**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.