



Department of Developmental
Services

Disparity Funds Program

Promote Equity and Reduce Purchase of Service
Disparities for Persons with Developmental
Disabilities in California

Guidelines for Applicants

Fiscal Year 2019-2020

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Background

California's landmark 1969 Lanterman Developmental Disabilities Services Act provides an entitlement to services and supports for individuals diagnosed with developmental disabilities, regardless of age, race, ethnicity, spoken language, or economic status. In May 2019, the state's 21 nonprofit regional centers (RCs) served approximately 353,700 individuals throughout the state. The RC population is extremely diverse, comprising at least 23 ethnicities and more than 45 languages.

Welfare and Institutions (W&I) Code section 4519.5 required RCs to collaborate annually with the Department of Developmental Services (Department) to gather data related to purchase of service (POS) authorization, utilization, and expenditures, for each RC. Data on access to services indicates there are significant disparities among some RC populations – particularly along the lines of race and ethnicity. W&I Code section 4519.5 also requires RCs to undertake certain activities to identify significant disparities and barriers to equitable access to services and supports, and to develop recommendations and plans to reduce existing disparities. Annually, RCs are required to report to the Department: 1) actions the RC took to improve public attendance and participation at stakeholder meetings related to POS data, 2) copies of minutes and attendee comments, 3) the RC's recommendations and plan to promote equity and reduce disparities in POS, if the data indicate a need to reduce disparities.

The Department remains committed to learning more about the challenges consumers and families face in accessing services, and using existing resources to make measurable progress in reducing disparities in POS authorizations, utilization, and expenditures.

In 2016, ABX2 1 (Chapter 3, Statutes of 2016, 2nd Extraordinary Session) added W&I Code section 4519.5(h) and allocated \$11 million annually to the Department to assist RCs in the implementation of strategies to reduce POS disparities. In Fiscal Year (FY) 2016/17, the Department approved 98 RC projects to address identified disparities. The FY 2017/18 developmental services trailer bill (AB 107 [Chapter 18, Statutes of 2017]) amended W&I Code section 4519.5 to allow community-based organizations (CBOs) to receive disparity funds. In FY 2017/18, the Department approved \$11 million for a total of 66 projects (31 RC and 35 CBO projects). In FY 2018/19, the Department approved \$11 million for a total of 70 projects (35 RC and 35 CBO projects). Summaries of approved projects are available at the Department's webpage: www.dds.ca.gov/RC/disparities.cfm.

The issue of access to services for individuals with developmental disabilities from diverse communities has been the subject of conversation and study during much of the past two decades. Studies conducted by universities, other research organizations, the Department, and RCs consistently find that communities of color are less likely to receive RC services, and receive lower than average (per capita) POS, compared to individuals who identify as White. The causes of these disparities continue to be examined; however, statewide stakeholder meetings, local community meetings, and family testimony have identified several themes, including:

- Supply of culturally and linguistically appropriate and accessible information, service options, providers.
- Cultural barriers and discomfort challenging authority figures prevent some families from requesting needed services and exercising their rights.
- Mistrust of public systems by some communities of color.
- Socioeconomic factors that present challenges to accessing RC services.

2019/20 Disparity Funds Program

Our vision is to create transformational changes toward a culturally and linguistically competent developmental disabilities system, which reflects service quality and is responsive to the beliefs, values, attitudes, language, behaviors, and choices of individuals who receive services.

The Disparity Funds Program supports projects that aim to increase equity in service access. Proposals must link to an identified issue or barrier in the local community or statewide, which has been identified through POS data, stakeholder feedback, and/or RC plans and recommendations to promote equity and reduce disparities.

The Department seeks proposals that are innovative and demonstrate the capacity to carry out proposed activities, and result in strategies and collaborations that are sustainable after completion of the project.

Available Funding

Funds will be awarded to successful applicants for implementation of projects to increase equity in access to RC services. The Department will oversee use of disparity funds and program activities throughout the course of each project. Each grantee receiving disparity funds must submit quarterly progress reports to the Department and carry out all approved activities.

Available Funding and Project Term

Disparity funds for FY 2019/20 are limited to \$11 million appropriated funds.

The typical project term considered for funding in FY 2019/20 is 12 months. However, projects with a term beyond 12 months may be funded if necessary to achieve project activities.

Request for Proposals

The Department is seeking proposals from RCs and CBOs to utilize funding available for FY 2019/20. To be considered for disparity funding, applicants must submit a complete proposal package.

All proposals are due by 5:00PM PST on September 30, 2019.

Submission Guide

Timetable:

- August 13, 2019: Grant question and answer teleconference for interested applicants.
- September 30, 2019: Proposals due by 5:00 pm PST.
- October 1, 2019 to November 15, 2019: Initial proposal review.
- November 18, 2019 to January 2, 2020: Final proposal evaluation and selection process.
- By January 3, 2020: Notification of Department's determination will be made to all applicants.
- By January 31, 2020: A list of approved projects will be posted to the Department's website.
- January 3, 2020 to February 28, 2020: Finalization of measures, and any revisions to scope of work and budget, and development of grant agreements.
- By March 1, 2020: Execute grant agreements with awarded CBOs. The anticipated project start date is March 1, 2020.

Submission Method:

Proposals must be submitted electronically to disparityfundsprogram@dds.ca.gov.
Include in the subject line of the email "FY 2019-20 Disparity Grant Proposal."

Proposals must be received by **5:00 p.m. PST on September 30, 2019**. The Department will provide an acknowledgement upon receipt of proposals. If you have not received an acknowledgement within 2 business days after submission of your proposal, please send an email to disparityfundsprogram@dds.ca.gov.

Proposal Submittal Instructions

Detailed instructions on how to complete the submittal documents is included in Enclosure A.

Complete Submission Package

A completed proposal must consist of, at minimum, the following required attachments:

1. Applicant checklist (Attachment A-1);
2. 2019 Disparity Funding Proposal, Proposal Cover Page (Attachment A-2);
3. 2019 Disparity Funding Proposal, Project Information (Attachment B);*
4. Schedule of Activities and Measures Worksheet (Attachment C);
5. Budget Worksheet (Attachment D-1 and D-2)

***Attachment B must not exceed seven (7) pages single-spaced, 12-point Arial font, excluding any supporting documentation.**

CBOs must concurrently submit proposals to all RCs in the proposed catchment area(s) and to the Department.

Attachment A-1: Applicant Checklist

Utilize and complete the checklist to ensure that all required documentation is submitted.

Attachment A-2: Cover Page

Section I: Grantee Information (all applicants)

Provide general information about your organization.

Section II. Grant Reapplication – Project Information (reapplying applicants only)

Complete this section if you are proposing to continue a previously awarded project without changes to the target population, geographic area, activities, or objectives; **OR** if you are proposing to expand a previously awarded project into other target populations, geographic areas, activities, or objectives. **Failure to complete this section when applicable may lead to your proposal for 2019/20 funding being removed from further funding consideration. After completion of this section for your previously awarded project, complete Section III for your new proposed project and Attachments B (Project Information), C (Schedule of Activities and Measures), D1 (Budget Worksheet) and D2 (Budget Narrative).**

Section III. Proposal Summary (all applicants)

Provide a summary of your proposed project. Complete this section if you are proposing to continue a previously awarded project, or if you are applying for a new project.

Attachment B: Project Information (all applicants)

Provide detailed information on your proposed project. This is completed by new projects and previously awarded projects that are reapplying to continue the project.

Attachment C: Schedule of Activities and Measures (all applicants)

Describe how the project will meet its stated goal, including the quarter each activity will occur and the responsible party. Select the type of measure to be used for each project activity; describe the measure, its target and the quarter(s) each measure will be reported.

Measuring Project Outputs and Outcomes

Projects must collect and report data to show how activities were implemented or what they produced (“project outputs”) and how individuals or organizations were affected by the project (“project outcomes”).

- Project outputs include:
 - The number of participants who attended an outreach event or the number of events offered;

- The number of collaborative partnerships established in underserved communities; and
- Information gathered from interviews of RC staff or project participants, group discussions, and focus groups.
- Project outcomes include:
 - The change in average annual POS authorizations for project participants from before the project to its end; and
 - Pre/post surveys or assessments of training activities, such as a change in knowledge about services available through an RC, a change in parents' understanding of their children's abilities, or a change in participants' satisfaction with services.

Quantitative and Qualitative Data

Projects may provide quantitative or qualitative data, or both.

- Quantitative data can be measured, such as the number of participants in Promotora/navigator programs, pre/post surveys that are scored with numbers, and comparison of POS expenditures before and after participation in a project.
- Qualitative data is a description, such as what participants say they learned in an orientation. Qualitative data is used to gain an understanding of underlying reasons and motivations and uncover trends in thoughts and opinions. Qualitative data may be collected using open-ended written or verbal questions in surveys, focus groups, and interviews. Findings from qualitative data are typically summarized in writing.

Training and Promotora/Navigator Projects

All training projects and Promotora and Navigator projects must provide pre/post assessments to measure their impact on participants.

- The Department will develop a set of measures that must be used for all Promotora and Navigator projects. The required measures will be made available within 30 days of release of these guidelines. Grantees may also collect additional information for these projects.

Data Collection

Plans for collecting and analyzing data must be clear, well thought out, feasible and appropriate for evaluating project implementation and success in meeting the project's goals. For example, if the project's goal is to increase the number of intake assessments, the project should provide a plan for gathering data about the number of assessments both before and after project implementation.

All surveys, assessments and other measurement tools must be sent to the Department before they are used. The Department will provide approval or request changes as appropriate.

