# FY 2018/19 DISPARITY FUNDS PROGRAM APPLICANT CHECKLIST

| СВ  | Os  | :           |  |
|-----|-----|-------------|--|
|     | 1.  |             | 2018 Disparity Funding Proposal, Proposal Cover Page (Attachment A)  |
|     | 2.  |             | 2018 Disparity Funding Proposal, Project Information (Attachment B)  |
|     | 3.  |             | Schedule of Development/Activities Worksheet (Attachment C)  |
| ,   | 4.  |             | Project Measures Worksheet (Attachment D)  |
|     | 5.  |             | Budget Worksheet (Attachment E)  |
|     | 6.  | ☐<br>appli  | Letter(s) of support (data sharing, collaboration/shared projects), as cable   |
|     | 7.  |             | Optional: Supporting documentation about the organization (e.g., cation of the organization's employer identification number (EIN) status, ness registration, board minutes, or any other relevant documents). |
|     | 8.  |             | UCs and CSUs: A completed Model Agreement  |
| Reg | gio | nal c       | enters (New Proposal Requests):  |
|     | 1.  | $\boxtimes$ | 2018 Disparity Funding Proposal, Proposal Cover Page (Attachment A)  |
|     | 2.  | $\boxtimes$ | 2018 Disparity Funding Proposal, Project Information (Attachment B)  |
|     | 3.  | $\boxtimes$ | Schedule of Development/Activities Worksheet (Attachment C)  |
|     | 4.  | $\boxtimes$ | Project Measures Worksheet (Attachment D)  |
|     | 5.  | $\boxtimes$ | Budget Worksheet (Attachment E)  |
|     | 6.  | ☐<br>appli  | Letter(s) of support (data sharing, collaboration/shared projects), as cable   |
| Re  | gio | nal C       | enters (Continuation Requests):  |
|     | 1.  |             | Budget Worksheet (Attachment E)  |
|     | 2.  |             | Request for Funding to Continue an Approved Project (Attachment F)   |

## 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** 

| scribes your organization                             |   |  |  |
|---|---|--|--|
| ☐ Community Based<br>Organization (CBO),<br>501(c)(3) | ☐ CBO, non-501(c)(3) ☐ EIN or ☐ No EIN  |  |  |
| p   | b. Date   |  |  |
| enter   | 10/16/2018  |  |  |
|   |   |  |  |
| Young Resource Center                                 |   |  |  |
|   |   |  |  |
| os Angeles, CA 90010                                  |   |  |  |
| f. Pr   | f. Primary phone number   |  |  |
| 213-  | 213-252-4980  |  |  |
| ddress h. S   | h. Secondary contact phone number   |  |  |
| 213-  | 213-252-4900  |  |  |
| nization/group /organizatio                           | on type, group mission, etc.).  |  |  |
|   | Community Based Organization (CBO), 501(c)(3)  p Center  Young Resource Center  os Angeles, CA 90010  f. Pr 213- ddress h. S 213- |  |  |

Section II. Proposal Summary

| a. Project title  | Multi-Media Outreach Project  |  |  |  |  |  |
|---|---|--|--|--|--|--|
| b. Total amount requested   | \$ 47000  |  |  |  |  |  |
| c. Projected number of individuals impacted                           | 4300  |  |  |  |  |  |
| d. Duration of project (months)                                       | 18 months Start date: 01/01/19 End date: 06/30/20   |  |  |  |  |  |
| e. RC(s) in the project catchment area(s)                             | FDLRC Target zip code(s) for Los Angeles County*:   |  |  |  |  |  |
| f. Did your organization receive funding for a project in FY 2017/18? | <ul> <li>✓ Yes** □ No</li> <li>**If yes, provide the grant number and answer questions "f1" and "f2." If no, skip to question "g."</li> <li>Grant # (CBOs only):</li> </ul> |  |  |  |  |  |
| f1. What is the current status of your project?                       | Still in progress   |  |  |  |  |  |
| f2. How is this proposal different from your current project?         | This project will focus on outreach through parent eduction, web/video, social media and print media.   |  |  |  |  |  |
| g. Will you be working with one or more CBO(s)?                       | □ Yes*** ⊠ No   |  |  |  |  |  |

