



2017 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only:

Grant

: 20170710

GRANTEE I.D.: 20824

Organization / Agency Information

Organization/Agency Name: The Cambodian Family		
Physical Address: 1626 E. 4 th Street		City/State/Zip Santa Ana, CA 92701
Mailing Address: 1626 E. 4 th Street		City/State/Zip Santa Ana, CA 92701
CEO or Director: Vattana Peong		Title: Executive Director
Phone: 714-571-1966 ext. 115	Fax: N/A	Email: vattanap@cambodianfamily.org
Contact Person: Vattana Peong		Title: Executive Director
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Web Site Address: www.cambodianfamily.org		Tax ID: 95-3854831

Program / Grant Information

Interest Area: ☐ Animal Protection ☐ Education ☐ Environment ☒ Health ☐ Human Dignity

Program/Project Name: Healthy Changes Program			Amount of Grant Requested: \$50,000
Total Organization Budget: \$414,713	Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 94%	Per 990, Percentage of Management & General Expenses Only (Column C/ Column A x 100): 6%	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 0%
Purpose of Grant Request (one sentence): The goal of our Healthy Changes Program is to provide culturally and linguistically appropriate health services to underserved, low-income, limited-English-proficient Cambodian residents of Orange County through health education, health navigation, preventive health screenings, and/or healthy lifestyle activities, thereby reducing health disparities in our Orange County community.			
Program Start Date (Month and Year): July 2017		Program End Date (Month and Year): June 2018	
Gimbel Grants Received: List Year(s) and Award Amount(s) 2014- \$25,000; 2016-\$35,000			

Signatures

Board President / Chair: (Print name and Title) David Riley, Board President	Signature: 	Date: 9-15-17
Executive Director/President: (Print name and Title) Vattana Peong, Executive Director	Signature: 	Date: 9/15/17

Proposal Narrative

I. Organization Background:

A) What are the history, mission and/or purpose of your organization? How long has the organization been providing programs and services to the community? The Cambodian Family (TCF) was established in 1980 by Cambodian refugees who had escaped the “Killing Fields” of the Khmer Rouge regime in their native country. They then survived for years in refugee camps before resettling in the low-income Bishop Manor/Minnie Street neighborhood of Santa Ana, CA. Our founding members pitched in to rent an apartment where volunteers taught newcomers English and provided social adjustment services to help refugee families recover from past trauma and learn new skills. Over the years, in response to critical needs of other uprooted peoples, our organization evolved into a multi-ethnic agency providing a comprehensive set of human services to immigrants and refugees from around the world. Our clients come from many countries, including Cambodia, Vietnam, Mexico, Iran, Afghanistan, Russia, etc. For nearly 30 years, we were located in a warehouse across the railroad tracks from our refugee and immigrant clients. In 2010, we moved into a new facility nearby, now called The Cambodian Family Community Center, purchased through a \$2.1 million grant from the City of Santa Ana. TCF has provided services to the community for over 37 years and established deep roots in our community. Over 97% of the individuals and families we serve are low income. We have successfully managed over \$27 million of public and private funding. Our **mission** is to provide opportunities for refugee and immigrant families to develop the knowledge, skills, and desires for creating health and well-being in their lives.

B) What are some of your past organizational accomplishments (last three years)? Our most recent 3-year health-related programs accomplishments include:

- Providing 2,750 health education contacts to our clients regarding heart disease/stroke, diabetes, breast cancer, mental health, and more;
- Helping 1, 200 clients access preventive health, health care, and social services;
- Providing 1,025 clients with access to free/low-cost health screenings such as glucose, cholesterol, hypertension, and mammogram;
- Providing 420 clients with access to our “Change Club” activities such as exercise classes, walking club, nutrition/healthy cooking classes, and stress reduction classes;
- Providing over 12,000 translation/interpretation services.

C) What are your key programs and activities? Describe the communities you serve. Include populations, geographic locations served, and relevant statistics. Key Programs:

- ***Community Health Programs:*** Our programs serve over 400 clients per year. We offer workshops and peer learning groups to increase awareness of disease prevention regarding diabetes, cardiovascular disease, mental health and to promote healthier lifestyles and behaviors. Program offerings include health education workshops, health-promoting classes, health screenings, and health/mental health care accessing services, including health insurance enrollment, medical appointment assistance, and translation and interpretation services.

- ***Plan Ahead Youth Program:*** Our after-school activities help youth attain a vibrant future through developing strengths in academia, character, leadership, and physical health. Over 80 youth (1st – 12th graders) participate in academic tutoring, college preparation, leadership and mentorship training, and/or physical wellness workshops each year, while over 40 parents are served through parent engagement and education.