Attachment D-1 and Attachment D-2: Budget Worksheet and Narrative (all applicants)

Applicants must complete the Budget Worksheet (Attachment D-1) and Budget Narrative Worksheet (Attachment D-2) with a proposed project budget outlining associated costs and the total amount of funds requested. Attachments D-1 and D-2 must be provided for each agency (applicant and subcontractor(s)). Attachment D-1 and D-2 must be signed by the applicant and each subcontractor(s), as applicable.

University of California (UC) and California State University (CSU) Model Agreement

Effective May 1, 2018, California Departments are to utilize the model terms and conditions (UTC-518) in new contracts between their agencies and The Regents of the University of California and The Trustees of the California State University. A "new contract" is defined as the award of funds not previously budgeted or appropriated by a state agency for the work to be done by the university. Pursuant to Education Code section 67327, the standard provisions of the model contract are to be used unless both contracting parties mutually agree that a specific contract term or provision is inappropriate or inadequate for a specified contract.

UCs and CSUs applying for disparity funding must complete a Model Agreement concurrent with the required completed proposal. The Model Agreement template can be found at the Department of General Services' webpage:

<http://www.dgs.ca.gov/ols/Resources/ModelContractLanguageUniversities.aspx>.

Please note that the Department will require changes to the terms listed in the University Terms and Conditions (listed as "Exhibit C – University Terms and Conditions" in the Model Agreement).

Proposal Review Process

The Department will use a merit-based review process so that each proposal receives a fair review. The proposal review process includes:

- Ensuring that the proposal is complete and timely and meets all minimum requirements set forth in these Guidelines
- Assessment of the organization's history of serving individuals with developmental disabilities, and/or underserved populations
- Evaluation of the proposal's content against the established criteria (see Attachment E), Departmental and RC priorities, as well as community input and needs
- For CBO proposals, timely input from the RC(s) within the proposed catchment is required before the Department makes a final determination on the proposal.

The Department will employ a three-phase review process:

Phase I

Part A

Proposals will be reviewed for timeliness, brevity, and organizational stability.

- **Proposals that are submitted beyond the deadline will not be considered for further review.**
- **Proposals that exceed the page-limit requirement will not be considered for further review.**
- **Proposals from organizations and subcontractors that are not in good standing with the California Secretary of State, California Franchise Tax Board, and/or California Department of Tax and Fee Administration will not be considered for review.**

For reference, the links to these entities are listed below:

- <https://businesssearch.sos.ca.gov/> - Secretary of State
- <https://onlineservices.cdtfa.ca.gov/#1> – Valid Sellers Permit
- <https://www.cdtfa.ca.gov/taxes-and-fees/top500.htm> - Top 500 Tax Sales Delinquent
- <https://www.ftb.ca.gov/aboutFTB/Delinquent-Taxpayers.shtml> - Top 500 Income Tax Delinquent

Phase II

Projects that successfully passed Phase I will continue to Phase II.

Part A – Reapplication Only

RCs and CBOs proposing to continue a previously awarded project will be evaluated on their responses to Section II on the cover page.

The evaluation will consider if there is evidence of progress in project activities and project measures, the objectives of the project, how their project will transition into the proposed project, and how those activities and measures will complement the newly proposed project.

The review panel will evaluate and score proposals, using the criteria in Attachment E. The scores from all reviewers will be averaged to create a final score. Proposals scoring **10** points and above out of **14** possible points in phase II, part A are eligible to continue to phase II, part B.

Failure to complete Section II on the cover page, when applicable, will result in a score of zero in phase II, part A, which will eliminate the proposal from further consideration.

Part B – New and Reapplication

The review panel will evaluate and score proposals, using the criteria listed in Attachment E. The scores from all reviewers will be averaged into a final score for each proposal. Proposals scoring 38 points and above out of 54 possible points are eligible for funding and may be awarded. To ensure the needs of the community are met, the Department may adjust the scoring criteria.

Phase III

In the third phase, proposals that passed phase II will be evaluated using the criteria listed in Attachment E. Reviewers will evaluate the proposals by intended target population, catchment area, and project type.

Notice of Decision and Grantee Responsibilities

By January 3, 2020, the Department will notify all applicants of the final decision via email. If the applicant is awarded funding, the notice will contain a formal cover letter, feedback on measures/data collection methods, and a grant agreement.

After final awards are made, approved project proposals will be posted on the Department's website (<http://www.dds.ca.gov/RC/disparities.cfm>).

Reporting Requirements for Grantees

Departmental Feedback on Proposed Measures

Upon approval of a project, the Department will provide feedback on measures and data collection methods listed in the proposal. If necessary, grantees will be asked to clarify or adjust proposed measures and/or data collection methods within 10 business days.

Quarterly Progress Reports

Reports will be required every quarter over the course of the project and are due to the Department on the last day of the month following the end of each quarter (i.e., January 31, April 30, July 31, and October 31). The reports will be used to assess performed activities and whether the project is on target with the approved work plan. Quarterly Progress Reports shall report on approved activities conducted during the reporting period and data collected for quantitative and qualitative measures. Data for measures should be reported as soon as possible after the data are collected. Quarterly Progress Reports should include dates on which activities were performed as well as challenges the project encountered. The Department may request additional information regarding progress and supporting documentation.

Quarterly Claim Expense Form (Excel spreadsheet)

The Quarterly Claim Expense form must be submitted concurrently with the Quarterly Progress Report. Expense forms are reviewed to determine that services have been performed, that payment for items is not duplicative, and funding is being used as appropriated. Expenses should be filled out to correspond with the approved budget. The Department may request additional expense information and supporting documentation.

A sample standard quarterly reporting format is enclosed ("Enclosure E"). The Quarterly Progress Report and Quarterly Claim Expense form are due annually as follows:

12 and 24 Month Projects	
Due Date	Period Covered
July 31, 2020	Start of project to June 30, 2020
October 31, 2020	July 1, 2020 to September 30, 2020
January 31, 2021	October 1, 2020 to December 31, 2020
April 30, 2021	January 1, 2021 to March 31, 2021
24 Month Projects (Continued)	
July 31, 2021	April 1, 2021 to June 30, 2021
October 31, 2020	July 1, 2021 to September 30, 2021
January 30, 2021	October 1, 2021 to December 31, 2021
April 30, 2021	January 1, 2022 to March 31, 2022

Final Report

Grantees shall submit a final report within forty-five days of termination of the project. The reports must be in a format determined by the Department that includes an evaluation of the funded project and activities, and the effectiveness of those activities in reducing POS disparities, if available.

Submitting Reports

Grantees must submit quarterly reports and the final report in accordance with the deadlines listed above.

Communication with Grantees

Grantees will participate in conference calls, meetings, and site visits with the Department as required. The Department may request original data from grantees for additional analysis or to clarify progress towards project goals.

Invoicing and Payments for Grantees

Payee Data Record

Prior to the issuance of payments to grantees, a Payee Data Record Form STD 204 must be submitted to the Department. The form is used to set up the tracking of payments issued from the State Controller's Office to the grantee.

Financial Management Services (FMS) Requirement

CBOs may utilize an FMS provider to increase program fiscal accountability. FMS providers are able to make payments on the organization's behalf and ensure that program funds are only used for authorized items.

CBOs must use an FMS if the CBO, or any of its CBO partners, does not have an established EIN. The cost of FMS providers varies. The costs associated with an FMS must be included in the budget under operating expenses. The FMS must also be listed on the Payee Data Record form (STD 204) when the proposal is submitted. For more information about FMS services, please refer to the appropriate RC for a list of FMS agencies.

Payment Schedule for CBOs

Award Amount at or Above \$100,000

Project award amounts over \$100,000 will be paid, upon receipt of an invoice, as follows:

- 1) An initial payment of 25 percent of the approved grant amount will be made after execution of this Agreement and submission of the first invoice by the Grantee to the Department.
- 2) A second payment of 25 percent of the approved grant amount will be made after the following conditions have been met:
 - (1) The Department's has determined that the Grantees is meeting deliverables in accordance with Grant application (Exhibit C and D) and approves the first Quarterly Progress Report;
 - (2) The Department has determined that the expenses in the first Quarterly Expense Report are appropriate and in accordance with the approved Budget (Exhibit E); AND
 - (3) The grantee has expended at least 60 percent of the initial payment.
 - (4) An invoice shall be submitted to the Department after the above conditions have been met.
- 3) A third payment of 25 percent of the approved grant amount will be made after the following conditions are met:
 - (1) The Department's has determined that the Grantees is meeting deliverables in accordance with Grant application (Exhibit C and D) and approves the second Quarterly Progress Report;

- (2) The Department has determined that the expenses in the second Quarterly Expense Report are appropriate and in accordance with the approved Budget (Exhibit E); AND
 - (3) The grantee has expended at least 60 percent of the prior payment.
 - (4) An invoice shall be submitted to the Department after the above conditions have been met.
- 4) A fourth payment of 15 percent of the approved grant amount will be made after the following conditions are met:
 - (1) The Department's has determined that the Grantees is meeting deliverables in accordance with Grant application (Exhibit C and D) and approves the third Quarterly Progress Report;
 - (2) The Department has determined that the expenses in the third Quarterly Expense Report are appropriate and in accordance with the approved Budget (Exhibit E); AND
 - (3) The grantee has expended at least 60 percent of the prior payment.
 - (4) An invoice shall be submitted to the Department after the above conditions have been met.
- 5) A final payment of 10 percent of the approved grant amount will be made after all of the following conditions have been met:
 - (1) The Grantee delivers its Final Report to the Department within 45 days of termination of the project;
 - (2) The Grantee invoices a reconciliation of the total amount received by the Grantee with a final accounting of actual Grant expenditures and delivers its reconciliation and accounting to the Department;
 - (3) The Department has reconciled Grantee's invoices against its expenses, and the Department has made a determination that allowable expenses have exceeded the advance payments paid by up to 10 percent; AND
 - (4) The Department has made a determination that Grantee has satisfactorily completed all the terms and conditions required by this Agreement, including providing any additional information requested by the Department.
 - (5) An invoice shall be submitted to the Department after the above conditions have been met.

