

**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
Multi-Ethnic Collaborative of Community Agencies	October 11, 2018
c. Primary contact (Name)	
Iliana Soto Welty	
d. Mailing address	
1505 E. 17 <sup>th</sup> Street Santa Ana, CA 92705	
e. Primary e-mail address	f. Primary phone number
iliana@ocmecca.org	714-202-4753
g. Secondary contact email address	h. Secondary contact phone number
yesenia@ocmecca.org	714-202-4750
i. Brief description of the organization/group (organization type, group mission, etc.).	
<p>The Multi-Ethnic Collaborative of Community Agencies (MECCA) is a coalition committed to eliminating ethnic and racial disparities to improve the quality of life for multicultural communities by working with underserved and hard to reach communities through a collective impact approach. As our community increasingly grows more diverse, new strategies are needed so that our ethnic communities are not left behind with increasing health disparities. MECCA is working to advance a wellness movement focusing on health equity, access, and quality services delivered through a culturally responsive approach. MECCA's mission is to ensure the delivery of culturally and linguistically responsive services to traditionally underserved multicultural communities and creating a sustainable system of integrated health care delivery and human development amongst its members through education, outreach, and advocacy in order to increase access and resources to diverse multi-cultural communities.</p>	

**Section II. Proposal Summary**

<b>a. Project title</b>	Parent Support Program for Multicultural Communities
<b>b. Total amount requested</b>	\$ 494,000
<b>c. Projected number of individuals impacted</b>	700 per yr
<b>d. Duration of project (months)</b>	24 months    Start date: 1/1/19    End date: 12/31/20
<b>e. RC(s) in the project catchment area(s)</b>	Regional Center of Orange County Target zip code(s) for Los Angeles County*:

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<b>f. Did your organization receive funding for a project in FY 2017/18?</b>	<input type="checkbox"/> Yes** <input checked="" 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):
<b>f1. What is the current status of your project?</b>	
<b>f2. How is this proposal different from your current project?</b>	
<b>g. Will you be working with one or more CBO(s)?</b>	<input checked="" type="checkbox"/> Yes*** <input type="checkbox"/> No
<b>h. Will the project require aggregate data from the RC(s)?</b>	<input 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**

<b>1. Project title</b>
Parent Support Program for Multicultural Communities
<b>2. Select the target group(s) the project intends to serve and provide a description of each group. Check all that apply.</b>
<input checked="" type="checkbox"/> Ethnicity: Latino, Vietnamese, Arab, Iranian, Korean, Cambodian, <input checked="" type="checkbox"/> Language(s): Vietnamese, Khmer, Korean, Spanish, Arab, Farsi, English <input checked="" type="checkbox"/> Age group(s): 18-60 <input checked="" type="checkbox"/> Socioeconomic: Medical eligible, low-income, socially disadvantaged, immigrant communities <input checked="" type="checkbox"/> Other: refugee, isolated communities with lack of language proficiency
<b>3. Which area(s) of focus does the project meet? Check all that apply.</b>
<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 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): Health navigation support, case management, outreach and education
<b>4. Project Type. Check all that apply.</b>
<input checked="" 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 checked="" 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:
<b>5. What experience does the organization/group have working with the target population?</b>
<p>Our Multi-Ethnic Collaborative of Community Agencies is a 501c3 nonprofit organization that has delivered many community programs since 2010. Each of our community agencies are located within the communities they serve as many of our ethnic communities concentrate in key areas around the County. Our agencies serve the communities where they are at going to homes, community events, congregations, and other community settings. MECCA agencies have been providing health and human development services to multi-cultural communities for more than 30 years and were established when the communities first arrived as refugees and required community services. Today they continue to meet the needs of the community and work towards ensuring resources reach the underserved, unserved and vulnerable populations. The need and increasing diversity in Orange County is evident with over 30% of residents being immigrants and 46% of all residents speaking a language other than English at home.</p>

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PROJECT INFORMATION**

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

According to the Regional Center of Orange County Purchase of Service expenditure data report there are 34% Latinos, 14% Asian, 2% Black, and 36% White clients served. There is alignment with the population overall but Asians are below the population percentage which is 18% in Orange County and growing. White families receive \$27,252 worth of services compared to \$15,564 for Asians and \$12,441 for Latinos. This is where the real disparity lies as ethnic groups are not accessing services at the same level as white families on average. This may be due to fear, lack of family financial stability, lack of knowledge of services, immigration status and other factors our agencies are used to helping families navigate. The highest disparity is for clients that are 22 years of age or older as ethnic families tend to keep their children with them at home to care for them, don't feel the services are culturally appropriate or don't know enough about what is available to them.

