



**Organization Information**

**Legal Name**

Palomar Family Counseling Service

**Program Name/Title**

Grandparents Raising Grandchil

**Contact Information**

**Contact Name**

David Drazenovich

**Title**

Director of Development & Communications

**Primary Contact Phone**

760-741-2660

**Email Address**

ddrazenovich@pfcs.agency

**Organization Mailing Address**

1002 E. Grand Avenue  
Escondido, CA, 92025

**Organization Physical Address**

120 W. Hawthorne  
Fallbrook, CA, 92028

**Total number of residents that benefited (participant/client) from this program this quarter.**

33

**Target Population - Age**

	Percent of program participants	Total Number of Participants
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)	39	13
Seniors (60+)	61	20
We do not collect this data (indicate with 100%)*		

**Target Population not collected - Age**

NA

## Target Population - Gender

	Percent of program participants	Total Number of Participants
Female	85	28
Male	15	5
Non-binary		
Unknown*		

## \*Target Population - Gender

NA

## Target Population - Income Level

	Percent of program participants	Total Number of Participants
Extremely Low-Income Limits, ceiling of \$32,100	48	16
Very Low (50%) Income Limits, ceiling of \$53,500	37	12
Low (80%) Income Limits, ceiling of \$85,600	9	3
Higher Than Listed Limits	6	2
We do not collect this data (indicate with 100%)*		

## \*Target Population - Income Level

NA

## Program/Services Description - Social Determinants of Health

Economic Stability (Employment, Food Insecurity, Housing Instability, Poverty)

Social & Community Context (Civic Participation, Discrimination, Incarceration, Social Cohesion)

Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)

## Program/Services Description - FRHD Community Needs Assessment

Mental Health (Social Support - Youth or Families)

Social (Economic Security, Health Literacy, Family/Child Support, Legal/Advocacy)

## Program Objectives

Improve family functioning and decrease family stress by providing customized case management services and parent coaching.

Decrease social isolation and increase connection to a community of supports by providing monthly support groups and quarterly educational workshops.

Provide effective case management and support services that meet the needs of grandfamilies and their grandchildren, in order to create an environment where the full potential for health and well-being can be met.

## Program Outcomes/Measurables

Measure 1: 23 grandparents have been connected to over 59 community resources and received guidance and parent coaching over the third quarter. YTD 29 grandfamilies have received 167 connections to needed resources through case management services.

Measure 2: Twelve grandparents participated in our quarterly workshop / support group. The workshop was conducted in association with San Diego County's Blood Pressure Screening Clinic.

Measure 3: n/a – Data to be collected next quarter.

## FRHD Grant Support Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

## FRHD Grant Support Acknowledgment

FRHD's investment in the program was acknowledged in multiple social media posts (dates: March 13, February 24, February 22, February 1, January 21, January 13), print materials that were posted on websites, and shared at multiple community events including Wellness Wednesday,/ Self-Care Event, Blood pressure screening, Community Outreach at Senior Center, and Vista Community Clinic.

**Please provide an example of how the District's grant funding was acknowledged.**



2023 Grandparents Self-Care ...pdf

## Program Budget



FY 22-23 GRG Program Budg....xlsx

## Impact Story



Grandparents Raising Grandc....pdf

## **Opportunities & Challenges**

The program continues to present opportunities to raise the profile of the organization in the community, and across the county. The program has been successful in reaching Spanish speaking grandfamilies thanks primarily to our bilingual Program Coordinator.



# Grandparents Raising Grandchildren

# Self-Care Workshop\*

*Learn and practice different methods of self-care.*

*\*Designed especially for grandparents - no grandchildren this time please!*

***Wear comfy clothes & bring a cushion if you like!***

These workshops are made possible with funding from:



<https://legacyendowment.org>

<https://fallbrookhealth.org>

**CHAIR YOGA & POSITIVE AFFIRMATIONS WITH**

*Pandra Buckingham*



**PLUS: LOVE YOUR HEART BLOOD PRESSURE SCREENINGS**

**THURSDAY FEBRUARY 16  
10 A.M. - 12 P.M.  
FALLBROOK LIBRARY  
124 S. MISSION ROAD**

**RAFFLES -- PRIZES  
&  
SELF-CARE GAMES**

For more information or to RSVP:

Graciela Moreno  
(760) 466-8884

[gmoreno@pfcs.agency](mailto:gmoreno@pfcs.agency)

## FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formatted pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

There are five tabs to this file:

- 1 Instructions
- 2 Program Budget Form
- 3 Revenue Sources
- 4 Budget Narrative
- 5 Budget Reporting Form

### 1 Instructions:

- > All Yellow sections are to be filled out by the applicant. Grey sections will auto calculate and should not be edited by the applicant. All pages are formatted to print portrait, on 1

### 2 Program Budget Form:

- > PROGRAM COST: This section should reflect the true and total costs of the program.

