

**FY 2019/20 DISPARITY FUNDS PROGRAM
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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		
<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
a. Name of organization/Group		b. Date
Public Health Foundation Enterprises, Inc./Carolyn Kordich Family Resource Center		8/20/19
c. Primary contact (Name)		
Dominique DeBorba & Maria Rangel		
d. Mailing address		
13300 Crossroads Parkway North Suite 450 City of Industry, CA 91746		
e. Primary e-mail address		f. Primary phone number
deborba@ckfrc.org		310/325-7288
g. Secondary contact email address		h. Secondary contact phone number
mrangel@helunahealth.org		562/222-7885
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.		
The Carolyn Kordich Family Resource Center is part of the Family Resource Center Network of California and we work to support families with young children with developmental disabilities. We provide parent to parent support, trainings, and assist families in locating, accessing, and navigating services. The majority of the families we serve are Spanish speaking. CKFRC has been a part of the Early Start Program funded by DDS for over 25 years providing similar services and outcomes.		
j. If you check the CBO box, describe how your organization meets the definition of a CBO.		
We are a non-profit public organization driven by the needs of our community, providing supports and resources to families of children with special needs in the Harbor area of Los Angeles. Public Health Foundation Enterprises is our fiscal sponsor.		

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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: 18-42	
b. Project Title: Knowledge is Power/El Conocimiento Es Poder	
c1. Start Date: 5/1/18	c2. End Date: 4/30/20
d. Total Project Duration (in months): 12	

Fiscal Information

Fiscal Year (FY)	e. Awarded*	f. Expended
FY 2016/17	e1. \$	f1. \$
FY 2017/18	e2. \$ 49,860.00	f2. \$ 49,859.70
FY 2018/19	e3. \$ 54,231.00	f3. \$ 14,343.70
Total	e4. \$ 104,091.00 (e1 + e2 + e3)	f4. \$ 64,203.40 (f1 + f2 + f3)
g. Amount Remaining (e4 – f4): \$ 39,887.30		

**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	500
i. Actual number of individuals impacted by the project and why it is higher or lower than the proposed number.	2100 total
j. RC(s) in the project catchment area(s)	Harbor Regional Center
k. List the city(ies) your project has served:	Harbor City, Wilmington, Lomita, Carson, San Pedro, Harbor Gateway Torrance
l. List the county(ies) your project has served:	Los Angeles

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<p>m. If your project has served the City of Los Angeles, list the zip code(s) and/or community(ies) served*:</p>	<p>90710,90717,90731,90732,90744,90745,90501,90502</p>
<p>n. Provide a detailed explanation of project activities to date. What has the project accomplished to date?</p>	
<p>Through the " Knowledge is Power" project CKFRC has met all our activity goals and continues to provide ongoing services. The project has provided 11 curriculum based Self-Advocacy support groups with topics ranging from : Advocating for regional center services, Different stages of immigrant parent involvement,Transition,Early start services, etc. We have had great success with our "Breakfast with Rosie" series with 7 parent trainings so far with topics from self advocating,navigating regional center systems,and trainings on different disabilities.We have created and disseminated all our advertising materials for our activities and provided them in English and Spanish in written form and through social media. We have created 6 new documents(Spanish bibliographies,directories,fact sheets,booklets) available to parents in Spanish - translated and adapted from existing materials. We expanded our Spanish materials in our existing resource library by purchasing disability specific booklets in Spanish and ordering new books and DVDs in Spanish and then created a bibliography of all the Spanish materials available in our resource library.We immersed ourselves in our local hispanic community by participating in approx.34 community outreaches, providing resources and information. In addition staff gained knowledge by attending 15 local and state trainings.</p>	
<p>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>	
<p>The Knowledge is Power project has had a positive effect on our Spanish speaking families in our community in many ways.Through a culmination of outreach, trainings, support groups and 1-1 parent navigation assistance our data shows we have touched over 2000 people.This number is much higher than the projected amount which shows the amount of need in this community. We've received many letters from families (see attached) praising the efforts of our activities. The project has given families access to knowledge and resources in their native language thus helping them access services more readily.Through measurement of pre-post evaluation data in the projects first year families knowledge on effectively communicating their needs rose by almost 2 points on a 1-5 scale (see attached) We saw very similar scores on families knowledge of learning to navigate various systems effectively.</p>	
<p>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.</p>	
<p>Through our different goals and activities, our objectives have been to help our Spanish speaking community better access regional center services. These objectives are being accomplished through regular parent trainings ,support groups, and community engagement.The need for information and support is ONGOING. New families are coming into the system everyday. New topics will be introduced and old ones reiterated. We have seen that these families need repetition to retain the information so our activities remain consistant and on schedule. Another objective of this project has been to determine the reasons these disparites exist, which we continue to explore. As we've gone deeper into this project and have built relationships with this community, we continue to learn more about the reasons for disparities and focus our future efforts on addressing those .We have felt so</p>	