- ***Civic Engagement/Immigration Services:*** Annually, over 30 residents are trained and empowered to become more civically engaged through leadership development and training

classes, and through involvement in policy advocacy campaigns. Also, utilizing pro-bono attorneys and non-attorney volunteers, over 90 clients are assisted in accessing immigration-related services, including naturalization application assistance.

Demographic Description of Populations Served: TCF mainly serves uprooted Cambodian and Latino families who are socially and economically challenged in the low-income, high-crime Bishop and Minnie Street neighborhoods of Santa Ana. More than one-third of Orange County residents, totaling over 913,000 people, are immigrants. In Santa Ana, 57% of the residents are foreign born; 64% (over age 5) speak English less than “very well;” 32% have a high school diploma; and fewer than 4% have a college degree. Approximately 8,000 Cambodians live in Orange County (OC), with the largest concentration, about 3,000, residing in Santa Ana. Of these, approximately 500 live in the impoverished neighborhood known as “Minnie Street,” a notorious center of high crime and poverty. Minnie Street was the original home of refugees who came to OC in the 1980’s. Our agency grew out of this community and has served these areas for the past 37 years. As of the last U.S. census, 57% of the neighborhood population was foreign born (majority from Mexico and Cambodia), over 84% speak another language at home, 35% live in poverty, and 22% of households receive food stamps. Over 97% of our clients are low-income. While we provide assistance to all immigrant communities, TCF is the only organization in OC that provides significant services to Cambodian population.

II. Project Information:

A) Statement of Need: Specify the community need you want to address and are seeking funds for. Our population lived through nearly four years of concentration camp-like conditions in the Khmer Rouge “killing fields” before coming to America as refugees. They suffered torture, starvation, separation from family, and deprivation of religion and culture. Almost four decades later, most refugees still suffer from the effects of their experience and were frequently reported to have high rates of PTSD (62%) and depression (51%) (Marshall et al., 2005). From our own direct experience with Cambodian clients, in addition to the mental health challenges, we have found high rates of diabetes and cardiovascular disease, along with their associated risk factors – kidney and eye problems, high blood pressure, high cholesterol, and high stress. In 2016, about 65% of our clients self-reported having either cardiovascular disease, diabetes, or both. Although the vast majority of our clients surveyed reported having a primary care provider, it is sad to learn that over 97% of them reported either “very difficult” or “difficult” when accessing health care services. Also, over 98% of our clients surveyed rated their comfort level in communicating with or asking their doctor questions as either “very poor” or “poor”. We have found that our clients often do not seek or delay their access to preventive health, and/or health care services. When they do seek health care services, they face many significant barriers. Those barriers include lack of English, lack of transportation, lack of ability to navigate the OC’s complex health care system, significant concerns about their health beliefs and practices, lack of ability to complete intake/medical forms, and lack of culturally and linguistically competent health care providers. According to our clients, there is only one Cambodian-speaking medical doctor in all of OC. As a result, they are not able to access health care services in a timely manner. In addition, not only do health care professionals not understand the language of their limited-English Cambodian patients, they also do not understand their traditions and health care assumptions. By the same token, those Cambodian patients often do not understand their providers. As a result, they often resort to the unsatisfactory practice of using their children or grandchildren as medical interpreters. The lack of culturally and linguistically tailored health care accessing services is a major contributor to the health disparity among this underserved population in OC.

B) Project Description: Describe your project. How does your project meet the community need? What is unique and innovative about this project? Our proposed program

responds closely to the critical needs of our underserved Cambodian community in Orange County by filling a gap in access to preventive health and health care services for this population. Our program is unique and innovative because we are the only organization in Orange County with staff members who are able to connect culturally and linguistically with the Cambodian population. Moreover, our program has been considered by many funders as innovative since we use a 3-level approach to services: (1) improved knowledge/awareness, behaviors, and skills (through health education), (2) improved access to preventive health and health care services (through bilingual case management/patient navigation), and (3) healthy lifestyle changes (through healthy eating classes). We propose to serve 90 Cambodian adult/senior participants in the program. Our program activities will include providing culturally and linguistically tailored health education, case management/health navigation services, and healthy lifestyle activities.

C) Project Goal, Objectives, Activities and Expected Outcomes:

Goal: To increase access of underserved, low-income, limited-English-proficient Cambodian residents of Orange County to culturally and linguistically appropriate preventive health and health care services, information, and resources.

