

## FY 2019/20 DISPARITY FUNDS PROGRAM COVER PAGE

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

### Section I. Grantee Information (New and Reapplications)

Please check the box that describes your organization		
<input type="checkbox"/> Regional Center (RC)	<input 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
The Center for Autism & Neurodevelopmental Disorders University of California, Irvine	September 30, 2019
c. Primary contact (Name)	
Chelsea O'Haire	
d. Mailing address	
2500 Red Hill Avenue #100, Santa Ana, CA 92705	
e. Primary e-mail address	f. Primary phone number
cohaire@uci.edu	949-267-0444
g. Secondary contact email address	h. Secondary contact phone number
mdillon@uci.edu	949-267-0434
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.	
As part of UC Irvine Health, the Center for Autism & Neurodevelopmental Disorders (CAND) seeks to provide help and hope to children, adolescents, young adults, and their families living with Autism Spectrum Disorders (ASD) and other neurodevelopmental disorders through excellent clinical care, innovative research, quality education and training, and community engagement. We are currently implementing several projects funded through the DDS Disparity Funds Program.	
j. If you check the CBO box, describe how your organization meets the definition of a CBO.	
We are a program of the University of California, Irvine, and The Regents of the University of California, which has 501(c)(3) status.	

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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

<b>a. Grant Number:</b> 18-C39	
<b>b. Project Title:</b> Empowering Families & Increasing Access through Education & Screening	
<b>c1. Start Date:</b> 4/1/2019	<b>c2. End Date:</b> 3/31/2020
<b>d. Total Project Duration (in months):</b> 12	

#### Fiscal Information

Fiscal Year (FY)	e. Awarded*	f. Expended
FY 2016/17	e1. \$ 0	f1. \$
FY 2017/18	e2. \$ 221,063	f2. \$ 221,063
FY 2018/19	e3. \$ 174,059	f3. \$ 33,578
<b>Total</b>	<b>e4. \$ 395,122 (e1 + e2 + e3)</b>	<b>f4. \$ 254,641 (f1 + f2 + f3)</b>
<b>g. Amount Remaining (e4 – f4): \$ 140,482</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>	765
<b>i. Actual number of individuals impacted by the project and why it is higher or lower than the proposed number.</b>	567
<b>j. RC(s) in the project catchment area(s)</b>	Regional Center of Orange County
<b>k. List the city(ies) your project has served:</b>	Our Center and projects serve families throughout all of Orange County, which has over 30 cities.
<b>l. List the county(ies) your project has served:</b>	Primarily Orange County, with some families from Los Angeles County, Riverside and San Bernardino County

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<b>m. If your project has served the City of Los Angeles, list the zip code(s) and/or community(ies) served*:</b>	
<b>n. Provide a detailed explanation of project activities to date. What has the project accomplished to date?</b>	
<p>During FY2017/18 we proposed to provide developmental screenings to 100 children, and we screened 93. Also during FY2017/18 we proposed providing training to 320 parents, and we trained 239 parents and provided care for 184 children while providing training in Spanish and Vietnamese in the following topic areas:</p> <p>Understanding Special Education          Navigating Behavioral Health          Autism 101          Transition to Adulthood</p> <p>We also produced a set of 8 videos (4 in Spanish and 4 in Vietnamese) on these topics for parents.</p> <p>During FY2018/19 we proposed providing screening, training and drop-in clinic support to 345 individuals, and during our first quarter we have served 51. We have provided a new educational series in Spanish on Parent Empowerment and our Transition to Adulthood workshop in Spanish.</p>	
<b>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.</b>	
<p>Please review our attached data and success stories.</p>	
<b>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.</b>	
<p>The feedback from parents that attended screenings and trainings we provided in FY2017/2018 was very positive and highlighted the need for ongoing screenings and training events in each topic area described above. As we have discussed in our previous reports to DDS, we experienced some challenges reaching the Vietnamese community due to our own staffing changes and community factors we identified with our Vietnamese partners. For FY2018/19 we are focused on the Hispanic community, which we are well-equipped to serve due to our capacity with several bilingual (Spanish/English) speaking-staff, our Latino Family Advisory Committee, and large Latino patient population. For FY2018/19, we are in the first half of the project year and will be conducting developmental screenings, drop-in clinics and trainings in Spanish on Transition from Early Start along with additional Transition to Adulthood and Parent Empowerment trainings during the remaining grant period.</p> <p>In their 2019 report to DDS, RCOC identified the Hispanic community as having the largest disparity in POS expenditures. Because there are always new families with young children at-risk for developmental delays, and older children transitioning into young adulthood, the community needs access to these trainings each year. In addition, there is significant concern (already documented by several organizations) that due to recent changes in federal policy (actual and proposed), immigrant families may be discouraged from accessing healthcare and developmental services in the coming months. We recognize there is now an increased need to ensure the Latino/Spanish-speaking community has access to developmental screenings and trainings.</p>	
<b>q. If awarded, how will your current project transition into the 2019/20 proposed project?</b>	

