

**FY 2018/19 DISPARITY FUNDS PROGRAM
APPLICANT CHECKLIST**

CBOs:

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. Letter(s) of support (data sharing, collaboration/shared projects), as applicable
7. Optional: Supporting documentation about the organization (e.g., verification of the organization's employer identification number (EIN) status, business registration, board minutes, or any other relevant documents).
8. UCs and CSUs: A completed Model Agreement

Regional centers (New Proposal Requests):

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. Letter(s) of support (data sharing, collaboration/shared projects), as applicable

Regional Centers (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

Please check the box that describes your organization		
<input checked="" type="checkbox"/> Regional Center (RC)	<input 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	
Regional Center of the East bay	October 16, 2018	
c. Primary contact (Name)		
Jairo Guiza		
d. Mailing address		
500 Davis Street, Suite 100, San Leandro, CA 94		
e. Primary e-mail address	f. Primary phone number	
jguiza@rceb.org	510-678-1131	
g. Secondary contact email address	h. Secondary contact phone number	
i. Brief description of the organization/group (organization type, group mission, etc.).		
<p>The Regional Center of the East Bay [RCEB] is one of 21 Regional Centers . RCEB works in partnership with many individuals and agencies to plan and coordinate services and supports for people with developmental disabilities, family members and community leaders in the Alameda and Contra Costa counties.</p> <p>RCEB supports persons with developmental disabilities and their families with the tools needed to achieve lives of quality and satisfaction, and builds partnerships that result in inclusive communities. Our Vision is our dream of the future where persons with developmental disabilities are truly a part of the community. Persons with developmental disabilities receive supports and services they need to succeed. RCEB provides early, consistent, culturally sensitive support to promote consumer and family stability and security. The Diversity and Equity Committee of our Board works to honor and assure that there is equal access to needed respecting age, disability and ethnic diversity.</p>		

Section II. Proposal Summary

a. Project title	Family Home Agencies
b. Total amount requested	\$ 100,000
c. Projected number of individuals impacted	20
d. Duration of project (months)	12 months Start date: 01/01/19 End date: 01/31/20
e. RC(s) in the project catchment area(s)	Regional Center of the East Bay Target zip code(s) for Los Angeles County*:

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

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):
f1. What is the current status of your project?	All funds received in previous years have been committed through contracts with CBOs to implement projects in collaboration with RCEB
f2. How is this proposal different from your current project?	This project addresses a unique situation not addressed in current projects. Current projects include Start-up Day services, Consumer/Family Mentorship, and Community Events. This project is focused on offering residential options to consumers that are reflective of their culture and language. No service provider offers this alternative to consumers from target populations. Therefore the identified needs continue until this project is implemented. The goal is to develop capacity for existing or new Family Home Agencies to offer housing alternatives that honor, both the culture and the language of the target populations.
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.

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

Attachment A-2

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

1. Project title
Family Home Agencies
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: Vietnamese and Chinese <input checked="" type="checkbox"/> Language(s): Vietnamese, and Chinese <input checked="" type="checkbox"/> Age group(s): Adults <input type="checkbox"/> Socioeconomic: <input checked="" type="checkbox"/> Other: Deaf/Hard of Hearing
3. Which area(s) of focus does the project meet? Check all that apply.
<input type="checkbox"/> 1. Increase access to information about services available through the RC system and processes to receiving those services. <input type="checkbox"/> 2. Provide assistance during the intake process. <input 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 type="checkbox"/> Translation (equipment, translator services, translating brochures or materials, etc.) <input 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 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 checked="" type="checkbox"/> Other: Family Home Agency
5. What experience does the organization/group have working with the target population?
Regional Center of the East Bay provides services to the target populations
6. Explain how the target population(s) are underserved using POS data or other data as supporting evidence.
In the fiscal year 2016/2017 8% of adult Asian consumers live out of their homes compared with 51% of their White counterparts. POS data reflects this disparity.. For example 54% of the Vietnamese adults and 27% of Cantonese speaking adults did not have a POS from RCEB in fiscal year 2016-2017. Families who are interested in considering residential options are interested in linguistically and culturally competent settings . During 2018, we have also been in contact with deaf consumers especially those residing in licensed group homes. Only one vendorized home has signing staff. RCEB has been actively working with group homes to identify signing ILS workers or supplemental staff who are fluent in ASL to meet the needs of this

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

consumer group. POS data reflects dollars spent for our deaf consumers and those whose language is ASL have high POS expenditures but the appropriateness of the services provided is not reflected by dollars spent.

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

Once Family Home Agencies start providing housing alternatives to these communities, we expect to see an increase in the number of adults in the Vietnamese and Cantonese communities that reside out of home and that individuals who use ASL will be served in homes that are appropriate to their linguistic needs. With the ASL community, this may be an increase in POS dollars but it also should reflect an increase in satisfaction with their living arrangements.

