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						
	Community Based	CBO, non-501(c)(3)				
Regional Center (RC)	Organization (CBO),	🗆 EIN or				
	501(c)(3)	🗆 No EIN				

a. Name of organization/Group		b. Date		
Pediatric Therapy Network		10-16-2018		
c. Primary contact (Name)				
Gina Gillum				
d. Mailing address				
1815 West 213 Street, Suite100, Torrance, CA 90501				
e. Primary e-mail address	f. Prin	f. Primary phone number		
ginag@ptnmail.org	310.32	28.0276 x210		
g. Secondary contact email address	h. Sec	condary contact phone number		
aracelie@ptnmail.org	310-32	28-0276 x217		
i. Brief description of the organization/group (organ	ization	type, group mission, etc.).		
Pediatric Therapy Network is a 501(c)(3) nonprofit early that provides innovative therapy to approximately 2,500 Torrance and Long Beach, PTN serves children with au disabilities, developmental delays, orthopedic and neur- injuries from all over Southern California.	childre itism sp	n a year. With locations in ectrum disorder, learning		

Section II. Proposal Summary

a. Project title	Early Identification and Referral Through Developmental Screenings					
b. Total amount requested	\$ 161,130					
c. Projected number of individuals impacted	200					
d. Duration of project (months)	9 months Start date: 04/01/19 End date: 12/31/19					
e. RC(s) in the project catchment area(s)	Harbor Regional Center Target zip code(s) for Los Angeles County*: 90501, 90502, 90503, 90504, 90505, 90710, 90744, 90804					
f. Did your organization receive funding for a project in FY 2017/18?	 Xes** □ No **If yes, provide the grant number and answer questions "f1" and "f2." If no, skip to question "g." Grant # (CBOs only): 17-C44 					
f1. What is the current status of your project?	On target					

FY 2018/19 DISPARITY FUNDS PROGRAM PROPOSAL COVER PAGE

f2. How is this proposal different from your current project?	While Pediatric Therapy Network (PTN) will continue to provide its parent engagement and education programs to the families at PTN, this proposal is different because the focus will be in collaborating with Early Childhood professionals to screen at-risk children for developmental delays. A system of direct referrals to Harbor Regional Center will be established using a family-centered approach.
g. Will you be working with one or more CBO(s)?	□ Yes*** ⊠ No
h. Will the project require aggregate data from the RC(s)?	□ Yes*** ⊠ 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.

FY 2018/19 DISPARITY FUNDS PROGRAM PROPOSAL COVER PAGE

1. Project Title

Early Identification and Referral Through Developmental Screenings

2. Select the target group(s) the project intends serve and provide a description of each group. Check all that apply.

Ethnicity: Hispanic, African American and Asian/Pacific Islander

☑ Language(s): English and Spanish

 \boxtimes Age group(s): 0 - 3

Socioeconomic: Families receiving subsidized childcare and families living near or below the federal poverty level

□ Other:

3. Which area(s) of focus does the project meet? Check all that apply.

☑ 1. Increase access to information about services available through the RC system and processes to receiving those services.

 \Box 2. Provide assistance during the intake process.

☑ 3. Empower consumers to advocate for needed services.

 \boxtimes 4. Increase access to services that meet the cultural and linguistic needs of consumers and their families.

S. Other (explain): Educate families and service providers

4. Project Type

Translation (equipment, translator services, translating brochures or materials, etc.)

⊠ Outreach

☑ Workforce capacity (staff training, incentives for bilingual employees, etc.)

☑ Parent education (online or in person trainings, workshops, etc.)

□ Promotores (para professionals to help develop relationships and trust with the Regional Center)

⊠ Family/consumer support services (1:1 coaching, enhanced case management, service navigation, etc.)

□ Other:

5. What experience does the organization/group have working with the target population?

Founded in Founded in 1996, PTN is an internationally recognized nonprofit therapeutic and early childhood development center committed to providing comprehensive early intervention programs and innovative therapies to children with and at-risk for developmental delays, disabilities and medical conditions throughout

Los Angeles County. The mission of PTN is to lead the way in helping children, families and communities reach full capabilities through innovative therapy, education, and research programs. PTN provides services to approximately 2,500 children annually with a staff of 186.