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If awarded, we will be able to continue providing several of our educational workshops for families in Spanish. We will expand our Transition to Adulthood workshops into a series, and we will bring our developmental screening effort to an agency that serves homeless families so we can provide a much-needed service to children experiencing homelessness. Because we have demonstrated our capacity to reach Latino families and provide effective training, the Regional Center of Orange County has expressed support for our training activities. In addition, we reached out to RCOC and solicited input for other needs they/the community has that we may be able to address through this proposal. RCOC requested we consider providing a training program that could improve the capacity of family mentors/parent support providers that are currently working with RCOC families. We have developed a training program based that we hope to pilot if funded through this proposal. The activities we have outlined in our attached plan are necessary to inform the Hispanic community of Regional Center and generic services available for children and young adults with developmental disabilities, which have the greatest disparity in POS expenditures in Orange County. We have reviewed the current Disparity Funds Programs funded in Orange County, and have not seen any other entity addressing all the areas we are proposing.

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

<b>a. Project title</b>	Empowering Family Mentors & Increasing Access Through Education & Screening
<b>b. Total amount requested</b>	\$ 264,075
<b>c. Projected number of individuals impacted</b>	195 fam +
<b>d. Duration of project (months)</b>	12 months    Start date: 03/01/2020    End date: 02/28/2021
<b>e. RC(s) in the project catchment area(s)</b>	Regional Center of Orange County
<b>f. List the city(ies) your project proposes to serve:</b>	We aim to serve families throughout all of Orange County, which has over 30 cities. Our Center and our educational events are open to all of Southern California, and we would welcome families from any city/county.
<b>g. List the county(ies) your project proposes to serve:</b>	We would primarily serve Orange County, but welcome families from neighboring counties such as Los Angeles, Riverside and San Bernardino.
<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 checked="" type="checkbox"/> Yes*** <input 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.

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<b>k. Project Type Selection(s)</b>		
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"/> <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 checked="" 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 type="checkbox"/> <b>Family/ consumer support services</b> (1:1 coaching, enhanced case management, service navigation, etc.)	<input type="checkbox"/> <b>Translation</b> <input type="checkbox"/> <b>Outreach</b> <input checked="" type="checkbox"/> <b>Workforce capacity</b> <input type="checkbox"/> <b>Parent education</b> <input type="checkbox"/> <b>Promotora</b> <input type="checkbox"/> <b>Family/ consumer support services</b>	<input type="checkbox"/> <b>Translation</b> <input checked="" type="checkbox"/> <b>Outreach</b> <input type="checkbox"/> <b>Workforce capacity</b> <input type="checkbox"/> <b>Parent education</b> <input type="checkbox"/> <b>Promotora</b> <input type="checkbox"/> <b>Family/ consumer support services</b>
<b>l. Target Population (Race/Ethnicity)</b>		
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	195 fam	
<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):		
<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"/> 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):
<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 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 checked="" type="checkbox"/> Other (list): Parents of all age groups selected	



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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):** Erika Blossom

**Organization:** The Regents of the University of California, Irvine

**Signature:**  **Date:** 9/30/2019

**Collaborative Proposals Only\*\***

**Sub-grantee (subcontractor) Certification:** I certify that the information attached is true and correct.

**Subcontractor 1:**

**Authorized by (print name):** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Subcontractor 2:**

**Authorized by (print name):** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Subcontractor 3:**

**Authorized by (print name):** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Subcontractor 4:**

**Authorized by (print name):** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*As applicable. If more subcontractors are needed, complete additional copies of this section.**