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fortunate to receive this disparity funding that has allowed us to serve this high need population we otherwise might not have been able to reach.

q. If awarded, how will your current project transition into the 2019/20 proposed project?

This project has received such positive response in our community that going forward we want to continue with our same goals and activities. Our trainings and support groups for this project are monthly/ongoing so the transition should be seamless.

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Section III. Proposal Summary (New and Reapplications)

a. Project title	Knowledge is Power/El Conocimiento Es Poder
b. Total amount requested	\$ 114,847
c. Projected number of individuals impacted	500
d. Duration of project (months)	24 months Start date: 5/1/2020 End date: 4/30/2022
e. RC(s) in the project catchment area(s)	Harbor Regional Center
f. List the city(ies) your project proposes to serve:	Harbor City, Lomita, Wilmington, San Pedro, Carson, Harbor Gateway (Torrance)
g. List the county(ies) your project proposes to serve:	Los Angeles
h. If your project proposes to serve the City of Los Angeles, list the zip code(s) and/or community your project will serve*	90710, 90717, 90731, 90732, 90744, 90745, 90501, 90502
i. Will you be working with one or more CBO(s)?	<input type="checkbox"/> Yes*** <input checked="" type="checkbox"/> No
j. Will the project require aggregate data from the RC(s)?	<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.

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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 checked="" type="checkbox"/> Parent education (online or in person trainings, workshops, etc.) <input type="checkbox"/> Promotora (Peers educating community members about access 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 checked="" type="checkbox"/> Family/ consumer support services	<input type="checkbox"/> Translation <input checked="" 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 checked="" type="checkbox"/> Hispanic	500	
<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"/> Hmong	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian
<input type="checkbox"/> Indian	<input type="checkbox"/> Mandarin	<input checked="" type="checkbox"/> Spanish
		<input type="checkbox"/> Tagalog
		<input type="checkbox"/> Vietnamese
		<input type="checkbox"/> Other (list):
n. Target Population: Age Group (select all groups the project will serve)		
<input checked="" type="checkbox"/> Birth up to Three (Early Start)	<input checked="" type="checkbox"/> 16 to 21	
<input checked="" type="checkbox"/> Three to Five	<input type="checkbox"/> 22 and older	
<input checked="" 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.