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

MECCA works with Orange County's threshold languages, hard to reach populations who are sometimes isolated from mainstream resources. One example of what we have done in the past year is to share information about the Regional Center with Buddhist, Muslim and other ethnic churches our coalition works with. Through outreach, education and reducing stigma initiatives MECCA will open up the discussion about developmental screenings and other early intervention services for children. MECCA plans to embark on a multi-ethnic approach to reduce stigma through contact based education classes, video campaign of stigma stories, arts therapy workshops aimed at consumer families and many other services that reach community members. Through our many programs and outreach efforts families will be connected to our parent peer educators (Parent Case Managers) that will connect them to screenings, Regional Center services and help navigate their entry into receiving services to help their children reach their full potential.

We hope through connecting with ethnic families that we can help them make the best decisions for their families once they are aware of all their options in order to address POS disparities and get the families the support they need. According the the 2017 RCOC report findings, disparity across ethnicities exists regardless of whether or not a loved one lives at home or away from home. Also, expenditure for Latinos is lower across all age ranges and residence types and being this is the largest ethnic population, this is concerning. There are many efforts the Regional Centers are taking but we hope that our project supports them in addressing the service gaps and understanding the needs of families in order to ensure the system grows in its effectiveness to be culturally responsive. Our program will measure satisfaction with services, the families knowledge and ability to navigate services providing a much needed feedback mechanism that can address disparity efforts.

**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?**

The proposed project is different because it outreaches to families that are not connected to services through trusted channels. MECCA is a unique organization that works at the grassroots community level delivering culturally defined practices to outreach to communities in order to reduce disparities and connect them to services. MECCA agencies empower families, and help them navigate through cultural stigmas. Three of our agencies are part of the California Disparities Project and our staff are developing ways to connect with families to remove barriers, start much needed support groups, and dispel the stigmas associated with developmental

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disabilities so that families feel supported. Our agencies have been doing this initial work with no specific resources. This funding will allow us to build the capacity and infrastructure needed to build a pathway for families to get connected to the Regional Center and develop trust with the system. It will allow our agencies to make the necessary connections that are needed with community resources and develop entry hubs to other organizations that struggle to reach our ethnic communities. Many of the local agencies for example do not have the cultural and linguistic capabilities that our agencies do which reach more than 16 languages collectively. The funding will support our peer navigators to offer their support to families and connect them to organizations that can support them.

The goal of the project is to increase access and equity to developmental disability services in Orange County in diverse communities in order to reduce health and POS disparities. We will accomplish this by conducting community outreach, providing training and education opportunities, supporting families with health navigation and ultimately creating a system of care for ethnic families that need support with disability services. Our community level impact will be to increase coordination among ethnic organizations and local developmental service providers in order to build their capacity to access ethnic communities and help ethnic communities better navigate services.

### COMMUNITY OUTREACH:

MECCA agencies will be conducting intensive community outreach at churches, health faires, community events, through agency programs and hosting classes. MECCA agencies will use these opportunities to reach out to families it serves to educate them about the services available through parent support groups. Education classes will target families interested in early childhood, school readiness and employment support. Our outreach efforts will also serve as a complement to local developmental disability service providers such as the Regional Center and help to get information to the most hard to reach populations that MECCA specializes in reaching.

### TRAINING AND EDUCATION

As MECCA agencies recruit families, training will be offered at each MECCA agency in collaboration based on the needs of family members. MECCA will offer trainings in the threshold languages. The State Council on Disabilities is conducting trainings with MECCA staff and offer the information to community members at each of the respective MECCA agencies in order to increase access to knowledge in ethnic communities. MECCA will partner with other local developmental disability service providers in Orange County to offer trainings in order to reach each of the ethnic communities more effectively.

Training will also be conducted for each collaborative agencies staff in order to build the capacity of the organizations to support families with developmental disabilities needs moving forward. This initial investment in training will help not only families but the MECCA organizations be better equipped to provide better health navigation services and become hubs for families to get support and be connected to services.

### HEALTH NAVIGATION

MECCA will outreach to families that are unserved by service providers and also connect them to the Regional Center services. We hope to support families by providing support, referrals, connection to screenings and linkages for services in Orange County.