PTN's primary goal is to establish a solid foundation for each child's growth and development by enhancing functional abilities and fostering independence through therapeutic and educational programs. To accomplish this goal, PTN offers a variety of targeted innovative therapeutic interventions and programs including: Early Intervention, Early Head Start, Early Start Denver Model, Social Skills and Community Integration, Individual Therapy, and Camp Escapades.

Over the past two decades, PTN has not only established itself as a leading provider of early intervention and therapeutic services in Los Angeles County, but has also become recognized as a trusted partner to the families we serve. We collaborate with more than a dozen child- and family-focused organizations, including Harbor Regional Center (HRC), Women Infants and Children (WIC), LA County Policy Roundtable for Child Care and Development, First 5LA, Center for Nonprofit Management, University of Southern California, UCLA, local school districts, Long Beach Early Intervention Council, Long Beach Early Childhood Education Committee, and 211LA as well as health care providers (primary care, vision, dental, hearing) and others. Through these partnerships and collaborations PTN provides early intervention and therapeutic services to children throughout Los Angeles County and ensures the children and families served are connected to the resources and support they need.

PTN's staff reflects the diversity of our client population which is 41% Hispanic, 23% African American, 16% Asian/Pacific Islander, and 12% Caucasian. Children birth to age 3 account for approximately 20% of PTN's client population. By engaging families early and collaborating with HRC to help families better understand their child's strengths and areas of need, empower them through education and support, and encourage them to access and utilize needed services offered through the Regional Center, the proposed program will have a significant and lasting impact on long-term outcomes—helping children and families reach their fullest potential.

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

PTN's Early Identification and Referral through Developmental Screeings will serve parents and caregivers of children ages 0-3 with or at-risk for developmental delays and disabilities throughout PTN's and HRC's service catchment area which includes the South Bay as well as the Harbor, and Long Beach regions of Southeast Los Angeles County. In this region, 40% of children are Hispanic/Latino, 26% are Caucasian, 13% are Asian/Pacific Islander, and 12% are African American.

The target population will include African American, Hispanic, and Asian/Pacific Islander families, as well as those enrolled in PTN's Early Head Start program and

other Early Chilhood Education programs in the community. The program aims to assist HRC in reducing identified disparities among the African American, Hispanic, and Asian/Pacific Islander populations related to: 1) lack of understanding of HRC services; 2) low authorization of POS; and 3) low utilization of POS.

In addition, PTN's Early Head Start program served approximately 163 pregnant mothers and children birth to age three in 2017- 2018. Among these families, 100% live at or below the Federal Poverty Line (FPL) within HRC's service area and approximately 80% are Hispanic, 3% are African American, 12% are white, 3% are multi-racial and 2% are Asian/Pacific Islander. The program will target PTN's EHS families and other early education settings in the community serving as a bridge to: 1) increase access to standardized developmental screenings and referrals to HRC services among low-income African American, Hispanic and Asian/Pacific Islander families; and 2) increase access to HRC services among this demographic not currently served by HRC; and 3) provide family services management.

Lastly, Early Head Start Performance Standards require Pediatric Therapy Network's program to provide comprehensive family and child development services. The Early Head Start Program is required to enroll 10% of their funded slots with children with disabilities, provide developmental screenings and family services management. PTN's Early Head Start program consistently maintains an enrollment of children with disabilities at 16% or higher. Expanding the developmental screenings and family services management model to 200 children being served in subsidized early childhood education settings would not only benefit the children and families, but also foster a systemic approach in direct referrals to HRC.

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

The Centers for Disease Control and Prevention (CDC) indicate 1 in 4 California children under the age of six are at moderate- or high-risk for developmental, behavioral, or social delays. Furthermore, the National Center for Health Statistics recently released findings from the National Health Interview Survey (2016) that state the prevalence of children ages 3-17 years old diagnosed with autism, as well as developmental delays and other developmental disabilities increased from 5.76% to nearly 7% over the past two years.

According to HRC's Report on Demographic and Expenditure Data for Fiscal Year 2016-2017, 41% of their clients are Hispanic, 23% are White/Caucasian, 13% are Other/Multi, 12% Asian, and 11% are African American. The primary languages of the clients served are English (78%) and Spanish (17%). "Per capita authorized expenditures for clients who live with their families and are birth to age three are highest for Asian clients and lowest for African American clients."

