Tamil. The results are dramatic and impactful.

In 2017-2018, FRN outreached to 766 parents and 274 professionals and provided family navigation services to 164 unduplicated family members under RCEB diversity grants. These services make a huge impact in educating families about RCEB and generic services and connecting them to services (note many of the 164 families were helped with multiple items). 55 children were referred to and made eligible under Early Start, 43 for Lanterman – for a total of 98 new clients for RCEB from these efforts. In addition, 51 families were helped with school district services, 40 were made eligible for SSI, 25 helped with health insurance advocacy, and 25 got In Home Supportive Services. 20 were helped with Medi-Cal issues, and 9 received institutional deeming. 20 were connected to childcare or respite services (or helped to use an existing POS). Another 12 were coached to advocate for increased or different services for their child in their IPP or IFSP. Both CPN and FRN are experienced with peer parent support, and it is clear that that family to family navigation can make a huge difference in the services that families receive from RCEB and generic services – even when there are cultural barriers. Families were also extremely pleased with the services. FRN received surveys from 60 families who had received family navigation. 100% reported that they agreed or strongly agreed that that staff were respectful of their culture. 92% agreed or strongly agreed that FRN helped increase their knowledge of how to get services. 98% agreed or strongly agreed that family navigation gave them greater confidence in advocating for their children.

FRN and CPN have the knowledge and experience to use this peer to peer family navigation model to help RCEB create more positive relationships with families. Our work

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PROJECT INFORMATION**

shows that we can connect families to a wide variety of RCEB and generic services and move the needle for these families in terms of both eligibility and POS. Finally, as parents ourselves and members of the community, AACE can help educate parents about regional center services and help families to become more confident in advocating for themselves. CPN and FRN hope to get the opportunity to provide this service model to the African American community in Contra Costa and Alameda County.

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?

AACE has similarities to projects currently funded in the RCEB catchment area. As noted above, FRN is currently funded for Multilingual Family Navigation and this project shares the elements of outreach, community events and family navigation. Other groups are also working on trainings and mentoring of family members. RCEB itself is offering events to educate families (Asian, Hispanic and Asian populations). This project does borrow on effective techniques and ideas being used in other projects (and will benefit from the experience both agencies have with these projects). The difference here is the focus on the African American community, with a strong focus on relationship building between RCEB and members of the community. In this, the project is unique in the RCEB catchment area and rare in the overall set of funded projects.

AACE will address barriers that may be contributing to the lack in access of services by focusing on the cultural needs of the targeted population. This project will meet the families where they are by utilizing the promotora model. It is essential to gain a better understanding of how culture has a profound impact on communication, which then in turn prevents access to services. AACE's focus will be gaining trust of the targeted population and providing essential information, resources and support in the community amongst their peers. This model allows families the opportunity to engage with peers who have the same or similar experiences.

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

FRN and CPN drew on the experiences of their own staff, meetings with over 20 key informants (staff from First Five, Black Infant Health, Fatherhood Initiative, DD council leadership, local university researchers and CBOs serving the community) as well as holding a focus group of RCEB eligible families to discuss the ideas of this proposal. With this input, AACE refined the proposal, its goals and its activities.

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: AACE (African American Community Empowerment) page1									
		2018	2019				2020		
		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
Activity	Staff								
Hire/train family navigation/promotora staff and project director staff	CPN and FRN Directors	<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"/>
Develop pretest/post test measures for conferences/group support activities and for family navigation	CPN and FRN Directors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create a community committee for conference	AACE project director, CPN and FRN Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinate logistics for conference	AACE Project Director	<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"/>
Gather pre-test/post test data for conference, data on number/demographics of participants attending conference	AACE Project Director	<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"/>
Plan logistics for 4 support group/educational series	AACE Project Director	<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"/>