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Our above approaches will develop an entry door into the system of care for families with children with special needs that is lacking within the ethnic service organizations in Orange County.

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

MECCA has held focus groups with community members since its inception starting in 2010 and has done so on an ongoing basis including developing a Culture-Specific Focus Group Study Report in 2010 and has most recently done a 2017 held a forum on Equity, Access and Quality of Behavioral Health Services in Orange County which led to the development of a Mental Health Equity Framework MECCA is using for advocacy efforts in the transforming the mental health system of care. MECCA also in August of 2018 held a community health needs listening session in collaboration with the California Pan Ethnic Health Network which is being presented at the CIBHS Cultural Competency Conference along with MECCA innovative approach for training religious community members. MECCA agencies are constantly involved in accessing, researching and collecting information about the families we work with through one to one dialogues and engagement. The need for support for families continues to be an ongoing issue our agencies face and the need for parent support is great in our communities. MECCA agencies have been receiving training from the State Council on Developmental Disabilities since 2017 in order to better support families. Our Executive Directors and staff also provide feedback on the design based on the interactions they have with families and parents of children with special needs.

**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.*

<b>Project Title:</b> Parent Support Program for Multicultural Families									
		<b>2018</b>	<b>2019</b>					<b>2020</b>	
<b>Activity</b>	<b>Staff</b>	<b>Q4</b> 10/1/18-12/31/18	<b>Q1</b> 1/1/19-3/31/19	<b>Q2</b> 4/1/19-6/30/19	<b>Q3</b> 7/1/19-9/30/19	<b>Q4</b> 10/1/19-12/31/19	<b>Q1</b> 1/1/20-3/30/20	<b>Q2</b> 7/1/19-9/30/19	<b>Q3</b> 10/1/19-12/31/19
Hire staff and create translated outreach materials, translated training content, and outreach strategies to connect with families.	MECCA and MECCA Collaborative Agency Program Case Managers (peer parent navigators)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold planning and ongoing meetings with all MECCA Agencies to set up education classes, parent support groups screening events and initiate outreach efforts as well as monitor efforts.	MECCA and MECCA Collaborative Agency Program Case Managers (peer parent navigators)	<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 type="checkbox"/>
Conduct outreach to communities in faith based institutions, community events and through agency specific efforts.	MECCA and MECCA Collaborative Agency Program Case Managers (peer parent navigators)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conduct parent support groups and education classes.	MECCA and MECCA Collaborative Agency Program Case	<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 type="checkbox"/>



[illegible]

*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.*

<b>Project Title:</b> Parent Support Program for Multicultural Communities		
<b>Measures of Outcomes</b>	<b>Type of Measure(s). Check all that apply.</b>	<b>Activity To Be Measured; Data Collection Method</b>
	<input checked="" type="checkbox"/> Count	Number of families reached in the community and individual families served by each agency will be collected monthly. This will include the numbers that attend educational and parent support sessions, receive referrals, and participate in screening.
	<input checked="" type="checkbox"/> POS	We will count and measure the number of new families enrolled and new services that families are able to access by agency.
	<input checked="" type="checkbox"/> Pre/post survey/assessment	A family satisfaction survey will measure the level of knowledge, satisfaction of services, and self advocacy skills developed.
	<input checked="" type="checkbox"/> Stakeholder feedback	Our data collection method will be ongoing one to one assessments and dialogue with families. These learnings will be shared at MECCA agency meetings and collected to be shared with Regional Center, DDS through program reports.
	<input checked="" type="checkbox"/> Materials	Training and Outreach Materials translated into the Korean, Arab, Farsi, and Khmer languages. Translations will be assessed by staff and effectiveness will be measured in the satisfaction surveys for their helpfulness.
	<input checked="" type="checkbox"/> Other: PLEASE DESCRIBE:	We will develop an impact story database and case studies to highlight the program. Impact stories will be shared in reports and multi-media platforms such as narratives, PPT, video highlights and other

		mediums to share the impact and importance of the work.
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**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.