### **FY 2018/19 DISPARITY FUNDS PROGRAM** PROPOSAL COVER PAGE

| h. Will the project require aggregate data from the RC(s)? | ☐ Yes*** | ⊠ No |  |
|--|----------|------|--|
| aggregate data from the NC(5)?                             |          |      |  |

<sup>\*</sup>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 PROJECT INFORMATION

| 1. Project title   |
|--|
| Multi-Media Outreach Project   |
| 2. Select the target group(s) the project intends to serve and provide a description of each group. Check all that apply.  |
| <ul> <li>☑ Ethnicity: Hispanic, Korean, Chinese, non-White</li> <li>☑ Language(s): Spanish, Korean and English</li> <li>☑ Age group(s): 3-21 yrs</li> <li>☑ Socioeconomic: low- income</li> <li>☐ Other:</li> </ul>  |
| 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.  |
| ☐ 2. Provide assistance during the intake process.   |
| ☑ 3. Empower consumers to advocate for needed services.  |
| 4. Increase access to services that meet the cultural and linguistic needs of consumers and<br>their families.   |
| 5. Other (explain):  |
| 4. Project Type. Check all that apply.   |
| <ul> <li>☑ Translation (equipment, translator services, translating brochures or materials, etc.)</li> <li>☑ Outreach (community events, website or social media design, materials, etc.)</li> <li>☐ Workforce capacity (staff training, incentives for bilingual employees, etc.)</li> <li>☑ Parent education (online or in person trainings, workshops, etc.)</li> <li>☐ Promotores (para professionals to help develop relationships and trust with the Regional Center)</li> <li>☐ Family/consumer support services (1:1 coaching, enhanced case management, service navigation, etc.)</li> <li>☐ Other:</li> </ul>  |
| 5. What experience does the organization/group have working with the target population?  |
| Lanterman Regional Center was one of the first centers to implement the Regional Center Automated Phone System. The automated system proved to be a very successful mechanism for notifying families of trainings and meetings. It became evident that families were successfully receiving the information sent via text because attendance to these trainings and meetings increased significantly. The success of the text messages within the Spanish and Korean communities was attributed to the wide use and access to smart phones. However, text messages do not lend themselves to other communication needs such as news, events and general information. As a result, Lanterman is looking to expand communication methods via multiple media platforms that can be easily accessed and are compatible with mobile devices. The target population would be parents of school age clients between the ages of 3-21 yrs old. |

### FY 2018/19 DISPARITY FUNDS PROGRAM PROJECT INFORMATION

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

Lanterman is currently serving approximately 10,400+ clients. Of these, 49% fall between the ages of 3-21 yrs. This age group has the lowest expenditures (Asian- avg \$6,989- Korean- avg \$11,933; Hispanic- avg \$4,289; and White- Avg- \$6,966. Hispanics being the lowest.

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

Currently, Lanterman is utilizing the Regional Center Automated Notification system, periodic email blast, Facebook and the LRC website to share information with families. However, families are not optimizing the use of these media strategies and missing out on valuable information that could increase their knowledge of available servivces and utilization of those services. In response, Lanterman will create (12) videos that will explain Purchase of Service standards and will be posted on the LRC website. Secondly, six (6) parent education classes will be conducted throughout the year to teach parents how to better utilize their mobile technology including but not limited to: email, internet searches, Facebook, etc. Lastly, Lanterman will translate and print selected Transtition to Adulthood materials to be distributed at trainings, resource packets and posted online. Through these media strategies, Lanterman will better meet the cultural and linguistic needs of our commuity. This variety of media stategies will be used to increase outreach, improve utilization of information and improve connection with the diverse community we serve.