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Project title
Knowledge is Power/EI Conocimiento es Poder
1. What experience does the organization/group have working with the target population?
Carolyn Kordich Family Resource Center has over 25 years experience working with the early start population-providing resources, support, education, and system navigation assistance to families who have children with special needs.. This has always included the Hispanic community but through the disparity funding we can tailor resources and supports specifically to this population, which is very prevalent in our service area. Through our work on this disparity grant we are learning the families needs and lack of understanding of the service delivery system.
2 Explain how the target population(s) are underserved using RC POS data or other data as supporting evidence of the disparity.
The Spanish speaking families that we target(in our specific service area) live in the communities where the Harbor Regional Center purchase of service disparities exist. Although Harbor Regional center has not been able to share actual POS data with us, they have been able to determine that significant challenges exist for these families in accessing services, navigating the service system, understanding their child's diagnosis, and with linguistic issues. CKFRC has identified these same issues among the target population through public input from focus groups, parent support groups, parent trainings and community collaborations.
3. How will your project improve the lives of individuals who have developmental disabilities and/or their families?
First and foremost this project will touch the families we serve by educating them! A family trying to learn how to navigate the world of disabilities and the different service systems must educate and immerse themselves in everything there is to learn. This can be a challenge under the best conditions but even more so if it's not in your native language. Our project helps by offering many materials in Spanish. We have seen how the target population lacks understanding of their child's disability so we offer parent training on different disabilities in Spanish. We have recognized a lack of advocacy skills and social isolation in our Spanish speaking families so we work to strengthen and improve that through our Spanish Self-Advocacy support groups and trainings. Their lives will be improved by becoming better advocates. Our hope is that this project will improve the lives of individuals with disabilities, as their families become more familiar with the service system and their role in advocating for their child with special needs.
4. How will this project assist to implement the RC recommendations and plan to promote equity and reduce disparities?
Some of the ways CKFRC works to assist Harbor Regional Center's goals include: providing information and support in a culturally and linguistically responsive manner, providing training and information for families to increase awareness of and access to available resources, and by gathering input from our community regarding access and utilization of services and reduction of barriers. Because many of Harbor Regional Center's "disparity families" live right in our service area we benefit them as an enhanced grassroots level service to the community.
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

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the current effort?

To our knowledge CKFRC is the only disparity grant funded project in this catchment area which is the Harbor area of Los Angeles. We are also the only CBO in this area that specifically serves predominantly Spanish speaking families with children with developmental disabilities. We work very closely and collaboratively with Harbor Regional Center through outreach and shared information trying to meet the needs and significant challenges our families face. What makes us stand out is that CKFRC is housed in the heart of the Spanish speaking community of HRC's catchment area so we are right in the community of the families we serve. This gives us a unique access into the lives of our families because we are their "neighbors", a "place down the street" they can walk to for support and assistance. This grant has afforded us the opportunity to become much more "visible" at community events and groups our Spanish speaking families attend thus providing a unique familial relationship favored by this population.

6. How did your organization collect input from the community and/or target population to design the project?

Input was originally collected through parent focus groups held here at CKFRC during support groups and trainings. The input always consisted of the need for more resources and support in Spanish. Lack of advocacy skills was also a highlighted input. Because of this our project was designed to specifically address those needs. We also collected input at our Harbor Area Early Intervention Council which consists mainly of early intervention professionals in the Harbor area. This group has been supportive of our efforts and work collaboratively with us to extend our reach to families served by different agencies. Ongoing input from the families we meet and serve continues to be the most valuable input.

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.

The Knowledge is Power project has been extremely helpful in leveraging our relationships with the Spanish speaking parents we serve. Through the support of the project we have gained access into their lives and culture and we will continue to build on these strong relationships after the completion of the project. Our staff has gained skills, awareness, and a cultural shift that will benefit them far after this project is over. We have also seen parent leaders immerge from this project who will pass the information and skills they've learned on to new parents coming into the system.

Strong relationships with community groups and organizations have been built and we have learned the importance of collaborating and how it benefits us all in reaching a large group of people.

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:	Increase of Regional center POS for the Spanish speaking families in our service area
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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)
Monthly Self Advocacy support group for Spanish speaking families	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020 <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 – 3/31/2021	Bilingual support specialist & director	<input checked="" 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	report the number of groups and attendees	11 groups 100 attendees	<input checked="" type="checkbox"/> 3/01/20 - 6/30/2020 <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 – 3/31/2021
Continue to gather/translate training curriculums and other written information into Spanish. Create and disseminate advertising materials for project	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020 <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 – 3/31/2021	Director & bilingual support specialist	<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input checked="" type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable	Report the number and type of Spanish training and advertising materials created, translated, and/or distributed by the project. Advertising can include flyers, outreach materials, & social media	5,000	<input checked="" type="checkbox"/> 3/01/20 - 6/30/2020 <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 – 3/31/2021