## FY 2019/20 DISPARITY FUNDS PROGRAM PROJECT INFORMATION

<b>Project title</b>
Empowering Family Mentors & Increasing Access Through Education & Screening
<b>1. What experience does the organization/group have working with the target population?</b>
<p>Our Center has been a leader for over a decade in assessment, diagnosis, care coordination, family support, and education for children with autism and other neurodevelopmental disorders and their families. Over 40% of our patients identify as Hispanic/Latino, and a quarter of our families identify Spanish as their primary language. During the last fiscal year our Center provided over 100 educational events in Spanish for over 500 parents and 300 children. Our Latino Family Advisory Committee (FAC) meets throughout the year and works collaboratively with our Center to provide input on family needs and interests in areas of research, outreach, education, assessment, clinical care and treatment. Our Latino FAC is comprised of Spanish-speaking families who have previously worked with us on developing projects targeting outreach for underserved Latino families, including our current DDS grant. The parents on our Latino FAC all have children with autism who are insured through Medi-Cal. If funded, we will engage our Latino FAC in this project from the planning and throughout implementation.</p>
<b>2 Explain how the target population(s) are underserved using RC POS data or other data as supporting evidence of the disparity.</b>
<p>As noted in their April 2019 letter to DDS, RCOC presented their POS Expenditure data on March 13, 2019, and reported that the largest disparity exists for the Hispanic population in Orange County. They presented expenditure data for seven fiscal years (2012-2018) and noted that expenditure for Hispanics is lower across all age ranges and residence types.</p> <p>As reported by the RCOC Purchase of Service for the Fiscal Year 2017-2018 there is a significant disparity between the authorized services for Hispanic population (HP) when compared to the White population (WP), with HP per capita authorized services of \$12,545 and WP per capital authorized services of \$28,542, more than twice the HP amount. When we look at the "No Purchase of Services" section the HP seems to be at increased risk for not accessing services for which they have qualified. Over 25% of the HP is not utilizing any services, and this is the largest proportion of any identified ethnic group. When sorted by language, there are over 1,200 (over 28%) Spanish-speaking consumers with no purchased services. As we have also identified homeless families as being a focus for our developmental screenings, we reviewed the RCOC expenditure data by residence. RCOC reported in FY 2017-2018 no consumers birth to 21 inclusive who are homeless. However, feedback from stakeholders at the Illumination Foundation indicates there are homeless families that have children with developmental delays that should have access to Early Start and Lanterman services. Additionally, our own clinical team has patients who are homeless and should access Regional Center services. We believe there are significant barriers for this population and aim to provide some assistance to these families so they can access needed services for their children.</p>
<b>3. How will your project improve the lives of individuals who have developmental disabilities and/or their families?</b>
<p>Our project will improve the lives of individuals who have developmental disabilities and their families through the following:</p>



## FY 2019/20 DISPARITY FUNDS PROGRAM PROJECT INFORMATION

Increasing access of information about Regional Center services for Hispanic/Spanish-speaking families

Decreasing stigma about developmental disabilities and reducing social isolation through in-person events for families

Improving understanding of how children and young adults can qualify for Regional Center services, including for individuals who may have accessed Early Start services but then did not qualify for Lanterman services at age 3

Informing families of Regional Center and generic services available for transition-age youth and the importance of planning for adulthood including employment, increasing independence and community inclusion

Empowering parents to identify the unique needs of their children and how to participate in IEP and IPP processes in order to access appropriate services and supports

Increasing parental understanding of early developmental milestones and delays, and ways to support early learning through play

Identifying young children, particularly those experiencing homelessness, with developmental delays and assisting their families in connecting with Regional Center for Early Start services, and or other community-based programs.

Improving support for Regional Center families by offering a training program for Family Mentors with additional technical support to increase their capacity.

Please see the included plan document we have provided with additional details of all the training workshops, developmental screenings, and Family Mentor training program.

#### **4. How will this project assist to implement the RC recommendations and plan to promote equity and reduce disparities?**

As noted in their April 2019 letter to DDS, RCOC presented their POS Expenditure data on March 13, 2019, and reported that the largest disparity exists for the Hispanic population in Orange County. RCOC has developed a family mentor program with 4 agencies to improve understanding and access to RCOC services. RCOC noted that concerns about immigration status and public charge may be impacting the Hispanic population's access of services, and these concerns have only increased since April 2019 due to recent events. Our project aims to serve the Hispanic community through a variety of in-person training events, screenings, and Family Mentor training program. We will provide accurate information about public charge and resources for immigrant families at our events.