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 RCEB is working diligently to address the cultural and linguistic needs of the target populations through diverse initiatives such as day programs, consumer/family mentorship, community events, the ability for adult consumers to live out of home is still limited by the absence of options that include linguistically and culturally adequate services

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

During community meetings where disparity data was discussed with the Asian community participants stated that a significant obstacle preventing Asian consumers from living out of home is the inexistence of residential alternatives where both the language and the culture of the consumers are included. At the same time the Family Homes Agency model was suggested as the best alternative for Asian consumers who want to live out of home.

Regarding the deaf/hard of hearing consumers currently 31 live in various residential units where their linguistic needs are unmet.

These unmet needs have also been discussed during the RCEB's diversity and equity committee meetings. In these meetings both RCEB staff and community members provide input on possible solutions to ongoing linguistic and cultural challenges.

Case Managers have expressed confidence in the ability of several consumers moving out of their homes, once the linguistic and cultural needs of these consumers are met.

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: Family Home Agency										
		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	
RFP Posted	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"/>	
Selection of Proposals	Diversity & Equity Specialist and Executive Director	<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"/>	
Identification of Homes for RCEB clients	FHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Continue referring consumers as homes become available	RCEB staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<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: Family Home Agency		
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 homes identified by FHA, and number of consumers placed in these homes
	<input checked="" type="checkbox"/> POS	Level of reduction in the disparities data as informed by consumers use of FHA
	<input type="checkbox"/> Pre/post survey/assessment	
	<input checked="" type="checkbox"/> Stakeholder feedback	Level of satisfaction of consumers after being placed at homes
	<input type="checkbox"/> Materials	
	<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		
Regional Center of the East Bay		
Project Title		
Family Home Agency		
Project Duration (start and end date)		
Start Date: January 1, 2019	End Date: June 30, 2020	Number of Months: 18

Description	Year 1 Annual Cost	Year 2 Annual Cost*	Total Cost
Salary/Wages and Benefits			
Name: [redacted] Title/Position: [redacted] <input type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): [redacted]	\$ [redacted]	\$ [redacted]	\$ [redacted]
Name: [redacted] Title/Position: [redacted] <input type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): [redacted]	\$ [redacted]	\$ [redacted]	\$ [redacted]
Name: [redacted] Title/Position: [redacted] <input type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): [redacted]	\$ [redacted]	\$ [redacted]	\$ [redacted]
Name: [redacted] Title/Position: [redacted] <input type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): [redacted]	\$ [redacted]	\$ [redacted]	\$ [redacted]
Name: [redacted] Title/Position: [redacted] <input type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): [redacted]	\$ [redacted]	\$ [redacted]	\$ [redacted]
Name: [redacted] Title/Position: [redacted] <input type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): [redacted]	\$ [redacted]	\$ [redacted]	\$ [redacted]
Name: [redacted] Title/Position: [redacted] <input type="checkbox"/> Existing Position or <input type="checkbox"/> New Position <input type="checkbox"/> Full Time Equivalent (FTE): [redacted]	\$ [redacted]	\$ [redacted]	\$ [redacted]
Salary/Wages and Benefits Total	\$ [redacted]	\$ [redacted]	\$ [redacted]

Operating Expenses			
RFP for Family Home Agency to serve consumers who identify as Chinese and/or Vientames	\$50000	\$	\$50000
RFP for Family Home Agency to serve consumers who are deaf/hard of hearing	\$50000	\$	\$50000
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Operating Expenses Total	\$100,000	\$	\$100,000

Administrative Expenses (Indirect costs, up to 15%)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Administrative Expenses Total	\$	\$	\$
Project Budget Total	\$100000	\$	\$100000

*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): _____

Signature: _____ Date: _____

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		
Regional Center of the East Bay		
Project Title		
Family Home Agency		
Project Duration (start and end date)		
Start Date: January 1, 2019	End Date: June 30, 2020	Number of Months: 18

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position: [REDACTED]	[REDACTED]
Title/Position: [REDACTED]	[REDACTED]
Title/Position: [REDACTED]	[REDACTED]
Title/Position: [REDACTED]	[REDACTED]
Title/Position: [REDACTED]	[REDACTED]
Title/Position: [REDACTED]	[REDACTED]
Title/Position: [REDACTED]	[REDACTED]

Operating Expenses - Line Item	Description
Family Home Agency to serve consumers who identify as Chinese and/or Vietnamese	50000
Family Home Agency for Consumers who are deaf/Hard of Hearing	50000
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Administrative Expenses - Line Item	Description
-------------------------------------	-------------

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Proposer (applicant):

Authorized by (print name): Lisa Klemm

Signature: [Handwritten Signature] Date: 10-16-18

Sub-grantee (subcontractor):**

Authorized by (print name): _____

Signature: _____ Date: _____

**As applicable.