Project Title: AACE (African American Community Empowerment) page1									
		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 promotora outreach (60 outreach events per year)	Family Navigation staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Provide Family Navigation to 80 family members	Family Navigation staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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: African American Community Empowerment (AACE) page 2									
		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
Maintain data files on contacts with families receiving navigation and services/advocacy assistance	Family Navigation Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conduct pre and post surveys on family navigation	Family Navigation Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supervise promotora and family navigation activities	AACE Program Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Create quarterly reports for DDS	AACE Program Director, FRN and CPN directors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

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: African American Community Empowerment (AACE)		
Measures of Outcomes	Type of Measure(s). Check all that apply.	Activity To Be Measured; Data Collection Method
	<input checked="" type="checkbox"/> Count	<p>Promotora Activity # of outreach (promotora) visits; promotora worker records of date, time, address, type of visit; promotora data records. # of professionals and family members contacted. Develop and maintain parent/professional sign in sheets Type and number of materials distributed</p> <p>Family Navigation # of families receiving family navigation, AACE data records # new clients referred to Early Start or Lanterman services, AACE data records from parent report # RCEB services family navigators assisted with (and whether these were received), AACE data records from parent report # Generic community services family navigators assisted with, AACE data records from parent report</p> <p>Community Conference/Support # of clients/family members attending AACE conference # of clients and family members attending 4 support/educational groups</p>

	<input type="checkbox"/> POS	
	<input checked="" type="checkbox"/> Pre/post survey/assessment	Develop pre and post assessment for conference and groups and family navigation gathered via survey on the following topics 1) Knowledge of RCEB and generic community services 2) Perceived comfort level in working with RCEB staff 3) Confidence in advocating for their child and 4) Belief that they will be able to get what their child needs. Conduct survey and maintain pre and post test survey records. Analyze change in responses between pre and post tests.
	<input checked="" type="checkbox"/> Stakeholder feedback	Develop and administer survey community organizations and agencies that promotora do outreach work with as to the perceived effectiveness of the project in reaching AA families in the community.
	<input checked="" type="checkbox"/> Materials	Develop informational materials for family members; track the number of each type of material distributed through promotora efforts.
	<input checked="" type="checkbox"/> Other: PLEASE DESCRIBE:	Family reported changes in POS and generic services.

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		
Care Parent Network		
Project Title		
African American Community Empowerment (AACE)		
Project Duration (start and end date)		
Start Date: 01/01/2019	End Date: 12/31/20	Number of Months: 24

Description	Year 1 Annual Cost	Year 2 Annual Cost*	Total Cost
Salary/Wages and Benefits			
Name: Title/Position: <input checked="" type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): 0	\$	\$	\$
Name: TBA Title/Position: CPN Program Director <input checked="" type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): 0.1 FTE	\$12250	\$12618	\$24868
Name: TBA Title/Position: <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): 0	\$	\$	\$
Name: TBA Title/Position: Family Navigator Contra Costa <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): 0.5	\$24208	\$26994	\$51202
Name: TBA Title/Position: <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): 0	\$	\$	\$
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	\$36458	\$39612	\$76070

Operating Expenses			
Satellite Office Occupancy Costs	\$	\$	\$
Cellular Phone Rental/Plan	\$600	\$650	\$1250
Family Conference	\$	\$	\$
Support groups/family support activities	\$	\$	\$
Staff Travel	\$300	\$300	\$600
Office Supplies and Postage	\$1000	\$1000	\$2000
Database Licenses	\$	\$	\$
Operating Expenses Total	\$1900	\$1950	\$3850

Administrative Expenses (Indirect costs, up to 15%)			
CARE administration expenses includes accounting processes, liability insurance HR functions, benefits management, payroll processes, grant billing, audits, IT functions, and Contra Costa ARC Executive Director functions.	\$5753	\$6234	\$11,987
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Administrative Expenses Total	\$5753.7	\$6234	\$11987
Project Budget Total	\$44111	\$47796	\$91907