#### **5. How is the proposed project unique or different from a current disparity grant funded effort (e.g., strategies, activities, goals) in the proposed catchment area? If the project is similar to a current disparity grant funded effort, how will the proposed project expand on the current effort?**

We have reviewed the current Disparity Funds Programs funded in Orange County, and have not seen any other entity addressing all the areas we are proposing. As previously noted, we are proposing to continue and expand our current parent training programs in Spanish to support families who are newly identified as having children at-risk/diagnosed with developmental delays, and families with youth entering adult transition age.

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

## FY 2019/20 DISPARITY FUNDS PROGRAM PROJECT INFORMATION

As previously discussed, we have an active Latino Family Advisory Committee (FAC) who we have consulted during the development of this proposal. Our Latino FAC parents are currently involved in the implementation of our educational and screening efforts as part of our DDS grant. They are attending the events, speaking with parents during the events, and reviewing feedback with us after the events. Based on their input with ongoing efforts and our current DDS grant, the Latino FAC provided input in the development of this proposal, and they have provided a letter of support which is included in our application.

Providing childcare and food at training and screening events has been important for families to increase attendance as many families have requested childcare during the registration process in order to attend events. By providing food for families, we can offer events on weekday evenings and for longer periods of time on weekends since children and parents will be able to eat during the events. The feedback from the community on the importance of providing childcare and food has been included in this proposal.

We also discussed our intent to apply for this program with RCOC and requested their input on our current efforts, proposal, and any other projects they would like us to consider.

RCOC shared they value the trainings we provide to families, and regularly refer families to our workshops. They also requested we consider a training opportunity for family mentors/parent partners that are currently vendored to work with RCOC families. RCOC expressed the need to increase the capacity of these parent mentors to serve Latino families raising children with developmental disabilities by providing them with training to build their knowledge base of various neurodevelopmental disorders, evidence-based treatment of these disorders, appropriate educational interventions and school-based supports, and community resources for families. RCOC notes our Center's multidisciplinary team has the capacity to provide the kind of training experience that would be effective for the family mentors.

### **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.**

Our Latino FAC has been incredibly valuable to our Center on several projects as we are able to gather their feedback and input on our clinical, educational and research efforts. We frequently consult with our Latino FAC on research project designs and materials. We ensure information is translated into Spanish, and we strive to make information more accessible by using best practices in health literacy. We are also part of a larger university-based autism research collaborative with several locations across the US, and we often take the lead on efforts to reduce disparities particularly for Latino families when we are working with the other programs on projects, and share our materials and strategies. Throughout our work over the past year and a half with the disparity funds program, we have increased our collaboration with RCOC, particularly the Comfort Connection Family Resource Team who has been involved in actively promoting our events for RCOC families and has attended several screening events. We expect to continue working in collaboration with RCOC to reduce disparities for families. We will solicit feedback from RCOC on how the training for Family Mentors impacts the effectiveness of this program for families.

**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 awareness of Regional Center and Generic Community services among Latino/Spanish-Speaking families in Orange County through training events and developmental screenings.

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 grant agreement with DDS	X 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21	Chelsea O'Haire	<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: _____ X 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
Create and Distribute flyers in collaboration with Latino Family Advisory Committee to be posted on website, social media,	X 3/01/20 – 6/30/2020 X 07/01/20-9/30/2020 X 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21	Aisa Pepeluali-kaikamahine Green, Chelsea O'Haire, Maureen Dillon, Hyun Park	X Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable	Number of flyers and social media responses	13 flyers for events and 13 postings on social media. We expect at least 5 "likes" per posting.	<input type="checkbox"/> 3/01/20 – 6/30/2020 X 07/01/20-9/30/2020 X 10/01/20 – 12/31/2020 X 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)
shared with community partners, and Latino FAC network						
Training pre/post surveys will be developed	X 3/01/20 – 6/30/2020 X 07/01/20-9/30/2020 10/01/20 – 12/31/2020 01/01/21 – 3/31/21	Aisa Pepeluali-kaikamahine Green, Nellie Valentine, Marlene Cuevas, Maureen Dillon, Chelsea O'Haire, Veronica Bermudez, Hazel Benavides-Vickers, Geeta Grover, Hyun Park	Count <input type="checkbox"/> POS Pre/post survey/assessment X Stakeholder feedback X Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable	Surveys for all training and screening events will be developed and will incorporate any feedback from Latino FAC and Illumination Foundation.	N/A	<input type="checkbox"/> 3/01/20 – 6/30/2020 X 07/01/20-9/30/2020 X 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21
Training:	X 3/01/20 – 6/30/2020	Nellie Valentine,	X Count <input type="checkbox"/> POS	Number of attendees and number of	This training will be offered 3 times and we	<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)
Transition from Early Start to Lanterman Services and School at Age 3	<input 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	Veronica Bermudez, Child Care Providers, Chelsea O'Haire, Aisa Pepeluali-kaikamahine Green	<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	children receiving childcare will be counted. Pre/post surveys will be administered and analyzed.	estimate an average of 15 families will attend each training.	<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