Objective #1: By June 30, 2018, 30 participants will receive 30 individual health education sessions and 60 participants will receive group health education workshops organized quarterly to help improve their knowledge, attitude, behaviors, and/or skills regarding heart disease/stroke and diabetes.

Activities #1: In partnership with our non-funded community partners such as Orange County Health Care Agency, CalOptima, University of California's Nutrition Expanded Program, and HealthCare Partners, **we will provide 30 individual health education sessions to 30 participants throughout the program year. Each individual health education will be delivered by our bilingual health navigator (HN) and last approximately 45 minutes. Moreover, we will provide 4 group health education workshops (one workshop per quarter) to a total of 60 participants (15 participants per workshop). Each group health education workshop will be presented by our non-funded community partners and last approximately 75 minutes.** Participants will learn about signs and symptoms of heart disease and stroke, diabetes, and other important health topics, how health related problems can be prevented or mitigated by greater awareness, early detection and treatment, careful management, and changes in lifestyle or behavior. They will learn about factors that contribute to preventing or successfully managing health issues and will be provided with useful resources and materials.

Expected Outcomes #1: By June 30, 2018, 68 participants (75%) attending group and individual health education sessions will report improved health knowledge, attitude, behaviors, or skills.

Evaluation #1: The number of individuals (90 participants) attending individual/group health education sessions will be tracked by using sign-in sheets collected at each health education session/workshop. Also, bilingual health navigators will administer immediate post-test surveys to 90 participants at the end of each health education session and it is expected that at least 68 participants will report improved health knowledge, behaviors, or skills. All data will be entered into our existing Ms. Access Database system where program outcome reports will be generated.

Objective #2: By June 30, 2018, 75 individuals will receive case management/health navigation services to help increase participants' access to preventive health/health care services/resources.

Activities #2: Case management/health navigation services will be provided on an on-going basis with the goal of serving 19 participants per quarter. Participants, particularly culturally and linguistically isolated seniors, will receive personal counseling, ongoing support, and preventive health, and health care accessing services from our bilingual/bicultural health navigators. HN will help make appointments for clients, accompany them to the medical appointments, interpret/translate and ensure effective communication with medical providers,

advocate for and ask questions on behalf of clients who lack communication skills, explain treatment regimens to clients, and support them and follow-up by phone calls and in-person meetings to ensure client adherence. Appointments will include health screenings, medical visits, and social/support visits.

Expected Outcomes #2: By June 30, 2018, 56 enrolled participants (75%) will report improved access to preventive health and health care services, as a result of our case management and health navigation services

Evaluation #2: The number of individuals (75 participants) receiving case management/health navigation services will be tracked through enrollment forms. HN will administer health access baseline and 6-month follow-up surveys to a total of 75 participants at the time of their enrollment (for baseline) and at 6 months of their participation (for follow-up). Our surveys will collect data related to where they receive health care services, how easy/difficult it is for them to obtain health care services, what makes it difficult for them to get health care services, their health care utilization experiences, and their overall satisfaction. It is expected that at least 56 participants will report improved access to preventive health and health care services.

Objective #3: By June 30, 2018, 40 individuals will attend quarterly nutrition education workshops and quarterly healthy cooking demonstration classes to help promote healthy behaviors.

Activities #3: We will provide 4 nutrition education workshops (one workshop per quarter) to a total of 40 participants (10 participants per workshop). Each workshop will be delivered by our non-funded community partners such as University of California's Expanded Nutrition Program, CalOptima's registered dietitian/health educator, and/or other community health partners and last approximately 60 minutes. The workshops will include topics related to USDA's new "My Plate" concept, the importance of each of the plate sections, and the importance of portion size. Also, we will organize 4 healthy cooking classes (one class per quarter) to a total of 40 participants (10 participants per class). Each class will last approximately 60 minutes and demonstrate healthy food recipes that are culturally appropriate. The class will be hosted by our volunteer community health ambassadors and health navigators. We will utilize the *Guide to Healthy Eating for Cambodian Americans* cookbook. Participants will have the opportunity to learn healthy recipes, enjoy samples of healthy food, and receive a copy of cooking recipes.

Expected Outcome #3: By June 30, 2018, 30 enrolled participants (75%) will report increased healthy behaviors such as eating more fruits and vegetables, consuming less salt, sugar, and fat and high calories foods in their diet.