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)
Continue to expand Spanish Materials in existing resource library	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020 <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 – 3/31/2021	Director & bilingual support specialist	<input checked="" 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	Report number of times materials are used by families	Materials used by families 25 times per quarter	<input checked="" type="checkbox"/> 3/01/20 - 6/30/2020 <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 – 3/31/2021
Monthly community outreach and/or parent trainings for Spanish speaking families	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020 <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 – 3/31/2021	Director & bilingual family support specialist	<input checked="" 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	Report the number of trainings and outreach and the number of attendees	6 trainings 40 outreach activities	<input checked="" type="checkbox"/> 3/01/20 - 6/30/2020 <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 – 3/31/2021

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)
Ongoing staff development through local and state trainings	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020 <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 – 3/31/2021	Director and bilingual family support specialist	<input checked="" 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	Report number of staff training	6 per year	<input checked="" type="checkbox"/> 3/01/20 - 6/30/2020 <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 – 3/31/2021
Gather and maintain pre/post evaluation data and sign in sheets of Spanish speaking parents who attend trainings, workshops and support groups designed for this program. Will provide basic statistics in an evaluation summary at the end of each quarter, measuring knowledge gained on services and supports & measurement of regional center POS satisfaction	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020 <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 – 3/31/2021	Director and bilingual family support specialist	<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	Knowledge gained on services and supports and measurement of regional center POS satisfaction	Target is a 2 point or more increase of knowledge on a scale of 1-5 and a general increase of regional center POS satisfaction	<input checked="" type="checkbox"/> 3/01/20 - 6/30/2020 <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 – 3/31/2021

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.*

Year 2 Goal (if different from Year 1 Goal):	Continue ongoing activities resulting in increase of regional center POS for Spanish speaking families in our service area
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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)
Monthly Self Advocacy support group for Spanish speaking families	<input checked="" type="checkbox"/> 4/01/21 – 6/30/2021 <input checked="" type="checkbox"/> 07/01/21 – 9/30/2021 <input checked="" type="checkbox"/> 10/01/21 – 12/31/2021 <input checked="" type="checkbox"/> 01/01/22 – 3/31/2022	Bilingual support specialist & director	<input checked="" 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	Report the number of groups and attendees	11 groups 100 attendees	<input checked="" type="checkbox"/> 4/01/21 – 6/30/2021 <input checked="" type="checkbox"/> 07/01/21 – 9/30/2021 <input checked="" type="checkbox"/> 10/01/21 – 12/31/2021 <input checked="" type="checkbox"/> 01/01/22 – 3/31/2022
Continue to gather/translate training curriculums and other written information into Spanish. Create and disseminate advertising materials for project	<input checked="" type="checkbox"/> 4/01/21 – 6/30/2021 <input checked="" type="checkbox"/> 07/01/21 – 9/30/2021 <input checked="" type="checkbox"/> 10/01/21 – 12/31/2021 <input checked="" type="checkbox"/> 01/01/22 – 3/31/2022	Director & bilingual support specialist	<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input checked="" type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable	Report the number and type of Spanish training and advertising materials created, translated, and/or distributed by the project. Advertising can include flyers, outreach materials & social media	5000	<input checked="" type="checkbox"/> 4/01/21 – 6/30/2021 <input checked="" type="checkbox"/> 07/01/21 – 9/30/2021 <input checked="" type="checkbox"/> 10/01/21 – 12/31/2021 <input checked="" type="checkbox"/> 01/01/22 – 3/31/2022