# 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?

In contrast to Lanterman's other disparity projects, the multi-media outreach project will focus on building capacity within our outreach efforts and will provide additional opportunities for our clients and families to be better informed and connected to regional center services. The following media strategies will be utilized: production of 12 informational videos in four languages (English, Spanish, Korean and Chinese); conduct 6 parent education classes throughout the year to teach parents how to better utilize their mobile devices to access information; print 3 new brochures regarding the transition to adulthood process in Spanish, Korean and English each.

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

Project need is based on parent feedback from parent support goup participants, peer support partners and committee members.

### 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: Multi-Med   |   | 2018                 |                    | 2                  | 019                |                      |                    | 2020               |                      |
|--|---|----------------------|--------------------|--------------------|--------------------|----------------------|--------------------|--------------------|----------------------|
|  | O. E                                      | Q4                   | Q1                 | Q2                 | Q3                 | Q4                   | Q1                 | Q2                 | Q3                   |
| Activity   | Staff                                     | 10/1/18-<br>12/31/18 | 1/1/19-<br>3/31/19 | 4/1/19-<br>6/30/19 | 7/1/19-<br>9/30/19 | 10/1/19-<br>12/31/19 | 1/1/20-<br>3/30/20 | 7/1/19-<br>9/30/19 | 10/1/19-<br>12/31/19 |
| Hire Project<br>Coordinator  | R Chacana                                 |                      | ×                  |                    | 0                  |                      |                    |                    |                      |
| (P1) Post RFP for<br>Media Consultant/<br>services                               | R Chacana                                 |                      |                    | ×                  | 0                  |                      |                    |                    |                      |
| (P1) Video(s) production: script writing and recruitment participants            | TBD- internal staff or contractor         |                      |                    |                    | ×                  | ×                    | ×                  | ×                  |                      |
| (P1) Video(s) recording, editing and posting                                     | TBD- internal staff or contractor         |                      |                    |                    |                    |                      |                    |                    | 0                    |
| (P2)Post RFP for<br>"Technology Classes"   | TBD- internal staff or contractor         | 0                    | ×                  |                    |                    |                      |                    |                    |                      |
| (P2) Develop Curricullum for "Increase utilization of Mobile Technology" classes | TBD- internal staff or contractor         | 0                    |                    |                    |                    |                      |                    |                    |                      |
| (P2) Conduct "Increase<br>utilization of Mobile<br>Technology" classes           | TBD- internal staff or contractor         |                      |                    |                    | ×                  | ×                    | ×                  | ×                  |                      |
| (P3)Translation and printing of selected   | Contract translator, graphic designer and | 0                    | ×                  | ×                  |                    | 0                    |                    |                    |                      |

| Project Title: Multi-Media Outreach Project |         |                            |                          |                          |                          |                            |                          |                          |                            |
|---|---------|----------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|----------------------------|
| ~   |         | 2018                       |                          | 2                        | 019                      |                            |                          | 2020                     |                            |
| Activity                                    | Staff   | Q4<br>10/1/18-<br>12/31/18 | Q1<br>1/1/19-<br>3/31/19 | Q2<br>4/1/19-<br>6/30/19 | Q3<br>7/1/19-<br>9/30/19 | Q4<br>10/1/19-<br>12/31/19 | Q1<br>1/1/20-<br>3/30/20 | Q2<br>7/1/19-<br>9/30/19 | Q3<br>10/1/19-<br>12/31/19 |
| Transition to Adulthood printed materials   | printer |                            |                          |                          |                          |                            |                          |                          |                            |

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                                   | Number of video views, number of class participants |
|                      | □ POS                                     |   |
|                      | □ Pre/post survey/assessment              | Pre/Post survey used in technology classes          |
|                      | □ 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      |                      |                      |            |
|------------------------|----------------------|----------------------|------------|
| Frank D. Lanterman Re  | eginal Center        |                      |            |
| Project Title          |                      |                      |            |
| Multi-Media Outreach F | Project              |                      |            |
| Project Duration (star | t and end date)      |                      | 5 2 3 7 10 |
| Start Date: 01/2019    | End Date: 06/30/2020 | Number of Months: 18 |            |
|                        |                      |                      |            |