Studies from the U.S. Department of Education, the CDC, as well as the American Academy of Pediatrics (AAP) indicate early intervention improves long-term health,

language, cognitive and social/emotional development outcomes. However, timing is critical as nearly 85% of brain development occurs during the first three years of a child's life. The key is to identify issues early and connect them to the right therapeutic treatment so they can achieve their fullest potential. Sadly, research shows that children in low-income families, particularly ethnic minorities, have a higher prevalence of developmental delays and disabilities, are less likely to have issues identified and addressed early, and are more likely to lack access to quality therapeutic treatment and early intervention services.

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?

PTN's Early Identification and Referral through Developmental Screening program is a collaborative approach to increase access to standarized developmental screenings in the Early Childhood Education field. By collaborating with multiple early childhood programs that provide subsidized child care and no-cost early childhood education programs, this effort will reach the most at risk children and families. There are 266,276 children receiving childcare in LA County. The goal of the program is to address disparities identified by HRC among African American, Hispanic and Asian/Pacific Islander families related to: 1) Lack of Understanding of HRC services; 2) low authorization of POS; and 3) low utilization of POS.

PTN's Parent Engagement through Education and Support program has been successful in providing services for children and families already receiving regional center services. However, PTN recognizes that with our therapeutic and early childhood education expertise, we are in a unique position to help identify concerns at an early age, address them by referring the families to HRC, and provide Early Intervention services. PTN's Early Identification and Referral through Developmental Screening program will further enable PTN to provide the comprehensive services children and families deserve.

By increasing availability of developmental screenings to at risk children and families in the HRC catchment areas and through targeted collaborations with early childhood service providers, PTN will develop a systematic approach of providing developmental screenings and family services management. This will address the most vulnerable children and families by engaging families through a trusted service provider, providing the developmental screenings and providing the appropriate family services management.

The overall objectives of the program include 1) Providing parents and early childhood providers of children ages 0-3 with knowledge, skills, confidence and support they need to identify developmental delays while providing support they need to access available resources and needed services; and 2) Improving access for families serviced by early childhood programs by creating surveys and administering them to parents and caregivers of early childhood program participants to identify

barriers to accessing care and inform future program and service needs for African American, Hispanic and Asian/Pacific Islander families as measured by surveys.

The Early Identification and Referral Through Developmental Screening program consists of three primary components: Parent and Service Provider Education, Family Support and Workforce Capacity.

Parent and Service Provider Education support efforts will be dedicated to reaching underserved families throught the communities served by HRC and promoting the program and HRC services to the early childhood commuity service providers in the HRC catchment area. Families and caregivers will be engaged through their trusted service providers and be provided education presentations about typical development and developmental delays as well as HRC services. The trainings will be provided at no-cost and will provide childcare and meals. The trainings will be provided by a bilingual-bicultural presenter. The presentations will be delivered in the language respresentative of the majority population served and will accomodate other languages via translation as needed. The developmental screening and education presentations will take place in the community at the early education locations and PTN. After the presentations, families will sign-up and provide consent to administer the developmental screening using the ASQ and ASQ:SE. A parent survey will be developed and administered after every parent presentation to assess the understanding of child development, developmental screenings and familiarity of HRC services.

Family Support efforts will be focused on using a comprehensive family centerd approach to engaging families and their children. Families will be engaged through the developmental screening process through their trusted early childcare provider. Appointments will be set to conduct the developmental screenings using the ASQ and ASQ:SE tools at their early childhood settings or a trusted location of their choice. Families will be provided their children's results and will be provided follow-up services through family services management. Each family without concerns will be provided information to continue to promote continued growth for typically developing children. Each family with borderline concerns will be placed on a montoring schedule for a 6 month follow-up and be provided with targeted developmental activities and children with identified concerns will be referred to HRC upon parent consent. The families of children with identified concerns will be asked for their consent to be formally discussed at a multidisciplinary team meeting composed of a mental health professional, registered dietician, early childhood education professional, family engagement professional, health specialist and a disabilities specialist. This multidisciplinary team will use a holistic and individualized approach to design a family services management plan for follow-up in order to address family related barriers hindering any referral to HRC. A family services manager will be assigned to work with families that require a care plan. Families will be provided with copies of their results of the ASQ and ASQ:SE as well as a summary of their care plan. At the

request of the family, a family services manager will be assigned to help them along their process to successfully accessing HRC. PTN will use a database system to collect all records of ASQ and ASQ:SE results as well as referrals made to HRC. Family services managers will provide status notes in the database. All data related information will be presented in aggregate form to PTN and HRC.