APPLYING ORGANIZATION: This is the applicant agency's investment in their program.

- > This is the value of the resources the agency will contribute to the program's cost. These may include funds from fundraising events, private donors, in-kind goods and services, and volunteer efforts.

- > OTHER FUNDERS: These are funds or resources provided from contracts, grants and partnerships that are used to support the program's operations.

- > REQUESTED FROM FRHD: This is the funding request you are putting forward to the District.

- > The line item names may not fully align with your budget. Please edit those items to align with your budget. Explain those items on your Budget Narrative Form as necessary.

#### A INDIRECT EXPENSES:

This section is for expenses that are part of indirect operations of the program, necessary which may not be part of the direct service provision expenses (Administration, facility expenses, general liability ins., etc.). Please refer back to the training materials for clarification of these expenses. The District will not consider funding more than 25% of these expenses

#### B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

As stated, this section is for staffing expenses that are directly related to the provision of the services/program. Please list each position title separately, unless there are multiple of the same title then use (x3) as an indicator. For example, if funding salaries for four separate Drivers, you would indicate as, Driver (x4) and the expense amount would be the cost of all four Drivers. Please include a single line items for general staffing expenses such as personnel expenses (Payroll taxes, WC, etc). Benefits (health, retirement, etc) should be listed on a separate line.

C DIRECT PROGRAM EXPENSES:

This section is for supplies, items and or specific expenses related to the provision of the services/program. This may include phone, rent, prining, program related insurance (e.g., vehicle), trainings and cetifications.

**3 Revenue Sources**

Please list all sources of revenue the agency recieves by category. This Form has two > sections, one for Agency Funding and one for Project Funding. Please fill out both sides of the table. Amounts do not need to be exact; however, we ask for best estimates.

**4 Budget Narrative**

There are headers that align with the Budget Form. These items should be explained (narrative) if they are unusual or have a specific project impact. Explanations regarding > utliity expenses are generally understood, but expenses relating to trianing or for a specilayty insurance could be expressed here.

**5 Budget Reporting Form**

This form will be used for those grantees who are awarded contracts. This form would be > submitted with the quarterly Impact Report and should demonstrate that funds were allocated according to the submitted proposal budget.

**FRHD CHC GRANT BUDGET FORM**

Agency Name:

**Palomar Family Counseling Service, Inc**

PROGRAM NAME:

**Grandparents Raising Grandchildren**

**Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.**

1) A	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
A1	Building Repair and Maintenance	1,712.00	1,312.00		400.00
A2	Telecommunications	400.00	400.00		
A3	Utilities	830.00	830.00		
A4	Professional Services (Audit)	1,000.00	1,000.00		
A5	Training & Education	1,600.00	1,500.00		100.00
A6	Insurance	1,850.00	1,850.00		
A7	Office Supplies	1,000.00	700.00		300.00
A8					
A9					
A10					
A11					
<b>TOTAL INDIRECT EXPENSE</b>		<b>8,392.00</b>	<b>7,592.00</b>	<b>-</b>	<b>800.00</b>

B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	Salary (Program Manager)	3,500.00	1,750.00		1,750.00
B2	Salary (Bilingual Case Manager)	20,800.00	-	10,400.00	10,400.00
B3	Salary (Therapist - Intern)	13,824.00	13,824.00		
B4	Salary (Administrative Aide)	1,872.00	1,872.00		
B5	Salary (Dir. Development & Comm)	3,500.00	3,500.00		
B6	Salary (Senior Accountant)	1,875.00	1,875.00		
B7	Salary (Executive Director)	2,255.00	2,255.00		
B8	Payroll Expenses (WC, taxes)	2,775.14	838.32	1,456.00	480.82
B9	Benefits	1,349.82	478.68	596.96	274.18
B10					
<b>TOTAL PERSONNEL EXPENSE</b>		<b>51,750.96</b>	<b>26,393.00</b>	<b>12,452.96</b>	<b>12,905.00</b>

