

**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
Esperanza Community Housing Corporation	October 5, 2018
c. Primary contact (Name)	
Ivy Panlilio	
d. Mailing address	
3655 S. Grand Ave., Suite 280, Los Angeles, CA 90007	
e. Primary e-mail address	f. Primary phone number
ivy@esperanzacommunityhousing.org	(213) 748-7285
g. Secondary contact email address	h. Secondary contact phone number
normab@esperanzacommunityhousing.org	(213) 748-7285
i. Brief description of the organization/group (organization type, group mission, etc.).	
Founded in 1989, Esperanza Community Housing provides a comprehensive approach to community development and neighborhood revitalization for low-income families living in South LA and beyond. Esperanza's core programs are: 1) Affordable Housing – Addressing displacement and homelessness, our quality, safe family housing units offer security and shelter to over 550 tenants; 2) Health Equity and Access to Care – Promoting a broad culture of wellness, Esperanza educates and supports the empowerment of community members to improve health and increase access to care; 3) Economic Development – Facilitating local economic development to increase growth opportunities and financial stability to small, family-owned businesses; 4) Arts and Culture – Stimulating involvement in the arts and increasing civic engagement; and 5) Environmental Justice - Ensuring families are safe from toxins in their homes and neighborhoods, Esperanza advocates for public policy through a human rights framework.	

Section II. Proposal Summary

a. Project title	A Strengths-Based Approach to Supporting Families, Thriving Children, and Healthy Homes
b. Total amount requested	\$ 96,142
c. Projected number of individuals impacted	100
d. Duration of project (months)	12 months Start date: 04/01/19 End date: 03/31/20
e. RC(s) in the project catchment area(s)	Frank D. Lanterman Regional Center Target zip code(s) for Los Angeles County*: 90006, 90038, 90004, 90019, 90005, 90009, 90019, 90034, 90026, 90057, 90020, 90017, 90015

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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-C17
f1. What is the current status of your project?	Esperanza's project remains active and in good standing. We are at the mid-point of our project and will be submitting our second quarterly report later this month. We are pleased to state that we are meeting expectations of our project. We have reached 67 unduplicated clients after 6 months of our project.
f2. How is this proposal different from your current project?	The goals remain the same; however, instead of all quarterly workshop series in Spanish, we plan to conduct 3 in Spanish and 1 in English based on feedback we have received from families. We also believe our 2 nd year will run much smoother as we would only need to continue refining the curriculum and evaluation tools since the bulk of that work has been completed during this current project.
g. Will you be working with one or more CBO(s)?	<input type="checkbox"/> Yes*** <input checked="" type="checkbox"/> No
h. Will the project require aggregate data from the RC(s)?	<input checked="" type="checkbox"/> Yes*** <input type="checkbox"/> No

*Zip code information for Los Angeles County can be found at:

<https://www.dds.ca.gov/RC/regionMap.cfm?view=laCounty>

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

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PROJECT INFORMATION**

1. Project title
A Strengths-Based Approach to Supporting Families, Thriving Children, and Healthy Homes
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: Latino/Hispanic <input checked="" type="checkbox"/> Language(s): Monolingual Spanish-speaking and English-speaking <input checked="" type="checkbox"/> Age group(s): 25-45 <input checked="" type="checkbox"/> Socioeconomic: Extremely Low Income to Low Income <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 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?
Esperanza Community Housing has partnered with the Frank D. Lanterman Regional Center since 2015. Our Promotores have provided Lanterman families with comprehensive case management and this current year in 2018, we have expanded our work to include outreach, parent education workshops, and family coaching services.
6. Explain how the target population(s) are underserved using POS data or other data as supporting evidence.
Esperanza serves low-income communities of color in South Central Los Angeles and the surrounding areas. The communities we serve have long suffered a disproportionate allocation of resources which have left them without adequate access to basic care and community services. Based on U.S. Census data, over 70% of households earn below the 100% federal poverty level for a family of four. Economic hardships, such as lack of affordable housing and lack of livable wages and good jobs, intensify already existing barriers. Most are medically

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PROJECT INFORMATION**

uninsured or underinsured and are in poor health. Over two-thirds of the population is Latino with many residents being foreign-born and having difficulty navigating systems that can be confusing and bureaucratic. Without the benefit of education, many of these families can find themselves in distress without any knowledge of how to seek adequate services or they hold off seeking services until the situation reaches moderate or severe levels.