Workforce Capacity will be enhanced by collaborating with the Early Care and Education professionals in the PTN and HRC communities to become more aware of the importance of developmental surveillance. Meetings will be held with identified early chilhood administrators serving children and families through subsidized sources to explain the benefit of the program. Once the benefit has been established with the partners, an MOU will be executed with such partners to conduct developmental screening at their sites. The early childcare partner administrators will be our champions in promoting our project to not only parents and caregivers, but also the direct line staff of teachers working with the children and families at their locations. Early childhood professionals in the field will be engaged in the process of developmental screening as they are key professionals who often spend more than 6 hours a day, 5 days a week working with children. Their input is invaluable in assessing and addressing children's development. At minimum, one meeting with administrators and one meeting with teaching staff will take place at each location. PTN will collaborate with HRC to design a presentation of their services for the identified early childhood professionals from these sites. These presentations will take place up to two times per year. The Regional Center (RC) system is something that early childhood professionals are not exposed to in their professional education and therefore these professionals are not formally educated in the RC systems or services. Pre- and post-surveys will be administered to the early childhood professionals working at the partner sites at the beginning of the project and at the end of the project to assess knowledge of developmental surveilance and knowledge of how to access the RC.

As a community provider with a long history of supporting the whole family, PTN is highly respected and trusted not only within the professional commuity, but also among the parents and caregivers of the children we serve. Because of this positive reputation and our existing relationship with parents as partners, PTN has a unique opportunity to assist HRC in reducing disparities, improving access to needed services and enhancing outreach to underrepresented populations, especially in the early chilhood field.

PTN, in collaboration with HRC, anticipates the following outcomes: 100 parents and 35 early childhood professionals will be provided presentations about developmental screenings and HRC systems and services; 200 developmental screenings using the ASQ and ASQ:SE will be administered to children and families in early childhood settings; and a higher incidence of unidentified children will be connected to direct or support services.

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

Currently PTN screens 100% of the children enrolled in its Early Head Start Program and about 40% of children are identified with concerns, of those children about 20% are referred to HRC and the local school district and about 15% are awarded services. PTN's Early Head Start program consistently exceeds its mandate of serving 10% of its enrolled clients with disabilities. PTN is in a unique position to provide developmental screenings to young children and families because of its infusion of therapeautic experts shared knowledge to the early childhood professionals working with at risk populations. This knowledge enhances the ability of early childhood professionals at PTN to extend developmental screenings expertise to a larger population.

PTN's CEO and Director of Early Intervention participated in First 5LA's work groups and Help Me Grow LA, which supported legislation that would require California pediatricians to screen all children receiving Medi-Cal. "In 2001, the American Academy of Pediatrics recommended that all children be screened for developmental issues three times by their 30th month. In 2010 those recommendations became a federal mandate. Enforcement of the mandate is lacking however, and nearly 80 percent of California's children go unscreened."

According to Harvard's Center for the Developing Child, "significant adversity impairs development in the first three years of life—and the more adversity a child faces, the greater the odds of a developmental delay. Indeed, risk factors such as poverty, caregiver mental illness, child maltreatment, single parent, and low maternal education have a cumulative impact."

At PTN's Early Head Start program we currently provide comprehensive services including education, family services management, developmental screenings, and health and nutrition services. We conduct exit surveys to our clients and over 90% of our clients report that the service provided by PTN, a trusted service partner in the community, is a contributor to the growth and success of their children and family. Our goal is to expand this same quality of service to more families in the community through this project.