Evaluation #3: The number of individuals (40 participants) attending nutrition education and healthy cooking classes will be tracked by using sign-in sheets collected at each class. HN will administer Change Club baseline and 6-month follow-up surveys to a total of 40 participants at the time of their enrollment (for baseline) and at 6 months of their participation (for follow-up). It is expected that at least 30 participants will report increased healthy behaviors.

D) Timeline: Program period is from July 1, 2017-June 30, 2018. Group health education sessions will be held quarterly while individual health education sessions will be on-going and provided during participants' service encounters with our bilingual HN (Objective #1). Case management/health navigation services will be on-going (Objective #2), and nutrition workshops and healthy cooking demonstration classes will be held bi-monthly (Objective #3).

E) Target Population: Who will this grant serve? How many people will be impacted? Provide a breakdown: Number of Children, Youth, Adults, Seniors, Animals. Our target population is Cambodian adults and seniors living in Santa Ana and Orange County. We propose to serve 90 participants. Of those served, we expect 75% adults and 25% seniors.

F) Projects in the Community: How does this project relate to other existing projects? Who else is providing this service Who are your community partners (if any)? How are you utilizing volunteers? We know that there are limited preventative health and health care accessing/health navigation services currently being provided to residents of our target areas (Minnie Street and Bishop Manor), which contain nearly all Cambodians and Latinos. There are a few organizations such as KidWorks and Lighthouse Learning Center that focus on providing after-school tutoring services to families living at our target sites, but they do not offer health education/health promotion programs. Besides TCF, there are no other organizations in the community we serve that provide culturally and linguistically tailored programs/services to the Cambodian community. Thus, our proposed program will help fill in some of the gaps in acquiring preventive health and health care services. Some of our key non-funded partners include: OC Health Care Agency, Families Together of OC FQHC-look-alike clinic, Minnie Street Family Resource Center, CalOptima, HealthCare Partners, and University of California's Expanded Nutrition Program. **All community health partners listed in this proposal are non-funded partners and have been providing in-kind support for our program for many years.**

1) Orange County Health Care Agency is the County of Orange's health department and will offer a health educator for our group health education workshops about the importance of early detection and preventive health.

2) Families Together of Orange County is a FQHC-look-alike community health center that offers comprehensive health care services and has served many of our clients. FTOC will work with our health navigators to provide our uninsured/underinsured participants with access to their free or low-cost comprehensive health care services, health education, and health screening through our case management/health navigation services.

3) Minnie Street Family Resource Center is one of 15 Family Resource Centers in Orange County that provides essential family support services, education, and resources. FRC will provide a comprehensive array of services to our participants, including counseling and enrolling clients into health insurance and other benefits such as WIC, CalFresh (food stamp), and more. FRC will also help pass out our program flyers to their clients and refer participants to our program.

4) CalOptima is a county organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities in Orange County. CalOptima will provide nutrition educator/dieticians to lead our nutrition education workshops. CalOptima will also provide a health educator for our group health education workshops regarding heart disease and diabetes.

5) University of California's Expanded Nutrition Program will provide our clients with nutrition education workshops that are age and cultural appropriate.

6) HealthCare Partners is one of the largest medical groups in California and will provide a health educator for our group health education workshops regarding the importance of preventive health (health screening), diabetes, and cardiovascular diseases.

G) Use of Grant Funds. How will you use the grant funds? We will use grant funds to support our HCP program staff salaries/benefits, rent, utilities, office/program supplies, and other program related expenses.

III. Project Future

A) Sustainability: Explain how you will support this project after the grant. Include plans for fundraising or increasing financial support designated for the project. TCF has recently finished our agency-wide 5-Year Sustainability Plan supported by the St. Joseph Health Community Partnership Fund. One of our strategies is to attract unrestricted funds to fill in program funding gaps, including our proposed HCP. Another strategy is to leverage resources by

working with our community partners to build our mutual capacity to deliver quality services. This partnership can become a formidable collaborative in seeking future funding and other support for HCP services. As we have done in the past, we continue to seek funding from government, various foundations, donors, and fund raising events to support our program. We have been successful in finding funds to support our health program for the last 29 years and we expect that we will be successful in finding support for this program in the future. In addition, our HCP has been funded by multiple funders in the past and this model will continue to help us sustain this program in a long term. Moreover, we own a community center, which helps provide stability and sustainability for our future. Also, we have increased our volunteer participation in recent years and will continue to optimize volunteer resources.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Governance: Currently, we have 8 board members with diverse ethnicities and professional background and three committees: governance, finance, and fundraising. Our board meets monthly and holds one annual retreat. They work with the Executive Director (ED) to further the mission of the organization. They provide annual performance evaluation of the ED, donate money to our organization, and help us raise funds to support our works. They make their decision through discussion and then vote, with a simple majority to approve an action.