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

Through Esperanza's Promotora-based approach, our target population will receive linguistically and culturally accessible information and services. Since 1996, our Promotores have proven successful in addressing health disparities by increasing access to care and improving health outcomes. Our Promotores will be able to connect families who have been identified as "hard to reach" because our Promotores are grounded in the communities they serve. Utilizing a comprehensive approach to addressing the challenges each family faces and their unmet needs, our Promotora staff will provide the supplementary support needed to move a family from increased RC utilization of services to improved overall health and well-being.

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?

Esperanza's proposed project will be in essence similar as we plan to conduct a curriculum-based 6 workshop series each quarter and provide a Promotora Facilitator to offer one-on-one assistance to participants with the onboarding process. All our current workshops are conducted in Spanish. As a result of participant feedback in our current project, we will continue to conduct 3 of the quarterly workshop series in Spanish, but conduct 1 of the quarterly series in English. Esperanza also plans to increase communication and coordination between our Promotores and the staff of the Lanterman Regional Center's Family Resource Center. Moreover, we plan to enhance our current outreach strategies to further increase our reach in the community.

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

We collected input from the staff of our partner Regional Center as well as from current project participants. Esperanza has received very positive feedback through written and verbal communication. Because Esperanza is working with a multi-generational family under one household, a significant number of program participants have shared that as younger members of their household, they would prefer and feel more comfortable if workshops were conducted in English, rather than Spanish. Based on this, we have modified our proposed 2019 project to meet the expressed needs of the RC community.

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: A Strengths-Based Approach to Supporting Families, Thriving Children, and Healthy Homes									
		2018	2019				2020		
Activity	Staff	Q4 10/1/18-12/31/18	Q1 1/1/19-3/31/19	Q2 4/1/19-6/30/19	Q3 7/1/19-9/30/19	Q4 10/1/19-12/31/19	Q1 1/1/20-3/30/20	Q2 7/1/19-9/30/19	Q3 10/1/19-12/31/19
Execute grant agreement with DDS.	Executive Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refine 6-week curriculum and course materials and review/update outreach materials for Lanterman to distribute to their families	Director of Programs and Promotora Facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lanterman refers 20-25 families to the first workshop series	Promotora Facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review/update pre-test surveys for workshop participants.	Promotora Facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finalize schedule of 4 workshop series (total of 24 classes)	Director of Programs and Promotora Facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct 3 workshop series in Spanish utilizing Lanterman Regional Center's space.	Promotora Facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Project Title: A Strengths-Based Approach to Supporting Families, Thriving Children, and Healthy Homes									
		2018	2019				2020		
Activity	Staff	Q4 10/1/18-12/31/18	Q1 1/1/19-3/31/19	Q2 4/1/19-6/30/19	Q3 7/1/19-9/30/19	Q4 10/1/19-12/31/19	Q1 1/1/20-3/30/20	Q2 7/1/19-9/30/19	Q3 10/1/19-12/31/19
Conduct 1 workshop series in English utilizing Lanterman Regional Center's space.	Director of Programs	<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 data from workshops each quarter including pre- and post-tests for analysis	Data Analyst	<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"/>	<input type="checkbox"/>