<b>Organization Name</b>
Multi-Ethnic Collaborative of Community Agencies
<b>Project Title</b>
Parent Support Program for Multicultural Communities
<b>Project Duration (start and end date)</b>
<b>Start Date:</b> March 1, 2019 <b>End Date:</b> August 31, 2020 <b>Number of Months:</b> 18 months

Description	Year 1 Annual Cost	Year 2 Annual Cost*	Total Cost
<b>Salary/Wages and Benefits</b>			
Name: MECCA Title/Position: Program Coordinator <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): .5 FTE	\$20000	\$16000	\$36000
Name: Access Ca Services Title/Position: Program Case Manager <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): .5 FTE	\$20000	\$16000	\$36000
Name: The Cambodian Family Title/Position: Program Case Manager <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): .5 FTE	\$20000	\$16000	\$36000
Name: OMID Multicultural Institute for Development Title/Position: Program Case Manager <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): .5 FTE	\$20000	\$16000	\$36000
Name: Korean Community Services Title/Position: Program Case Manager <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): .5 FTE	\$20000	\$16000	\$36000
Name: <input type="text"/> Title/Position: <input type="text"/> <input type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Name: <input type="text"/> Title/Position: <input type="text"/> <input type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Salary/Wages and Benefits Total</b>	<b>\$100000</b>	<b>\$80000</b>	<b>\$180000</b>

Operating Expenses			
Services and Supplies	\$5000	\$5000	\$4000
Training and Development	\$2000	\$1000	\$4000
Transportation	\$2500	\$2000	\$5000
Advertising and Outreach	\$1500	\$1000	\$2000
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Operating Expenses Total	\$11000	\$9000	\$20000

Administrative Expenses (Indirect costs, up to 15%)			
Administrative Support	\$7000	\$5000	\$12000
Indirect Costs	\$3000	\$3000	\$4000
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Administrative Expenses Total	\$10000	\$8000	\$18000
Project Budget Total	\$0	\$0	\$207000

\*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): Iliana Welty

Signature: Alana Lott Welly Date: 1.11.19

**Sub-grantee (subcontractor):\*\***

Authorized by (print name): Ellen Ahn, Korean Community Services

Signature:  Date: 1.11.19

Authorized by (print name): Vattana Peong, The Cambodian Family

Signature:  Date: 1.11.19

Authorized by (print name): Nahla Kavali. Access California Services

Signature: \_\_\_\_\_ Date: 1.11.19

Authorized by (print name): Maryam Savvedi OMID Multi-Cultural Institute for Development

Signature: \_\_\_\_\_ Date: 1.11.19

**\*\*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).

<b>Organization Name</b>		
Multi-Ethnic Collaborative of Community Agencies		
<b>Project Title</b>		
Parent Support Program for Multicultural Communities		
<b>Project Duration (start and end date)</b>		
<b>Start Date:</b> 3/1/19	<b>End Date:</b> 8/31/20	<b>Number of Months:</b> 18 months

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position: Program Coordinator-MECCA	Coordinate Education, Outreach, Training and Curriculum Development, Systems Integrator and Program Capacity Building
Title/Position: Program Case Manager – Access California Services	Parent/Peer Educator, Outreach Coordinator and navigator to deliver program services and case management.
Title/Position: Program Case Manager- The Cambodian Family	Parent/Peer Educator, Outreach Coordinator and navigator to deliver program services and case management.
Title/Position: Program Case Manager-OMID Multi-Cultural Institute for Development	Parent/Peer Educator, Outreach Coordinator and navigator to deliver program services and case management.
Title/Position: Program Case Manager-Korean Community Services	Parent/Peer Educator, Outreach Coordinator and navigator to deliver program services and case management.
Title/Position:	
Title/Position:	

Operating Expenses – Line Item	Description
Services and Supplies	Food and beverages for meetings, instructional materials, office supplies, facilities
Training and Development	Staff training, curriculum development/translation, content related conference/training fees, evaluation support
Transportation	Public transportation and bus passes, Mileage
Advertising and Outreach	Printing, marketing development, outreach materials

Administrative Expenses – Line Item	Description
Administrative Support	MECCA program meetings, evaluation collecting, reporting, marketing, program support and coordination
Indirect Costs	Rent, utilities, accounting functions and financial officer, personnel functions, general office supplies

**Proposer (applicant):**Authorized by (print name): Iliana WeltySignature:  Date: 1.11.19**Sub-grantee (subcontractor):\*\***Authorized by (print name): Ellen Ahn, Korean Community ServicesSignature:  Date: 1.11.19Authorized by (print name): Vattana Peong, The Cambodian FamilySignature:  Date: 1.11.19Authorized by (print name): Nahla Kavali, Access California ServicesSignature: \_\_\_\_\_ Date: 1.11.19Authorized by (print name): Marvam Savvedi, OMID Multi-Cultural Institute for DevelopmentSignature:  Date: 1.11.19

\*\*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.