Sample Report Submittal Schedule for 12-month Project	Sample Payment Schedule for 12-month Project
Submit Initial Invoice	Receive first payment of 25 percent of approved grant amount after grant execution and submittal of first invoice.
Submit 1 st Quarterly Report	Submit second invoice upon approval.
Submit 2 nd Quarterly Report	Submit third invoice upon approval.
Submit 3 rd Quarterly Report	Submit fourth invoice upon approval.
Submit 4 th Quarterly Report	Receive approval of Quarterly Report. No invoice is submitted.

Sample Report Submittal Schedule for 12-month Project	Sample Payment Schedule for 12-month Project
Submit Final Report	Submit final Invoice after approval of Final Report

For two-year projects, the payment schedule will consist of 10 payments (5 in Year 1 and 5 in Year 2), based on the approved annual budget for each year. In addition, in Year one, an expanded fourth quarterly progress report must be submitted instead of a final report; and, in year Two, a final report must be submitted within 45 days of the completion of the project. Both reports will be in a format determined by the Department.

Award Amount Below \$100,000

Project award amounts under \$100,000 will be paid, upon receipt of an invoice, as follows:

- 1) An initial payment of 90 percent of the approved grant amount will be made after execution of the Grant Agreement and submission of the first invoice by the Grantee to the Department.
- 2) Final payment of 10 percent of the approved grant amount will be made after all of the following conditions have been met:
 - (1) The Grantee delivers its Final Report within 45 days of termination of the project;
 - (2) The Grantee invoices a reconciliation of the total amount received by the Grantee with a final accounting of actual Grant expenditures and delivers its reconciliation and accounting to the Department;
 - (3) The Department has reconciled Grantee's invoices against its expenses; AND
 - (4) The Department has made a determination that Grantee has satisfactorily completed all the terms and conditions required by this Agreement, including providing any additional information requested by the Department.

Sample Report Submittal Schedule for 12-month Project	Sample Payment Schedule for 12-month Project
Submit Initial Invoice	Receive first payment of 90 percent of the approved grant amount after execution of grant agreement and submittal of the first invoice.
Submit 1 st Quarterly Report	Receive approval of Quarterly Report
Submit 2 nd Quarterly Report	Receive approval of Quarterly Report
Submit 3 rd Quarterly Report	Receive approval of Quarterly Report
Submit 4 th Quarterly Report	Receive approval of Quarterly Report
Submit Final Report	Submit final invoice after approval of Final Report

Note: CBO invoicing and payments may be adjusted based on the approved total budget, the duration of the project, Department approved activities, and the needs of the approved project. Please refer to “Reporting Requirements” for a description of the reporting schedule.

Payment Criteria and Invoice Submittal

Grantees must obtain approval of their quarterly report prior to submitting an invoice. An invoice is required for payment.

- **Invoice (“Exhibit 2”)**
 - Indicates correct payment amount, grantee information and grant number.
 - Requires a signature from an authorizing individual of the organization.

The schedule for invoices follows the schedule for quarterly reporting. Invoices, along with an expense claim form, must be submitted electronically to the following email address:

disparityfundsprogram@dds.ca.gov

Invoicing and Payments for RCs

RCs will invoice and receive payments through the existing allocation and payment process.

Supporting Documentation

Grantees shall maintain supporting documentation for all expenses for each line item. Supporting documentation may be requested to support expenses at any time, and be subject to audit during and after completion of the project. Examples of supporting documentation include but are not limited to the following:

- Timesheets
- Travel receipts (e.g., meals, hotels)
- Mileage logs
- Cancelled checks (stamped by the institution from which the money is drawn to indicate funds guaranteed on the check have been paid)
- Bank statements
- Purchase receipts
- Attendance records (e.g., workshops, trainings)

Project Change Requests and Amendments

Award grantees are required to complete the Project Change Request and Amendment form for any amendments to the approved project activity(ies), including, but not limited to: deviation from the initial intent of a proposed activity, unexpected obstacles or delays in project implementation, or anticipated changes to the line items in the approved budget.

The Department will review request(s) and work with grantees to identify necessary actions to address any modifications. The Department must approve any amendments to projects prior to implementation. This form in a format determined by the Department will be available to awarded grantees upon execution of the grant agreement.

Definitions of Key Terms

Community-Based Organization (CBO)

For the purposes of this funding, a CBO is defined as a public or private nonprofit, or private for-profit organization that is representative of and advocates for a community or significant segments of a community. Each CBO must describe its organization and clearly state how it meets the definition of a CBO.

Goal

A goal is an overarching statement of what the project plans to achieve. A goal is specific, measurable, attainable and has a specific deadline. An example of a goal is, "The percentage of Hispanic consumers with no purchase of services expenditures will decrease by at least 1% in the regional center's catchment area."

New Application

A project's initial request for funding that has not yet been funded in previous years.

Purchase of Services (POS)

Refers to authorization for and purchase of RC services for consumers and includes service authorizations and expenditures. POS expenditure data represent the cost of services that the RC paid to vendored service providers on behalf of the consumer and his/her family. A link to each RC for its POS data can be found on the Department website at: <https://www.dds.ca.gov/RC/POSData.cfm>.

Reapplication

A project that received funding in a previous year, or years, and requests continuation funding to support ongoing or expanded activities.

Regional Centers (RCs)

RCs are private nonprofit corporations that contract with the Department to provide or coordinate services and supports for individuals with developmental disabilities. There are 21 RCs in California.

Attachments

**FY 2019/20 DISPARITY FUNDS PROGRAM
APPLICANT CHECKLIST**

1. ☐ 2019 Disparity Funding Proposal, Proposal Cover Page (Attachment A-2)
2. ☐ 2019 Disparity Funding Proposal, Project Information (Attachment B)
3. ☐ Schedule of Development/Activities and Project Measures Worksheet (Attachment C)
4. ☐ Budget Worksheet and Budget Narrative (Attachment D1 and D2) for applicant and each subcontractor
5. ☐ Letter(s) of support (data sharing, collaboration/shared projects), as applicable
6. ☐ Supporting documentation about the organization: verification of the organization's employer identification number (EIN) status or information on the fiscal management service (FMS) if known, business registration, list of board members.
7. ☐ UCs and CSUs: A completed Model Agreement

FY 2019/20 DISPARITY FUNDS PROGRAM 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 (New and Reapplications)

Please check the box that describes your organization		
<input 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
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.	

FY 2019/20 DISPARITY FUNDS PROGRAM COVER PAGE

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 your proposal will expand a previously awarded project into other target populations, geographic areas, activities, or objectives. **After completion, continue to Section III.**

Summary Information

a. Grant Number:	
b. Project Title:	
c1. Start Date: / /	c2. End Date: / /
d. Total Project Duration (in months):	

Fiscal Information

Fiscal Year (FY)	e. Awarded*	f. 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 6a. 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:	

**FY 2019/20 DISPARITY FUNDS PROGRAM
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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?	

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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)?	<input type="checkbox"/> Yes*** <input type="checkbox"/> No
j. Will the project require aggregate data from the RC(s)?	<input 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 and data sharing.

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k. Project Type Selection(s)			
Select your <u>one primary</u> project type.		Select your <u>one secondary</u> project type (if applicable).	Select your <u>one tertiary</u> project type (if applicable).
<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"/> Promotora (Peers educating community members about accessing RC services) <input type="checkbox"/> Family/ consumer support services (1:1 coaching, enhanced case management, service navigation, etc.)		<input type="checkbox"/> Translation <input type="checkbox"/> Outreach <input type="checkbox"/> Workforce capacity <input type="checkbox"/> Parent education <input type="checkbox"/> Promotora <input type="checkbox"/> Family/ consumer support services	<input type="checkbox"/> Translation <input type="checkbox"/> Outreach <input type="checkbox"/> Workforce capacity <input type="checkbox"/> Parent education <input type="checkbox"/> Promotora <input type="checkbox"/> 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	
<input type="checkbox"/> African American			
<input type="checkbox"/> Cambodian			
<input type="checkbox"/> Chinese			
<input type="checkbox"/> Filipino			
<input type="checkbox"/> Hispanic			
<input type="checkbox"/> Hmong			
<input type="checkbox"/> Indian			
<input type="checkbox"/> Japanese			
<input type="checkbox"/> Korean			
<input type="checkbox"/> Mien			
<input type="checkbox"/> Native American			
<input type="checkbox"/> Pacific Islander (list):			
<input type="checkbox"/> Vietnamese			
<input type="checkbox"/> Other (list):			
m. Target Population: Language (select all groups the project will serve)			
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Mien	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Hmong	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Indian	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (list):
n. Target Population: Age Group (select all groups the project will serve)			
<input type="checkbox"/> Birth up to Three (Early Start)		<input type="checkbox"/> 16 to 21	
<input type="checkbox"/> Three to Five		<input type="checkbox"/> 22 and older	
<input type="checkbox"/> Three to 21		<input type="checkbox"/> Other (list):	

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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.**

**FY 2019/20 DISPARITY FUNDS PROGRAM
PROJECT INFORMATION**

Project title
1. What experience does the organization/group have working with the target population?
2 Explain how the target population(s) are underserved using RC POS data or other data as supporting evidence of the disparity.
3. How will your project improve the lives of individuals who have developmental disabilities and/or their families?
4. How will this project assist to implement the RC recommendations and plan to promote equity and reduce disparities?
5. How is the proposed project unique or different from a current disparity grant funded effort (e.g., strategies, activities, goals) in the proposed catchment area? If the project is similar to a current disparity grant funded effort, how will the proposed project expand on the current effort?
6. How did your organization collect input from the community and/or target population to design the project?
7. Describe how your organization will leverage and build upon strategies, collaborations, and lessons learned to continue to address the identified disparities after completion of the project.

DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES

Completed worksheets shall be submitted with the funding proposal. List all activities, the responsible party, and which quarter each activity will occur; include how the activity will be measured, the quarter data for each measure will be reported; and any additional information. More than one copy of each worksheet may be submitted if additional space is required or you may add rows to this table.

Year 1 Goal:

PROJECT ACTIVITIES			PROJECT MEASURES			
Activity	Quarter Activity Will Occur (check all that apply)	Responsible Party and additional information	Type of Measure	What Will Be Measured?	What is the Target for This Measure?	Quarter Data Will Be Reported (check all that apply)
	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20- 9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20- 9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21
	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20- 9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20- 9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21
	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20- 9/30/2020		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment			<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20- 9/30/2020

DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES

Completed worksheets shall be submitted with the funding proposal. List all activities, the responsible party, and which quarter each activity will occur; include how the activity will be measured, the quarter data for each measure will be reported; and any additional information. More than one copy of each worksheet may be submitted if additional space is required or you may add rows to this table.

PROJECT ACTIVITIES			PROJECT MEASURES			
Activity	Quarter Activity Will Occur (check all that apply)	Responsible Party and additional information	Type of Measure	What Will Be Measured?	What is the Target for This Measure?	Quarter Data Will Be Reported (check all that apply)
	<input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21		<input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21
	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20- 9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20- 9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21

DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES

Completed worksheets shall be submitted with the funding proposal. List all activities, the responsible party, and which quarter each activity will occur; include how the activity will be measured, the quarter data for each measure will be reported; and any additional information. More than one copy of each worksheet may be submitted if additional space is required or you may add rows to this table.

Year 2 Goal (if different from Year 1 Goal):

PROJECT ACTIVITIES			PROJECT MEASURES			
Activity	Quarter Activity Will Occur (check all that apply)	Responsible Party and additional information	Type of Measure	What Will Be Measured?	What is the Target for This Measure?	Quarter Data Will Be Reported (check all that apply)
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment			<input type="checkbox"/> 04/01/21 – 06/30/21

DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES

Completed worksheets shall be submitted with the funding proposal. List all activities, the responsible party, and which quarter each activity will occur; include how the activity will be measured, the quarter data for each measure will be reported; and any additional information. More than one copy of each worksheet may be submitted if additional space is required or you may add rows to this table.

PROJECT ACTIVITIES			PROJECT MEASURES			
Activity	Quarter Activity Will Occur (check all that apply)	Responsible Party and additional information	Type of Measure	What Will Be Measured?	What is the Target for This Measure?	Quarter Data Will Be Reported (check all that apply)
	<input type="checkbox"/> 07/01/21-9/30/2021 <input type="checkbox"/> 10/01/21-12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 07/01/21-9/30/2021 <input type="checkbox"/> 10/01/21-12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21-9/30/2021 <input type="checkbox"/> 10/01/21-12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21-9/30/2021 <input type="checkbox"/> 10/01/21-12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22

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, .50 FTE means 20 hours per week.

Below is a sample of the budget sheet (Excel). Applicants must submit the budget sheet (Attachment D-1) in an Excel format.

Disparity Funds Program SERVICE BUDGET (ATTACHMENT D-1) Applicant Name and Address							
			Year 1 Annual Budget			Year 2 Annual Budget	
Line No.	PERSONNEL-Salary and Benefits		Annual Salary	Annual FTE to Disparity Grant (Percentage)	Annual Cost to Disparity Grant	Annual Salary	Annual FTE to Disparity Grant (Percentage)
1	Name: <input type="checkbox"/> Existing Position Title/Position: <input type="checkbox"/> New Position						
2	Benefits:						
3	Name: <input type="checkbox"/> Existing Position Title/Position: <input type="checkbox"/> New Position						
4	Benefits:						
5	Name: <input type="checkbox"/> Existing Position Title/Position: <input type="checkbox"/> New Position						
6	Benefits:						
7	Name: <input type="checkbox"/> Existing Position Title/Position: <input type="checkbox"/> New Position						
8	Benefits:						
9	Name: <input type="checkbox"/> Existing Position Title/Position: <input type="checkbox"/> New Position						
10	Benefits:						
11	Name: <input type="checkbox"/> Existing Position Title/Position: <input type="checkbox"/> New Position						
12	Benefits:						
13	Name: <input type="checkbox"/> Existing Position Title/Position: <input type="checkbox"/> New Position						
14	Benefits:						
15	Name: <input type="checkbox"/> Existing Position Title/Position: <input type="checkbox"/> New Position						
	Benefits:						
Personnel Subtotal							
OPERATING EXPENSES							
16							
17							
18							
19							
20							
21							
22							
23							
24							
Operating Subtotal							
ADMINISTRATIVE/INDIRECT COSTS							
25							
26							
27							
28							
29							
30							
Administrative/Indirect Cost Subtotal							
TOTAL (rounded to nearest dollar)							

PROJECT BUDGET NARRATIVE WORKSHEET

The items and descriptions in this worksheet must correspond to the items listed in the Budget Worksheet (Attachment D-1).

Organization Name
Project Title
Project Duration (start and end date)
Start Date: / / End Date: / / Number of Months:

Salary/Wages and Benefits

Line Number	Line Item	Description of Position Duties and FTE Allocation for Title/Position AND Description of Benefits
	Title/Position:	
	Benefits:	
	Title/Position:	
	Benefits:	
	Title/Position:	
	Benefits:	
	Title/Position:	
	Benefits:	
	Title/Position:	
	Benefits:	
	Title/Position:	
	Benefits:	
	Title/Position:	
	Benefits:	

Operating Expenses

Line Number	Line Item	Description

Administrative/Indirect Costs

Line Number	Line Item	Description

PROJECT BUDGET NARRATIVE WORKSHEET

The items and descriptions in this worksheet must correspond to the items listed in the Budget Worksheet (Attachment D-1).

Line Number	Line Item	Description

FIRST PHASE**Part A: All Proposals**

Scoring Criteria	Score
Application was submitted timely	Yes/No
Application was within page-limit requirement.	Yes/No
Applicant is in good standing with the California Secretary of State, California Franchise Tax Board, and California Department of Tax and Fee Administration.	Yes/No
Applicant's subcontractors, if known, are in good standing with the California Secretary of State, California Franchise Tax Board, and California Department of Tax and Fee Administration.	Yes/No

SECOND PHASE**Second Phase Score Definitions:****Exceptional**

- Exceeds the minimum requirements and specifically describes how and/or what will be accomplished.

Adequate

- Satisfies the minimum requirements and describes generally how and/or what will be accomplished.

Inadequate

- Does not satisfy the minimum requirements, and does not describe how and/or what will be accomplished.

Part A: Reapplications Only

Scoring Criteria	Score 0 = Inadequate 1 = Adequate 2 = Exceptional	Weight	Weighted Score
The project has provided sufficient evidence of progress in project activities.		2	
The project has provided sufficient evidence of project impact and outcomes, including data and success stories.		3	
The project has detailed the objectives/measures addressed and remaining objectives/measures to address the disparities.		1	
The project has described a detailed transition plan from the current project to the 2019/20 proposed project.		1	

SECOND PHASE**Part B: All Proposals**

Second Phase Application Section and Scoring Criteria	Score 0 = Inadequate 1 = Adequate 2 = Exceptional	Weight	Weighted Score
B1: What experience does the organization/group have working with the target population?		3	
B2: Explain how the target population(s) are underserved using RC POS data or other data as supporting evidence of the disparity.		2	
B3: What impact will your project have on consumers and/or individuals with developmental disabilities?		3	
B4: How will this project assist to implement the RC recommendations and plan to promote equity and reduce disparities?		2	
B5: How is the proposed project unique or different from a current disparity grant funded effort (e.g., strategies, activities, goals) in the proposed catchment area? If the project is similar to a current disparity grant funded effort, how will the proposed project expand on the current effort?		4	
B6: How did your organization collect input from the community and/or target population to design the project?		3	
B7: Describe how your organization will leverage and build upon strategies, collaborations, and lessons learned to continue to address the identified disparities after completion of the project.		2	
Attachment C: Schedule of Activities and Measures		4	
Attachments D-1 and D-2: Project Budget Worksheet and Project Budget Narrative Worksheet		4	
TOTAL SCORE			

THIRD PHASE**Score Definitions:****Meets**

- Satisfies the minimum requirements.

Does not Meet

- Does not satisfy the minimum requirements.

