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Note: Complete this form for **each** proposed project. Please refer to the Proposal Submission Instructions for clarification for any of the following questions.

Section I. Grantee Information (New and Reapplications)

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

a. Name of organization/Group	b. Date
Behavioral Educational Assessment Services, Inc. DBA Serenity Respite Services	03/19/2020

c. Primary contact (Name)
Pete Stirling

d. Mailing address
6056 Rutland Drive Suite 10 Carmichael, CA 95608

e. Primary e-mail address	f. Primary phone number
pete@serenityrespiteservices.org	(916)-349-8542

g. Secondary contact email address	h. Secondary contact phone number
director@serenityrespiteservices.org	(916) 349-8540

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.

Our Mission is to 'provide support to families through quality respite care to enhance social-emotional well-being of all family members'. Serenity Respite Services specializes in Respite and managing difficult behavior issues, especially those related to Autism Spectrum Disorder and other similar conditions. We have had success providing highly trained respite providers to clients of Alta California Regional Center (ACRC).

j. If you check the CBO box, describe how your organization meets the definition of a CBO.

Serenity Respite Services is a non-profit 501 (c)(3) respite care organization.

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

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

Summary Information

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 e1. Projects that received funding in more than one FY, should enter the awarded amounts for each corresponding FY.

Project Information

h. Number of individuals originally proposed to be impacted	
i. Actual number of individuals impacted by the project and why it is higher or lower than the proposed number.	
j. RC(s) in the project catchment area(s)	
k. List the city(ies) your project has served:	
l. List the county(ies) your project has served:	

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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	Behaviorally Enhanced Respite in ethnically diverse communities
b. Total amount requested	$ 100,000
c. Projected number of individuals impacted	30
d. Duration of project (months)	12 months Start date: 4/1/2020 End date: 3/31/2021
e. RC(s) in the project catchment area(s)	ACRC
f. List the city(ies) your project proposes to serve:	Greater Sacramento area
g. List the county(ies) your project proposes to serve:	Sacramento, Yolo, El Dorado, Placer
h. If your project proposes to serve the City of Los Angeles, list the zip code(s) and/or community your project will serve*	
i. Will you be working with one or more CBO(s)?	☐ Yes*** ☒ No
j. Will the project require aggregate data from the RC(s)?	☐ Yes*** ☒ No

*Zip code information for Los Angeles County can be found at:
https://www.dds.ca.gov/RC/regionMap.cfm?view=laCounty
***If yes, please provide letter(s) indicating that the CBO(s) and/or RC(s) have reviewed the proposal and are in support of collaboration and data sharing.

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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).**
☐ **Translation** (equipment, translator services, translating brochures or materials, etc.) ☐ **Outreach** (community events, website or social media design, materials, etc.) ☒ **Workforce capacity** (staff training, incentives for bilingual employees, etc.) ☐ **Parent education** (online or in person trainings, workshops, etc.) ☐ **Promotora** (Peers educating community members about access RC services) ☐ **Family/ consumer support services** (1:1 coaching, enhanced case management, service navigation, etc.)	☒ **Translation** ☐ **Outreach** ☐ **Workforce capacity** ☐ **Parent education** ☐ **Promotora** ☐ **Family/ consumer support services**	☐ **Translation** ☒ **Outreach** ☐ **Workforce capacity** ☐ **Parent education** ☐ **Promotora** ☐ **Family/ consumer support services**

l. Target Population (Race/Ethnicity)	
Select all groups the project will serve	**Proposed Number of Individuals Impacted by the Primary Project Type**
☒ African American	5
☐ Cambodian	
☐ Chinese	
☐ Filipino	
☒ Hispanic	5
☐ Hmong	
☐ Indian	
☐ Japanese	
☐ Korean	
☐ Mien	
☐ Native American	
☐ Pacific Islander (list):	
☐ Vietnamese	
☒ Other (list): 4 most under-served languages (TBD in collaboration with ACRC)	20

m. Target Population: Language (select all groups the project will serve)			
☐ Cantonese	☐ Japanese	☐ Mien	☐ Tagalog
☐ Hmong	☐ Korean	☒ Russian	☒ Vietnamese
☐ Indian	☐ Mandarin	☒ Spanish	☒ Other (list): TBD w/ ACRC based on need

n. Target Population: Age Group (select all groups the project will serve)	
☐ Birth up to Three (Early Start)	☒ 16 to 21
☐ Three to Five	☐ 22 and older
☒ Three to 21	☐ Other (list):

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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.

