



2016 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only:
Grant No: 20160275

GUARANTEE I.D.: 20824
AMOUNT: \$35,000

Organization / Agency Information


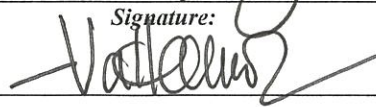
<i>Organization/Agency Name:</i> The Cambodian Family		
<i>Physical Address:</i> 1626 E. 4th Street		<i>City/State/Zip:</i> Santa Ana, CA 92701
<i>Mailing Address:</i> 1626 E. 4th Street		<i>City/State/Zip:</i> Santa Ana, CA 92701
<i>CEO or Director:</i> Vattana Peong		<i>Title:</i> Executive Director
<i>Phone:</i> 714-571-1966 ext. 115	<i>Fax:</i> 714-571-1974	<i>Email:</i> vattanap@cambodianfamily.org
<i>Contact Person:</i> Vattana Peong		<i>Title:</i> Executive Director
<i>Phone:</i> 714-571-1966 ext. 115	<i>Fax:</i> 714-571-1974	<i>Email:</i> vattanap@cambodianfamily.org
<i>Web Site Address:</i> www.cambodianfamily.org		<i>Tax ID:</i> 95-3854831

Program / Grant Information

Interest Area: Animal Protection Education Environment Health Human Dignity

<i>Program/Project Name:</i> Healthy Changes Program			<i>Amount of Grant Requested:</i> \$35,000
<i>Total Organization Budget:</i> \$396,866	<i>Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100):</i> 90.3%	<i>Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100):</i> 8.5%	<i>Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100):</i> 9.7%
<i>Purpose of Grant Request (one sentence):</i> We are requesting the S.L. Gimbel Foundation to support our Healthy Changes Program which aims to provide culturally and linguistically appropriate services to underserved, low-income Cambodian residents of Orange County with limited-English-proficiency (LEP) to health care accessing and preventive health, including health education, health screenings, and healthy living activities, thereby reducing health disparities in our Orange County community.			
<i>Gimbel Grants Received: List Year(s) and Award Amount(s)</i> 2014 - \$25,000			

Signatures

<i>Board President / Chair: (Print name and Title)</i> David Riley, Member of Board of Directors	<i>Signature:</i> 	<i>Date:</i> 5/16/16
<i>Executive Director/President: (Print name and Title)</i> Vattana Peong, Executive Director	<i>Signature:</i> 	<i>Date:</i> 2/16/16

Proposal Narrative

I. Organization Background; Target Population:

A) History & Mission: 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. Over the past 36 years, we’ve established deep roots in our community. All of the individuals and families we serve are extremely low or 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) TCF’s Past Accomplishments: Our programs focus on the areas of Community Health, Youth Development, and Civic Engagement/Immigration services. For the past three years, our services have reached over 1,500 low-income residents. We are very proud of our accomplishments, as we’ve met and exceeded all of our program goals and have been able to leverage resources with our community partners. Over 85% of our clients reported improvement and more than 90% reported satisfaction with our programs/services. For our **Healthy Changes Program (HCP)** in particular, over the 3-year period, we achieved the following outcomes:

- 2,360 health education contacts were provided
- 214 unduplicated clients participated in our Healthy Lifestyle Change Club activities
- 703 unduplicated clients received access to healthcare services
- 438 unduplicated clients were able to receive healthcare screenings

C) Key Programs and Services: (1) **Community Health Services:** Serving approximately 350 clients per year, our *HCP* offers workshops and peer learning groups to increase awareness of disease prevention and to promote healthier lifestyles and behaviors. Program offerings include health education workshops, health-promoting classes, health screenings, and health care accessing services, including health insurance enrollment, medical appointment assistance, and translation and interpretation services. (2) **Plan Ahead Youth Program (PAYP):** Serving over 100 youth and parents per year, our *PAYP* aims to help participating youth attain their vision for a vibrant future through developing strengths in academia, character, and physical health. Activities are conducted year round by our multilingual staff and take place at our center. Our youth participate in academic tutoring, college preparation, leadership and mentoring training, and physical and wellness workshops. (3) **Civic Engagement & Immigration/Naturalization Services:** As a member of the Santa Ana Building Healthy Communities (SABHC) collaborative, we engage over 25 residents annually to become more civically engaged in their community through leadership development and training classes, advocacy and campaigning for effective policy changes, and cultural competency training for service providers and stakeholders.

Utilizing pro-bono attorneys, we offer over 110 applicants annually no-cost reviews and consultations of immigration applications to support their completion and submittal.