Part B: All Proposals

Additional Factors Scoring Criteria	Score 1 = Meets 0 = Does not Meet	Weight	Weighted Score
The project's target population is not being served by a current effort in the same catchment area		3	
The project targets a catchment area that is not currently being served		2	
There are no similar project types (outreach, education, etc.) in the catchment area to what is being proposed		1	
TOTAL SCORE			
For CBOs, the RC (s) in the catchment area(s) support the project.	1= Yes 0 = No		

Enclosures

FY 2019/20 Disparity Funds Program Application Instructions

This enclosure provides instructions on the proposal submittal attachments. A completed proposal must consist of, at minimum, the following required attachments:

1. Applicant checklist (Attachment A-1);
2. 2019 Disparity Funding Proposal, Proposal Cover Page (Attachment A-2);
3. 2019 Disparity Funding Proposal, Project Information (Attachment B);*
4. Schedule of Activities and Measures Worksheet (Attachment C);
5. Budget Worksheet (Attachment D-1 and D-2)

***Attachment B must not exceed seven (7) pages single-spaced, 12-point Arial font, excluding any supporting documentation.**

CBOs must concurrently submit proposals to all RCs in the proposed catchment area(s) and to the Department.

1. Attachment A-1: Applicant Checklist

Utilize and complete the checklist to ensure that all required documentation is submitted.

2. Attachment A-2: Cover Page

Section I: Grantee Information (all applicants)

Provide general information about your organization to include the following:

- Check the box that reflects the organization type. If “CBO, non-501(c) (3)” is selected, further indicate whether the organization has an established employer identification number (EIN).
 - If the organization does not have an established EIN, a financial management service (FMS) must be utilized to facilitate invoicing and payments. More information regarding the FMS requirement is provided in the section titled, “Invoicing and Payments.”
- I(a): Enter the name of the organization or group applying for funding.
- I(b): Enter the date the form was completed.
- I(c-f): Enter the name of the individual who will serve as the primary contact for the project, including a complete mailing address, email address and phone number.

- I(g) and I(h): Enter the email address and phone number for a secondary contact.
- I(i): Provide a brief description of the organization or group, including organization type, and/or a mission statement of the organization or group. Include any experience the organization has had managing a project similar to the proposal.

I(j): If either of the CBO boxes are checked in Section I, describe how your organization meets the definition of a CBO, which is provided in “Definitions of Key Terms.”

Section II. Grant Reapplication – Project Information (reapplying applicants only)

- II(a): Include the grant number for the awarded project for which you are reapplying for funding.
- II(b): Enter the project title for the awarded project for which you are reapplying for funding.
- II(c1): Enter the date that the project started with current funding.
- II(c2): Enter the date that the project ended or will end for current funding.
- II(d): Enter the total project duration that has been approved to date.
- II(e1): Enter the amount of funding that was awarded in FY 2016/17.
- II(e2): Enter the amount of funding that was awarded in FY 2017/18.
- II(e3): Enter the amount of funding that was awarded in FY 2018/19.
- II(f1): Enter the amount of funding that was expended in FY 2016/17.
- II(f2): Enter the amount of funding that was expended in FY 2017/18.
- II(f3): Enter the total amount of funding that was expended, or is anticipated to be expended, in FY 2018/19.
- II(e4): Total the amounts included in e1, e2, and e3 for the total amount awarded for the project.
- II(f4): Total the amounts included in f1, f2, and f3 for the total amount expended for the project.
- II(g): Subtract f4 from e4 to determine the amount remaining over the course of the project.

- II(h): Include the initial number of individuals that the project projected would be impacted by the project.
- II(i): Include the actual number of individuals that were impacted by the project. Explain why this number is different from the projected impact number.
- II(j): List the RCs in the catchment area(s) that the project has served.
- II(k): List the cities that the project has served.
- II(l): List the counties that the project has served.
- II(m): If your project has served the City of Los Angeles, list the zip code(s) and/or community(ies) your project has served. Zip code information for Los Angeles County can be found at:
<https://www.dds.ca.gov/RC/regionMap.cfm?view=laCounty>
- II(n): Provide a detailed explanation of the project activities to date. Include what the project has accomplished to date.
 - From the start of the project to the date of reapplication, what are the key accomplishments?
 - Have all activities been completed? If no, why not?
- II(o): Provide a detailed explanation of project impacts and outcomes to date. Attach data (including POS increases, summary of pre-tests and post-tests), and participant success stories to demonstrate project outcomes and impacts.
 - Provide outcomes of your project's impact in serving the target communities.
 - Using your attached data, provide a statement of key findings.
- II(p): Describe the project's objectives/measures in addressing disparities and what remains to be addressed/completed. Explain why these objectives/measures have not been completed during the current grant period.
 - Provide a brief description of the key lessons learned from your current project, if any.
 - What were some of the challenges that prevented your project from meeting your objectives/measures?
 - What are some strategies your organization plans to implement to address challenges, if any?
- II(q): Describe how your current project will transition into the 2019/20 proposed project, if awarded.
 - How does your proposed project compliment your current project?
 - Does your proposed project expand or continue your current project?

- How does it expand on your current project? What activities, measures, or target groups are being added?
- How does it continue your current project? Will the project continue as previously approved? If there is an increase in budget or positions to continue a project as previously approved, how do you justify the increase?
- Provide an explanation as to why the proposed project is necessary.

Section III. Proposal Summary (all applicants)

- III(a): Provide a title for the project.
- III(b): Enter the total amount requested for the entire duration of the project.
- III(c): Enter the number of individuals (total number) that will be served by the project).
- III(d): Enter the duration of the project (months) and include proposed start and end dates.
- III(e): List the RCs in the catchment area(s) that the project intends to serve.
- III(f): List the cities that the project intends to serve.
- III(g): List the counties that the project intends to serve.
- III(h): If your project proposes to serve the City of Los Angeles, list the zip code(s) and/or community your project will serve. Zip code information for Los Angeles County can be found at:
<https://www.dds.ca.gov/RC/regionMap.cfm?view=laCounty>
- III(i): For purposes of this funding proposal, RCs and/or CBOs may work together to submit a proposal for a joint project. Only one proposal is required for joint projects; however, a letter of support is required from all involved organizations.
 - For projects that include partnership with one or more organizations either as a co-applicant or subcontractor, check “yes.” Otherwise, check “no.” If “yes”, a letter of support is required from each organization, including their role in the partnership.
- III(j): Indicate whether aggregate data will be requested from the RC for any purpose of the project (e.g., average POS expenditures for a target group after the project is complete). If “yes”, a letter of support is required from each RC in support of aggregate data sharing.

- III(k): Check the box for the primary project type for the project. If there is a secondary or tertiary project type, check the appropriate boxes, and include a corresponding number: “1” for the primary project type, “2” for the secondary project type, and “3” for the tertiary project type.
- III(l): Check the appropriate box(es) for the ethnic group(s) who will be served by the project and include the proposed number that will be impacted for each ethnic group selected. The proposed number that will be impacted for each ethnic group should be based on the primary project type, if more than one project type is selected. Check all that apply.
- III(m): Check the appropriate box(es) for the language(s) that will be served by the project. Check all that apply.
- III(n): Check the appropriate box(es) for the age group(s) who will be served by the project. Check all that apply.
- III(o): Check the appropriate box(es) for the focus area(s) of the project. Check all that apply.

Section IV. Proposal Certification (all applicants)

- Provide the name(s), signature(s), and organization name(s) for the authorized representative(s) signing on behalf of the proposal. If your proposal requires more signature lines for the subcontractors, you may attach more than one copy of this sheet.

3. Attachment B: Project Information (all applicants)

- B1: Describe the organization’s experience working with the target population. Details may include:
 - A description of the organization’s previous and current efforts with the target population or other individuals with developmental disabilities.
 - The organization’s collaboration with the target population.
 - Experience working with individuals with developmental disabilities and knowledge of the RC system.
- B2: Describe POS data or other data that demonstrate that the target population is underserved.
 - Enclosure B contains a list of website links to each RC’s purchase of service data webpage.
 - Priority will be given to projects that utilize other resources for developmental screenings and/or child-find activities.

- B3: How will your project improve the lives of individuals who have developmental disabilities and/or their families?
 - What are some of the short-term and long-term impacts from your project activities?
 - What will be the impact for individuals in accessing regional center services? Generic services?
 - What will be the impact for consumers in utilizing regional center services?
 - What barriers will the project reduce for individuals in accessing and utilizing regional center services?
- B4: Describe how the project will assist to implement the regional center(s) recommendations and plan(s) to promote equity and reduce disparities.
 - Per W&I Code section 4519.5 (f), each RC annually provides a report to the Department, which includes whether data indicate a need to reduce disparities in POS, and if so, the annual report includes recommendations and a plan to promote equity and reduce disparities in POS.
 - A link to the most current RC reports can be found in Enclosure B.
 - Address for each RC in the project catchment area.
- B5: Describe how the proposed project is unique or different from, or expands on or enhances current disparity grant funded efforts in the catchment area(s).
 - Previously funded projects are on the Disparity Funds Program webpage at: <https://www.dds.ca.gov/RC/disparities.cfm> under “Approved Disparity Funds Program Projects.”
 - In consideration of the current efforts, what gaps (e.g., regional needs, unserved target populations, etc.) exist?
 - For example, your project intends to provide individualized navigation assistance for Spanish-speaking consumers in Modoc County. There is a similar project already in this area. What disparities does your project address that the current project doesn’t? How did your organization verify that this is an unaddressed need?
 - Describe current effort(s) by the RC and CBOs to address the disparity identified in B2 and B3 in the catchment area(s) you propose to serve.
 - If there are efforts in the catchment area, explain how your project activities differ from these current efforts.
 - If the project will collaborate with a current effort, explain how this will occur.
- B6: Community Input: Describe how your organization collected input from the community and/or target population to design the project.
 - Describe how community input was used in the development of the proposed project, including how input was provided and by whom.
 - If you gathered input through focus groups or meetings, provide highlights of the gathered input.