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

DISPARITY FUNDING PROPOSAL – SCHEDULE OF DEVELOPMENT/ACTIVITIES WORKSHEET

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

[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.*

Project Title: A Strengths-Based Approach to Supporting Families, Thriving Children, and Healthy Homes		
Measures of Outcomes	Type of Measure(s). Check all that apply.	Activity To Be Measured; Data Collection Method
	<input checked="" type="checkbox"/> Count	Number of participants receiving information and skills building through workshops; headcounts through workshop sign-in sheets
	<input checked="" type="checkbox"/> POS	POS data from workshop participants; Esperanza will ask Lanterman Regional Center for information
	<input checked="" type="checkbox"/> Pre/post survey/assessment	Increase in family's increase in organizational skills, time management skills, communication skills, self-esteem, and knowledge of general resources; data from completed assessments during intake and from exit interviews
	<input checked="" type="checkbox"/> Stakeholder feedback	Impact and benefits of Esperanza's project; through formal and informal communication, obtain feedback from our partner RC and participating families
	<input type="checkbox"/> Materials	
	<input checked="" type="checkbox"/> Other: PLEASE DESCRIBE:	Number of identified goals reached and increase of generic services utilization by people receiving Promotora services; data from intake forms and progress/exit forms

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		
Esperanza Community Housing Corporation		
Project Title		
A Strengths-Based Approach to Supporting Families, Thriving Children, and Healthy Homes		
Project Duration (start and end date)		
Start Date: April 1, 2019	End Date: March 31, 2020	Number of Months: 12

Description	Year 1 Annual Cost	Year 2 Annual Cost*	Total Cost
Salary/Wages and Benefits			
Name: Norma Benitez Title/Position: Director of Programs <input checked="" type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): 1	\$13000	\$	\$13000
Name: Maria Lucero Title/Position: Promotora de Salud (Community Health Promoter) <input checked="" type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input checked="" type="checkbox"/> Full Time Equivalent (FTE): 1	\$35672	\$	\$35672
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	\$61813	\$	\$61813

Operating Expenses			
In-State Travel Mileage Reimbursement	\$1090	\$	\$1090
Professional Development, Curriculum, & Training	\$2000	\$	\$2000
Cell Phone Reimbursement	\$600	\$	\$600
Program/Workshop Supplies	\$15000	\$	\$15000
Consultants	\$3600	\$	\$3600
	\$	\$	\$
	\$	\$	\$
Operating Expenses Total	\$21790	\$	\$21790

Administrative Expenses (Indirect costs, up to 15%)			
Indirect Costs @ 15%	\$12539	\$	\$12539
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Administrative Expenses Total	\$12539	\$	\$12539
Project Budget Total	\$96142	\$	\$96142

*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):

Nancy Halpern Ibrahim

Signature:

Date:

10/16/18

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		
Esperanza Community Housing Corporation		
Project Title		
A Strengths-Based Approach to Supporting Families, Thriving Children, and Healthy Homes		
Project Duration (start and end date)		
Start Date: April 1, 2019	End Date: March 31, 2020	Number of Months: 12

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position: Director of Programs	Position will oversee the proposed project and manage the day to day activities, supervise project staff and volunteers, finalize curriculum and evaluation tools used, conduct 1 quarterly series of workshops in English, ensure contract compliance, and ensure the project activities and outcomes are executed successfully.
Title/Position: Promotora de Salud Facilitator	Position will conduct outreach, assist with the coordination of services between the Regional Center and Esperanza, conduct outreach, conduct 3 quarterly series of workshops in Spanish, and provide case management services and advocacy.
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	
Title/Position:	

Operating Expenses – Line Item	Description
In-State Travel/Mileage	Project staff's mileage reimbursement related to proposed project (2,000 miles/year x \$0.545/mile)
Professional Development and Training	Project staff's continued development in best practices and emerging trends to ensure families receive the most updated information and the highest quality of services.
Cell Phone Reimbursement	Project staff usage of cell phones while in the field (\$50/month)
Program/Workshop Supplies	\$50 TAP cards per participant (\$50 x 100 participants), outreach/marketing printing, ink cartridges, course materials, binders, calendars, paper, pens, etc.

Consultants	Workshop presenter fees at \$300/session for 12 sessions which will enhance workshop content by using first-hand sources to distribute information and materials to families.

Administrative Expenses – Line Item	Description
Indirect Costs	15% indirect cost rate

Proposer (applicant):

Authorized by (print name):

Nancy Halpern Ibrahim

Signature:

Nancy Halpern

Date:

*10/16/18***Sub-grantee (subcontractor):****

Authorized by (print name):

Signature:

Date:

**As applicable.