The Community We Serve: TCF services address the unique challenges faced by low-income immigrant families in Orange County, particularly in Santa Ana. More than one-third of Orange County's residents, totaling over 913,000 people, are immigrants (US Census, 2010). In 2004, a report by the Nelson A. Rockefeller Institute of Government designated Santa Ana as the nation's most difficult place to survive. The city is characterized by a number of challenging demographics: its population is 80% Latino and 50% foreign born. The per capita income is \$16,891, compared to that of the county - \$34,550. The city's poverty rate (16.5%) is substantially higher than the county's (9.5%) and the state's (12.9%). Almost half of Santa Ana workers are employed in relatively low paying jobs, with limited or no benefits. Santa Ana has one of the lowest levels of educational attainment among large US cities, with only 50% of adults 25 years and older having a high school diploma or equivalent (US Census, 2010). A majority of our services are in Santa Ana with 73.1% of residents speaking Spanish at home, and 15% of adults speaking no English at all (US Census, 2010). Healthy Fitness Zone reports that 52.5% of 5th graders, 48.4% of 7th graders, and 43.3% of 9th graders in SAUSD need improvement and/or face health risks in body composition (CDE 2013-2014). In 2014, 43% of SAUSD students were found to be overweight or obese, compared to 33% of students in the region overall. The 2015 Orange County Community Indicators identified that access to patient navigators, coordination between service organizations, centralized services, and access to reduced cost care were all vital to the improvement of overall community health.

II. Project Information:

A) Statement of Need: Cambodians 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. Among those who arrived in America for resettlement, many were uneducated farmers, illiterate even in their native language, with no marketable skills and significant mental health problems. Also, this population suffers disproportionately from physical illnesses such as diabetes, cardiovascular disease, and cancer. About 8,000 Cambodians live in Orange County (OC), with the largest concentration in Santa Ana. Our Cambodian residents face many barriers accessing healthy lifestyle activities and the health care they need. These barriers include lack of English, lack of understanding of disease prevention, lack of transportation, lack of ability to navigate the health care system, lack of culturally and linguistically appropriate services, and extreme lack of social self-esteem. Not only do healthcare professionals not understand the language of their Cambodian patients, they also do not understand their traditions and health care assumptions. By the same token, Cambodian patients often do not understand their doctors. As a result, they often resort to the unsatisfactory practice of using their children as medical interpreters. The lack of culturally and linguistically appropriate health care services is a major contributor to the disparity and their ability to maintain good health.

B) Project Goal, Objectives, and Methodology: **Goal:** To improve health outcomes and reduce health disparities for Cambodian residents, especially in the areas of diabetes and cardiovascular disease. **Project Description:** We propose to serve 70 Cambodian adult participants in the program. Our program activities will include exercise, walking club, and/or Yoga classes and will be led by bilingual Health Navigators. Also, we will organize healthy cooking classes that demonstrate healthy food recipes that are popular in our Cambodian communities. Moreover, we will host health and nutrition education workshops to improve

participants' knowledge of healthy and nutritious foods and the importance of physical activity and discuss various health topics. Our services will be offered in our clients' native language (Khmer) and at locations that are convenient and easily accessed by them. Also, free or low-cost health screenings will be provided at our center and elsewhere in the community. We will continue our partnerships with our existing community partners such as CalOptima and AltaMed to provide these services. Through assessments, logs, pre-post tests, and/or follow-up measures, we will evaluate our clients' progress throughout the program.

Objective 1: By June 2017, 75% of our program participants (53 participants) will report an increased engagement in moderate intensity physical activity for at least 150 minutes per week. **Activities 1:** We will organize health education workshops to help improve our participants' knowledge of the importance of being physically active, eating healthy foods, and maintaining a healthy weight. We will provide weekly exercise classes, including dance and aerobics that are culturally appropriate. Also, we will hold weekly walks at a nearby park. We will utilize our existing resources such as TCF's facility, community partners' facilities, and/or local parks to promote and engage our program participants in physical activities. **Objective 2:** By June 2017, 75% of our program participants (53 participants) will report eating more fruits and vegetables and consuming less salt, sugar, and fat and high calories foods in their diet.

Activities 2: We will organize health/nutrition education workshops which 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. Visual displays of sample foods will be offered to engage the interest of participants. We continue to work with CalOptima's registered dietitian and/or health educator, and other community health education partners to provide this nutrition education. We will organize healthy cooking classes that demonstrate healthy food recipes that are culturally appropriate. We will utilize the *Guide to Healthy Eating for Cambodian Americans* cookbook. These healthy cooking classes will be led by our community volunteers. Participants will have the opportunity to learn healthy recipes, enjoy samples of healthy food, and receive a copy of cooking recipes. **Objective 3:** By June 2017, 75% of our program participants (53 participants) will report having at least one preventive health screenings or a routine medical checkup within the past year. **Activities 3:** Our health/nutrition education workshops will include several health topics related to chronic diseases and their risk factors, including cardiovascular disease, diabetes, mental illness and the importance of preventive health. In addition, we will facilitate and/or provide our clients with the opportunity to receive free or low-cost health screenings. After receiving health screenings, participants will also be provided, if needed, with the opportunity to receive follow-up health care information and linkages to health insurance, as well as other social support services by our bilingual health navigators.