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)
Continue to expand Spanish materials in existing resource library	<input checked="" type="checkbox"/> 4/01/21 – 6/30/2021 <input checked="" type="checkbox"/> 07/01/21 – 9/30/2021 <input checked="" type="checkbox"/> 10/01/21 – 12/31/2021 <input checked="" type="checkbox"/> 01/01/22 – 3/31/2022	Director & bilingual support specialist	<input checked="" 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	Report number of times materials are used by families	Materials used by families 25 times per quarter	<input checked="" type="checkbox"/> 4/01/21 – 6/30/2021 <input checked="" type="checkbox"/> 07/01/21 – 9/30/2021 <input checked="" type="checkbox"/> 10/01/21 – 12/31/2021 <input checked="" type="checkbox"/> 01/01/22 – 3/31/2022
Monthly community outreach and/or parent trainings for Spanish speaking families	<input checked="" type="checkbox"/> 4/01/21 – 6/30/2021 <input checked="" type="checkbox"/> 07/01/21 – 9/30/2021 <input checked="" type="checkbox"/> 10/01/21 – 12/31/2021 <input checked="" type="checkbox"/> 01/01/22 – 3/31/2022	Director & bilingual family support specialist	<input checked="" 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	Report the number of trainings and outreach and the number of attendees	6 trainings 40 outreach activities	<input checked="" type="checkbox"/> 4/01/21 – 6/30/2021 <input checked="" type="checkbox"/> 07/01/21 – 9/30/2021 <input checked="" type="checkbox"/> 10/01/21 – 12/31/2021 <input checked="" type="checkbox"/> 01/01/22 – 3/31/2022

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)
Ongoing staff development through local and state trainings	<input checked="" type="checkbox"/> 4/01/21 – 6/30/2021 <input checked="" type="checkbox"/> 07/01/21 – 9/30/2021 <input checked="" type="checkbox"/> 10/01/21 – 12/31/2021 <input checked="" type="checkbox"/> 01/01/22 – 3/31/2022	Director and bilingual family support specialist	<input checked="" 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	Report number of staff trainings	6 per year	<input checked="" type="checkbox"/> 4/01/21 – 6/30/2021 <input checked="" type="checkbox"/> 07/01/21 – 9/30/2021 <input checked="" type="checkbox"/> 10/01/21 – 12/31/2021 <input checked="" type="checkbox"/> 01/01/22 – 3/31/2022
Gather and maintain pre/post evaluation data and sign in sheets of Spanish speaking parents who attend trainings & support groups designed for this program. Will provide basic statistics at the end of each quarter measuring knowledge gained on services and supports &	<input checked="" type="checkbox"/> 4/01/21 – 6/30/2021 <input checked="" type="checkbox"/> 07/01/21 – 9/30/2021 <input checked="" type="checkbox"/> 10/01/21 – 12/31/2021 <input checked="" type="checkbox"/> 01/01/22 – 3/31/2022	Director and bilingual family support specialist	<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	Knowledge gained on services and supports and measurement of regional center POS satisfaction	Target is a 2 point or more increase of knowledge of regional center services on a scale of 1-5, and a general increase of regional center POS satisfaction	<input checked="" type="checkbox"/> 4/01/21 – 6/30/2021 <input checked="" type="checkbox"/> 07/01/21 – 9/30/2021 <input checked="" type="checkbox"/> 10/01/21 – 12/31/2021 <input checked="" type="checkbox"/> 01/01/22 – 3/31/2022

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			
<i>Activity</i>	<i>Quarter Activity Will Occur (check all that apply)</i>	<i>Responsible Party and additional information</i>	<i>Type of Measure</i>	<i>What Will Be Measured?</i>	<i>What is the Target for This Measure?</i>	<i>Quarter Data Will Be Reported (check all that apply)</i>
measurement of regional center POS satisfaction.						