<b>Organization Name</b>
Access California Services
<b>Project Title</b>
Parent Support Program for Multicultural Communities
<b>Project Duration (start and end date)</b>
<b>Start Date:</b> March 1, 2019 <b>End Date:</b> August 31, 2020 <b>Number of Months:</b> 18 months

Description	Year 1 Annual Cost	Year 2 Annual Cost*	Total Cost
<b>Salary/Wages and Benefits</b>			
Name: Access California Services Title/Position: Program Case Manager <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): .5 FTE	\$18000	\$14500	\$32500
Name: Title/Position: Existing Position or New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
<b>Salary/Wages and Benefits Total</b>	\$18000	\$14500	\$32500

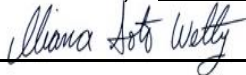
<b>Operating Expenses</b>			
Services and Supplies	\$500	\$400	\$9000
Transportation	\$500	\$350	\$850
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Operating Expenses Total</b>	<b>\$1000</b>	<b>\$750</b>	<b>\$1750</b>

<b>Administrative Expenses (Indirect costs, up to 15%)</b>			
Administrative Support	\$500	\$400	\$900
Indirect Costs	\$500	\$350	\$850
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Administrative Expenses Total</b>	<b>\$1000</b>	<b>\$750</b>	<b>\$1750</b>
<b>Project Budget Total</b>	<b>\$20,000</b>	<b>\$16,000</b>	<b>\$36,000</b>

\*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): Iliana Welty

Signature:  Date: 1.16.19

**Sub-grantee (subcontractor):\*\***

Authorized by (print name): Nahla Kavali. Access California Services

Signature: \_\_\_\_\_ Date: 1.16.19

\*\*As applicable

**PROJECT BUDGET NARRATIVE WORKSHEET**

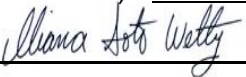
The items and descriptions in this worksheet must correspond to the items listed in the Budget Worksheet (Attachment E-1).

<b>Organization Name</b>		
Access California Services		
<b>Project Title</b>		
Parent Support Program for Multicultural Communities		
<b>Project Duration (start and end date)</b>		
<b>Start Date:</b> 3/1/19	<b>End Date:</b> 8/31/20	<b>Number of Months:</b> 18 months

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position: Program Case Manager-Access California Services	Parent/Peer Educator, Outreach Coordinator and navigator to deliver program services and case management.
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	

Operating Expenses – Line Item	Description
Services and Supplies	Food and beverages for meetings, instructional materials, office supplies, facilities
Transportation	Public transportation and bus passes, Mileage

Administrative Expenses – Line Item	Description
Administrative Support	Program meetings, evaluation collecting, reporting, marketing, program support and coordination
Indirect Costs	Rent, utilities, accounting functions and financial officer, personnel functions, general office supplies

**Proposer (applicant):**Authorized by (print name): Iliana WeltySignature:  Date: 1.16.19**Sub-grantee (subcontractor):\*\***Authorized by (print name): Nahla Kavali. Access California ServicesSignature: \_\_\_\_\_ Date: 1.16.19

\*\*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.

<b>Organization Name</b>		
Korean Community Services		
<b>Project Title</b>		
Parent Support Program for Multicultural Communities		
<b>Project Duration (start and end date)</b>		
<b>Start Date:</b> March 1, 2019	<b>End Date:</b> August 31, 2020	<b>Number of Months:</b> 18 months

Description	Year 1 Annual Cost	Year 2 Annual Cost*	Total Cost
<b>Salary/Wages and Benefits</b>			
Name: Korean Community Services Title/Position: Program Case Manager <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): .5 FTE	\$18000	\$14500	\$32500
Name: Title/Position: Existing Position or New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
<b>Salary/Wages and Benefits Total</b>	\$18000	\$14500	\$32500

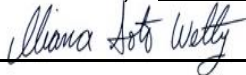
<b>Operating Expenses</b>			
Services and Supplies	\$500	\$400	\$9000
Transportation	\$500	\$350	\$850
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Operating Expenses Total</b>	<b>\$1000</b>	<b>\$750</b>	<b>\$1750</b>