**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.*

<b>Year 2 Goal (if different from Year 1 Goal):</b>
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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)
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021



**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"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21– 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21– 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22

**DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES**

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**Year 1 Goal:** Increase awareness of Regional Center and Generic Community services among Latino/Spanish-Speaking families in Orange County through training events and developmental screenings.

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)
Develop content for series on Accessing Adult Transition related employment and young adult services	X 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21	Marlene Cuevas, Chelsea O'Haire, Ray Lopez, Hyun Park, Maureen Dillon	<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: _____ X 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
Conduct Series on Accessing Adult Transition related employment and young adult services	X 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 X 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21	Marlene Cuevas, Chelsea O'Haire, Ray Lopez, Hyun Park, Maureen Dillon, Veronica Bermudez, Child Care Providers,	X Count <input type="checkbox"/> POS X 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 attendees and number of children receiving childcare will be counted. Pre/post surveys will be administered and analyzed.	This series of 3 classes will be offered twice per year and we estimate an average of 15 families will attend each training.	<input type="checkbox"/> 3/01/20 – 6/30/2020 X 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 X 01/01/21 – 3/31/21

**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)
		Aisa Pepeluali- kaikamahin e Green				
Parent Empowerment and Advocacy Series	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21	Marlene Cuevas, Chelsea O'Haire, Hyun Park, Maureen Dillon, Veronica Bermudez, Child Care Providers, Aisa Pepeluali-kaikamahin e Green	<input checked="" 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	Number of attendees and number of children receiving childcare will be counted. Pre/post surveys will be administered and analyzed.	This series of 3 classes will be offered twice per year and we estimate an average of 15 families will attend each training.	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" 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"/> 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**

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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>
			<input type="checkbox"/> Not applicable			

**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.*

<b>Year 2 Goal (if different from Year 1 Goal):</b>
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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)
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021

**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"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21– 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21– 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22



**DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES**

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**Year 1 Goal:** Increase awareness of Regional Center and Generic Community services among Latino/Spanish-Speaking families in Orange County through training events and developmental screenings.

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)
Develop content for series on Understanding the importance of Early Learning and Parent engagement in 0-3 year olds	X 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21	Hazel Benavides-Vickers, Ruby Aguirre, Jennifer Nguyen, Maureen Dillon, Chelsea O'Haire	<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: _____ X 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
Conduct series on Understanding the importance of Early Learning and Parent engagement in 0-3 year olds	<input type="checkbox"/> 3/01/20 – 6/30/2020 X 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 X 01/01/21 – 3/31/21	Hazel Benavides-Vickers, Ruby Aguirre, Jennifer Nguyen, Veronica Bermudez, Maureen Dillon, Chelsea,	X Count <input type="checkbox"/> POS X 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 attendees and number of children attending will be counted. Pre/post surveys (including knowledge of developmental milestones and delays and access to Early Start services) will be administered and analyzed.	This series of 3 classes will be offered twice per year and we estimate an average of 15 families will attend each training.	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 X 10/01/20 – 12/31/2020 X 01/01/21 – 3/31/21

**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)
		O'Haire, Aisa Pepeluali-kaikamahine Green				
Conduct 3 developmental screening events for children ages birth through 5 years.	X 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 X 10/01/20 – 12/31/2020 X 01/01/21 – 3/31/21	Ray Lopez, Hyun Park, Geeta Grover, Michelle Wahlquist, Nick Riley, Hazel Benavides-Vickers, Ruby Aguirre, Veronica Bermudez, Maureen Dillon, Chelsea, O'Haire, Aisa Pepeluali-kaikamahine Green	X Count <input type="checkbox"/> POS X Pre/post survey/assessment X Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable	Number of children screened will be counted and post surveys for this event will be administered. The number of children referred to Regional Center will be counted. We will request stakeholder input from Illumination Foundation as we plan and implement the screenings at their location and incorporate feedback in to future screening events.	We estimate screening 20 children at each event.	<input type="checkbox"/> 3/01/20 – 6/30/2020 X 07/01/20-9/30/2020 X 10/01/20 – 12/31/2020 X 01/01/21 – 3/31/21