B) Management: Describe the qualifications of key personnel/staff responsible for the project. Our key program staff have many years of experience, trust, and extensive expertise in providing services to our community. **Vattana Peong**, ED, has worked for TCF since 2011. Prior to his current position, he served as our agency's Health Program Director. He continues to oversee and evaluate our successful community health programs. He is bilingual in English and Khmer and has a Master's Degree in Public Health from California State University, Fullerton. **Kieng Seng**, Health Navigator, is a former Cambodian refugee and has worked for TCF for the past 18 years, providing social adjustment counseling, employment services, health education, health accessing, and case management for many underserved families in Orange County. Kieng is bilingual in English and Khmer and has received several awards for her outstanding community work. **Amina Sen-Matthews**, Health Program Director, has over 6 years of experience in providing community mental health services to a very diverse community and in developing/implementing health-promoting curriculum. Amina will be responsible for supervising and implementing the daily HCP operations. Amina has a Master's Degree in Education from National University and currently pursuing her Psy. D., Marriage and Family Therapist at the local Chicago School of Professional Psychology.

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V. Project Budget and Narrative

A) Budget Table:

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
Health Program Director	16 hours/week x \$24/hour x 52 weeks = \$19,968	0	\$13,460	\$6,508	\$19,968
Two Bilingual Health Navigators	64 hours/week x \$17/hour x 52 weeks = \$56,576	0	\$35,674	\$20,902	\$56,576
Executive Director	8 hours/week x \$38.5/hour x 52 weeks = \$16,016	\$1,121	\$8,729	\$6,166	\$16,016
Benefits @ 27% of total salaries	\$92,560 x 27% = \$24,991	\$303	\$15,624	\$9,064	\$24,991
Program Supplies	\$55/client x 100 clients/year = \$5,500	0	\$3,640	\$1,860	\$5,500
Office Supplies	\$100/month x 12 months = \$1,200	0	\$500	\$700	\$1,200
Travel/Mileages	Avg. 300 miles/month x \$0.50/mile x 12 months = \$1,800	0	\$1,200	\$600	\$1,800
Incentives (Opportunity Drawings)	16 sessions/classes x \$50 per session/class=\$800	0	\$400	\$400	\$800
Program Space/Rent	\$3,000/month x 12 months x 35% = \$12,600	\$1,200	\$7,600	\$3,800	\$12,600
Indirect Cost (10%)	\$13,945	\$262	\$13,683	\$0	\$13,945
TOTALS:	\$153,396	\$2,886	\$100,510	\$50,000	\$153,396

B) Budget Narrative:

1- Personnel: Health Program Director (0.40 FTE) trains & supervises staff, oversees program implementation and outcomes and data collection, prepares reports, and coordinates community/partnership events/activities: 16 hours/week x \$24/hour x 52 weeks = \$19,968. Two Bilingual Health Navigators (1.60 FTE) assess clients' health needs, assist clients in setting up goals and action plan, organize and provide health education, personal counseling and on-going support, provide health, psychological, and social accessing services, organize/lead classes, link/refer clients to health screenings and healthcare services, support clients to develop healthy behaviors, and administer program surveys: 64 hours/week x \$17/hour x 52 weeks = \$56,576. Executive Director (0.20 FTE) provides direct services to the grant by training staff and clients, developing training manual, reports, and articles, conducting data analysis, leading partnership

meetings, and generally supporting staff: 8 hours/week x \$38.5/hour x 52 weeks = \$16,016.
Benefits @ 27% of total salaries are requested and include: Social Security/Medicare @7.65%; SUI/Worker's Comp./Health/Dental @ 14.35%; Retirement/403B @ 5%.

2- Program Supplies: Supplies include, but not limited to, DVDs, educational software, outreach & recruitment materials and banners, light refreshments for health/nutrition education workshops, cooking demonstration supplies, etc. to facilitate the activities and outcomes of our grant. \$55/participant x 100 participants/year = \$5,500

3- Office Supplies: Supplies such as papers, binders, pens, notebook, etc. for Healthy Changes Program staff to provide services. \$100/month x 12 months = \$1,200.