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: Early Iden	Project Title: Early Identification and Referral Through Developmental Screenings								
		2018	8 2019				2020		
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Activity	Staff	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
Advertise to hire bilingual-bicultural staff	Program Director/Human Resources			X					
Identify a list of potential ECE sites and set introduction meetings.	Community Outreach and Program Director								
Develop MOU agreements to establish project activities with ECE partner sites	Program Director								
Establish dates for staff and parent prsentations	Program Director and Community Outreach Specialist			\boxtimes	\boxtimes	\boxtimes			
Develop parent education presentation materials	Disabilities Manager			\boxtimes					
Develop ECE professinal presentation	Disabilities Manager			\boxtimes					
Develop pre- and post- surveys	Program Director			\boxtimes					

Project Title: Early Identification and Referral Through Developmental Screenings									
2018 2019 2020									
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Activity	Staff	10/1/18- 12/31/18	1/1/19- 3/31/19	4/1/19- 6/30/19	7/1/19- 9/30/19	10/1/19- 12/31/19	1/1/20- 3/30/20	7/1/19- 9/30/19	10/1/19- 12/31/19
Coordinate schedule of multidisciplinary team meetings	Disabilities Manager			\boxtimes	\boxtimes	\boxtimes			

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

DISPARITY FUNDING PROPOSAL – SCHEDULE OF DEVELOPMENT/ACTIVITIES WORKSHEET

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

Project Title: Early Identification and Referral Through Developmental Screenings									
		2018	2018 2019				2020		
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Activity	Staff	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
Secure contracts with mental health and registered dietician consultants.	Program Director			\boxtimes					
Secure all ASQ and ASQ:SE materials to be be used in administering the developmental screenings.	Disabilities Manager								
Coordinate with HRC about presentation of services.	Community Outreach Manager			\boxtimes	\boxtimes	\boxtimes			
Design database specific to capture ASQ, ASQ:SE scores, case management notes and resources provided to collect, aggregate and analyze outcomes.	Program Director/Information Technology assistance								
Provide summary of report findings to Pediatric Therapy	Program Director								

Project Title: Early Identification and Referral Through Developmental Screenings						
2018 2019 2020						

		2018	2019			2020			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Activity	Staff	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
Network and Harbor Regional Center as appropriate.									

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.*

Measures of Outcomes	Type of Measure(s). Check all that apply.	Activity To Be Measured; Data Collection Method
	⊠ Count	Activity: Administration of ASQ and ASQ:SE to children enrolled in Early Childhood settings in PTN and HRC catchment area. Data Collection Method: Enter results of ASQ and ASQ: SE scores in data base. Activity: Provision of family services management, multidisciplinary reviews and referrals to HRC. Data Collection: Sign in and out sheets, referrals to
		family services managers and referrals to HRC.
	☑ Pre/post survey/assessment	 Activity: Parent Education Presentations. Data Collection Method: Parent survey administered at every parent presentation to assess the understanding of typical development, developmental delays and familiarity of HRC services. Activity: Educational presentations to early childhood professionals about developmental surveillance and regional center services. Data Collection: Administsration of pre-and-post surveys to early childhood professionals at the beginning and end of the project.

Stakeholder feedback	
□ Materials	
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			
Pediatric Therapy Network			
Project Title			
Early Identification and Re	ferral Through Developmenta	I Screenings	
Project Duration (start ar	nd end date)		
Start Date: 04-01-2019	End Date: 12-31-2019	Number of Months: 9	

Description	Year 1 Annual Cost	Year 2 Annual Cost*	Total Cost
Salary/Wages and Benefits			
Name: Araceli Espinoza Title/Position: Program Director ⊠ Existing Position or □ New Position ⊠ Full Time Equivalent (FTE): .15	\$10575	\$	\$10575
Name: Mireya Cedeno Title/Position: Disabilities Manager ⊠ Existing Position or □ New Position ⊠ Full Time Equivalent (FTE): .60	\$34125	\$	\$34125
Name: TBD Title/Position: Early Identification Specialist Existing Position or I New Position Full Time Equivalent (FTE): 1	\$39000	\$	\$39000
Name: Community Outreach Specialist Title/Position: Ana Lopez Existing Position or I New Position Full Time Equivalent (FTE): .40	\$18750	\$	\$18750
Name: Myra Tobar Title/Position: Family Engagement Manager ⊠ Existing Position or □ New Position ⊠ Full Time Equivalent (FTE): .15	\$7350	\$	\$7350
Name: Paula Hernandez Title/Position: Project Assistant ⊠ Existing Position or □ New Position ⊠ Full Time Equivalent (FTE): .05	\$1650	\$	\$1650
Name: Heather McGuire Title/Position: Marketing&Communications Existing Position or D New Position Full Time Equivalent (FTE): .05	\$3150	\$	\$3150
Salary/Wages and Benefits Total	\$114600	\$	\$114600