Timeline for Implementation: Since the project is on-going, no start time is required. We will begin our program year in June or July, upon receipt of our funding.

Target Population: Our target population is Cambodian adults living in Santa Ana and nearby cities. We propose to serve 70 Cambodian adult participants in the program.

Activities and # of participants:	#	Activities and # of participants:	#
Health/ Nutrition Education	70	Healthy Cooking Class	55
Physical Activities (Exercise/ Walking/Yoga)	55	Health Screening	55

Existing Projects/Partners/Volunteers: TCF has effective and longstanding relationships with a number of organizations and community volunteers that support our community health. We will call upon these organizations and volunteers to continue their support through our proposed HCP. All community health partners, including AltMed, FTOC, St. Joseph

Hospital of Orange, CalOptima, and SABHC are non-funded partners and have been providing in-kind support for our community health program. We will continue to build on our existing partnership to provide integrated and coordinated services to our underserved population.

C) Project Outcomes and Evaluation: Our anticipated outcomes are (1) increased physical activities, (2) improved nutrition/healthy eating knowledge and habits, and (3) increased preventive health screenings and/or routine medical check-ups. **Process Evaluation measures** will be collected by our Health Navigators (HN) and/or Health Director. These measures will be completed for each participant enrolled in our program through intake forms, health accessing surveys, immediate post-test survey, and/or through sign-in sheets for each health education. **Outcome Evaluation measures** will be collected through baseline and 6-month/12-month follow up surveys. We will evaluate our program's success by determining that at least 75% of our participants will report (1) an increased engagement in moderate intensity (PA) for at least 150 minutes per week, (2) eating more fruits and vegetables, as well as consuming less salt, sugar, and fat and high calories foods in their diet, and (3) having at least one preventive health screening or a routine medical checkup within the past year.

D) Use of 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:

TCF is currently in the process of renewing our agency-wide strategic planning. One of our strategies is to create an effective marketing/fundraising system that will help us attract diverse funding sources. We own a community center and this ownership helps provide stability and sustainability for our future. It has also generated rental income for us. We will continue writing grants to foundations and government agencies that have supported us in the past. We are pleased to learn that George Hoag Family Foundation is also interested in supporting our program in addition to our current and pending funders. We will continue to optimize volunteer resources and leverage our community partners' resources.

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

Board: Currently, we have 7 board members and three committees, including 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.

Key Personnel: **Vattana Peong** is a new Executive Director and has worked for TCF since January 2011. Prior to his current leadership role, he served as a Health Program Director, overseeing, coordinating and evaluating 5 community health programs. He provided health education (including translation and interpretation), documented program participation, assessed client health needs, provided patient navigation, evaluated programs, and wrote reports. He is bilingual in English and Khmer. He has a B.A. in English from Royal University of Phnom Penh and a Master's Degree in Public Health from California State University, Fullerton. **Kieng Seng** is Health Navigator. She is a former Cambodian refugee and has worked for TCF for the past 17 years, providing social adjustment counseling, employment services, health education, health accessing, Change Club activities, and case/disease management for many underserved families in Orange County. Kieng is bilingual in English and Khmer and has received several honors and awards, such as an award for "Outstanding Achievements and Services in Building a Stronger Community" from Congressman Ed Royce, and a "Community Heroes Award" from OCAPICA.