<b>Administrative Expenses (Indirect costs, up to 15%)</b>			
Administrative Support	\$500	\$400	\$900
Indirect Costs	\$500	\$350	\$850
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Administrative Expenses Total</b>	<b>\$1000</b>	<b>\$750</b>	<b>\$1750</b>
<b>Project Budget Total</b>	<b>\$20,000</b>	<b>\$16,000</b>	<b>\$36,000</b>

\*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): Iliana Welty

Signature:  Date: 1.16.19

**Sub-grantee (subcontractor):\*\***

Authorized by (print name): Ellen Ahn, Korean Community Services

Signature:  Date: 1.16.19

\*\*As applicable

**PROJECT BUDGET NARRATIVE WORKSHEET**

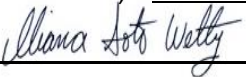
The items and descriptions in this worksheet must correspond to the items listed in the Budget Worksheet (Attachment E-1).

<b>Organization Name</b>		
Korean Community Services		
<b>Project Title</b>		
Parent Support Program for Multicultural Communities		
<b>Project Duration (start and end date)</b>		
<b>Start Date:</b> 3/1/19	<b>End Date:</b> 8/31/20	<b>Number of Months:</b> 18 months

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position: Program Case Manager-Korean Community Services	Parent/Peer Educator, Outreach Coordinator and navigator to deliver program services and case management.
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	

Operating Expenses – Line Item	Description
Services and Supplies	Food and beverages for meetings, instructional materials, office supplies, facilities
Transportation	Public transportation and bus passes, Mileage

Administrative Expenses – Line Item	Description
Administrative Support	Program meetings, evaluation collecting, reporting, marketing, program support and coordination
Indirect Costs	Rent, utilities, accounting functions and financial officer, personnel functions, general office supplies

**Proposer (applicant):**Authorized by (print name): Iliana WeltySignature:  Date: 1.18.19**Sub-grantee (subcontractor):\*\***Authorized by (print name): Ellen Ahn, Korean Community ServicesSignature:  Date: 1.18.19

\*\*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.

<b>Organization Name</b>		
Multi-Ethnic Collaborative of Community Agencies		
<b>Project Title</b>		
Parent Support Program for Multicultural Communities		
<b>Project Duration (start and end date)</b>		
<b>Start Date:</b> March 1, 2019	<b>End Date:</b> August 31, 2020	<b>Number of Months:</b> 18 months

Description	Year 1 Annual Cost	Year 2 Annual Cost*	Total Cost
<b>Salary/Wages and Benefits</b>			
Name: MECCA Title/Position: Program Coordinator <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): .5 FTE	\$20000	\$16000	\$36000
Name: Title/Position: <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: <input type="checkbox"/> Existing Position or <input type="checkbox"/> New Position Full Time Equivalent (FTE):	\$		
Name: Title/Position: <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position 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):	\$	\$	\$
Name: Title/Position: <input type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE):	\$	\$	\$
<b>Salary/Wages and Benefits Total</b>	\$20000	\$16000	\$36000

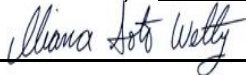
Operating Expenses			
Services and Supplies	\$2000	\$1000	\$3000
Training and Development	\$2000	\$1000	\$3000
Transportation	\$550	\$450	\$1000
Advertising and Outreach	\$1000	\$1000	\$2000
Subcontractors	\$80,000	\$64,000	\$144,000
	\$	\$	\$
	\$	\$	\$
<b>Operating Expenses Total</b>	<b>\$85,550</b>	<b>\$67,450</b>	<b>\$153,000</b>

Administrative Expenses (Indirect costs, up to 15%)			
Administrative Support	\$7000	\$5000	\$12000
Indirect Costs	\$3000	\$3000	\$4000
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Administrative Expenses Total</b>	<b>\$10,000</b>	<b>\$8,000</b>	<b>\$18,000</b>
<b>Project Budget Total</b>	<b>\$115,550</b>	<b>\$91,450</b>	<b>\$207,000</b>

\*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): Iliana Welty

Signature:  Date: 1.16.19

**Sub-grantee (subcontractor):\*\***

Authorized by (print name): Ellen Ahn, Korean Community Services

Signature:  Date: 1.16.19

Authorized by (print name): Vattana Peong, The Cambodian Family

Signature:  Date: 1.16.19

Authorized by (print name): Nahla Kavali, Access California Services

Signature: \_\_\_\_\_ Date: 1.16.19

Authorized by (print name): Marvam Savvedi, OMID Multi-Cultural Institute for Development

Signature:  Date: 1.16.19

\*\*As applicable

**PROJECT BUDGET NARRATIVE WORKSHEET**

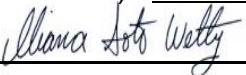
The items and descriptions in this worksheet must correspond to the items listed in the Budget Worksheet (Attachment E-1).