Attachment E-1

_Date: _____

Operating Expenses Total		\$ \$25530
Information Technology	\$6000	\$ \$6000
Childcare Providers for meetings	\$1800	\$ \$1800
Workforce Capacity	\$2750	\$ \$2750
Mental Health/Dietician Consultants	\$1980	\$ \$1980
ECE Parent/Partner Education Trainings (including meals)	\$5000	\$ \$5000
Copies/Printing	\$3000	\$ \$3000
Equipment	\$5000	\$ \$5000
Operating Expenses		

6)		
\$21000	\$	\$21000
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$21000	\$	\$21000
\$161130	\$	\$161130
	\$21000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$21000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

*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): Resalinda Garcia	
Signature: Retrol Garen	Date: 0 -09-19
Sub-grantee (subcontractor):**	
Authorized by (print name):	

Signature:

**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.

Project Title

Early Identification and Referral through Developmental Screenings

Project Duration (start and end date) April 1, 2019- December 31, 2019

Description	Cost
Salary/Wages and Benefits	
Program Director	\$10,575
Disabilities Project Manager	\$34,125
Early Identification Case Specialist	\$39,000
Community Outreach Specialist (bi-lingual)	\$18,750
Family Engagement Manager	\$7,350
Project Assistant	\$1,650
Marketing & Communications Manager	\$3,150
Operating Expenses	.
Equipment	\$5,000
Copies, Printing	\$3,000
ECE Parent/Partner Education Trainings (including meals)	\$5,000
Mental Health /Dietician Consultants	\$1,980
Workforce Capacity (including meals)	\$2,750
Childcare Providers	\$1,800
Information Technology	\$6,000
Administrative Expenses	0.000
Indirect Expenses/Overhead/ Administrative Support	\$21,000
	\$
	\$
	\$
	\$
Additional Expenses	
	\$
	\$
	\$
	\$
	\$
Project Budget Tota	I \$161,130

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			
Pediatric Therapy Network			
Project Title			COLUMN TO AND
Early Identification and Ref	ferral Through Developmenta	I Screenings	
Project Duration (start an	id end date)		
Start Date: 04-01-2019	End Date: 12-31-2019	Number of Months: 9	

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position: Program Director	Oversee the project, ensure project goals and objectives are accomplished.
Title/Position: Disabilites Manager	Oversee the flow of incoming ASQ and ASQ: SE, coordinate the multidisciplinary team meetings and develop the family services management plans.
Title/Position: Early Identification Specialist	Implement the developmental screenings with families in the Early Childhood Education settings.
Title/Position: Community Outreach Specialist	Identify and formalize relationships with early childhood partners and coordinate presentations.
Title/Position: Family Engagement Manager	Form part of the multidisciplinary team, provide resources to families that require family services management.
Title/Position: Project Assistant	Coordination of meals, childcare and data entry.
Title/Position: Marketing & Communications	Support with branding of fliers and other material related to training/presentations.

Description
Computers
Flyers and copies, training materials.
Materials, meals, travel and equipment for presentations.
Contributions of expertise in multidisciplinary team and family services management recommendations.
Education training and materials for the early childhood professionals.
Provision of child care during parent trainings/meetings.
Information technology, computer support.

_Date: _____

Administrative Expenses – Line Item	Description
Indirect Expenses/Overhead/Administrative Support	Fiscal budget manager, accounts payable and payroll personnel, rent, utilities expense.
	Sel Sele

Proposer (applicant):

Authorized by (print name):	Rosalinda	Garcia	
Signature: Robert Ga			Date: 01-09-19

Sub-grantee (subcontractor):**

Authorized by (print name):	
, u ,	

Signature:

**As applicable.