

**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
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a. Name of organization/Group	b. Date
Public Health Foundation Enterprises, Inc. /Carolyn Kordich Family Resource Center	10-16-18
c. Primary contact (Name)	
Lily Paramaunt & Dominique DeBorba	
d. Mailing address	
13300 Crossroads Parkway North Suite 450 City of Industry, CA 91746	
e. Primary e-mail address	f. Primary phone number
lparamaunt@helunahealth.org	562-222-7866
g. Secondary contact email address	h. Secondary contact phone number
deborba@ckfrc.org	310-325-7288
i. Brief description of the organization/group (organization type, group mission, etc.).	
<p>The Carolyn Kordich Family Resource Center is part of the Family Resource Center Network of California supporting families with young children with developmental disabilities. We provide parent to parent support, trainings, resources, and assist parents, families, primary caregivers, and professionals in locating, accessing, and navigating services. We collaborate with many social service organizations at the local level that help with outreach and child find. Our Resource Center serves mostly Spanish speaking families and we are housed in a Early Head Start facility in Harbor City. The targeted population is in our backyard, but we have limited resources. Our hope is to reach more families and also build the capacity of our family resource center through this grant. In the six month period of time that we have had the 2017/2018 disparity funding we have seen a significant increase in the Spanish speaking families we serve.</p>	

Section II. Proposal Summary

a. Project title	Knowledge Is Power/ El Conocimiento es Poder
b. Total amount requested	\$ 110,382
c. Projected number of individuals impacted	500
d. Duration of project (months)	24 months Start date: 01/01/19 End date: 12/31/20
e. RC(s) in the project catchment area(s)	Harbor Regional Center Target zip code(s) for Los Angeles County*: 90710,90717,90731,90732,90744,90745,90501,90502
f. Did your organization receive funding for a project in FY	<input checked="" type="checkbox"/> Yes** <input type="checkbox"/> No **If yes, provide the grant number and answer questions "f1" and "f2."

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2017/18?	<i>If no, skip to question "g."</i> Grant # (CBOs only): 17-C45
f1. What is the current status of your project?	ongoing
f2. How is this proposal different from your current project?	We are requesting an increase in funding due to the greater need of services than expected. The budget proposed is aligned with the growth and demand for the program.
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 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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PROJECT INFORMATION**

1. Project title
Knowledge Is Power/ El Conocimiento es Poder
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: Hispanic <input checked="" type="checkbox"/> Language(s): Spanish <input checked="" type="checkbox"/> Age group(s): 3-22 <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 checked="" type="checkbox"/> 4. Increase access to services that meet the cultural and linguistic needs of consumers and their families. <input type="checkbox"/> 5. Other (explain):
4. Project Type. Check all that apply.
<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 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 type="checkbox"/> Other:
5. What experience does the organization/group have working with the target population?
<p>Carolyn Kordich Family Resource Center (CKFRC) has a 25 year history of working with families of children with developmental disabilities. Approximately 98% of the families Carolyn Kordich Family Resource Center (CKFRC) serves are Spanish speaking. We are located in a heavily diverse area mainly populated by Hispanic families. Through our work on this disparity grant these past months, we have become well versed as to the families needs and lack of understanding of the service delivery system.</p>
6. Explain how the target population(s) are underserved using POS data or other data as supporting evidence.

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PROJECT INFORMATION**

The Spanish speaking families that we target(in our specific service area) live in the communities where the Harbor Regional Center purchase of service disparities exist. Harbor Regional Center has determined through POS data that significant challenges exist for these families in accessing services, navigating the service system, understanding their child's diagnosis, and linguistic issues. These same challenges have been identified through public input from focus groups and trainings held at our family resource center.

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

This project will help reduce Regional Center purchase of service disparities by educating Spanish speaking families in recognizing and understanding their child's disability and their role in service decisions. We have also recognized a lack of advocacy skills in our Spanish speaking families which we have been working to strengthen through our Self-Advocacy support group and trainings. Our objective is to also educate these families on available services and supports, and improve ways to connect families with diverse backgrounds together through outreach, trainings, and collaboration with community groups in their local areas. This project will impact disparities as the families become more familiar with the service system and understand and engage in their role as advocate for their child with special needs.

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?

While there are other organizations in our catchment area that serve our predominantly Spanish speaking population in general, Carolyn Kordich Family Resource Center is the only CBO in this area that specifically serves predominantly Spanish speaking families with children with developmental disabilities. We have found this to be a unique population with unique cultural needs that require a tailored approach and understanding in order to be effective. It has been our goal to find the areas of need and address them, through support groups, trainings, and community outreach and education.

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

Our project was driven by repeatedly hearing feedback from our Spanish speaking families about the lack of services and their lack of understanding of the service system. Through focus groups, support groups and trainings held at CKFRC we identified many components that create this disparity such as, language barriers, literacy issues, fear of authority, isolation and lack of guidance. The main topic that came up time and time again was the lack of advocacy skills in our Spanish speaking families and that has been our most prominent area of focus.