4- Travel/Mileages: These funds support the mileage of all HCP program staff when they provide health care accessing services for clients and attend program-related meetings. Avg. 300 miles/month x \$0.50/mile x 12 months = \$1,800

5- Incentives: Gift cards will be purchased and used as an opportunity drawing at our quarterly group health education workshops and bi-monthly healthy cooking demonstration/nutrition classes to keep participants motivated to attend our program. 16 sessions/classes x \$50 per session/class=\$800

6- Program Space/Rent: HCP will use about 35% of our total agency square footage and will pay its pro-rated share of rental costs each month. \$3,000/month x 12 months x 35%=\$12,600.

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VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
UniHealth Foundation	\$50,000
St. Joseph Health Community Partnership Fund	\$10,000

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
Hoag Community Benefit Grants Program	\$60,000	June 2017
Kaiser Permanente Community Benefit Grants Program	\$20,000	June 2017
St. Mark Taper Foundation	\$50,000	June 2017

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	\$13,227	3%	Program Fees	\$0	0%
Fundraising/Special Events	\$0	0%	Interest Income	\$53	1%
Corp/Foundation Grants	\$330,702	74%	Other:	\$29,700	6%
Government Grants	\$70,731	16%	Other:	\$0	%

Notes:

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VII. Financial Analysis

Agency Name: The Cambodian Family

Most Current Fiscal Year (Dates): From 7/1/2015 To: 6/30/2016

This section presents an overview of an applicant organization's financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization**. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures!**

Form 990, Part IX: Statement of Functional Expenses

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$339,280	\$318,780	\$20,500	\$0

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	94%	6%	0%

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization's Current Total Budget used for Administration	Column C, Management & general expenses per 990 above	Differential
9%	6%	3%

If the differential is above (+) or below (-) **10%**, provide an explanation:

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Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
\$314,253	\$42,303	\$69,273	5.1

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
\$75,433	\$283,344

Notes:

VIII. Application submission check list:

<u>Submit FOUR (4) Copies: 1 ORIGINAL (WITH ORIGINAL SIGNATURES) and 3 copies, collated and stapled together of the following:</u>	<u>Submit ONE (1) Copy:</u>
Completed Grant Application Form (cover sheet, narrative), budget page and budget narrative (see sample) and sources of funding, financial analysis page	A copy of your current 501(c)(3) letter from the IRS
Your current operating budget and the previous year's actual expenses (see sample Budget Comparison)	A copy of your most recent year-end financial statements (audited if available; double-sided)
Part IX only of the 990 form, Statement of Functional Expenses (one page). If you completed a 990-EZ, fill out the attached Part IX, Functional Expenses of the 990 form using figures from your 990-EZ	A copy of your most recent 990 (double-sided)
For past grantees, a copy of your most recent final report.	A list of your Board members and their affiliations

**THE CAMBODIAN FAMILY
BOARD OF DIRECTORS
2017**

PRESIDENT

David Riley

Retired

Former Director of OC Health Care Agency
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E-mail: vattanap@cambodianfamily.org
Member since July 2015

Internal Revenue Service
District Director

Department of the Treasury

Date: AUG 25 1983

Employer Identification Number:

95-3854831

Accounting Period Ending:

June 30

Form 990 Required: ☒ Yes ☐ No

► The Cambodian Family
1421 S. Main Street
Santa Ana, CA 92707

Person to Contact:

I. Hill

Contact Telephone Number:

(213) 688-4889

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 170(b)(1)(A)(vi) and 509(a)(1).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000.* If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

P.O. Box 2350, Los Angeles, Calif. 90053

(over)

Letter 947(DO) (5-77)

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director

* For tax years ending on and after December 31, 1982, organizations whose gross receipts are not normally more than \$25,000 are excused from filing Form 990. For guidance in determining if your gross receipts are "normally" not more than the \$25,000 limit, see the instructions for the Form 990.

501(c)(3) Organizations

Beginning January 1, 1984, unless specifically excepted, you must pay taxes under the Federal Insurance Contributions Act (social security taxes) for each employee who is paid \$100 or more in a calendar year.



Strengthening Inland Southern California through Philanthropy

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Paula Myles
Interim President and CEO

October 23, 2017

S. L. Gimbel Foundation Fund

Vattana Peong
Executive Director
The Cambodian Family
1626 East 4th Street
Santa Ana, CA 92701

Dear Vattana Peong:

Congratulations! A grant has been approved for **The Cambodian Family** in the amount of \$50,000.00 from the S.L. Gimbel Foundation. **The performance period for this grant is November 1, 2017 to November 30, 2018.** Additional funding beyond the performance period is not guaranteed. It is highly recommended that alternative funding sources be sought accordingly. The grant is to support the following as specified in your proposal:

To support Healthy Changes Program

This grant is subject to the terms outlined in the enclosed Grant Agreement. After you have reviewed the terms and conditions of the Grant Agreement, **please sign and date the agreement and return with original signature to The Community Foundation by Thursday, November 30, 2017.** Be sure to copy the signed agreement for your records. Funds will be released upon receipt of the signed Grant Agreement.