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. *Please see Attachment C-1 for a sample.*

Year 1 Goal: Hire and train 15 new behaviorally qualified respite providers with cultural & linguistically diverse backgrounds and provide respite service to 25 new ACRC clients.

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)*
Execute contract with DDS	☒ 3/01/20 – 6/30/2020 ☐ 07/01/20- 9/30/2020 ☐ 10/01/20 – 12/31/2020 ☐ 01/01/21 – 3/31/21	Executive Director	☐ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☒ Other: PLEASE DESCRIBE:_____ ☐ Not applicable	A fully executed contract signed by both parties	To begin project activities	☒ 3/01/20 – 6/30/2020 ☐ 07/01/20- 9/30/2020 ☐ 10/01/20 – 12/31/2020 ☐ 01/01/21 – 3/31/21
Meet with ACRC to identify clients with behavioral challenges in identified cultures	☒ 3/01/20 – 6/30/2020 ☒ 07/01/20- 9/30/2020 ☒ 10/01/20 – 12/31/2020 ☒ 01/01/21 – 3/31/21	Program Director	☐ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☒ Not applicable	Meet with SCs or CSS (in person or by phone) to determine clients in need of respite due to behavioral needs. (on-going)	To identify- and create list-clients with greatest need	☒ 3/01/20 – 6/30/2020 ☒ 07/01/20- 9/30/2020 ☒ 10/01/20 – 12/31/2020 ☒ 01/01/21 – 3/31/21
Meet with ACRC to determine languages	☒ 3/01/20 – 6/30/2020 ☐ 07/01/20- 9/30/2020	Executive Director	☐ Count ☐ POS ☐ Pre/post survey/assessment	Review SRS documents with ACRC to determine which should be translated	To complete translation of documents into 4	☐ 3/01/20 – 6/30/2020 ☒ 07/01/20- 9/30/2020

DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES
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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)*
and uniform documents for translations	☐ 10/01/20 – 12/31/2020 ☐ 01/01/21 – 3/31/21		☐ Stakeholder feedback ☒ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable	and to determine the four (4) languages for which there is greatest need within ACRC catchment area.	languages other than English	☐ 10/01/20 – 12/31/2020 ☐ 01/01/21 – 3/31/21
Delivery of first installment of funds by DDS	☐ 3/01/20 – 6/30/2020 ☐ 07/01/20-9/30/2020 ☐ 10/01/20 – 12/31/2020 ☐ 01/01/21 – 3/31/21	DDS	☐ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☒ Other: PLEASE DESCRIBE:_____ ☐ Not applicable	Funding delivery	To begin project activities	☒ 3/01/20 – 6/30/2020 ☐ 07/01/20-9/30/2020 ☐ 10/01/20 – 12/31/2020 ☐ 01/01/21 – 3/31/21

DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES
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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)*
	☐ 04/01/21 – 06/30/21 ☐ 07/01/21-9/30/2021 ☐ 10/01/21–12/31/2021 ☐ 01/01/22 – 3/31/22		☐ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable			☐ 04/01/21 – 06/30/21 ☐ 07/01/21-9/30/2021 ☐ 10/01/21–12/31/2021 ☐ 01/01/22 – 3/31/22
	☐ 04/01/21 – 06/30/21 ☐ 07/01/21-9/30/2021 ☐ 10/01/21–12/31/2021 ☐ 01/01/22 – 3/31/22		☐ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable			☐ 04/01/21 – 06/30/21 ☐ 07/01/21-9/30/2021 ☐ 10/01/21–12/31/2021 ☐ 01/01/22 – 3/31/22
	☐ 04/01/21 – 06/30/21 ☐ 07/01/21-9/30/2021 ☐ 10/01/21–12/31/2021		☐ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback			☐ 04/01/21 – 06/30/21 ☐ 07/01/21-9/30/2021 ☐ 10/01/21–12/31/2021

DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES
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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)*
	☐ 01/01/22 – 3/31/22		☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable			☐ 01/01/22 – 3/31/22
	☐ 04/01/21 – 06/30/21 ☐ 07/01/21- 9/30/2021 ☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22		☐ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable			☐ 04/01/21 – 06/30/21 ☐ 07/01/21- 9/30/2021 ☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22

DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES
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Year 1 Goal: Hire and train 15 new behaviorally qualified respite providers with cultural & linguistically diverse backgrounds and provide respite service to 25 new ACRC clients.