Disparity Funds Program								
SERVICE BUDGET (ATTACHMENT D-1)								
Applicant Name and Address			Year 1 Annual Budget			Year 2 Annual Budget		
Heluna Health/Carolyn Kordich Family Resource Center 13300 Crossroads Pkwy N, Suite 450 City of Industry, CA 91746								
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)	Annual Cost to Disparity Grant
1	Name: Dominique Deborba Title/Position: Director	<input type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$41,760.00	26%	\$10,920.00	\$41,760.00	26%	\$10,920.00
2	Benefits: 11.9%		\$4,969.44	26%	\$1,299.48	\$4,969.44	26%	\$1,299.48
3	Name: Otila Salgado Title/Position: Family Support Specialist	<input type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$28,548.00	97%	\$27,612.00	\$28,548.00	97%	\$27,612.00
4	Benefits: 11.9%		\$3,397.21	97%	\$3,285.83	\$3,397.21	97%	\$3,285.83
5	Name: Title/Position:	<input type="checkbox"/> Existing Position <input type="checkbox"/> New Position						
6	Benefits:							
7	Name: Title/Position:	<input type="checkbox"/> Existing Position <input type="checkbox"/> New Position						
8	Benefits:							
9	Name: Title/Position:	<input type="checkbox"/> Existing Position <input type="checkbox"/> New Position						
10	Benefits:							
11	Name: Title/Position:	<input type="checkbox"/> Existing Position <input type="checkbox"/> New Position						
12	Benefits:							
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:							
Personnel Subtotal					\$43,117.31			\$43,117.31
OPERATING EXPENSES								
16	Office Expenses & Supplies				\$243.50			\$331.62
17	Transportation/Travel				\$1,500.00			\$1,500.00
18	Outreach and Advertising				\$1,500.00			\$1,500.00
19	Food for Workshops/Trainings/Support Groups				\$1,200.00			\$1,200.00
20	Training Consultants				\$1,000.00			\$1,000.00
21								
Operating Subtotal					\$5,443.50			\$5,531.62
ADMINISTRATIVE/INDIRECT COSTS								
25	Indirect @ 13.0% MTDC				\$6,312.91			\$6,355.75
26								
Administrative/Indirect Cost Subtotal					\$6,312.91			\$6,324.36
TOTAL (rounded to nearest dollar)					\$54,873.71			\$54,973.29

MAXIMUM AWARD

\$109,847

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		
PHFE dba Heluna Health/Carolyn Kordich Family Resource Center		
Project Title		
Knowledge Is Power/EI Conocimiento es Poder		
Project Duration (start and end date)		
Start Date: 5/1/2020	End Date: 4/30/2022	Number of Months: 24

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: Director	See Attachment
2	Benefits: 11.9%	
3	Title/Position: Family Support Specialist	
4	Benefits: 11.9%	
	Title/Position:	
	Benefits:	
	Title/Position:	
	Benefits:	
	Title/Position:	
	Benefits:	
	Title/Position:	
	Benefits:	
	Title/Position:	
	Benefits:	

Operating Expenses

Line Number	Line Item	Description
16	Office Expenses & Supplies \$575.12	See Attachment
17	Transportation/Travel \$3,000	
18	Outreach and Advertising \$3,000	
19	Food and Workshop/Tranings/Support Groups \$2,400	
20	Training Consultants \$2,000	

PROJECT BUDGET NARRATIVE WORKSHEET

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

Administrative/Indirect Costs

Line Number	Line Item	Description
25	Indirect @ 13.0% MTDC	See Attachment

PROJECT BUDGET NARRATIVE – 2 YEARS**ORGANIZATION NAME: PHFE dba Heluna Health/Carolyn Kordich Family Resource Center****YEAR 1: FY 2019-2020****SALARY/WAGES & BENEFITS****\$ 43,117.31**

Director: The Project Director is responsible for the day to day operations of the Family Resource Center, community relations, trainings and supervising staff. Director is also responsible for managing the grant deliverables, ensuring the project is on track for spending and adhering to the Scope of Work and producing the interim and final reports as needed. The position will also manage logistics for trainings, workshops and marketing efforts.

Total Cost: \$12,219.48

Family Support Specialist: The Family Support Specialist provides written and verbal translation of materials for parents, co-facilitates support groups, provides support at trainings and workshops and conducts outreach in the community.

Total Costs: \$30,897.83**OPERATING EXPENSES****\$ 5,443.50**

Office Expenses and Supplies: These costs are for general expenses in maintaining the Carolyn Kordich Family Resource Center office space which may include but is not limited to furniture, equipment, and meeting supplies. The supplies costs will include general office supplies such as copy paper, printing, ink, stamps, files, pens, pencils, notebooks, and products for organizing.