A condition of this grant is that you agree to submit the Grant Evaluation Form which includes a narrative report and fiscal report. **The Grant Evaluation is due by December 15, 2018** and will be available online at:

<https://www.thecommunityfoundation.net/grants/grants/forms>.

We wish you great success and look forward to working with you during the grant performance period. If you have any questions, please feel free to contact me at 951-241-7777.

Sincerely,

Celia Cudiamat
Executive Vice President of Programs

20826 The Cambodian Family

20170710 GIMB



**S. L. Gimbel Foundation Fund
Grant Agreement**

Organization: The Cambodian Family

Grant Amount: \$50,000.00 **Grant Number:** 20170710

Grant Period: November 1, 2017 to November 30, 2018 (*Evaluation Due: December 15, 2018*)

Purpose: To support Healthy Changes Program

1. Use of Grant Funds

Grant funds must be expended within the grant period, for the purpose and objectives described in your grant proposal. Grant funds may not be expended for any other purpose without prior written approval by The Community Foundation. If there are significant difficulties in making use of the funds as specified in your proposal, or if the grant funds cannot be spent within the grant period, notify us in writing promptly.

Formal requests for extensions or variances must be submitted to the Foundation's Board of Directors for approval a minimum of 60 days before the end of the grant period.

Requests for variances or extensions are reviewed on a case-by-case basis and approved by the Board of Directors. If a request is denied, unused funds must be immediately refunded to the Foundation.

Grant funds will not be expended for any political or lobbying activity or for any purpose other than one specified in section 170(c)(2)(b) of the Code.

2. Payment of Grant Funds

The grant funds will be paid in full by the Foundation upon receipt of the signed Grant Agreement. Challenge grant funds will be paid in full upon receipt of the signed Grant Agreement and upon receipt of documentation providing evidence that condition(s) of the challenge grant has/have been met.

3. Certification and Maintenance of Exempt Organization Status

This grant is specifically conditioned upon Grantee's status as an eligible grantee of The Community Foundation. The Foundation has obtained a copy of the Grantee's IRS determination letter. Grantee confirms that it has not had any change in its legal or tax-exempt status, and shall notify the Foundation immediately of any such change.

4. Final Report and Records

The Grantee will submit the Grant Evaluation report per the deadline set forth in the award letter. This report includes a narrative on outcomes based on goals and objectives set forth in the grant proposal and an expenditure report documenting use of grant funds. If equipment was purchased, copies of receipts need to be included.

5. Grantee's Financial Responsibilities

Grantee will keep records of receipts and expenditures of grant funds and other supporting documentation related to the grant at least four (4) years after completion of the grant and will make such records of receipts, expenditures and supporting documentation available to the Foundation upon request, for the purpose of conducting financial audits, making verifications, and investigations as deemed necessary concerning the grant.

6. Publicity

The Community Foundation appreciates publicity for the grant in all relevant published materials, such as brochures, newsletters and annual reports. The credit line of "Made possible in part by a grant from **The Community Foundation, Strengthening Inland Southern California through Philanthropy**" is suggested. The Grantee will allow the Foundation to review and approve the content of any proposed publicity concerning the grant prior to its release, upon request. When your donors are listed in printed materials, include the Foundation in the appropriate contribution size category. Sending a brief press release to your local paper is appreciated. Please email Charee Gillins, our Marketing & Communications Officer, at cgillins@thecommunityfoundation.net with copies of any printed or publicity materials that highlight the grant. When publishing our name, please note the "The" at the beginning of our name is a legal part of our name. It should always be used and capitalized. Attaching a logo is also appreciated. Our logo can be downloaded on our website at www.thecommunityfoundation.net.

Grantee agrees to allow the Foundation to include information about this grant in the Foundation's periodic public report, newsletter, news releases, social media postings, and on the Foundation's website. This includes the amount and purpose of the grant, any photographs you have provided, your logo or trademark, and other information and materials about your organization and its activities.