- Did your organization present the program design to the community? If so, what were the outcomes? If not, how does your organization know that the project will be responsive to the community's needs?
 - What methods did your organization use to allow the community to advise you in designing the project?
 - Were there any changes to your project design as a result of community input?
 - How will your project be culturally and linguistically responsive to the community the project intends to serve?
 - Did your organization consider possible challenges or limitations in achieving the project's goals and objectives? If so, what were they and how do you propose to overcome these?
- B7: Describe what steps your organization will take to sustain the activities, collaborations, lessons learned, and/or staff to continue to address the identified disparity, after disparity grant funding ends.
 - How will you utilize the lessons learned from the project to affect system change within your organization and community?
 - How will you apply the lessons learned from this project to improve future disparity efforts within your organization?

4. Attachment C: Schedule of Activities and Measures (all applicants)

Describe how the project will meet its stated goal, including the quarter each activity will occur and the responsible party. Select the type of measure to be used for each project activity; describe the measure, its target and the quarter(s) each measure will be reported.

Activities

- Activity: Provide a list of activities and milestones to be completed. Activities should be specific and clear.
- Quarter Activity Will Occur: Check all boxes that apply for the corresponding activity.
- Responsible Party and Additional Information: Provide information on who will be responsible for the activity and additional details (e.g., tasks, target group, etc.).

Project Measures

- Type of measure(s): check all that apply.
 - Count (e.g., number of participants who attended an outreach event or received services, number of events offered)
 - POS (e.g., average annual POS authorizations, expenditures or utilization before and after a project for a specified population)
 - Pre/post survey/evaluation/assessment (e.g., scores on a knowledge assessment before and after a training). **A pre/post**

survey/evaluation/assessment is required for all training projects and promotora projects.

- Stakeholder feedback (e.g., comments from a written evaluation form or a summary of a focus group discussion)
- Materials (e.g., online informational videos created, handouts translated, contracts with vendors, translation equipment purchased)
- Other: please describe.
- Not applicable: Check this box if the activity will not include a measure.
- Describe What Will Be Measured: Expand on what will be measured for the type of measure.
- What is the Target for This Measure?: Include the expected performance data for the measure.
- Quarter Data Will be Reported: Check all quarters when the outcome will be reported.

A sample of a completed Attachment C is provided on the next few pages.

SAMPLE: DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES
(1 year project)

Completed worksheets shall be submitted with the funding proposal. List all activities, include how the activity will be measured, the quarter that each activity will occur, responsible party, and any additional information. More than one copy of each worksheet may be submitted if additional space is required.

Year 1 Goal: At least 50 percent of consumers with no POS will gain at least one RC funded service after completing the workshop.

PROJECT ACTIVITIES			PROJECT MEASURES			
Activity	Quarter Activity Will Occur (check all that apply)	Responsible Party and additional information	Type of Measure	What Will Be Measured?	What is the Target for This Measure?	Quarter Data Will Be Reported (check all that apply)
Hire Staff	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21	Project director will hire the trainer and evaluator. This is an activity that will not have a measure.	<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input checked="" type="checkbox"/> Not applicable			<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21
Develop training on RC services	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21	Project coordinator will work with RC to determine needs of RC consumers with no POS and develop training. This activity will not have a measure.	<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input checked="" type="checkbox"/> Not applicable			<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21

PROJECT ACTIVITIES			PROJECT MEASURES			
Activity	Quarter Activity Will Occur (check all that apply)	Responsible Party and additional information	Type of Measure	What Will Be Measured?	What is the Target for This Measure?	Quarter Data Will Be Reported (check all that apply)
Enroll training participants who are current RC consumers with no POS.	X 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21	Project coordinator will work with RC to outreach, and enroll consumers with no POS into the training.	X Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable	Number of participants enrolled in the training.	50 participants will be enrolled.	<input type="checkbox"/> 3/01/20 – 6/30/2020 X 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21
Provide training on RC services	<input type="checkbox"/> 3/01/20 – 6/30/2020 X 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21	Project coordinator	X Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable	Training provided	One training will be provided on topics that were developed with RC and community feedback.	<input type="checkbox"/> 3/01/20 – 6/30/2020 X 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21
Training attendance	<input type="checkbox"/> 3/01/20 – 6/30/2020 X 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21	Trainer	X Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable	Number who attended the training	80 percent of those enrolled will attend the training.	<input type="checkbox"/> 3/01/20 – 6/30/2020 X 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21

PROJECT ACTIVITIES			PROJECT MEASURES			
Activity	Quarter Activity Will Occur (check all that apply)	Responsible Party and additional information	Type of Measure	What Will Be Measured?	What is the Target for This Measure?	Quarter Data Will Be Reported (check all that apply)
Rate the training	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21	Training participants will be given a pre-test and post-test on available services that was developed by the project coordinator.	<input type="checkbox"/> Count <input type="checkbox"/> POS <input checked="" type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable	Percentage of participants who increased their understanding of available RC services.	70 percent of training attendees will have increased understanding of RC services.	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21
Increase in POS	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21	Project coordinator will work with RC to determine if consumers who attended the training had an increase in POS.	<input type="checkbox"/> Count <input type="checkbox"/> POS <input checked="" type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable	Increase in POS of training participants.	Within 3 months of the training, 50 percent of participants will have an increase in POS.	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21

Attachment D-1 and Attachment D-2: Budget Worksheet and Narrative (all applicants)

Complete the line item budget estimated to fulfill the goals of the project. The worksheet is divided into the following sections:

- Personnel: salary/wages and benefits
- Operating expenses
- Administrative expenses/Indirect costs

For each item listed, include the annual costs needed (“Year 1 Annual Cost”, “Year 2 Annual Cost”) and the total cost for the duration of the project (“Total Cost”). If the project duration is 12 months, only complete the “Year 1” column. The next pages contain examples of completed Attachments D-1 and D-2.

Budget Details and Restrictions

Allowable Expenses

Allowable expenses shall meet the following criteria:

- Not prohibited under state laws, regulations, or disparity grant program requirements;
- Reasonable costs for project activities;
- Related to the goal of the project; and
- Be adequately documented

The project costs and planned use of resources must be appropriate to support the proposed activities and achieve the project outcomes. The following provides descriptions and examples of allowable items under each project category.

Direct Costs

Direct costs are incurred for activities or services that benefit the disparity grant funds project. Direct costs are separated into personnel and operating expenses.

Personnel: Salary/Wages and Benefits

Personnel costs are direct operating costs for project staff time devoted to fulfilling the goals of the project.

- Salary/Wages
 - Employee costs must be directly related to the activities of the project.
 - Full-time equivalent (FTE) means an employee who works full time (e.g., 40 hours per week).

- Total hours worked on all grants or contract funding sources cannot exceed 1 FTE for each employee.
 - If an employee is performing project activities for two (or more) different line item positions, the budget must clearly document the time spent performing the activities for each separate line item position.
 - For each employee, the total hours worked for all the line item positions on the project and/or all other funding sources cannot exceed 1 FTE.
 - If an employee is working on multiple projects, include the project name, funding source, and FTE for each of these projects in the budget narrative.
- Benefits
 - Benefits include payroll taxes, workers compensation, health and welfare and all other required employee benefits.
 - Benefits for each line item position should be included as a separate line item directly below each position on the budget sheet.
 - Benefits should include the percentage that will be charged to the grant.
- Subcontractors are included under operating expenses.

Operating Expenses

Operating expenses are costs incurred as a result of activities performed as a service to the target population. Examples of operating expense line items include the following:

- Advertising and outreach
 - Costs associated with creating flyers, documents, advertisement, etc.
 - Other specific purposes necessary to meet the requirements of the grant-supported project or activity to connect the community with services.
- Food and beverages for training/workshop attendees
 - Applicants must demonstrate that food and beverage costs for consumers, potential consumers, and their families are necessary to meet the goals and objectives of the project.
 - Food and beverage line item can be used for meetings/training/workshops for the target population.
- Instructional Items

- Instructional materials (e.g., pens, paper, curricular materials, manuals, books, DVDs) must be purchased only in amounts reasonably expected to be utilized during the term, and in performance of the grant agreement for workshops and/or trainings for grant participants.
- Office Supplies
 - Office supplies for use during the project by project staff in performance of project activities (e.g., paper, pens, folders, binders).
- Transportation
 - Cost of transportation, including public transportation, for training/workshop participants, and consumers and their families to participate in grant-related events/activities.
- In-state travel
 - Per diem and travel costs for grantee staff to travel to grant-related meetings/training within the State of California (e.g., airfare, bus, train, rental cars, personal vehicle mileage, lodging, and food costs).
 - Projects may utilize this travel line item to meet with other disparity grant projects if there is a project need.
 - Actual costs are not to exceed the CalHR designated rates as stated on the website <http://www.calhr.ca.gov/employees/Pages/travel-personal-vehicle.aspx>
- Facility costs, such as rent and utilities for project activities
 - Costs must be proportionate to the usage of the space dedicated to project activities, not space already funded by other programs.
 - If facility costs are included as in-direct costs, they cannot also be included under operating expenses.
- Subcontractor costs
 - Subcontractor costs are project activities performed by another organization that is not an employee of the grantee.
 - Examples of subcontractor costs include but are not limited to:
 - Interpretation and/or translation costs.
 - Speakers/trainers who are not employees.
 - Costs associated with rental space for a training or workshop for participants (e.g., consumers, family, and community members).