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)
Translate Policies, Family handbook, out-reach material/ info	☒ 3/01/20 – 6/30/2020 ☐ 07/01/20-9/30/2020 ☒ 10/01/20 – 12/31/2020 ☐ 01/01/21 – 3/31/21	Executive Director- to find subcontractors	☐ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☒ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable	That existing documents and material is translated into the identified languages	All documents translated into 4 languages (languages TBD)	☐ 3/01/20 – 6/30/2020 ☒ 07/01/20-9/30/2020 ☒ 10/01/20 – 12/31/2020 ☒ 01/01/21 – 3/31/21
Hire/ Train new providers (in groups of 3-6)	☒ 3/01/20 – 6/30/2020 ☒ 07/01/20-9/30/2020 ☒ 10/01/20 – 12/31/2020 ☒ 01/01/21 – 3/31/21	Executive Director and Program Director	☒ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable	number of new hires	4 new hire per quarter	☐ 3/01/20 – 6/30/2020 ☐ 07/01/20-9/30/2020 ☐ 10/01/20 – 12/31/2020 ☐ 01/01/21 – 3/31/21
	☒ 3/01/20 – 6/30/2020 ☐ 07/01/20-9/30/2020		☐ Count ☐ POS ☐ Pre/post survey/assessment			☐ 3/01/20 – 6/30/2020 ☒ 07/01/20-9/30/2020

DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES
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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)
	☐ 10/01/20 – 12/31/2020 ☐ 01/01/21 – 3/31/21		☐ Stakeholder feedback ☒ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable			☐ 10/01/20 – 12/31/2020 ☐ 01/01/21 – 3/31/21
	☒ 3/01/20 – 6/30/2020 ☒ 07/01/20- 9/30/2020 ☒ 10/01/20 – 12/31/2020 ☒ 01/01/21 – 3/31/21		☒ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable			☐ 3/01/20 – 6/30/2020 ☐ 07/01/20- 9/30/2020 ☐ 10/01/20 – 12/31/2020 ☐ 01/01/21 – 3/31/21

DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES
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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)
	☐ 04/01/21 – 06/30/21 ☐ 07/01/21-9/30/2021 ☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22		☐ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable			☐ 04/01/21 – 06/30/21 ☐ 07/01/21-9/30/2021 ☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22
	☐ 04/01/21 – 06/30/21 ☐ 07/01/21-9/30/2021 ☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22		☐ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable			☐ 04/01/21 – 06/30/21 ☐ 07/01/21-9/30/2021 ☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22
	☐ 04/01/21 – 06/30/21 ☐ 07/01/21-9/30/2021 ☐ 10/01/21– 12/31/2021		☐ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback			☐ 04/01/21 – 06/30/21 ☐ 07/01/21-9/30/2021 ☐ 10/01/21– 12/31/2021

DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES
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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)*
	☐ 01/01/22 – 3/31/22		☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable			☐ 01/01/22 – 3/31/22
	☐ 04/01/21 – 06/30/21 ☐ 07/01/21- 9/30/2021 ☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22		☐ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable			☐ 04/01/21 – 06/30/21 ☐ 07/01/21- 9/30/2021 ☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22

DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES
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Year 1 Goal: Hire and train 15 new behaviorally qualified respite providers with cultural & linguistically diverse backgrounds and provide respite service to 25 new ACRC clients.