7. Indemnification

In the event that a claim of any kind is asserted against the Grantee or the Foundation related to or arising from the project funded by the Grant and a proceeding is brought against the Foundation by reason of such claim, the Grantee, upon written notice from the Foundation, shall, at the Grantee's expense, resist or defend such action or proceeding, at no cost to the Foundation, by counsel approved by the Foundation in writing.

Grantee hereby agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless the Foundation, its offices, directors, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees) directly, indirectly, wholly, or partially arising from or in connection with any act or omission by Grantee, its employees, or agents in applying for or accepting the Grant, in expending or applying the Grant funds or in carrying out any project or program supported by the Grant, except to the extent that such claims, liabilities, losses, and expenses arise from or in connection with any bad faith act or omission by the Foundation, its officers, directors, employees, or agent.

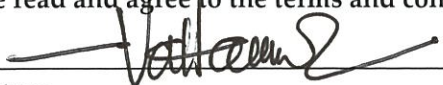
8. Termination

The Community Foundation may terminate this agreement, modify or withhold payments under this grant award, require a total or partial refund of any grant funds, or all at any time, if, in the Community Foundation's judgment: a) The Community Foundation is not satisfied with the quality of the Grantee's progress toward achieving the project goals and objectives; b) the Grantee dissolves or fails to operate; c) the Grantee fails to comply with the terms and conditions of this agreement; d) the Grantee fails to comply with the requirements of any law or regulation applicable to you, the Foundation, or this grant.

9. Limitation of Support

This Agreement contains the entire agreement between the parties with respect to the Grant and supersedes any previous oral or written understandings or agreements.

I have read and agree to the terms and conditions of the Grant Agreement.



Signature
Vattana Peong

Printed Name

10/25/2017

Date
Executive Director

Title

Organization: The Cambodian Family
Grant Number: 20170710

AV
10/31/17

10/31/17



Strengthening Inland Southern California through Philanthropy

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Susan Ovitt

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Kathleen Sawa

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Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Paula Myles
Interim President and CEO

November 6, 2017

S. L. Gimbel Foundation Fund

Vattana Peong
Executive Director
The Cambodian Family
1626 East 4th Street
Santa Ana, CA 92701

Dear Vattana Peong:

The Community Foundation is pleased to enclose a grant check for \$50,000 from the S. L. Gimbel Foundation, a component fund at The Community Foundation. By cashing the grant check, you are agreeing to the conditions stated under the *Terms of Grant* which you have signed and returned. **The completed Grant Evaluation form is due by November 9, 2018** and will be available online on The Community Foundations website under: <https://www.thecommunityfoundation.net/grants/grants/forms>. Please note that any grant variances or extensions must be requested in writing and in advance. Any remaining grant funds must be returned to The Community Foundation at the end of the grant period.

We greatly appreciate any help you can give us in publicizing the grant. Please use the following credit in any grant announcements or materials funded by the grant: *"The Cambodian Family is supported by a grant from The S. L. Gimbel Foundation."* You may send us copies of articles printed in local papers, stories in your agency newsletter, annual report, press releases, and other publications for our files.

Please feel free to contact me at 951-241-7777 should you have any questions.

Sincerely,

Celia Cudiamat
Executive Vice President of Programs

20170710

43188

GIMB-3



The Community Foundation
Strengthening Inland Southern California through Philanthropy
3700 SIXTH STREET, SUITE 200
RIVERSIDE, CA 92501
951-241-7777 / FAX 951-684-1911

CITIZENS BUSINESS BANK
A Financial Services Company
3495 Main Street, Riverside, CA 92501
90-3414/1222

EZShieldSM Check Fraud
Protection for Business

43188

PAY * Fifty Thousand and no/100 *

TO THE
ORDER OF

DATE
11/03/2017

AMOUNT
\$ ****50,000.00

The Cambodian Family
1626 East 4th Street
Santa Ana, CA 92701

P Brown-Hinds
Lee G. Fournier
AUTHORIZED SIGNATURE

⑈043188⑈ ⑆122234149⑆ 244124437⑈

The Community Foundation

20826 The Cambodian Family

11/03/2017 043188

43188

20170710 11/02/2017 To support Healthy Changes Program
GIMB S.L. Gimbel Foundation Advised Fund

50,000.00
50,000.00

CHECK TOTAL: \$ ****50,000.00

The Community Foundation

20826 The Cambodian Family

11/03/2017 043188

43188

20170710 11/02/2017 To support Healthy Changes Program
GIMB S.L. Gimbel Foundation Advised Fund

50,000.00
50,000.00

CHECK TOTAL: \$ ****50,000.00