<b>Organization Name</b>		
Multi-Ethnic Collaborative of Community Agencies		
<b>Project Title</b>		
Parent Support Program for Multicultural Communities		
<b>Project Duration (start and end date)</b>		
<b>Start Date:</b> 3/1/19	<b>End Date:</b> 8/31/20	<b>Number of Months:</b> 18 months

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position: Program Coordinator-MECCA	Coordinate Education, Outreach, Training and Curriculum Development, Systems Integrator and Program Capacity Building
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	

Operating Expenses – Line Item	Description
Services and Supplies	Food and beverages for meetings, instructional materials, office supplies, facilities
Training and Development	Staff training, curriculum development/translation, content related conference/training fees, evaluation support
Transportation	Public transportation and bus passes, Mileage
Advertising and Outreach	Printing, marketing development, outreach materials
Subcontractor Costs	Program Case Managers at four agencies at .5 FTE

Administrative Expenses – Line Item	Description
Administrative Support	MECCA program meetings, evaluation collecting, reporting, marketing, program support and coordination
Indirect Costs	Rent, utilities, accounting functions and financial officer, personnel functions, general office supplies

**Proposer (applicant):**Authorized by (print name): Iliana WeltySignature:  Date: 1.16.19**Sub-grantee (subcontractor):\*\***Authorized by (print name): Ellen Ahn, Korean Community ServicesSignature:  Date: 1.16.19Authorized by (print name): Vattana Peong, The Cambodian FamilySignature:  Date: 1.16.19Authorized by (print name): Nahla Kavali, Access California ServicesSignature: \_\_\_\_\_ Date: 1.16.19Authorized by (print name): Marvam Savvedi, OMID Multi-Cultural Institute for DevelopmentSignature:  Date: 1.16.19

\*\*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.

<b>Organization Name</b>		
OMID Multicultural Institute for Development		
<b>Project Title</b>		
Parent Support Program for Multicultural Communities		
<b>Project Duration (start and end date)</b>		
<b>Start Date:</b> March 1, 2019	<b>End Date:</b> August 31, 2020	<b>Number of Months:</b> 18 months

Description	Year 1 Annual Cost	Year 2 Annual Cost*	Total Cost
<b>Salary/Wages and Benefits</b>			
Name: OMID Multicultural Institute for Development Title/Position: Program Case Manager <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): .5 FTE	\$18000	\$14500	\$32500
Name: Title/Position: Existing Position or New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: <input type="checkbox"/> Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: <input type="checkbox"/> Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position 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):	\$	\$	\$
Name: Title/Position: <input type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE):	\$	\$	\$
<b>Salary/Wages and Benefits Total</b>	\$18000	\$14500	\$32500

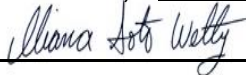
<b>Operating Expenses</b>			
Services and Supplies	\$500	\$400	\$9000
Transportation	\$500	\$350	\$850
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Operating Expenses Total</b>	<b>\$1000</b>	<b>\$750</b>	<b>\$1750</b>

<b>Administrative Expenses (Indirect costs, up to 15%)</b>			
Administrative Support	\$500	\$400	\$900
Indirect Costs	\$500	\$350	\$850
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Administrative Expenses Total</b>	<b>\$1000</b>	<b>\$750</b>	<b>\$1750</b>
<b>Project Budget Total</b>	<b>\$20,000</b>	<b>\$16,000</b>	<b>\$36,000</b>

\*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): Iliana Welty

Signature:  Date: 1.16.19

**Sub-grantee (subcontractor):\*\***

Authorized by (print name): Marvam Savvedi OMID Multi-Cultural Institute for Development

Signature:  Date: 1.16.19

\*\*As applicable

**PROJECT BUDGET NARRATIVE WORKSHEET**

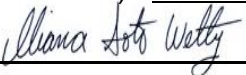
The items and descriptions in this worksheet must correspond to the items listed in the Budget Worksheet (Attachment E-1).