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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)
	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20- 9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20- 9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21

**DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES**

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<b>Year 2 Goal (if different from Year 1 Goal):</b>
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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)
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021

**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)
	<input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22

**DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES**

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**Year 1 Goal:** Increase understanding of Regional Center and Generic Community services among Family Mentors in Orange County through didactic training, active learning and technical assistance to improve effectiveness of the Family Mentor program.

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)
Recruit Family Mentors	<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	Geeta Grover, Chelsea O'Haire, Maureen Dillon	<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input checked="" type="checkbox"/> Not applicable			<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21
Assist Family Mentors in obtaining the necessary requirements to on-board as a "Volunteer" at the Center: Obtain	<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	Geeta Grover, Chelsea O'Haire, Maureen Dillon, Veronica Bermudez, Aisa Pepeluali-kaikamahine Green	<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input checked="" type="checkbox"/> Not applicable			<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21



**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)
background check, clear TB test, provide copy of vaccinations, etc.						
Coordinate Didactic Learning and Active Learning schedules	<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	Geeta Grover, Chelsea O'Haire, Maureen Dillon, Veronica Bermudez, Aisa Pepeluali-kaikamahine Green	<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input checked="" type="checkbox"/> Not applicable			<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21
Develop pre/post assessment measures	<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	Geeta Grover, Chelsea O'Haire, Maureen Dillon, Aisa Pepeluali-	<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			
<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>
		kaikamahine Green	<input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input checked="" type="checkbox"/> Not applicable			

**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.*

<b>Year 2 Goal (if different from Year 1 Goal):</b>
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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)
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021

**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"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21– 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21– 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22

**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 understanding of Regional Center and Generic Community services among Family Mentors in Orange County through didactic training, active learning and technical assistance to improve effectiveness of the Family Mentor program.

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)
Provide didactic learning to Family Mentors and track attendance	<input 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 type="checkbox"/> 01/01/21 – 3/31/21	Geeta Grover, Ray Lopez, Hyun Park, Chelsea O'Haire, Maureen Dillon, Veronica Bermudez, Aisa Pepeluali-kaikamahine Green, Michelle Wahlquist, Hazel Benevidas-Vickers, Marlene Cuevas	<input checked="" 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	Number of Family Mentors who participate in each component of the didactic training. Pre/Post assessment to measure knowledge of Autism, Communication, Family Resiliency, Regional Center Services, Problem Behaviors and Special Education services.	We anticipate 3-5 Family Mentors to complete 12 hours of didactic training.	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20- 9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21
Provide Active	<input type="checkbox"/> 3/01/20 – 6/30/2020	Geeta Grover, Ray	<input checked="" type="checkbox"/> Count <input type="checkbox"/> POS	Number of Family Mentors who	We anticipate 3-5 Family Mentors to each	<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)
Learning to Family Mentors and track attendance	<input type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21	Lopez, Hyun Park, Geeta Grover, Ray Lopez, Hyun Park, Chelsea O'Haire, Aisa Pepeluali-kaikamahine Green, Michelle Wahlquist, Hazel Benavides-Vickers	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	participate in each component of the the Active Learning.	complete 9 hours of Active Learning.	<input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21
Provide Technical Assistance to Family Mentors, offered twice monthly for 3 months.	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21	Geeta Grover, Ray Lopez, Hyun Park, Chelsea O'Haire, Maureen Dillon, Marlene Cuevas, Veronica	<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	Number of Family Mentors who participate in the optional Technical Assistance program following the Didactic Training and Active Learning Training.	We anticipate 3-5 Family Mentors will participate in the optional Technical Assistance component of this program.	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21



**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)
		Bermudez, Aisa Pepeluali-kaikamahine Green, Michelle Wahlquist, Hazel Benavides-Vickers, Nick Riley				
Post-Experience Feedback from Family Mentors and Community Stakeholders	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21	Geeta Grover, Hyun Park, Ray Lopez, Maureen Dillon, Chelsea O'Haire	<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input checked="" type="checkbox"/> Not applicable			<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 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)
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21- 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021