V. Project Budget and Narrative

A) Breakdown of Specific Line Item Requests

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
A Health Program Director	32 hours/week x \$25/hour x 52 weeks = \$41,600	0	\$38,771	\$2,829	\$41,600
Two Bilingual Health Navigators	64 hours/week x \$17/hour x 52 weeks = \$56,576	0	\$47,524	\$9,052	\$56,576
An Executive Director	14 hours/week x \$37/hour x 52 weeks = \$26,936	\$2,693	\$18,048	\$6,195	\$26,936
An Operation Assistant	12 hours/week x \$16/hour x 52 weeks = \$9,984	0	\$8,187	\$1,797	\$9,984
A Computer Specialist	3 hours/week x \$18/hour x 52 weeks = \$2,808	0	\$2,808	0	\$2,808
Benefits @ 27% of total salaries	\$137,904 x 27% = \$37,234	\$728	\$31,141	\$5,365	\$37,234
Audit	1% of total program budget = \$2,190	0	\$1,840	\$350	\$2,190
Equipment Maintenance/Rental	\$210/month x 12 months = \$2,520	0	\$1,638	\$882	\$2,520
Insurances/Taxes	\$233/month x 12 months = \$2,796	0	\$2,376	\$420	\$2,796
Janitorial Maintenance/Supplies	\$192.5/month x 12 months = \$2,310	0	\$1,732	\$578	\$2,310
Membership/Subscription Fees	\$30/month x 12 months = \$360	0	\$360	0	\$360
Travel/Mileages	Avg. 200 miles/month x \$0.50/mile x 12 months = \$1,200	0	\$1,200	0	\$1,200
Program/Office Supplies	\$192.5/month x 12 months = \$2,310	0	\$924	\$1,386	\$2,310
Professional Services	\$700/month x 12 months = \$8,400	0	\$6,132	\$2,268	\$8,400
Rent/Program Space	\$1050/month x 12 months = \$12,600	0	\$10,670	\$1,930	\$12,600
Capacity Building/Staff Training	\$2000 per year	\$500	\$1,500	0	\$2,000
Telephone/Internet	\$157.5/month x 12 months = \$1,890	0	\$1,202	\$688	\$1,890
Utilities	\$420/month x 12 months = \$5,040	0	\$3,780	\$1,260	\$5,040
TOTALS:	\$218,754	\$3,921	\$179,833	\$35,000	\$218,754

B) Budget Narrative:

1- Personnel: Health Program Director trains & supervises staff, evaluates program outcomes, collect data, prepares reports, and coordinates community/partnership events/activities. Health Navigators assess clients' health needs, assist clients in setting up goals and action plan, provide 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, and support clients through Healthy Changes Club activities to develop healthy behaviors. Executive Director provides direct services to the grant by training staff and clients, developing training manual, reports, and articles, analyzing data, leading partnership meetings, and generally supporting staff. Operation Assistant assists with scheduling and planning logistics of meetings and events, purchasing and organizing office supplies and equipment for the program and keeping an inventory of program materials/supplies. Computer Specialist ensures grant data is accurately recorded and the computer system is working properly.

2- Audit: TCF completes a single agency audit annually to ensure proper management of grant funds. The cost pays for the HCP portion of audit. 1% of the total program budget = \$2,190.

3- Equipment Maintenance/Rental: HCP will pay a pro-rated share of office equipment maintenance and rental. This covers the fax, copy machines, drinking fountains maintenance, etc., needed for the program's implementation. \$210/month x 12 months = \$2,520.

4- Insurances/Taxes: Business Property & Liability, Auto, Board of Directors, and Bond. HCP will pay a pro-rated share of insurance costs, which protect the agency and its clients, in case of accidents or harm. \$233/month x 12 months = \$2,796.

5- Janitorial Maintenance/Supplies: HCP will use approximately 35% of space. This line item pays for the share of space-related janitorial maintenance, and cleaning supplies for the program areas. \$192.5/month x 12 months = \$2,310.

6- Membership/Subscription Fees: HCP will subscribe to journals and magazines which provide information related to immigrant health, health disparities, and best practices. \$30/month x 12 months = \$360.

7- Travel/Mileages: These funds support the mileage of HCP program staff when they provide health/social accessing services for clients & their families and attend program-related meetings. Avg. 200 miles/month x \$0.50/mile x 12 months = \$1,200.

8- Program/Office Supplies: Supplies such as papers, binders, pens, etc. for HCP Program staff to provide services. Supplies include, but not limited to, DVDs, educational software; outreach & recruitment materials, exercise and cooking equipment/supplies to facilitate the activities and outcomes of our grant. \$192.5/month x 12 months = \$2,310.

9- Professional Services include Payroll Services, Alarm Service, Accounting Services, Fire Monitoring Services, etc. HCP will pay a pro-rated share of the costs related to these services. \$700/month x 12 months = \$8,400.

10-Rent/Program Space: HCP will use about 35% of our total agency square footage and will pay its pro-rated share of rental costs each month. \$1050/month x 12 months = \$12,600.

11- Capacity Building/Staff Training: Training opportunities for program staff to increase their capacity in delivering effective and efficient services to clients. \$2000 per year

12- Telephone/Internet: This cost covers the program pro-rated share of monthly office telephone & internet expenses. \$157.5/month x 12 months = \$1,890.