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)*
Conduct intake for new clients (in groups of 5-10)	☒ 3/01/20 – 6/30/2020 ☒ 07/01/20-9/30/2020 ☒ 10/01/20 – 12/31/2020 ☒ 01/01/21 – 3/31/21	Executive Director & Program Director	☐ Count ☒ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable	Number of new clients	To increase the number of ASD clients from diverse backgrounds to receive relevant respite services at a rate of 20 clients per quarter	☐ 3/01/20 – 6/30/2020 ☒ 07/01/20-9/30/2020 ☒ 10/01/20 – 12/31/2020 ☒ 01/01/21 – 3/31/21
Conduct program surveys	☒ 3/01/20 – 6/30/2020 ☒ 07/01/20-9/30/2020 ☒ 10/01/20 – 12/31/2020 ☒ 01/01/21 – 3/31/21	Executive Director & Program Director	☐ Count ☐ POS ☒ Pre/post survey/assessment ☒ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable	-Client stress levels before/ after behavioral respite	To collect data from 75% (or more) of program participants	☐ 3/01/20 – 6/30/2020 ☐ 07/01/20-9/30/2020 ☐ 10/01/20 – 12/31/2020 ☐ 01/01/21 – 3/31/21
Submit quarterly report to	☐ 3/01/20 – 6/30/2020 ☒ 07/01/20-9/30/2020	Executive Director	☒ Count ☒ POS ☒ Pre/post survey/assessment	-Total number of clients -number of new POS	To submit a full report of grant related activities and results to ACRC and DDS	☐ 3/01/20 – 6/30/2020 ☒ 07/01/20-9/30/2020

DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES
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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)
ACRC/ DDS	☒ 10/01/20 – 12/31/2020 ☒ 01/01/21 – 3/31/21		☒ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable	-results of pre-post surveys -feedback and suggestions		☒ 10/01/20 – 12/31/2020 ☒ 01/01/21 – 3/31/21
	☐ 3/01/20 – 6/30/2020 ☐ 07/01/20- 9/30/2020 ☐ 10/01/20 – 12/31/2020 ☐ 01/01/21 – 3/31/21		☐ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable			☐ 3/01/20 – 6/30/2020 ☐ 07/01/20- 9/30/2020 ☐ 10/01/20 – 12/31/2020 ☐ 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. *Please see Attachment C-1 for a sample.*

Year 2 Goal (if different from Year 1 Goal): To continue Year 1 goals by hiring and training 40 new behaviorally qualified respite providers with culturally and linguistically diverse backgrounds and providing respite service to 60 new ACRC clients.

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/ Train new providers (in groups of 5-10)	☐ 04/01/21 – 06/30/21 ☐ 07/01/21- 9/30/2021 ☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22	Executive Director/ Program Director	☒ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable	Number of new hires and training	-10 new hires per quarter. -train new hires in groups of 5 or more	☐ 04/01/21 – 06/30/21 ☐ 07/01/21- 9/30/2021 ☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22
Conduct intake for new clients (in groups of 5-10)	☐ 04/01/21 – 06/30/21 ☐ 07/01/21- 9/30/2021 ☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22	Executive Director/ Program Director	☐ Count ☒ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable		To increase the number of ASD clients from diverse backgrounds to receive relavant respite services at a rate of 20 clients per quarter	☐ 04/01/21 – 06/30/21 ☐ 07/01/21- 9/30/2021 ☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22
Conduct program surveys	☐ 04/01/21 – 06/30/21 ☐ 07/01/21- 9/30/2021	Executive Director	☐ Count ☐ POS ☒ Pre/post survey/assessment		To collect data from 75% (or more) of program participants	☐ 04/01/21 – 06/30/21 ☐ 07/01/21- 9/30/2021

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. *Please see Attachment C-1 for a sample.*

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)*
	☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22		☒ Stakeholder feedback ☐ Materials developed ☐ Other: PLEASE DESCRIBE:_____ ☐ Not applicable			☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22
Submit quarterly report to ACRC/ DDS	☐ 04/01/21 – 06/30/21 ☐ 07/01/21- 9/30/2021 ☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22	Executive Director	☐ Count ☐ POS ☐ Pre/post survey/assessment ☐ Stakeholder feedback ☐ Materials developed ☒ Other: PLEASE DESCRIBE:_____ ☐ Not applicable	-Total number of clients -number of new POS -results of pre-post surveys -feedback and suggestions	To submit a full report of grant related activities and results to ACRC and DDS	☐ 04/01/21– 06/30/21 ☐ 07/01/21- 9/30/2021 ☐ 10/01/21– 12/31/2021 ☐ 01/01/22 – 3/31/22

Disparity Funds Program
SERVICE BUDGET (ATTACHMENT D-1)

