

**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)**

<b>Please check the box that describes your organization</b>		
<input type="checkbox"/> Regional Center (RC)	<input checked="" 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
<b>a. Name of organization/Group</b>		<b>b. Date</b>
Exceptional Parents Unlimited, Inc. (EPU)		9/30/19
<b>c. Primary contact (Name)</b>		
Lowell J. Ens, Chief Executive Officer		
<b>d. Mailing address</b>		
4440 N. First Street, Fresno, CA 93726		
<b>e. Primary e-mail address</b>		<b>f. Primary phone number</b>
lens@epuchildren.org		559-229-2000
<b>g. Secondary contact email address</b>		<b>h. Secondary contact phone number</b>
mpena@epuchildren.org		559-229-2000, ext 209
<b>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.</b>		
EPU's mission is to strengthen and empower children and families facing extraordinary medical, developmental, and parenting challenges. EPU, started in 1976 by a small group of parents, has grown to a staff of more than 120 and has developed a wide range of programs and services in response to the expressed needs of families in our community. Today, EPU provides five vital programs in Fresno County to families who's children are experiencing developmental delays, physical disabilities, and emotional/behavioral challenges, to over 900 children weekly. In 2019 we were awarded a Disparity Grant to provide support, guidance, advocacy and workshops to families needing help understanding and requesting Central Valley Regional Center services.		
<b>j. If you check the CBO box, describe how your organization meets the definition of a CBO.</b>		
EPU is a 501(c)(3) nonprofit community and parent based organization. Our board of directors primarily consist of parents of children with disabilities. EPU is an agency focused on the needs of children with all disabilities from 0-26 years of age and their families. We serve our rural and ethnically diverse region by actively networking with other parent organizations, enabling us to reach unserved and underserved families and to provide support, information, training and advocacy assistance to parents.		

**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. \$
<b>Total</b>	<b>e4. \$            (e1 + e2 + e3)</b>	<b>f4. \$            (f1 + f2 + f3)</b>
<b>g. Amount Remaining (e4 – f4): \$</b>		

*\*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**

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

**FY 2019/20 DISPARITY FUNDS PROGRAM  
COVER PAGE**

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

<b>a. Project title</b>	Parent to Parent Orientation
<b>b. Total amount requested</b>	\$ 192,296
<b>c. Projected number of individuals impacted</b>	70
<b>d. Duration of project (months)</b>	12 months    Start date: 04/01/2020    End date: 03/31/2021
<b>e. RC(s) in the project catchment area(s)</b>	Central Valley Regional Center
<b>f. List the city(ies) your project proposes to serve:</b>	Fresno and surrounding cities/communities
<b>g. List the county(ies) your project proposes to serve:</b>	Fresno County
<b>h. If your project proposes to serve the City of Los Angeles, list the zip code(s) and/or community your project will serve*</b>	
<b>i. Will you be working with one or more CBO(s)?</b>	<input type="checkbox"/> Yes*** <input checked="" type="checkbox"/> No
<b>j. Will the project require aggregate data from the RC(s)?</b>	<input type="checkbox"/> Yes*** <input checked="" 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.