13- Utilities: HCP will pay its pro-rated share of the cost of utilities, based upon its 35% share of all space-related costs. This cost covers lighting, heating, air-conditioning agency rooms, and waste management. \$420/month x 12 months = \$5,040

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

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
1- Hoag Community Benefit Grants Program	\$25,000
2- St. Joseph Health Community Partnership Fund	\$15,000
3- Susan G. Komen of Orange County	\$66,106

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
1- TJX Foundation	\$15,000	April 2016
2- UniHealth Foundation	\$40,000	May 2016
3- Sister of St. Joseph HealthCare Foundation	\$25,000	June 2016
4- George Hoag Family Foundation	\$30,000	May 2016
5- Kaiser Permanente Community Benefit Grants Program	\$25,000	May 2016
6- California Department of Public Health	\$40,000	June 2016

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	\$53,319	7%	Program Fees	\$0	0%
Fundraising/Special Events	\$0	0%	Interest Income	\$0	0%
Corp/Foundation Grants	\$275,050	34%	Other:	\$346,188	43%
Government Grants	\$114,469	14%	Other:	\$15,902	2%

Notes:

VII. Financial Analysis

Agency Name: The Cambodian Family
 Most Current Fiscal Year (Dates): From 7/1/2013 To: 6/30/2014

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
\$431,275 ✓	\$389,519 ✓	\$36,576 ✓	\$5,180 ✓

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
\$431,275	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	90% ✓	8% ✓	2% ✓

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%	8%	1%

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

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
\$346,351	\$141,083	\$227,437	2.1

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
\$373,653	\$323,782

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 (4 pages maximum), 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
	A list of your Board members and their affiliations		A copy of your most recent year-end financial statements (audited if available; double-sided)
	Your current operating budget and the previous year's actual expenses (see sample Budget Comparison)		A copy of your most recent 990 (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		
	For past grantees, a copy of your most recent final report.		

The Cambodian Family - Budget Comparison

	Actuals	Budget	Variance
	Most Recently Completed Year	Projections Current Year	
Income	2015	2016	
Individual Contributions	39,828	40,000	172
Corporate Contributions	14,650	-	(14,650)
Foundation Grants	239,038	302,806	63,768
Other Earned Income	11,117	54,060	42,943
Interest & Dividend Income	358	-	(358)
Total Income	304,991	396,866	91,875
Expenditures			
Personnel			
Wages & Salaries	196,700	-	-
Payroll Taxes	17,679	-	-
Insurance - Workers' Comp	1,435	-	-
Insurance - Health	11,940	-	-
Payroll Services	43	-	-
Retirement	6,325	-	-
Total Personnel	234,122	255,713	21,591
General Program/Administrative			
Outside Services	0	16,088	16,088
Program	838	3,771	2,933
Audit & Accounting	9,500	9,031	(469)
Occupancy	55,144	86,500	31,356
Insurance Expense	7,023	11,024	4,001
Telephone Expense - Land Lines	4,710	4,734	24
Professional Services	9,145	4,653	(4,492)
Fundraising	4,773	-	(4,773)
Office Supplies	634	5,000	4,366
Postage & Delivery	195	-	(195)
Taxes & Licenses	1,007	172	(835)
Miscellaneous	327	180	(147)
Total General Program/Administrative	93,296	141,153	47,857
Total Expenditures	327,418	396,866	69,448
Revenue Less Expense	-22,427	-	22,427

THE CAMBODIAN FAMILY
BOARD OF DIRECTORS
2016

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Member since July 2015

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. |

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	37,485.	37,485.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	195,642.	189,174.	6,468.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	8,084.	7,697.	387.	0.
9 Other employee benefits	31,954.	24,868.	7,086.	0.
10 Payroll taxes	21,250.	20,037.	1,213.	0.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,774.	9,647.	1,127.	0.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,052.	929.	123.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,404.	48,677.	9,727.	0.
23 Insurance	9,774.	8,443.	1,331.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>AUDIT</u>	13,738.	13,738.	0.	0.
b <u>UTILITIES</u>	13,812.	9,370.	4,442.	0.
c <u>FUNDRAISING EVENT EXPENSES</u>	5,180.	0.	0.	5,180.
d _____				
e All other expenses	24,126.	19,454.	4,672.	0.
25 Total functional expenses. Add lines 1 through 24e.	431,275.	389,519.	36,576.	5,180.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

 The Community Foundation	S.L. Gimbel Foundation Fund Grant Evaluation Form
Grant Period:	July 1, 2014 – September 30, 2015

Organization: **The Cambodian Family**

Contact Name: **Vattana Peong**

Title: **Interim Executive Director**

Phone Number: **714-571-1966 ext. 115**

Grant Period: **July 1, 2014 – September 30, 2015**

Award Amount: **\$25,000**

Grant Number: **20140340**

- Describe the project’s key outcomes and results based on your goals and objectives. Provide the number of clients served and other relevant statistics.

Our goal was to serve 50 participants and for 75% of our participants surveyed to maintain or show improvement on every measure of health knowledge and health behavior. Due to our long-established partnerships and relationships with several community partners, our resources were leveraged and we were able to serve 114 unduplicated participants. Of those surveyed, between 89%-99% either improved or maintained their status on all measures of health knowledge and health behavior described below:

Objective #1: Improved nutrition knowledge and healthy eating habits

Activity #1: Provide nutrition education on the USDA’s new “My Plate” concept and the importance of each plate section and the portion size

Outcome Measures	Final Grant-End Outcomes
1. 75% of participants will report improved knowledge about My Plate concept, healthy/non-healthy food groups, and healthy nutrition principles.	- 99% of participants surveyed (113/114) reported improved knowledge about the benefits of healthy eating, including My Plate concept, based on healthy nutrition principles.