- A budget sheet and budget narrative needs to be completed for each subcontractor, if subcontractor is known.
 - If a subcontracted employee is performing project activities for two (or more) different line item positions, the budget sheet and budget narrative must clearly document the FTE and corresponding salary and benefits performing the activities for each separate line item position.
 - For each subcontracted employee, the total hours worked for all the line item positions on the project and/or all other funding sources cannot exceed 1 full time equivalent (FTE). FTE means an employee who works full time (e.g., 40 hours per week).
 - If a subcontracted employee is working on multiple projects, include the project name, funding source, and FTE for each of these projects in the budget narrative.
- For CBO applicants utilizing a financial management service (FMS), the FMS costs should be included in the budget operating expenses as a subcontractor line item.

Administrative Expenses/Indirect Costs

- Administrative expenses/indirect costs are organization-wide, general management costs (i.e., activities for the direction and control of the organization as a whole) that benefit more than one program/project.
- If expenses are included under personnel or operating, those costs cannot also be included under administrative expenses/indirect costs.
- Administrative expenses/indirect costs must be supported by actual costs incurred and paid by the organization.
- There is a 15% cap for administrative expenses/indirect costs of personnel and operating expenses.
- Each administrative expense/indirect cost item needs to be listed in the budget worksheet and budget narrative as a separate line item along with the corresponding cost and description.
- The administrative expense/indirect cost allocation method utilized must be explained in the budget narrative.

Non-Allowable Budget Items

Funds shall not be used for:

- Out-of-state travel
- In-state travel and per diem that is not in accordance with or exceeds the CalHR designated rates
- Food and beverages for meetings that do not include target population participants
- Entertainment purposes including, but not limited to, raffles, games, contest prizes, gambling, bingo
- Alcohol
- Constructing or renovating facilities
- Purchasing equipment with a cost of \$5,000 or more
- Supplementing the salaries of existing full-time staff
- Promotional items such as: souvenirs, wearables, gifts, gift cards, “stuff we all get” (also known as “S.W.A.G.”), giveaways, etc.
- Conferences, defined as events solely focused on information dissemination that are not tied to the project goal
- Lobbying
- Fundraising
- Bad debts
- Commute mileage
- Expenses described as “miscellaneous”, “other” or “etc.”
- Fines and penalties
- Costs budgeted as a direct line item expense, if an administrative expense/indirect cost rate is already used
- Interest
- Professional Liability Insurance
- Security services

Attachment Instructions

PROJECT BUDGET WORKSHEET SAMPLE (ATTACHMENT D-1)

Disparity Funds Program					
SERVICE BUDGET (ATTACHMENT D-1) SAMPLE					
Applicant Name and Address			Year 1 Annual Budget		
ABC Organization Conduct informational workshops in Asian community about regional center services					
Line No.	PERSONNEL-Salary and Benefits		Annual Salary	Annual FTE to Disparity Grant (Percentage)	Annual Cost to Disparity Grant
1	Name: Wendy Chiu Title/Position: Project Coordinator	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$50,000.00	50%	\$25,000.00
2	Benefits: 32%		\$16,000.00	50%	\$8,000.00
3	Name: Amy Winters Title/Position: Project Assistant	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$30,000.00	25%	\$7,500.00
4	Benefits: 30%		\$9,000.00	25%	\$2,250.00
Personnel Subtotal			\$42,750.00		
OPERATING EXPENSES					
5	Instructional Items				\$2,000.00
Operating Subtotal			\$2,000.00		
ADMINISTRATIVE/INDIRECT COSTS					
6	Janitorial				\$500.00
7	Accounting				\$1,000.00
8	Personnel				\$700.00
Administrative/Indirect Cost Subtotal			\$2,200.00		
TOTAL (rounded to nearest dollar)			\$46,950.00		

Attachment Instructions

PROJECT BUDGET NARRATIVE WORKSHEET SAMPLE (ATTACHMENT D-2)

Organization Name
ABC Organization
Project Title
Conduct informational workshops in Asian community about RC services
Project Duration (start and end date)
Start Date: 3/1/2020 End Date: 2/28/2021 Number of Months: 12

Salary/Wages and Benefits

Line Number	Line Item	Description of Position Duties and FTE Allocation for Title/Position AND Description of Benefits
1	Title/Position: Project Coordinator	Duties: Develop pre/post-tests, and conducts workshops. FTE Allocation: 50 FTE for DDS Disparity Grant Fund Project (funded by DDS if approved) .25 FTE for School Project (Funded by Santiago Unified School District) .25 FTE for A Project (Funded by 123A)
2	Benefits: Project Coordinator	32 percent for benefits cover payroll taxes, workers compensation, health and welfare, personal holiday, and retirement plan
3	Title/Position: Project Assistant	Duties: Create materials (flyers, sign-in sheets, etc.) and coordinate logistics for workshops. FTE Allocation: .25 FTE for DDS Disparity Grant Fund Project (funded by DDS if approved); .75 FTE for School Project (Funded by Santiago Unified School District)
4	Benefits: Project Assistant	30 percent for benefits cover payroll taxes, workers compensation, health and welfare, and retirement plan.

Operating Expenses

Line Number	Line Item	Description
5	Instructional Items	Sign-in sheets, flyers, training booklets, pens, pencil, flip chart paper, markers. \$900 to print 1200 flyers (\$.42 per flyer); \$1000 to print 500 training booklets (\$2.00 per booklet); \$100 for pens, pencils, flip chart paper, and markers.

Administrative/Indirect Costs

Line Number	Line Item	Description
11	Janitorial service	Office and restroom cleaning. (.75 FTE staff with project and 20 FTE staff in total; so, billing for 4 percent of cost of janitorial service (.75 FTE divided by 20 FTE). Costs will be based on actual expenses.
12	Accounting service	Payroll, billing, purchases. (.75FTE staff with project and 20 FTE staff in total; so, billing for 4 percent of cost of accounting service (.75FTE divided by 20 FTE). Costs will be based on actual expenses.

Attachment Instructions

Line Number	Line Item	Description
13	Personnel	Hiring, duty statements, performance reviews. (.75 FTE staff with project and 20 FTE staff in total; so, billing for 4 percent of cost of personnel service (.75 FTE divided by 20 FTE). Costs will be based on actual expenses.

Purchase of Service Data, by Regional Center

RCs are required to gather data related to purchase of service authorization, utilization, and expenditures. Purchase of service data is analyzed by demographic characteristics such as language, race/ethnicity, living arrangements, diagnoses, and age. RCs then conduct a series of public meetings to discuss their findings, including strategies to address existing disparities. The Department maintains links to the RCs' most recent purchase of service reports here: <http://www.dds.ca.gov/RC/POSDData.cfm>.

RCs are also required to publish their purchase of service data on their website, and can be accessed through the following links:

Regional Center and Homepage Link	Purchase of Service Data Link	Purchase of Service Annual Report Link
Alta California Regional Center www.altaregional.org	https://www.altaregional.org/post/pos-data-public-meetings	https://www.altaregional.org/sites/default/files/file-attachments/dds_letter_pos_variance_meetings_3-17.pdf
Central Valley Regional Center www.cvrcc.org	https://www.cvrcc.org/transparency-access-to-info/pos-expenditure-data/	https://www.cvrcc.org/wp-content/uploads/2016/06/CVRC_Disparity-Report-2018-FY2016-17.pdf
Eastern Los Angeles Regional Center www.elarc.org	http://www.elarc.org/about-us/pos-data	http://www.elarc.org/home/showdocument?id=11055
Far Northern Regional Center www.farnorthernrc.org	https://www.farnorthernrc.org/about-us/transparency/pos-expenditures/	https://www.farnorthernrc.org/wp-content/uploads/2018/10/FNRC-Disparity-Report-2018.pdf?x13366
Frank D. Lanterman Regional Center www.lanterman.org	http://lanterman.org/transparency-accountability/documents/category/reports	https://lanterman.org/transparency-accountability/documents/2017-disparity-data-on-purchased-services-report1#.XSYkmOhKhPZ
Golden Gate Regional Center www.ggrc.org	http://www.ggrc.org/about-us/transparency-a-accountability	http://www.ggrc.org/storage/documents/Budget_and_Finances/POS_Disparity_Data_Meeting_2018.pdf
Harbor Regional Center www.harborrc.org	http://www.harborrc.org/about/performance/pos	http://www.harborrc.org/files/uploads/WI_4519.5_annual_report2018_.pdf
Inland Regional Center www.inlandrc.org	https://www.inlandrc.org/accountability/	https://www.inlandrc.org/wp-content/uploads/2018/06/POS-Disparity-Report-FY-2016-2017.pdf
Kern Regional Center www.kernrc.org	http://www.kernrc.org/transparency-accountability	https://docs.wixstatic.com/ugd/bb1384_235885bfe9c5429ca1a7e4e055917adf.pdf
North Bay Regional Center www.nbrcc.net	http://nbrcc.net/about-us/transparencyaccountability/	http://nbrcc.net/wp-content/uploads/NBRC-Feedback-and-Action-Plan-for-2018.pdf
North Los Angeles County Regional Center www.nlacrc.org	http://www.nlacrc.org/index.aspx?page=150	https://www.nlacrc.org/home/showdocument?id=6141