*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): _____

Signature: _____ Date: _____

Sub-grantee (subcontractor):** *Care Parent Network*

Authorized by (print name): *Carol Anne McCrary, Interim Program Director*

Signature: *Carol Anne McCrary* Date: *1/17/19*

**As applicable

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		
Family Resource Navigators		
Project Title		
African American Community Empowerment (AACE)		
Project Duration (start and end date)		
Start Date: 01/01/2019	End Date: 12/31/20	Number of Months: 24

Description	Year 1 Annual Cost	Year 2 Annual Cost*	Total Cost
Salary/Wages and Benefits			
Name: Eileen Crumm Title/Position: FRN Executive Director <input checked="" type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): 0.1 FTE	\$12250	\$12618	\$24868
Name: TBA Title/Position: AACE Program Manager <input checked="" type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): 0	\$36400	\$37492	\$73892
Name: TBA Title/Position: Family Navigator Alameda County <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): 0	\$24208	\$26994	\$51202
Name: Title/Position: <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): 0	\$	\$	\$
Name: Title/Position: <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): 0	\$	\$	\$
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	\$72858	\$77104	\$149962

Operating Expenses			
Satellite Office Occupancy Costs	\$15000	\$15000	\$30000
Cellular Phone Rental/Plan	\$1200	\$1250	\$2450
Family Conference	\$20000	\$	\$20000
Support groups/family support activities	\$	\$10000	\$10000
Staff Travel	\$300	\$300	\$600
Office Supplies and Postage	\$2000	\$2000	\$4000
Database Licenses	\$1800	\$1800	\$3600
Care Parent Network (subcontract)	\$44,111	\$47,796	\$91,907
Operating Expenses Total	\$48,211	\$61,896	\$162,557

Administrative Expenses (Indirect costs, up to 15%)			
FRN financial services (bookkeeping and financial reporting)	\$8500	\$8750	\$17250
FRN Administration (share of payroll, audit, insurance)	\$2350	\$2420	\$4770
	\$	\$	\$
	\$	\$	\$
Administrative Expenses Total	\$10,850	\$11,170	\$22,020
Project Budget Total	\$168,119	\$166,420	\$334,539

*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): _____

Signature: _____ Date: _____

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		
Family Resource Navigators		
Project Title		
African American Community Empowerment (AACE)		
Project Duration (start and end date)		
Start Date: 01/01/19	End Date: 12/21/20	Number of Months: 24

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position:	
Title/Position: CPN Director	.10 FTE. Duties include hiring, training, supervision of staff, survey design, reporting to DDS, conference coordination. Amount includes benefits at 40% of salary, 3% cost of living increase in second year.
Title/Position:	.
Title/Position:	
Title/Position: Family Navigator 2	.5 FTE peer parent staff to connect to community organizations and faith based agencies to reach families. Provide Family Navigation support for connection to or advocacy for RCEB. Amount includes benefits at 40% of salary. 3% cost of living increase in second year.
Title/Position:	
Title/Position:	

Operating Expenses – Line Item	Description
Cell phone rentals/plan for staff	Cell phones so that staff can connect with families and main office. Estimated at 50\$ per staff or 150\$ per month for 12 months.
Office Supplies	Materials and Supplies for operations at satellite office.
Travel for staff	Per diem and travel costs for grantee staff to travel to grant-related meetings/training within the State of California (e.g., airfare, bus, train, rental cars, personal vehicle mileage, lodging and food costs)

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Administrative Expenses – Line Item	Description
CPN Administrative Fee	Share of costs for accounting processes, liability insurance, HR functions, benefits management, payroll processes, grant billing, audits, IT functions, and Contra Costa ARC Executive Director functions.

Proposer (applicant):

Authorized by (print name): _____

Signature: _____ Date: _____

Sub-grantee (subcontractor): *** Care Parent Network*Authorized by (print name): *Carol Anne McCrary, Interim Program Director*Signature: *Carol Anne McCrary* Date: *1/17/19*

**As applicable.