Activity #2: Organize healthy cooking demonstration classes and engage participants in the preparation of healthy recipes

Outcome Measures	Final Grant-End Outcomes
2. 75% of participants will report increased consumption of healthy foods and decreased consumption of salt, fat, and high calories foods.	- 89% of participants surveyed (102/114) reported eating more fruits and vegetables. - 94% of participants surveyed (107/114) reported consuming less salt, sugar, and fat and high calories foods in their diet.

Activity #3: Explain the meaning of BMI and demonstrate how it is calculated and how to read it

Outcome Measures	Final Grant-End Outcomes
3. 75% of participants will report improved knowledge about BMI and how to calculate and read their own BMI.	- 90% of participants surveyed (103/114) reported improved knowledge about BMI and being able to calculate and read their BMI.

Objective #2: Increased physical activities in program participants

Activity #1: Provide education on the importance of regular physical activity to maintain healthy body weight and good health.

Outcome Measures	Final Grant-End Outcomes
1. 75% of participants will report an increase in knowledge about the importance/benefits of physical activity.	- 98% of participants surveyed (112/114) reported an increase in their knowledge about the benefits of physical activity. Benefits of physical activity reported by the participants included: sleeping better at night, feeling more relaxed, and preventing/reducing the risk of cholesterol/hypertension.

Activity #2: Provide weekly exercise classes and walking club to promote physical activity.

Outcome Measures	Final Grant-End Outcomes
1. 75% of participants will report increased engagement in moderate intensity physical activity for at least 150 minutes per week.	- 89% of participants surveyed (101/114) reported an increase in their moderate intensity physical activity from an average of 63 minutes per week at baseline to an average of 155 minutes per week at follow-up.

- **What were the challenges and obstacles you encountered (if any) in attaining your goals & objectives? How did you overcome and/or address the challenges and obstacles? What were the lessons learned?**

Challenges:

Our first challenge was that there was a shortage of program budget, as we were able to secure about 80% of it. Despite this financial challenge, we did not turn any clients who came to our center for help with improving their health/well-being away. We were able to achieve our anticipated outcomes. As described above, our goal was to serve 50 participants and for 75% of our participants surveyed to maintain or show improvement on every measure of health knowledge and health behaviors. We were able to serve 114 unduplicated participants. Of those surveyed, between 89%-99% either improved or maintained their status on all measures of health knowledge and health behaviors. We are very grateful to the long-established partnerships and relationships with our community health partners. Also, we are very proud to see our participants becoming more resourceful for their peers and involved in promoting sustainable practices by leading some of our key program activities. Transportation was our second challenge because it still continues to be a barrier for many of our clients. However, after joining our program, clients got to know each other better and started to create a system on their own where those without access to a car were picked up by those who did. In addition, to address this challenge, we brought our physical activity to the community by creating a walking club at a local park where clients who did not have the transportation to come and attend the exercise classes at our center could join their local walking club at a nearby park.

Key Lessons Learned:

- We have learned that having guest speakers/health educators who are bilingual and bi-cultural resulted in participants' greater learning impacts.
- Exercise classes provide participants with the opportunity to exercise, develop exercise habit, and establish/maintain relationship with their peers through social support network.
- In addition to exercise classes that are offered at our center, participants have created their own walking group to increase the frequency of their physical activity.
- We have learned that having participants draw the healthy portion size of "My Plate" concept is the most popular and fun method to have them learn quickly and remember

easily about “My Plate” concept since the vast majority of participants were limited-English-proficient individuals.

- Lessons in healthy eating and cooking, along with linking participants to healthy food resources in the community resulted in participants becoming more conscious of the importance of healthy eating for themselves and being more resourceful to their family members and their peers.

- **Describe any unintended positive outcomes as a result of the efforts supported by this grant.**

In addition to increased knowledge and improved healthy behaviors, leadership skill is found to be one of unintended positive outcomes as a result of the efforts supported by this grant. We were very successful in building our clients’ leadership skills and capacity to take a leading role in organizing some of our program activities. We have learned that our clients’ health outcomes have been improved due in part to our program and clients with successful outcomes were empowered and strongly motivated to help other participants develop healthy behaviors by leading some of our healthy cooking demonstration classes and helping recruit additional clients to join our program. Another unintended positive outcome was that clients were able to keep their blood pressure, glucose, and/or cholesterol levels under control due to our program. We were able to achieve these significant outcomes due to in-kind support from several community partners, and one of which is our long-time community partner, AltaMed, which has provided free health screenings and low-cost follow-up health care services to our clients.