**FY 2019/20 DISPARITY FUNDS PROGRAM  
COVER PAGE**

<b>k. Project Type Selection(s)</b>		
<b>Select your <u>one primary</u> project type.</b>	<b>Select your <u>one secondary</u> project type (if applicable).</b>	<b>Select your <u>one tertiary</u> project type (if applicable).</b>
<input type="checkbox"/> <b>Translation</b> (equipment, translator services, translating brochures or materials, etc.) <input type="checkbox"/> <b>Outreach</b> (community events, website or social media design, materials, etc.) <input type="checkbox"/> <b>Workforce capacity</b> (staff training, incentives for bilingual employees, etc.) <input type="checkbox"/> <b>Parent education</b> (online or in person trainings, workshops, etc.) <input type="checkbox"/> <b>Promotora</b> (Peers educating community members about access RC services) <input checked="" type="checkbox"/> <b>Family/ consumer support services</b> (1:1 coaching, enhanced case management, service navigation, etc.)	<input type="checkbox"/> Translation <input checked="" type="checkbox"/> <b>Outreach</b> <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
<b>l. Target Population (Race/Ethnicity)</b>		
<b>Select all groups the project will serve</b>	<b>Proposed Number of Individuals Impacted by the Primary Project Type</b>	
<input checked="" type="checkbox"/> African American	20	
<input type="checkbox"/> Cambodian		
<input type="checkbox"/> Chinese		
<input type="checkbox"/> Filipino		
<input checked="" type="checkbox"/> Hispanic	35	
<input type="checkbox"/> Hmong		
<input type="checkbox"/> Indian		
<input type="checkbox"/> Japanese		
<input type="checkbox"/> Korean		
<input type="checkbox"/> Mien		
<input checked="" type="checkbox"/> Native American	15	
<input type="checkbox"/> Pacific Islander (list):		
<input type="checkbox"/> Vietnamese		
<input type="checkbox"/> Other (list):		
<b>m. Target Population: Language (select all groups the project will serve)</b>		
<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 checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other (list):		
<b>n. Target Population: Age Group (select all groups the project will serve)</b>		
<input checked="" type="checkbox"/> Birth up to Three (Early Start) <input type="checkbox"/> Three to Five <input checked="" type="checkbox"/> Three to 21	<input type="checkbox"/> 16 to 21 <input type="checkbox"/> 22 and older <input type="checkbox"/> Other (list):	

FY 2019/20 DISPARITY FUNDS PROGRAM  
COVER PAGE

Section IV. Proposal Certification

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

Authorized by (print name): Lowell J. Ens, CEO

Organization: Exceptional Parents Unlimited

Signature: Lowell J. Ens Date: 3/11/2020

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:** Initiate proactive measures to reduce disparity within Hispanic/Latino, African American, and Native American families

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	Director and Program Manager will hire staff (Parent Partners)	<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	This activity will not be measured.		<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 Parent-to-Parent Orientation tool kit	<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	Program Director and Project Supervisor	<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	This activity will not be measured.		<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
Hispanic and Native	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020	Parent Partners will	<input checked="" type="checkbox"/> Count <input type="checkbox"/> POS	Number of participants who received parent-	50 participants will be served at home and/or	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020

**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. *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)
American Children three - 21 Referrals from CVRC to Parent Partners	<input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21	provide parent-to-parent orientation and follow-up to a minimum of 50 families (12 months)	<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	to-parent orientation and follow-up at home and/or in community.	in community (unduplicated)	<input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21
African American Children birth - three Referrals from CVRC to Parent Partners	<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	Parent Partners will provide parent-to-parent orientation and follow-up to a minimum of 20 families (12 months)	<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	Number of participants who received parent-to-parent orientation and follow-up at home and/or in community.	20 participants will be served at home and/or in community (unduplicated)	<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
Rate the Parent-to-Parent Orientation	<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	Pre/Post surveys for participants participating in parent-to-parent orient. and follow-up	<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	Percentage of participants who increased their knowledge and understanding of CVRC services and their ability to communicate	85% of participants who respond to Pre/Post survey will have increased their knowledge and confidence in asking for, accepting, and accessing generic	<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. *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)
		with Parent Partner	<input type="checkbox"/> Other: PLEASE DESCRIBE:  <input type="checkbox"/> Not applicable	effectively for needed services from RC and community.	resources and supports.	
	<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"/> Count <input type="checkbox"/> POS			<input type="checkbox"/> 3/01/20 – 6/30/2020



**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. *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)
	<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"/> 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"/> 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"/> 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"/> 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. *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)
			<input type="checkbox"/> Other: PLEASE DESCRIBE:  <input type="checkbox"/> Not applicable			