Total Cost: \$243.50

Transportation/Travel: The cost will cover transportation costs for families attending trainings, workshops, and support groups. Costs will also cover mileage and other travel costs as needed for staff to attend meetings, trainings, and staff development.

Total Costs: \$1,500

Outreach & Advertising: This cost will cover printing costs, program and marketing materials used for outreach.

Total Cost: \$1,500

Food for Workshops/ Trainings: These costs include food and beverages, purchased in-store or through catering vendors, for parents attending our support groups, trainings, and workshops.

Total Cost: \$1,200

Training Consultants: This will cover the cost of speakers and other facilitators that will be needed during our parent training and workshop sessions.

Total Cost: \$1,000

PROJECT BUDGET NARRATIVE – 2 YEARS**ORGANIZATION NAME: PHFE dba Heluna Health/Carolyn Kordich Family Resource Center****ADMINISTRATIVE/INDIRECT COSTS** **\$ 6,312.91**

Indirect Rate: Public Health Foundation Enterprises, Inc. dba Heluna Health administrative costs include headquarters infrastructure costs, communities, facility/lease, depreciation, equipment expenses, in-kind services, professional fees, office expenses and rent, calculated using a 13.00% federally approved indirect rate.

Total Cost: \$6,312.91**TOTAL PROJECT BUDGET FOR YEAR 1 FY2019-20** **\$ 54,873.71****YEAR 2: FY 2020-2021****SALARY/WAGES & BENEFITS** **\$ 43,117.31**

Director: The Project Director is responsible for the day to day operations of the Family Resource Center, community relations, trainings and supervising staff. Director is also responsible for managing the grant deliverables, ensuring the project is on track for spending and adhering to the Scope of Work and producing the interim and final reports as needed. The position will also manage logistics for trainings, workshops and marketing efforts.

Total Cost: \$12,219.48

Family Support Specialist: The Family Support Specialist provides written and verbal translation of materials for parents, co-facilitates support groups, provides support at trainings and workshops and conducts outreach in the community.

Total Costs: \$30,897.83**OPERATING EXPENSES** **\$ 5,531.62**

Office Expenses and Supplies: These costs are for general expenses in maintaining the Carolyn Kordich Family Resource Center office space which may include but is not limited to furniture, equipment, and meeting supplies. The supplies costs will include general office supplies such as copy paper, printing, ink, stamps, files, pens, pencils, notebooks, and products for organizing.

Total Cost: \$331.62

Transportation/Travel: The cost will cover transportation costs for families attending trainings, workshops, and support groups. Costs will also cover mileage and other travel costs as needed for staff to attend meetings, trainings, and staff development.

Total Costs: \$1,500

PROJECT BUDGET NARRATIVE – 2 YEARS**ORGANIZATION NAME: PHFE dba Heluna Health/Carolyn Kordich Family Resource Center**

Outreach & Advertising: This cost will cover printing costs, program and marketing materials used for outreach.

Total Cost: \$1,500

Food for Workshops/ Trainings: These costs include food and beverages, purchased in-store or through catering vendors, for parents attending our support groups, trainings, and workshops.

Total Cost: \$1,200

Training Consultants: This will cover the cost of speakers and other facilitators that will be needed during our parent training and workshop sessions.

Total Cost: \$1,000

ADMINISTRATIVE/INDIRECT COSTS**\$ 6,355.75**

Indirect Rate: Public Health Foundation Enterprises, Inc. dba Heluna Health administrative costs include headquarters infrastructure costs, communities, facility/lease, depreciation, equipment expenses, in-kind services, professional fees, office expenses and rent, calculated using a 13.00% federally approved indirect rate.

Total Cost: \$6,355.75

TOTAL PROJECT BUDGET FOR YEAR 1 FY2019-2020	\$ 54,873.71
TOTAL PROJECT BUDGET FOR YEAR 2 FY2020-2021	\$ 54,973.29
<hr/>	
TOTAL PROJECT BUDGET FOR 2 YEARS	\$ 109,847.00