C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Educational Supplies & Materials	900.00	200.00	200.00	500.00
C2	Printing/Duplicating	450.00	75.00	-	375.00
C3	Travel	220.00	100.00		120.00
C4	Advertising, Fingerprinting, TB Tests	100.00			100.00
C5	Speaker/Event Fees	200.00			200.00
C6					
C7					
C8					
C9					
C10					
C11					
C12					
C13					
C14					
C15					
<b>TOTAL OTHER EXPENSES</b>		<b>1,870.00</b>	<b>375.00</b>	<b>200.00</b>	<b>1,295.00</b>

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		<b>\$ 62,012.96</b>	<b>24%</b>

**2) FUNDING SOURCES**

E	FUNDS FOR PROGRAM	
E1	APPLYING ORGANIZATION	X 34,360.00
E2	OTHER FUNDERS	Y 12,652.96
E3	REQUESTED FROM FRHD	Z 15,000.00
<b>TOTAL FUNDING SOURCES</b>		<b>\$ 62,012.96</b>

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

**3) % OF AGENCY BUDGET**

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 4,588,254.00	\$ 62,012.96	1%
		AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

\*\* Agency budget is your agency's entire budget for the year. Fill in the amount.



<b>Agency Name:</b>	<b>Palomar Family Counseling Service, Inc</b>
<b>Program Name:</b>	<b>Grandparents Raising Grandchildren</b>
<b>Total Organization Budget (Current Fiscal Year)</b>	<b>\$ 4,588,254.00</b>
<b>Total Project Budget (Current Fiscal Year)</b>	<b>\$ 62,012.96</b>

**Organization Sources of Revenue**  
*(Total Organization Budget)*

**Sources of Funding**  
*(This Project Request)*

Source of funds	\$ Amount	Percent of Total	One-time funding? (Yes/No)	\$ Amount	Percent of Total	One-time funding? (Yes/No)
San Diego County	3,221,454	70.21%	no			
Foundations and Corporations	84,071	1.83%	varies	\$7,000	11.3%	no
City, School District Contracts	606,885	13.23%	no			
CARES Act Relief funds	26,843	0.59%	yes			
Client Fees	572,374	12.47%	no	\$20,536	33.1%	no
FRHD	59,810	1.30%	no			
Proposed FRHD				\$15,000	24.2%	no
General Donations	11,483	0.25%	no	\$5,653	9.1%	no
Other (list): Inkind (PFCS)				\$13,824	22.3%	no
Interest & Other	4,768	0.10%	no			
Training Fund	566	0.01%	no			
<b>Total</b>	<b>\$4,588,254.00</b>	<b>100%</b>		<b>\$62,013.00</b>	<b>100%</b>	

\* City/County

If the organization currently receives funding from any Cities or Counties, please list the jurisdiction and contract amount below.

County of San Diego: \$3,221,454; Primary funders: VCPUSD \$149,500; OUSD: \$333,675; EUHSD \$42,000; VUSD \$9,000; City of Vista \$10,000 (\*) Foundation funding pending



**FRHD CHC GRANT BUDGET REPORTING FORM**

Agency Name: **Palomar Family Counseling Service, Inc.** PROGRAM NAME: **Grandparents Raising Grandchildren**