Line No.	PERSONNEL-Salary and Benefits		Year 1 Annual Budget			Year 2 Annual Budget		
	Applicant Name and Address							
	Behavioral Educational Assessment Services, Inc. dba Serenity Respite Svs.							
			Annual Salary	Annual FTE to Disparity Grant (Percentage)	Annual Cost to Disparity Grant	Annual Salary	Annual FTE to Disparity Grant (Percentage)	Annual Cost to Disparity Grant
1	Name: Peter Stirling Title/Position: Executive Director	☐ Existing Position ☐ New Position	$50,000.00	21%	$10,500.00			
2	Benefits:							
3	Name: Barbra Williams Title/Position: Program Director	☐ Existing Position ☐ New Position	$50,000.00	50%	$25,000.00			
4	Benefits:							
5	Name: Title/Position:	☐ Existing Position ☐ New Position						
6	Benefits:							
7	Name: Title/Position:	☐ Existing Position ☐ New Position						
8	Benefits:							
9	Name: Title/Position:	☐ Existing Position ☐ New Position						
10	Benefits:							
11	Name: Title/Position:	☐ Existing Position ☐ New Position						
12	Benefits:							
13	Name: Title/Position:	☐ Existing Position ☐ New Position						
14	Benefits:							
15	Name: Title/Position:	☐ Existing Position ☐ New Position						
	Benefits:							
	Personnel Subtotal				$35,500.00			
	OPERATING EXPENSES							
16	Wage enhancement for increased profesionality for total of 25 direct staff members				$48,000.00			
17	Translation of family materials (4 languages)				$3,500.00			
18								
19								
20								
21								
22								
23								
24								
	Operating Subtotal				$51,500.00			
	ADMINISTRATIVE/INDIRECT COSTS							
25	15% admin costs				$13,000.00			
26								
27								
28								
29								
30								
	Administrative/Indirect Cost Subtotal				$13,000.00			
	TOTAL (rounded to nearest dollar)				**$100,000.00**			

Maximum Budget $100,000.00

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
Behavioral Educational Assessment Services, Inc. DBA Serenity Respite Services
Project Title
Behaviorally enhanced respite services to address under utilization of services for families of children with autism
Project Duration (start and end date)
Start Date: 04/01/2020   **End Date:** 3/31/2021   **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: Program Director	The Program Director provides management of respite program including hiring, direct communication with clients, direct supervision of Respite Care Providers (DSP), oversees training activities, and close monitoring of program effectiveness. Reports directly to Executive Director. The budget assumes the Program Director will spend 20 hours per week on grant related activities (roughly 50% of total yearly hours)
	Benefits:	
	Title/Position: Executive Director	Oversees and directs all operations and programs including respite, behavior assessment & planning, and after-school enrichment programing. Executive Director is also involved with direct communication with clients, hiring, quality assurance, and evaluating program effectiveness. Executive Director also has workied collaboratively with ACRC in outreach activities and will continue to do so. The Budget assumes that Executive Director will spend 10 hours per week (roughly 21%) on grant related activities.
	Benefits:	
	Title/Position:	
	Benefits:	
	Title/Position:	
	Benefits:	
	Title/Position:	
	Benefits:	
	Title/Position:	
	Benefits:	

Operating Expenses

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
1	Respite wage enhancement	Current rates only allow for us to offer minimum wage. In order to attract Direct Service Professionals with the requisite experience and training needed to provide respite to families whose children present with challenging behavior, SRS believes we will need to offer wages 25% higher than minimum wage. We plan to ramp up hiring at a rate of 2 new hires per month for a period of 12 months (25 staff members). From there, we plan to maintain a steady workforce and number of clients. Considering this ramping up process and that grant period begins at the start of the second quarter; first year costs will be lower that year 2 costs
2	New Hire Training	All new hires, regardless of prior experience, will be required to take an initial skills training in behavior management principles and company protocols for difficult behavior challenges. Additionally, there will be a quarterly refresher where more specific scenarios are addressed.
3	New hire costs	Printed recruitment materials in 4 languages; outreach materials, background checks.
4	Translation	SRS intends to translate all existing family intake materials, manuals, policies, emergency contact forms, and supplemental material into 4 languages. Languages will be determined in collaboration with ACRC during the grant period. Translation is presumed to cost $0.10/word

Administrative/Indirect Costs

Line Number	Line Item	Description
1	Administrative Expenses (15%)	Other indirect costs associated with grant activities and staff including payroll and HR staff, allocation of rent, utilities, maintence and other costs not itemized in this grant including unexpected costs and time not otherwise allocated.

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