**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)
	<input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 01/01/22 – 3/31/22
	<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21– 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22		<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE: _____ <input type="checkbox"/> Not applicable			<input type="checkbox"/> 04/01/21 – 06/30/21 <input type="checkbox"/> 07/01/21– 9/30/2021 <input type="checkbox"/> 10/01/21– 12/31/2021 <input type="checkbox"/> 01/01/22 – 3/31/22

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

**Applicant Name and Address**

The Center for Autism & Neurodevelopmental Disorders  
 UC Irvine  
 2500 Red Hill Ave. #100 Santa Ana, CA 92705

**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: Ray Lopez Title/Position: PI, Developmental-Behavioral Pediatrician	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$173,200.00	8%	\$13,856.00
2	Benefits: 30.398%		\$52,649.34	8%	\$4,211.95
3	Name: Hyun Park Title/Position: Co-Investigator, Developmental-Behavioral Pediatrician, Latino FAC Liaison	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$230,443.00	7%	\$16,131.01
4	Benefits:35.770%		\$82,429.46	7%	\$5,770.06
5	Name: Chelsea O'Haire Title/Position: Education & Training Director, Clinical Psychologist	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$119,033.00	25%	\$29,758.25
6	Benefits:44.1%		\$52,532.83	25%	\$13,133.21
7	Name: Maureen Dillon Title/Position: Licensed Clinical Social Worker	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$91,051.00	20%	\$18,210.20
8	Benefits:44.1%		\$40,183.54	20%	\$8,036.71
9	Name: Ruby Aguirre Title/Position: Registered Behavioral Technician	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$64,046.00	5%	\$3,202.30
10	Benefits:44.1%		\$28,265.42	5%	\$1,413.27
11	Name: Marlene Cuevas Title/Position: Licensed Clinical Social Worker	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$72,602.00	15%	\$10,890.30
12	Benefits:44.1%		\$32,041.44	15%	\$4,806.22
13	Name: Jennifer Nguyen Title/Position: Behavior Therapist	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$63,465.00	2%	\$1,269.30
14	Benefits:44.1%		\$28,009.01	2%	\$560.18
15	Name: Title/Position:	<input type="checkbox"/> Existing Position <input type="checkbox"/> New Position			
	Benefits:				
	<b>Personnel Subtotal</b>				\$131,248.95

	<b>OPERATING EXPENSES</b>		
16	Photocopying		\$5,900.00
17	Postage		\$1,170.00
18	Food and beverages for trainings		<b>\$8,000.00</b>
19	Childcare		\$2,000.00
20	Telecommunications		\$300.00
21	Materials and supplies		\$2,900.00
22	Family Mentor Incentives		\$1,500.00
23	Snacks for Latino FAC meetings		\$280.00
24	Nellie Valentine, Contracted Bilingual Parent Trainer		\$800.00
	<b>Operating Subtotal</b>		\$22,850.00
	<b>ADMINISTRATIVE/INDIRECT COSTS</b>		
25	15% Indirect Cost		\$23,114.84
26			
27			
28			
29			
30			
	<b>Administrative/Indirect Cost Subtotal</b>		\$23,114.84
	<b>TOTAL (rounded to nearest dollar)</b>		<b>\$177,213.80</b>