- **Describe the overall effect this grant has had on your organization.**

The funding support from The Community Foundation’s S.L. Gimbel Foundation Fund has significantly helped us continue providing the most needed programs and activities that helped our underserved and limited English proficient participants increase their healthy lifestyle knowledge and behaviors and reduce the risk factors for chronic diseases such as heart disease and stroke, diabetes, hypertension, and depression. In addition, the support from the foundation has significantly contributed to the sustainability of our agency’s programs and services by providing us with more time to leverage additional resources and to raise sufficient funds to support our program activities. For example, we were able to receive additional funding support from Hoag Community Benefit Grants Program for our Healthy Changes Program.

- **Tell us a few success stories that made an impact on your organization and/or community as a result of this grant.**

Two success stories of clients who were impacted by our program:

1st Success Story:

KT, a 57-year-old Cambodian woman who did not understand much English, came into our program to learn ways to lead a healthy life style. After entering our program, she had the opportunity to receive a free health screening provided by our community partner, AltaMed, in January 2015 in which she found out that her blood pressure (BP), glucose, and cholesterol levels were quite high (150/90 for BP level, 85 for glucose level, and 211 for cholesterol level). KT was concerned about her health and our bilingual health navigator went on to explain to her what kind of changes she could make to lower her numbers and provided support she needed to be healthy. KT started attending our exercise classes 3 times a week for one hour at our center where our health navigator led a cardio class and a yoga class. She came to our center every week and was very motivated to move. She continued to exercise at home. Also, she would sometimes leave her car at home and walked to our center with a group of her peers with whom

she became acquainted at the exercise classes. In addition, she attended our regular health education and cooking classes where she learned how to cook healthier food. She learned how to replace certain ingredients that were not healthy with healthier alternatives, read food labels, and make better choices for their family. She started cooking healthier and making healthier choices for both herself and her family. KT was so empowered that when we asked if she could lead one of the cooking classes, she responded with excitement. She prepped all the ingredients, got all the vegetables washed and chopped, and lead a class on how to make spring rolls and reduced sodium fish sauce. She then volunteered to lead our monthly health cooking classes. She continued to teach other participants about the changes she made to make the dish healthier. After attending our program for 6 months, KT was happier, healthier, and had a lot of energy to be with her grandson. She was ready to have a follow-up health screening in June 2015 and her numbers all went down significantly (110/90 for BP level and 184 for cholesterol level). KT knows how important it is for her to continue to lead a healthy life style because she has a family history of high blood pressure. She said, "I was very worried about my health, but I am now very happy to know that my numbers are down and that I can help my family to be healthy too."

2nd Success Story:

Mrs. S.U came to the United States as a Cambodian refugee in 1983. Because of language and transportation barriers and limited culturally and linguistically appropriate healthcare services and health-promoting activities, Mrs. S.U was not able to find any programs that could help improve her health. Through word-of-mouth, Mrs. S.U was referred to our Healthy Changes Program. After enrolling in our program, Mrs. S.U was helped by our bilingual and bi-cultural health navigator to set up her healthy changes' goals. In April 2015, thanks to our community health partner, AltaMed, Mrs. S.U was able to receive free health screening and surprisingly found out that her blood pressure (150/100) and cholesterol (257) levels were very high. She was very concerned about her health conditions, but committed to making lifestyle changes. Mrs. S.U had regularly attended our heart health/nutrition education classes, exercise classes, walking club, and/or healthy cooking demonstration classes. Moreover, she was able to create a support network with her peers through our walking club. She began feeling very positive about her health and was ready to have a follow-up health screening. In September 2015, her follow-up health screening results indicated that her blood pressure and cholesterol numbers were dropped to 130/90 and 217 respectively. Mrs. S.U explains, "I really liked this program because before I joined the program, I did not know that I was at very high risk for heart disease and stroke, but I am now able to keep my cholesterol and blood pressure under control and I feel very happy about my positive health outcome."

- **Provide a financial report on the use of your grant funds (expenditures).**

Please see the attached budget report.

- ❖ **Please send copies of publicity and other promotional materials.**

Please see the attached program flyers and 10 photos.

- ❖ All variances or time extensions must be approved by The Community Foundation's Grant Committee. Please contact us at 951-684-4194, ext. 114 immediately if a variance or extension becomes necessary.

