**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 (New and Reapplications)**

|  |  |  |
| --- | --- | --- |
| **Please check the box that describes your organization** | | |
| Regional Center (RC) | Community Based Organization (CBO), 501(c)(3) | CBO, non-501(c)(3)  EIN or  No EIN |

|  |  |  |
| --- | --- | --- |
| **a. Name of organization/Group** | | **b. Date** |
|  | |  |
| **c. Primary contact (Name)** | | |
|  | | |
| **d. Mailing address** | | |
|  | | |
| **e. Primary e-mail address** | **f. Primary phone number** | |
|  |  | |
| **g. Secondary contact email address** | **h. Secondary contact phone number** | |
|  |  | |
| **i. Brief description of the organization/group (organization type, group mission, etc.). Include experience your organization has had managing a program similar to the proposal, and the outcomes of that program.** | | |
|  | | |
| **j. If you check the CBO box, describe how your organization meets the definition of a CBO.** | | |
|  | | |

**Section II. Grant Reapplication – Project Information (Reapplications Only)**

If the organization is applying to continue a previously awarded project, complete this section in addition to all other required sections and attachments. Complete this section if your proposal will continue a previously awarded project without changes to the target population, geographic area, activities, or objectives; **OR,** if you proposal will expand a previously awarded project into other target populations, geographic areas, activities, or objectives. **After completion, continue to Section III.**

**Summary Information**

|  |  |
| --- | --- |
| 1. **Grant Number:** | |
| 1. **Project Title:** | |
| **c1. Start Date:**   /  / | **c2. End Date:**   /  / |
| **d. Total Project Duration (in months):** | |

**Fiscal Information**

|  |  |  |
| --- | --- | --- |
| **Fiscal Year (FY)** | 1. **Awarded\*** | 1. **Expended** |
| **FY 2016/17** | **e1. $** | **f1. $** |
| **FY 2017/18** | **e2. $** | **f2. $** |
| **FY 2018/19** | **e3. $** | **f3. $** |
| **Total** | **e4. $**       (e1 + e2 + e3) | **f4. $**       (f1 + f2 + f3) |
| **g. Amount Remaining (e4 – f4): $** | | |

*\*If your project was a multiyear project that was fully funded during one FY, enter the total amount of funding in that corresponding FY. For example, if a 2-year project was fully funded in FY 2016/17, then the amount awarded should be included in e1. Projects that received funding in more than one FY, should enter the awarded amounts for each corresponding FY.*

**Project Information**

|  |  |
| --- | --- |
| **h. Number of individuals originally proposed to be impacted** |  |
| **i. Actual number of individuals impacted by the project and why it is higher or lower than the proposed number.** |  |
| **j. RC(s) in the project catchment area(s)** |  |
| **k. List the city(ies) your project has served:** |  |
| **l. List the county(ies) your project has served:** |  |
| **m. If your project has served the City of Los Angeles, list the zip code(s) and/or community(ies) served\*:** |  |
| **n. Provide a detailed explanation of project activities to date. What has the project accomplished to date?** | |
|  | |
| **o. Provide a detailed explanation of project impacts and outcomes to date. Attach data as well as success stories to demonstrate project outcomes and impact.** | |
|  | |
| **p. What are the projects objectives in addressing disparities and what remains to be addressed/completed? Explain why these objectives have not been completed during the current grant period.** | |
|  | |
| **q. If awarded, how will your current project transition into the 2019/20 proposed project?** | |
|  | |

**Section III. Proposal Summary (New and Reapplications)**

|  |  |
| --- | --- |
| **a. Project title** |  |
| **b. Total amount requested** | $ |
| **c. Projected number of individuals impacted** |  |
| **d. Duration of project (months)** | months Start date:   /  /     End date:   /  / |
| **e. RC(s) in the project catchment area(s)** |  |
| **f. List the city(ies) your project proposes to serve:** |  |
| **g. List the county(ies) your project proposes to serve:** |  |
| **h. If your project proposes to serve the City of Los Angeles, list the zip code(s) and/or community your project will serve**\* |  |
| **i. Will you be working with one or more CBO(s)?** | Yes\*\*\*  No |
| **j. 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 and data sharing.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **k. Project Type Selection(s)** | | | | |
| **Select your one primary project type.** | | **Select your one secondary project type (if applicable).** | | **Select your one tertiary project type (if applicable).** |
| **Translation** (equipment, translator services, translating brochures or materials, etc.)  **Outreach** (community events, website or social media design, materials, etc.)  **Workforce capacity** (staff training, incentives for bilingual employees, etc.)  **Parent education** (online or in person trainings, workshops, etc.)  **Promotora**  (Peers educating community members about access RC services)  **Family/**  **consumer support services**  (1:1 coaching, enhanced case management, service navigation, etc.) | | **Translation**  **Outreach**  **Workforce capacity**  **Parent education**  **Promotora**  **Family/**  **consumer support services** | | **Translation**  **Outreach**  **Workforce capacity**  **Parent education**  **Promotora**  **Family/**  **consumer support services** |
| **l. Target Population (Race/Ethnicity)** | | | | |
| **Select all groups the project will serve** | | **Proposed Number of Individuals Impacted by the Primary Project Type** | | |
| African American | |  | | |
| Cambodian | |  | | |
| Chinese | |  | | |
| Filipino | |  | | |
| Hispanic | |  | | |
| Hmong | |  | | |
| Indian | |  | | |
| Japanese | |  | | |
| Korean | |  | | |
| Mien | |  | | |
| Native American | |  | | |
| Pacific Islander (list): | |  | | |
| Vietnamese | |  | | |
| Other (list): | |  | | |
| **m. Target Population: Language (select all groups the project will serve)** | | | | |
| Cantonese | Japanese | Mien | Tagalog | |
| Hmong | Korean | Russian | Vietnamese | |
| Indian | Mandarin | Spanish | Other (list): | |
| **n. Target Population: Age Group (select all groups the project will serve)** | | | | |
| Birth up to Three (Early Start) | | 16 to 21 | | |
| Three to Five | | 22 and older | | |
| Three to 21 | | Other (list): | | |

**Section IV. Proposal Certification**

**Proposer’s (applicant) Certification:** I certify that the information attached is true and correct.

**Authorized by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_**

**Collaborative Proposals Only\*\***

**Sub-grantee (subcontractor) Certification:** I certify that the information attached is true and correct.

**Subcontractor 1:**

**Authorized by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_**

**Subcontractor 2:**

**Authorized by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_**

**Subcontractor 3:**

**Authorized by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_**

**Subcontractor 4:**

**Authorized by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_**

\*\*As applicable. If more subcontractors are needed, complete additional copies of this section.