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: Knowledge is Power/EI Conocimiento es Poder									
		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
Continue to gather and translate existing training curriculums and written information for our Spanish speaking families. Create, and disseminate advertising materials for project.	Director and Bilingual family support specialist	<input checked="" 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"/>
Continue to expand Spanish materials in existing resource library	Director and Bilingual family support specialist	<input checked="" 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"/>
Monthly Self Advocacy support group for Spanish speaking families located at Health and Wellness Activity Center in Wilmington, CA	Bilingual family support specialist.	<input checked="" 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"/>
Monthly community outreach and trainings (including but not	Director and Bilingual Family support specialist.	<input checked="" 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"/>

Project Title: Knowledge is Power/El Conocimiento es Poder									
		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
limited to, parent advocacy, child development, disability, and milestones training, parents rights and regional center navigation and support groups).									
Ongoing staff development through local and state trainings.	Director and Bilingual family support specialist	<input checked="" 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"/>
Prepare quarterly reports to DDS	Director	<input checked="" 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"/>
Gather and maintain pre/post evaluation data and sign in sheets of Spanish speaking parents who attend, trainings, workshops and support groups designed for this program. Will provide basic statistics in an evaluation summary at the end of each quarter, measuring knowledge gained on services and supports	Director and Bilingual family support specialist	<input checked="" 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"/>

Project Title: Knowledge is Power/El Conocimiento es Poder									
		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
and measurement of Regional Center POS satisfaction.									
		<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: Knowledge is Power/ El Conocimiento es Poder		
Measures of Outcomes	Type of Measure(s). Check all that apply.	Activity To Be Measured; Data Collection Method
	<input checked="" type="checkbox"/> Count	Report the number of community outreach/ trainings, and support groups we conduct and the number of attendees.
	<input type="checkbox"/> POS	
	<input checked="" type="checkbox"/> Pre/post survey/assessment	Pre/post survey(evaluation) for trainings and support groups to assess knowledge gained and measurement of Regional Center POS satisfaction
	<input type="checkbox"/> Stakeholder feedback	
	<input checked="" type="checkbox"/> Materials	Report the number and type of Spanish training and advertising materials created, translated and/or distributed by the project. Advertising can include flyers, outreach materials, and Website, Facebook and other social media posts.
	<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
Heluna Health/Carolyn Kordich Family Resource Center
Project Title
Knowledge is Power/ El Conocimiento es Poder
Project Duration (start and end date)
Start Date: 1-1-19 End Date: 12-31-19 Number of Months: 12

Description	Year 1 Annual Cost	Year 2 Annual Cost*	Total Cost
Salary/Wages and Benefits			
Name: Dominique DeBorba Title/Position: Project Director <input checked="" type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): .14	\$11311	\$	\$11311
Name: Otilia Salgado Title/Position: Family Support Specialist <input checked="" type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): .60	\$29181	\$	\$29181
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):	\$	\$	\$
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):	\$	\$	\$
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	\$40492	\$	\$40492

Operating Expenses			
Equipment	\$1500	\$	\$1500
Outreach Supplies	\$1500	\$	\$1500
Training Consultants (Speakers)	\$1000	\$	\$1000
Office Supplies	\$1000	\$	\$1000
Transportation/Travel	\$1500	\$	\$1500
Food for Workshops/Trainings	\$1000	\$	\$1000
	\$	\$	\$
Operating Expenses Total	\$7500	\$	\$7500

Administrative Expenses (Indirect costs, up to 15%)			
Indirect Rate 13%	\$6239	\$	\$6239
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Administrative Expenses Total	\$	\$	\$
Project Budget Total	\$54231	\$	\$54231

*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): Peter Doh

Signature: 

Date: 1/22/19

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
Public Health Foundation Enterprises, Inc. - Carolyn Kordich Family Resource Center
Project Title
Knowledge is Power/ El Conocimiento es Poder
Project Duration (start and end date)
Start Date: 1-1-19 End Date: 12-31-19 Number of Months: 12

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position: Project Director	See Attachment
Title/Position: Family Support Specialist	
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	

Operating Expenses – Line Item	Description
Equipment \$1500	See Attachment
Outreach Supplies \$1500	
Training Consultant \$1000	
Office Supplies \$1000	
Transportation/Travel \$1500	
Food for Workshop/Trainings \$1000	

Administrative Expenses – Line Item	Description
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Indirect Rate 13%	See Attachment
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Proposer (applicant):

Authorized by (print name):

Signature: _____

Date: 1/22/19**Sub-grantee (subcontractor):****

Authorized by (print name): _____

Signature: _____

Date: _____

**As applicable.

Description of Duties - Personnel

Project Director: The Project Director is responsible for the day to day operations of the Family Resource Center, community relations, trainings and supervising staff. Director is also responsible for managing the grant deliverables, ensuring the project is on track for spending and adhering to the Scope of Work and producing the interim and final reports as needed. The position will also manage all logistics for trainings, workshops and marketing efforts.

Total Cost: \$11,311

Family Support Specialist: The Family Support Specialist provides written and verbal translation of materials for parents, co-facilitates support groups, provides support at trainings and workshops and conducts outreach in the community.

Total Cost: \$29,181

Description - Operating Expenses

Equipment: These costs are for general expenses in maintaining the Carolyn Kordich Family Resource Center office space which may include but is not limited to furniture, equipment, and meeting supplies.

Total Cost: \$1,500

Outreach Supplies: This cost will cover printing costs, program and marketing materials used for outreach.

Total Cost: \$1,500

Training Consultants: This will cover the cost of speakers and other facilitators that will be needed during our parent training and workshop sessions.

Total Cost: \$1,000

Office Supplies: These costs will include general office supplies such as copy paper, printing, ink, stamps, files, pens, pencils, notebooks, and products for organizing.

Total Cost: \$1,000

Transportation/Travel: This cost will cover transportation costs for families attending trainings, workshops, and support groups. Cost will also cover mileage and other travel costs as needed for staff to attend meetings, trainings, and staff development.

Total Cost: \$1,500

Food for Workshops/Trainings: These costs include food and beverages, purchased in-store or through catering vendors, for parents attending our support groups, trainings, and workshops.

Total Cost: \$1000

Description – Administrative Expenses

Indirect Rate: Public Health Foundation Enterprises, Inc. administrative costs include headquarters infrastructure costs, communications, facility/lease, depreciation, equipment expenses, in-kind services, professional fees, office expenses and rent, calculated using a 13.00% federally approved indirect rate.

Total Cost: \$6239