Please return the completed form to:

Celia Cudiamat, Executive Vice President of Programs
3700 Sixth St., Suite 200, Riverside, CA 92501
ccudiamat@thecommunityfoundation.net

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



BOARD OF DIRECTORS June 1, 2016

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Chair of the Board

Vattana Peong
Executive Director

Sean Varner
Vice Chair of the Board

The Cambodian Family
1626 East 4th Street

Pat Spafford, CPA
Chief Financial Officer

Santa Ana, CA 92701

Sergio Bohon
Secretary of the Board

Dear Vattana Peong:

Glenda Bayless

Dr. Paulette Brown-Hinds

Rabbi Hillel Cohn

James Cuevas
Immediate Past Board Chair

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Stanley Grube

Kirk Harns

Dr. Fred Jandt

Andrew Jaramillo

Dr. Albert Karnig

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Teresa Rhyne

Kathleen Sawa

Dr. Henry Shannon

Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Dr. Jonathan Lorenzo Yorba
President and CEO

Congratulations! A grant has been approved for **The Cambodian Family** in the amount of **\$35,000** from the S.L. Gimbel Foundation. **The performance period for this grant is May 16, 2016 to May 16, 2017.** 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 the 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 Friday, June 17, 2016.** 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 June 15, 2017** and a copy will be available online.

We wish you great success and look forward to working with you during the grant performance period. If you have any questions, please call me at 951-241-7777, ext. 114, or email me at ccudiamat@thecommunityfoundation.net.

Sincerely,

Celia Cudiamat

Executive Vice President of Programs

20826 The Cambodian Family

2016075 GIMB1



Confirmed in Compliance
with National Standards for
U.S. Community Foundations

3700 Sixth Street, Suite 200 ~ Riverside, California 92501
P: 951.241.7777 ~ F: 951.684.1911 ~ www.thecommunityfoundation.net

**2016 S.L. Gimbel Foundation Fund
Grant Agreement**

Organization: The Cambodian Family
Grant Amount: \$35,000 **Grant Number:** 20160275
Grant Period: May 16, 2016 through May 16, 2017
Purpose: To support the 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.

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 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.

6. Publicity

The Community Foundation recommends publicity for the grant and acknowledging The Community Foundation in internal correspondence, brochures as appropriate; newsletters, annual reports and email blasts or e-newsletters.

The credit line of "Made possible in part by a grant from the "S.L. Gimbel Foundation Advised Fund at The Community Foundation – Inland Southern California" is suggested. When your donors are listed in printed materials, include the S.L. Gimbel Foundation Advised Fund at The Community Foundation in the appropriate contribution size category. 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 our logo is also appreciated. Our logo can be downloaded from our website at www.thecommunityfoundation.net.

Email our Marketing & Communications Officer, Charee Gillins, at cgillins@thecommunityfoundation.net with any publicity questions as well as any copies of any printed or publicity materials that highlight the grant.

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, withhold payments, or both 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.

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

6/6/2016

Date

Executive Director

Title

Organization: 20826 The Cambodian Family
Grant Number: 20160275





Strengthening Inland Southern California through Philanthropy



BOARD OF DIRECTORS

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Chair of the Board

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Vice Chair of the Board

Pat Spafford, CPA
Chief Financial Officer

Sergio Bohon
Secretary of the Board

Glenda Bayless

Dr. Paulette Brown-Hinds

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Kathleen Sawa

Dr. Henry Shannon

Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Dr. Jonathan Lorenzo Yorba
President and CEO

June 21, 2016

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 \$35,000 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 June 15, 2017** and will be available online on The Community Foundations website under 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 Healthy Changes Program is supported by a grant from The S. L. Gimbel Foundation."** You may send 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, ext. 114, if you have any questions.

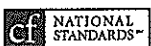
Sincerely,

Celia Cudiamat
Executive Vice President of Programs

20160275

40975

GIMB1



Confirmed in Compliance
with National Standards for
U.S. Community Foundations

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
 3695 Main Street, Riverside, CA 92501
 90-3414/1222

Check Fraud Protection for Business

40975

PAY * Thirty-Five Thousand and no/100 *

TO THE ORDER OF

DATE

AMOUNT

06/16/2016

\$ ****35,000.00

The Cambodian Family
 1626 E. 4th St.
 Santa Ana, CA 92701



Celia Andjamat
 AUTHORIZED SIGNATURE

Security features. Details on back.

⑈040975⑈ ⑆122234149⑆ 244124437⑈

The Community Foundation

40975

20826 The Cambodian Family

06/16/2016 040975

20160275 05/31/2016 Support the Healthy Changes Program
 GIMB S.L. Gimbel Foundation Advised Fund

35,000.00
 35,000.00

CHECK TOTAL: \$ ****35,000.00

The Community Foundation

40975

20826 The Cambodian Family

06/16/2016 040975

20160275 05/31/2016 Support the Healthy Changes Program
 GIMB S.L. Gimbel Foundation Advised Fund

35,000.00
 35,000.00

CHECK TOTAL: \$ ****35,000.00