MAXIMUM AWARD

\$260,075.00

**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>		
The Center for Autism & Neurodevelopmental Disorders, UC Irvine		
<b>Project Title</b>		
Empowering Family Mentors & Increasing Access Through Education & Screening		
<b>Project Duration (start and end date)</b>		
<b>Start Date:</b> 03/01/2020	<b>End Date:</b> 02/28/2021	<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: Ray Lopez PI Clinical Professor Bilingual Developmental-Behavioral Pediatrician	Duties: Attend In-Person Trainings, Attend planning meetings for all grant programs, Conduct Developmental Screening activities to provide recommendations and feedback from a medical perspective, Host Family Mentors in shadowing medical appointments FTE Allocation: .08
2	Benefits: PI Clinical Professor Bilingual Developmental-Behavioral Pediatrician	30.398 percent for benefits cover payroll taxes, workers compensation, health and welfare, personal holiday, and retirement plan
3	Title/Position: Hyun Park Co-Investigator Bilingual Developmental-Behavioral Pediatrician	Duties: Attend In-Person Trainings, Attend Family Advisory Committee meetings as a liaison, Conduct Developmental Screening activities to provide recommendations and feedback from a medical perspective, Host Family Mentors in shadowing medical appointments FTE Allocation: .07
4	Benefits: Co-Investigator Bilingual Developmental-Behavioral Pediatrician	35.770 percent for benefits cover payroll taxes, workers compensation, health and welfare, personal holiday, and retirement plan
5	Title/Position: Chelsea O'Haire Licensed Clinical Psychologist Education and Training Director	Duties: Develop outcome measures, Coordinate logistics of the workshops and developmental screenings, provide training to Family Mentors, provide Technical Assistance to Family Mentors FTE Allocation: .25
6	Benefits: Licensed Clinical Psychologist Education and Training Director	44.1 percent for benefits cover payroll taxes, workers compensation, health and welfare, personal holiday, and retirement plan
7	Title/Position: Maureen Dillon Bilingual Licensed Clinical Social Worker	Duties: Content development of In-Person Trainings, Regional Center of Orange County liaison, Conduct Developmental Screenings, and provide training to Family Mentors FTE Allocation: .20
8	Benefits: Bilingual Licensed Clinical Social Worker	44.1 percent for benefits cover payroll taxes, workers compensation, health and welfare, personal holiday, and retirement plan

**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: Ruby Aguirre Bilingual Registered Behavioral Technician	Conduct Understanding the importance of Early Learning and Parent engagement in 0-3 year olds In-Person Training, conduct Developmental Screenings to provide feedback regarding behavior and ABA, provide training to Family Mentors. FTE Allocation: .05
10	Benefits: Bilingual Registered Behavioral Technician	44.1 percent for benefits cover payroll taxes, workers compensation, health and welfare, personal holiday, and retirement plan
11	Title/Position: Marlene Cuevas Bilingual Licensed Clinical Social Worker	Duties: Conduct Adult Transition In-Person Training, Provide translation support for the Transition to Three In-Person Training, Conduct Developmental Screenings to connect families to resources in the community, Provide Technical Assistance to Family Mentors FTE Allocation: .15
12	Benefits: Bilingual Clinical Social Worker	44.1 percent for benefits cover payroll taxes, workers compensation, health and welfare, personal holiday, and retirement plan
13	Title/Position: Jennifer Ngyuen Bilingual Registered Behavioral Technician	Duties: Conduct Understanding the Importance of Early Learning and Parent Engagement in 0-3 In-Person Training FTE Allocation: .02
14	Benefits: Bilingual Registered Behavioral Technician	44.1 percent for benefits cover payroll taxes, workers compensation, health and welfare, personal holiday, and retirement plan

**Operating Expenses**

Line Number	Line Item	Description
16	Photocopying	Powerpoints and handouts for the In-Person Trainings (\$1,800), ASQ questionnaires for the Developmental Screenings (\$100), binders of powerpoints and resources for the Family Mentors (\$4,000)
17	Postage	Sending flyers to inform families about the In-Person Trainings and Developmental Screenings (\$650)
18	Food and Beverages	Water and food to be provided to families during all in-person trainings and workshops: \$500 per in-person training (\$10,500) and \$500 per Developmental Screening (\$1,500)
19	Childcare Expenses	Childcare for the Transition to Three In-Person Training and Transition to Adulthood (\$2,000)
20	Telecommunications	Communicating with families to inform them and register them into the In-Person Trainings and Developmental Screenings (\$300)
21	Materials & Supplies	Printer paper for photocopying, binders, developmental toy kits (\$2,900)

**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
22	Family Mentor Incentives	Based on feedback from RCOC, a Family Mentor Incentive is recommended to increase participation and completion in this program. Allocating \$300 per family mentor for completing the Family Mentor Program (\$1,500)
23	Snacks for Latino FAC meetings	\$280.00 to cover snacks for evening meetings throughout the year with Latino Family Advisory Committee
24	Nellie Valentine, Contracted Bilingual Parent Trainer	Contracted Bilingual Parent Trainer Transition to Three In-Person Training Series (\$800)

**Administrative/Indirect Costs**

Line Number	Line Item	Description
25	15% Indirect Cost	Facilities and administrative costs are calculated at 15% of the total direct cost, consistent with the sponsor limits.