<b>Organization Name</b>		
OMID Multicultural Institute for Development		
<b>Project Title</b>		
Parent Support Program for Multicultural Communities		
<b>Project Duration (start and end date)</b>		
<b>Start Date:</b> 3/1/19	<b>End Date:</b> 8/31/20	<b>Number of Months:</b> 18 months

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position: Program Case Manager-OMID Multi-Cultural Institute for Development	Parent/Peer Educator, Outreach Coordinator and navigator to deliver program services and case management.
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	

Operating Expenses – Line Item	Description
Services and Supplies	Food and beverages for meetings, instructional materials, office supplies, facilities
Transportation	Public transportation and bus passes, Mileage

Administrative Expenses – Line Item	Description
Administrative Support	Program meetings, evaluation collecting, reporting, marketing, program support and coordination
Indirect Costs	Rent, utilities, accounting functions and financial officer, personnel functions, general office supplies

**Proposer (applicant):**Authorized by (print name): Iliana WeltySignature:  Date: 1.16.19**Sub-grantee (subcontractor):\*\***Authorized by (print name): Maryam Sayyedi, OMID Multi-Cultural Institute for DevelopmentSignature:  Date: 1.16.19

\*\*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.

<b>Organization Name</b>		
The Cambodian Family		
<b>Project Title</b>		
Parent Support Program for Multicultural Communities		
<b>Project Duration (start and end date)</b>		
<b>Start Date:</b> March 1, 2019	<b>End Date:</b> August 31, 2020	<b>Number of Months:</b> 18 months

Description	Year 1 Annual Cost	Year 2 Annual Cost*	Total Cost
<b>Salary/Wages and Benefits</b>			
Name: The Cambodian Family Title/Position: Program Case Manager <input type="checkbox"/> Existing Position or <input checked="" type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): .5 FTE	\$18000	\$14500	\$32500
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
Name: Title/Position: Existing Position or New Position Full Time Equivalent (FTE):	\$	\$	\$
<b>Salary/Wages and Benefits Total</b>	\$18000	\$14500	\$32500

<b>Operating Expenses</b>			
Services and Supplies	\$500	\$400	\$9000
Transportation	\$500	\$350	\$850
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Operating Expenses Total</b>	<b>\$1000</b>	<b>\$750</b>	<b>\$1750</b>

<b>Administrative Expenses (Indirect costs, up to 15%)</b>			
Administrative Support	\$500	\$400	\$900
Indirect Costs	\$500	\$350	\$850
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Administrative Expenses Total</b>	<b>\$1000</b>	<b>\$750</b>	<b>\$1750</b>
<b>Project Budget Total</b>	<b>\$20,000</b>	<b>\$16,000</b>	<b>\$36,000</b>

\*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): Iliana Welty

Signature:  Date: 1.16.19

**Sub-grantee (subcontractor):\*\***

Authorized by (print name): Vattana Peong, The Cambodian Family

Signature:  Date: 1.16.19

\*\*As applicable

**PROJECT BUDGET NARRATIVE WORKSHEET**

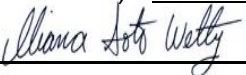
The items and descriptions in this worksheet must correspond to the items listed in the Budget Worksheet (Attachment E-1).

<b>Organization Name</b>		
The Cambodian Family		
<b>Project Title</b>		
Parent Support Program for Multicultural Communities		
<b>Project Duration (start and end date)</b>		
<b>Start Date:</b> 3/1/19	<b>End Date:</b> 8/31/20	<b>Number of Months:</b> 18 months

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position: Program Case Manager-The Cambodian Family	Parent/Peer Educator, Outreach Coordinator and navigator to deliver program services and case management.
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	

Operating Expenses – Line Item	Description
Services and Supplies	Food and beverages for meetings, instructional materials, office supplies, facilities
Transportation	Public transportation and bus passes, Mileage

Administrative Expenses – Line Item	Description
Administrative Support	Program meetings, evaluation collecting, reporting, marketing, program support and coordination
Indirect Costs	Rent, utilities, accounting functions and financial officer, personnel functions, general office supplies

**Proposer (applicant):**Authorized by (print name): Iliana WeltySignature:  Date: 1.16.19**Sub-grantee (subcontractor):\*\***Authorized by (print name): Vattana Peong, The Cambodian FamilySignature:  Date: 1.16.19

\*\*As applicable.