Regional Center and Homepage Link	Purchase of Service Data Link	Purchase of Service Annual Report Link
Redwood Coast Regional Center www.redwoodcoastrc.org	http://www.redwoodcoastrc.org/transparency/purchase-of-services-pos-expenditure-data	http://www.redwoodcoastrc.org/sites/default/files/FY2017_18ExpendDataReport.pdf
Regional Center of the East Bay www.rceb.org	https://www.rceb.org/general-information/purchase-services-expenditure-data-diagnosis-ethnicity-language-residence-and	https://rceb.org/post/2017-report-implementation-requirements-california-welfare-and-institutions-code-section-45195
Regional Center of Orange County www.rcocdd.com	http://www.rcocdd.com/about-rcoc/transparency-and-accountability/	http://www.rcocdd.com/wp-content/uploads/2019/07/RCOCP-OSReport2018.pdf
San Andreas Regional Center http://www.sanandreasregional.org/	http://www.sanandreasregional.org/purchase-of-service-pos-data-analysis/	http://www.sanandreasregional.org/wp-content/uploads/2017/12/SARC-Disparity-Report-FY-2017-final.docx
San Diego Regional Center www.sdrc.org	http://sdrc.org/index.php/purchase-of-service-data/	http://sdrc.org/wp-content/uploads/2018/09/POSUtilIData2016-2017.pdf
San Gabriel/Pomona Regional Center www.sgprc.org	https://www.sgprc.org/governance/transparency-access-to-public-information/annual-pos-expenditure-reports	https://www.sgprc.org/home/showdocument?id=3035
South Central Los Angeles Regional Center www.sclarc.org	https://sclarc.org/transparency-portal.php	https://sclarc.org/wp-content/uploads/2019/06/SCLARCS-2018-POS-DATA-PRESENTATION-SUMMARY.pdf
Tri-Counties Regional Center www.tri-counties.org	http://www.tri-counties.org/index.php/component/content/article/128-transparency/539-purchase-of-services-pos-reports-by-ethnicity-language-diagnosis	https://tcrc.app.box.com/s/xh5e2j3ahb31euk65hygz3e53pnj3rn2
Valley Mountain Regional Center www.vmrc.net	https://www.vmrc.net/public-disclosures/#	https://www.vmrc.net/wp-content/uploads/2018/06/2018-May-report-to-DDS.pdf
Westside Regional Center www.westsiderc.org	https://westsiderc.org/who-we-are/transparency/	https://westsiderc.org/wp-content/uploads/2018/09/WRC-Report-on-Public-Meetings_2018_Final.pdf

Map of the Regional Center System in California



Regional Center Directory

Regional Center	Areas Served
Alta California Regional Center 2241 Harvard Street, Suite 100 Sacramento, CA 95815 Telephone: (916) 978-6400 Website: www.altaregional.org	Alpine, Colusa, El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, and Yuba counties
Central Valley Regional Center 4615 North Marty Avenue Fresno, CA 93722-4186 Telephone: (559) 276-4300 Website: www.cvrc.org	Fresno, Kings, Madera, Mariposa, Merced, and Tulare counties
Eastern Los Angeles Regional Center 1000 South Fremont Alhambra, CA 91802-7916 Mailing Address: P.O. Box 7916 Alhambra, CA 91802-7916 Telephone: (626) 299-4700 Website: www.elarc.org	Eastern Los Angeles county including the communities of Alhambra and Whittier
Far Northern Regional Center 1900 Churn Creek Road, #319 Redding, CA 96002 Mailing Address: P. O. Box 492418 Redding, CA 96049-2418 Telephone: (530) 222-4791 Website: www.farnorthernrc.org	Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, and Trinity counties
Frank D. Lanterman Regional Center 3303 Wilshire Boulevard, Suite 700 Los Angeles, CA 90010 Telephone: (213) 383-1300 Website: www.lanterman.org	Central Los Angeles county including Burbank, Glendale, and Pasadena
Golden Gate Regional Center 1355 Market Street, Suite 220 San Francisco, CA 94103 Telephone: (415) 546-9222 Website: www.ggrc.org	Marin, San Francisco, and San Mateo counties
Harbor Regional Center 21231 Hawthorne Boulevard Torrance, CA 90503 Telephone: (310) 540-1711 Website: www.harborrc.org	Southern Los Angeles county including Bellflower, Harbor, Long Beach, and Torrance
Inland Regional Center 1365 S. Waterman Ave. San Bernardino, CA 92408 Mailing Address: P. O. Box 19037 San Bernardino, CA 92423 Telephone: (909) 890-3000 Website: www.inlandrc.org	Riverside and San Bernardino counties

Regional Center	Areas Served
Kern Regional Center 3200 North Sillect Avenue Bakersfield, CA 93308 Telephone: (661) 327-8531 Website: www.kernrc.org	Inyo, Kern, and Mono counties
North Bay Regional Center 610 Airpark Road Napa, CA 94558 Telephone: (707) 256-1100 Website: www.nbrc.net	Napa, Solano, and Sonoma counties
North Los Angeles County Regional Center 9200 Oakdale Avenue, Suite 100 Chatsworth, CA 91311 Telephone: (818) 778-1900 Website: www.nlacrc.org	Northern Los Angeles county including San Fernando and Antelope Valleys
Redwood Coast Regional Center 525 2nd Street, Suite 300 Eureka, CA 95501 Telephone: (707) 445-0893 Website: www.redwoodcoastrc.org	Del Norte, Humboldt, Mendocino, and Lake counties
Regional Center of the East Bay 500 Davis Street, Suite 100 San Leandro, CA 94577 Telephone: (510) 618-6100 Website: www.rceb.org	Alameda and Contra Costa counties
Regional Center of Orange County 1525 North Tustin Avenue Santa Ana, CA 92705 Telephone: (714) 796-5100 Website: www.rcocdd.com	Orange county
San Andreas Regional Center 6203 San Ignacio Avenue San Jose, CA 95119 Telephone: (408) 374-9960 Website: http://www.sanandreasregional.org	Monterey, San Benito, Santa Clara, and Santa Cruz counties
San Diego Regional Center 4355 Ruffin Road, Suite 200 San Diego, CA 92123-1648 Telephone: (858) 576-2996 Website: www.sdrcc.org	Imperial and San Diego counties
San Gabriel/Pomona Regional Center 75 Rancho Camino Drive Pomona, CA 91766 Telephone: (909) 620-7722 Website: www.sgprc.org	Eastern Los Angeles county including El Monte, Monrovia, Pomona, and Glendora

Regional Center	Areas Served
South Central Los Angeles Regional Center 2500 S. Western Avenue Los Angeles, CA 90018 Telephone: (213) 744-7000 Website: www.sclarc.org	Southern Los Angeles county including the communities of Compton and Gardena
Tri-Counties Regional Center 520 East Montecito Street Santa Barbara, CA 93103-3274 Telephone: (800) 322-6994 or (805) 962-7881 Website: www.tri-counties.org	San Luis Obispo, Santa Barbara, and Ventura counties
Valley Mountain Regional Center 702 North Aurora Street Stockton, CA 95202 Telephone: (209) 473-0951 Website: www.vmrc.net	Amador, Calaveras, San Joaquin, Stanislaus, and Tuolumne counties
Westside Regional Center 5901 Green Valley Circle, Suite 320 Culver City, CA 90230-6953 Telephone: (310) 258-4000 Website: www.westsiderc.org	Western Los Angeles county including the communities of Culver City, Inglewood, and Santa Monica

**DEPARTMENT OF DEVELOPMENTAL SERVICES
DISPARITY FUNDS PROGRAM
QUARTERLY PROGRESS REPORT FORM SAMPLE**

A. Project Description

1. Grantee Name	
2. Grant Number:	
3. Project Title:	
4. Reporting period <input type="checkbox"/> January 1 st through March 31 st <input type="checkbox"/> April 1 st through June 30 th <input type="checkbox"/> July 1 st through September 30 th <input type="checkbox"/> October 1 st through December 31 st	5. Reporting Year <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

B. Project Details, Planned and Completed Activities, and Impact

Activity and Date(s)	Status	Planned Outcomes	Completed Outcomes	If not completed, what are the next steps for this activity?	Additional Results/Comments
1. Date(s):	<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress (% completed) <input type="checkbox"/> Completed				
2. Date(s):	<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress (% completed) <input type="checkbox"/> Completed				
3. Date(s):	<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress (% completed) <input type="checkbox"/> Completed				

**DEPARTMENT OF DEVELOPMENTAL SERVICES
DISPARITY FUNDS PROGRAM
QUARTERLY PROGRESS REPORT FORM **SAMPLE****

Activity and Date(s)	Status	Planned Outcomes	Completed Outcomes	If not completed, what are the next steps for this activity?	Additional Results/Comments
4. Date(s):	<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress (% completed) <input type="checkbox"/> Completed				
5. Date(s):	<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress (% completed) <input type="checkbox"/> Completed				

C. Project Status

1. If completed, when (date) did your organization complete the project?
2. If the project is in progress, when (date) do you anticipate your project will be completed? * <i>*If this date is different from the end date listed in your grant agreement, please use the Change Request Form to request an extension.</i>
3. Total amount expended, as of the end of this reporting period: \$

**DEPARTMENT OF DEVELOPMENTAL SERVICES
DISPARITY FUNDS PROGRAM
QUARTERLY PROGRESS REPORT FORM **SAMPLE****

D. Success Stories: (This section is mandatory)

Share a brief story explaining how this project has had a positive impact. If available, attach copies of testimonials, letters, survey responses (narratives), etc.

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E. Challenges and Successful Strategies

Provide information on successful and/or innovative strategies and lessons learned over this reporting period to address challenges. Challenges can include recruitment and hiring, project staff turnover, participant attrition, and availability of services (e.g., generic, regional center services), etc. Also, provide information on the supports needed to address the challenge if unresolved.

Description of Challenge	Successful Strategies/Lessons Learned	If the challenge has not been fully addressed, what additional supports are needed?

F. Additional Comments:

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