**Disparity Funds Program  
SERVICE BUDGET (ATTACHMENT D-1)**

**Applicant Name and Address**

Exceptional Parents Unlimited  
4440 North First Street  
Fresno, CA 93726

**Year 1 Annual Budget**

Line No.	PERSONNEL-Salary and Benefits		Annual Salary	Annual FTE to Disparity Grant (Percentage)	Annual Cost to Disparity Grant
1	Name: Marlene Pena Title/Position: Program Director	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$73,180.00	5%	\$3,659.00
2	Benefits: FICA, W/C, SUI, Dental, Pension		\$13,030.00	5%	\$651.00
3	Name: TBD Title/Position: Project Supervisor	<input type="checkbox"/> Existing Position <input checked="" type="checkbox"/> New Position	\$45,000.00	100%	\$45,000.00
4	Benefits: FICA, W/C, SUI, Dental, Pension		\$9,385.00	100%	\$9,385.00
5	Name: Nicole Stidham Title/Position: Data Management Coordinator	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$40,976.00	5%	\$2,049.00
6	Benefits: FICA, W/C, SUI, Dental, Pension		\$13,413.00	5%	\$671.00
7	Name: Krista Rose Title/Position: Education Resource Spec. Start Date: 9/1/20 (.75 FTE)	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$29,800.00	8%	\$2,384.00
8	Benefits:		\$14,694.00	8%	\$1,176.00
9	Name: Tamera Clark Title/Position: Parent Partner (.75 FTE)	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$27,300.00	100%	\$27,300.00
10	Benefits: FICA, W/C, SUI, Dental, Pension		\$7,140.00	100%	\$7,140.00
11	Name: TBD Title/Position: Parent Partner (.75 FTE)	<input type="checkbox"/> Existing Position <input checked="" type="checkbox"/> New Position	\$26,520.00	100%	\$26,520.00
12	Benefits:		\$7,140.00	100%	\$7,140.00
13	Name: Title/Position:	<input type="checkbox"/> Existing Position <input type="checkbox"/> New Position			
14	Benefits:				
15	Name: Title/Position:	<input type="checkbox"/> Existing Position <input type="checkbox"/> New Position			
	Benefits:				
<b>Personnel Subtotal</b>					\$133,075.00
<b>OPERATING EXPENSES</b>					
16	Mileage				\$3,640.00

17	Communications		\$2,700.00
18			
19	Purchased Services		\$11,020.00
20	Program Supplies - Instructional Items		\$960.00
21	Equipment		\$2,800.00
22	Rent & Utilities		\$14,400.00
23			
24			
	<b>Operating Subtotal</b>		\$35,520.00
<b>ADMINISTRATIVE/INDIRECT COSTS</b>			
25	Accounting Services, Payroll & Accounts Payable		\$9,004.00
26	Human Resources		\$4,741.00
27	Data System Administration		\$2,133.00
28	Chief Executive Officer		\$4,504.00
29	Clerical Support		\$3,319.00
30			
	<b>Administrative/Indirect Cost Subtotal</b>		\$23,701.00
	<b>TOTAL (rounded to nearest dollar)</b>		<b>\$192,296.00</b>