| Description  | Year 1 Annual<br>Cost | Year 2 Annual<br>Cost* | Total Cost |
|--|-----------------------|------------------------|------------|
| Salary/Wages and Benefits  |                       |                        |            |
| Name: TBD Title/Position: Project Coordinator  ☐ Existing Position or ☑ New Position ☐ Full Time Equivalent (FTE): 0 | \$20000               | \$                     | \$20000    |
| Name: Title/Position: □ Existing Position or ⊠ New Position ⊠ Full Time Equivalent (FTE): 0                          | \$                    | \$                     | \$         |
| 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):                            | \$                    | \$                     | \$         |
| Salary/Wages and Benefits Total  | \$20000               | \$                     | \$20000    |

| Operating Expenses  |         |               |
|---|---------|---------------|
| (P1) Media Consultant   | \$5000  | \$<br>\$5000  |
| (P1) Video Production: script writing, recording, editing, and posting 12 videos in 4 languages: English Spanish, Korean, Chinese | \$25000 | \$<br>\$25000 |
| (P2) Class instructor (6 classes in a year)   | \$3000  | \$<br>\$3000  |
| (P3) Translation and printing of Transition to Adulthood brochures  | \$7700  | \$<br>\$7700  |
|   | \$      | \$<br>\$      |
|   | \$      | \$<br>\$      |
|   | \$      | \$<br>\$      |
| Operating Expenses Total  | \$40700 | \$<br>\$40700 |

| Administrative Expenses (Indirect costs, up to 15% | 6)      |               |
|--|---------|---------------|
|  | \$      | \$<br>\$      |
| Administrative Expenses Total                      | \$      | \$<br>\$      |
| Project Budget Total                               | \$67000 | \$<br>\$60700 |

<sup>\*</sup>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): Melinda Sullivan |                       |
| Signature: Meinda Sulliva,                   | Date: <u>/o-/2-/8</u> |
| Sub-grantee (subcontractor):**               |                       |
| Authorized by (print name):                  |                       |
| Signature:                                   | Date:                 |

<sup>\*\*</sup>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          |                      |                             |  |
|----------------------------|----------------------|-----------------------------|--|
| Frank D. Lanterman Re      | gional Center        |                             |  |
| Project Title              |                      |                             |  |
| Multi- Media Outreach F    | Project              |                             |  |
| Project Duration (start    | and end date)        |                             |  |
| <b>Start Date:</b> 01/2019 | End Date: 06/30/2020 | Number of Months: 18 months |  |

| Salary/Wages and Benefits - Line Item | Description of Duties  |
|---------------------------------------|--|
| Title/Position: Project Coordinator   | Oversee project: video production and posting; technology class curriculum development, implementation and facilitation; production of print materials |
| Title/Position:                       | 100  |
| Title/Position:                       |  |
| Title/Position:                       |  |
| Title/Position:                       | Miles  |
| Title/Position:                       |  |
| Title/Position:                       |  |

| Operating Expenses – Line Item                                    | Description   |
|---|---|
| (P1) Media Consultant   | Develop media Strategy and instruction  |
| (P2) Video(s) production  | Produce upto 12 videos in 4 languages (English, Spanish, Korean, Chinese) on the Lanterman Service Standards and access of services |
| (P3) Class Instructor   | Conduct 6 technology classes throughout the year  |
| (P4) Translation and printing of Transtion to Adulthood brochures | Translation of 3 Transition to Adulthood materials (English, Spanish, Korean)   |
|   | 10.76   |
|   |   |

| Administrative Expenses – Line Item   | Description |  |
|---|-------------|--|
| -7-E  |             |  |
|   |             |  |
|   |             |  |
|   |             |  |
| [P. 4]  |             |  |
|   | 7 - 16      |  |
| Proposer (applicant):  Authorized by (print name): Melinda Sullivan  Signature: |             |  |
| Sub-grantee (subcontractor):**  |             |  |
| Authorized by (print name):   |             |  |
| Signature:  | Date:       |  |

<sup>\*\*</sup>As applicable.