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1) A	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
A1	Building Repair and Maintenance	\$ 1,712.00	\$ 400.00				
A2	Telecommunications	\$ 400.00	\$ -				
A3	Utilities	\$ 830.00	\$ -				
A4	Professional Services (Audit)	\$ 1,000.00	\$ -				
A5	Training & Education	\$ 1,600.00	\$ 100.00				
A6	Insurance	\$ 1,850.00	\$ -				
A7	Office Supplies	\$ 1,000.00	\$ 300.00			\$ 16.15	
A8		\$ -	\$ -				
A9		\$ -	\$ -				
A10		\$ -	\$ -				
A11		\$ -	\$ -				
<b>TOTAL INDIRECT EXPENSE</b>		<b>\$8,392.00</b>	<b>\$800.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$16.15</b>	<b>\$0.00</b>
B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
B1	Salary (Program Manager)	\$ 3,500.00	\$ 1,750.00	\$ 1,181.77	\$ 944.09	\$ 264.85	
B2	Salary (Bilingual Case Manager)	\$ 20,800.00	\$ 10,400.00	\$ 3,525.00	\$ 2,043.23	\$ 3,700.00	
B3	Salary (Therapist - Intern)	\$ 13,824.00	\$ -				
B4	Salary (Administrative Aide)	\$ 1,872.00	\$ -				
B5	Salary (Dir. Development & Comm)						
B6	Salary (Senior Accountant)						
B7	Salary (Executive Director)						
B8	Payroll Expenses (WC, taxes)	\$ 3,500.00	\$ 480.82	\$ 390.13	\$ 259.43	\$ 369.74	
B9	Benefits	\$ 1,349.82	\$ 274.18	\$ 881.15	\$ 586.46	\$ 813.07	
B10	0	\$ -	\$ -				
<b>TOTAL PERSONNEL EXPENSE</b>		<b>\$44,845.82</b>	<b>\$12,905.00</b>	<b>\$5,978.05</b>	<b>\$3,833.21</b>	<b>\$5,147.66</b>	<b>\$0.00</b>
C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
C1	Educational Supplies & Materials	\$ 900.00	\$ 500.00			\$ 353.23	
C2	Printing/Duplicating	\$ 450.00	\$ 375.00	\$ 200.33			
C3	Travel	\$ 220.00	\$ 120.00				
C4	Advertising, Fingerprinting, TB Tests	\$ 100.00	\$ 100.00			\$ 150.00	
C5	Speaker/Event Fees	\$ 200.00	\$ 200.00				
C6		\$ -	\$ -				
C7		\$ -	\$ -				
C8		\$ -	\$ -				
C9		\$ -	\$ -				
C10		\$ -	\$ -				
C11		\$ -	\$ -				
C12		\$ -	\$ -				
C13		\$ -	\$ -				
C14		\$ -	\$ -				
C15		\$ -	\$ -				
<b>TOTAL OTHER EXPENSES</b>		<b>\$1,870.00</b>	<b>\$1,295.00</b>	<b>\$200.33</b>	<b>\$0.00</b>	<b>\$503.23</b>	<b>\$0.00</b>

W Z

D	TOTALS	PROGRAM COST	FRHD Funds Expended
		<b>\$62,012.96</b>	<b>\$15,678.63</b>

## Grandparents Raising Grandchildren Program Coordinator Graciela Moreno, recognized as Public Health Champion by the County of San Diego



**Congratulations to Graciela Moreno** on her selection as a recipient of the **2023 Live Well San Diego Annual Public Health Champion** award. Graciela was named as the North Inland Regional recipient. This honor is bestowed on behalf of the Public Health Services department in the County of San Diego Health and Human Services Agency in recognition of her "extraordinary achievement in promoting the health of San Diego County residents through supporting families with finding support and resources, but also hosting events focused on bettering the health and wellness of caregivers, many who are Hispanic/Latino."

As part of the County's celebration of National Public Health Week, a special award ceremony and reception was held on Monday, April 3, to honor award recipients.

For over 13, Graciela has been a change maker working for Palomar Family Counseling Services. She has helped provide resources and support to many families while working as a Senior Case Manager for the County funded CSED and FSP programs. Her continuous efforts and dedication earned her the position as the Program Coordinator for Palomar Family Counseling's *Grandparents Raising Grandchildren Program*, a new service providing support groups, case management, and educational and social events for grandparents raising their grandchildren living in Rainbow, Bonsall, Del Luz, and Fallbrook, who are unable to access the County's Kinship program. Graciela has been the key factor in the development and implementation of this service funded by the Fallbrook Regional Health District.

"I have been working with families for as long as I remember, including working at a thrift store giving away clothing to people in need in my hometown – 'the friendly village' of Fallbrook", said Graciela. Her inspiration comes from her mother, who was also a changemaker within the community and she recalls, "my mother inspired me every day by being active in the community and dropping off coffee and Mexican bread to homeless individuals".



Graciela has been able to take this same love that she learned from her mother and share it with the rest of the community. In the *Grandparents Raising Grandchildren* program she identifies that she "has a great connection with families and loves providing resources that will change their lives and meet their needs. I know grandparents and grandchildren will succeed by having access to available resources. I provide valuable support to every family and do my best to guide them with respect and dignity. My future goals are to continue to work in my community with families so they can have access to available resources, maintain a positive outlook, engage in self-love, and establish community engagement".

Graciela's work with grandparents was specifically cited at the ceremony.

The event was livestreamed on YouTube:

<https://www.youtube.com/live/sxqkebzz5s0?feature=share&t=5038>

PFCS featured this story in a recent [blog post](#) on the website and on social media.