**MAXIMUM AWARD**

**\$192,296.00**

**PROJECT BUDGET NARRATIVE WORKSHEET**

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

<b>Organization Name</b>
Exceptional Parents Unlimited
<b>Project Title</b>
Parent to Parent Orientation
<b>Project Duration (start and end date)</b>
<b>Start Date:</b> 04/01/2020 <b>End Date:</b> 03/31/2021 <b>Number of Months:</b> 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	Duties: Maintaining executive oversight, accountability, and performance of the proposed project; and supervising the Program Supervisor/Lead Trainer. FTE Allocation: .05-DDS Disparity-Fresno, .05-DDS Disparity-Riverside, .05-DDS Disparity San Bernardino (4/1-8/31), .65 US Dept. of Education PTI, .10 CA Dept of Ed Early Start, .10 CA Dept of ED Family Empowerment Center
2	Benefits: Program Director	18 % for benefits to cover payroll taxes, workers comp., SUI, health & dental, and retirement
3	Title/Position: Project Supervisor	Duties: Manage curriculum development; train and oversee the Parent Partners; facilitate communication with the Regional Center; collect and analyze data for quarterly and annual reports; and support continuous quality improvement efforts. FTE Allocation:100% to this project (DDS Disparity-Fresno)
4	Benefits: Project Supervisor	21 % for benefits to cover payroll taxes, workers comp., SUI, health & dental, and retirement
5	Title/Position: Data Management Coordinator	Duties: Maintains project data collection; updates data collection instruments; summarizes and submits data collected from project to Project Supervisor. FTE Allocation:.05 for the following: DDS Fresno, DDS Central Valley, DDS Riverside, DDS San Bernardino (4/1-8/31), .25 CA Dept of Ed Early Start, .30 US Dept of Ed PTI, .25 CA Dept of Ed Family Empowerment Center
6	Benefits: Data Mgmt Coord.	33% for benefits to cover payroll taxes, workers comp., health & dental, and retirement
7	Title/Position: Education Resource Specialist	Duties: Provide orientation to new regional center families in their home or community. Maintain accurate records of all contacts with families and professionals. .75 FTE FTE Allocations: .15 DDS-Fresno (as of 9/1), .15 CA Dept of Ed Early Start, .35 CA Dept of Ed Family Empowerment, .25 U.S. Dept of Education PTI, .10 Central Valley Regional Center
8	Benefits: Education Resource Spec.	49% for benefits to cover payroll taxes, workers comp., health & dental, and retirement

**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 of Position Duties and FTE Allocation for Title/Position AND Description of Benefits
9	Title/Position: Parent Partner	Duties: Provide orientation to new regional center families in their home or community. Maintain accurate records of all contacts with families and professionals. FTE Allocations: .75 FTE at 100% to this project
10	Benefits: Parent Partner	26% for benefits to cover payroll taxes, workers comp. SUI, health & dental insurance
11	Title/Position: Parent Partner	Duties: Provide orientation to new regional center families in their home or community. Maintain accurate records of all contacts with families and professionals. FTE Allocations: .75 FTE at 100% to this project
12	Benefits: Parent Partner	27% for benefits to cover payroll taxes, workers comp. SUI, health & dental insurance
13	Title/Position:	
14	Benefits:	

**Operating Expenses**

Line Number	Line Item	Description
16	Mileage	Mileage Reimbursement at IRS rate of .575 for travel to client homes by Parent Partners. Mileage budgeted at 50 miles per home visit x 70 visits x rate of .575 per mile = \$2,012 plus mileage for Project Supv. & Director budgeted at 236 miles per month x .575 per mile x 12 mos. = \$1,628. Total = \$3,640
17	Communications	Initial cost of cell phone purchase \$900 (\$300 per phone x 3 staff-Project Supervisor & 2 Parent Partners). Monthly Cost of Cell phone for 3 staff budgeted at \$50 per month x 3 x 12 mos = \$1,800. Total budget = \$2,700.
18		
19	Purchased Services	Network Administration budgeted at \$60 per month (\$720 per year) plus \$300 for annual Single Audit. Budget also includes \$10,000 to contract with a trusted community partner (TBD) to gain knowledge and form approaches to serving the African American community in Fresno. This partner will provide assistance in program design modifications (as needed) and outreach strategies, and cultural navigation. Total = \$11,020
20	Program Supplies - Instructional Items	Program Supplies-Instructional Items includes pens, paper, printed materials, printer cartridges, and office supplies budgeted at \$80 per month x 12 months = \$960
21	Equipment	Two Desktop computers & monitors for new staff budgeted at \$2,400 (\$1,200 each); Two printers budgeted at \$400 (\$200 each). Total Equipment cost = \$2,800
22	Rent & Utilities	Rent & utilities budgeted at \$1,200 per month x 12 months = \$14,400

**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
23		
24		

**Administrative/Indirect Costs**

Line Number	Line Item	Description
25	Accounting Services, Payroll & Accounts Payable	Preparing budgets, invoices, tracking grant revenues & expenses, accounts receivable, accounts payable, payroll and financial reports
26	Human Resources	Hiring, benefit administration, Implementing HR laws and practices, safety office
27	Data System Administration	Agency data system oversight & maintenance
28	Chief Executive Officer	Agency and program oversight
29	Clerical Support	Clerical support for all administrative functions