



# 2021-2022 COMMUNITY HEALTH CONTRACT (CHC) Q2 GRANT IMPACT REPORT

**Organization Name** D'Vine Path, Inc  
**Program Name** Life I Can Healthy Lifestyle  
**Person submitting the impact report** Lenila Batali Executive Director

**Ages: List the percentages of your program participants' ages who received services during this reporting time frame.**

	Percentage served	Total Number Served
Children (infants to 12)		
Young Adults (13-18)		
Adults (18-60)	100	18
Seniors (60+)		
Unknown		

**Gender: List the percentages of your program participants' gender identification who received services during this reporting time frame.**

	Percentage served	Total Number Served
Female	55	
Male	45	
Non-binary		
Unknown		

**Income: List the percentages of your program participants' income limit category of those who received services during this reporting timeframe (2019 HUD – AMI Incomelimits:4person family).**

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	100	18
Very Low (50%0 Income (ceiling of \$53,500)		
Low (80%) Income (ceiling of \$85,600)		

	Percentage Served	Total Number Served
Higher than listed limits		
Unknown		

**How many District residents directly benefited (participant/client) from this program:** 75

## GOALS & OBJECTIVES

**Goal 1 & Objectives: From your application, please provide your measurable outcomes for each of your stated objectives.**

Reduce social isolation and increase social interaction in young adults with Autism, Aspergers, and other intellectual Disabilities/Developmental Disabilities in Fallbrook, Bonsall and surrounding areas.

Objective 1: Provide a dance event to 50 people with Autism, Aspergers, and other disabilities in the Fallbrook, Bonsall and surrounding areas.

Objective Outcome: We hosted 2 dances in this reporting time frame

- A Halloween Costume Dance party, in which we had 43 people with disabilities attend from the local community along with their families. We took attendance and asked the participants quick questions before they left to determine their success at the dance social.

Everyone had a wonderful time being outdoors dancing under the stars to their favorite dance songs. The parents expressed gratitude for hosting the dance as many of their adult children are missing the social interactions since the pandemic.

-Christmas Parade and post dance party. D'Vine Path participated in the Fallbrook Christmas Parade this year with all our students. Some were in the truck bed singing, others were walking doing sign language, and the rest was playing their ukelele instruments. Parents and siblings of our participants also walked in the parade. It was a happy and cheerful event! We continued the Christmas spirit to the ranch for a dance party with all the participants. We recorded 38 participants. Again, the parents and other relatives expressed their happiness about being able to attend a joyous event.

**Goal 2 & Objectives: From your application, please provide your measurable outcomes for each of your stated objectives.**

N/A

## PARTICIPANT SUCCESS STORY

### Participant Success Story:

Today we'll talk about "Chase". He has moderate autism and is non-verbal. When he started the program, he expected everyone around him to attend to his every need. He was able to accomplish this because he is cute and likes to look helpless! When we implemented the Life I Can Healthy Lifestyle Program he was instantly fascinated by the cooking classes. At the start of every cooking class he would scramble to sit at the front and didn't need help from anyone. He raised his hand to participate every chance he got and assisted the chef. All the facilitators noticed a big change in his attitude and Chase started to become more independent. When he gets dropped off at the program he no longer needed anyone to help him out of his mom's car or assist him up the steep driveway to the program. One day I was sitting at my desk looking out the window and noticed a young man with a baseball cap backward on his head strutting up the driveway, and I thought "Who's this new person coming to the program?" He looked like a typical young man with confidence. He turned around to say "Hi" and it was Chase! I was pleasantly shocked and amazed. And I thought "There he is".

Because of the Life I Can Healthy Lifestyle grant funded by the Fallbrook Health District, Chase's transformation was possible. He found what he loved to do and also found his independence.

Thank you!

## Participant Success Story:



## ACKNOWLEDGEMENT

Please describe how the Fallbrook Regional Health District's investment in this program was acknowledged during this reporting timeframe.

We acknowledge the CHC grants through social media.

**Acknowledgment example: please upload an example of one method in which the District was acknowledged.**



# BUDGET

Please upload a copy of the program budget you submitted with the application, with an additional column demonstrating the current utilization of grant funds.

PROGRAM BUDGET FORM										
BUDGET FORM										
Project name: <b>1. City of San Mateo, Healthy People FHE Grant 2021-2023</b>										
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, do mark your program budget as fully itemized.										
1) DIRECT EXPENSES										
LINE	DESCRIPTION	APPLYING ORGANIZATION	OTHER RESOURCES	REQUESTED PROGRAM FUNDING	Q1	Q2	Q3	Q4	Q4	
A1	Administrative Support	10,000.00	10,000.00	10,000.00					1,000	1,000
A2	Contract/Procurement and program supplies	2,000.00	2,000.00	2,000.00						
A3	Advertising & Public Relations	1,000.00	1,000.00	1,000.00						
A4	Consultant/Contractor Fees	1,000.00	1,000.00	1,000.00						
A5	Physical Assets (Rent, Facility Costs, Utilities)	10,000.00	10,000.00	10,000.00						
A6	IT & Internet	1,000.00	1,000.00	1,000.00						
A7	Marketing & Communications	2,000.00	2,000.00	2,000.00						
A8	Other Supplies	100.00	100.00	100.00						
A9	Travel & Education	500.00	500.00	500.00						
A10	Other goods	1,000.00	1,000.00	1,000.00						
TOTAL DIRECT EXPENSES		38,500.00	38,500.00	38,500.00					1,000	1,000
2) PERSONNEL EXPENSES - PROGRAM STAFF										
LINE	DESCRIPTION	APPLYING ORGANIZATION	OTHER RESOURCES	REQUESTED PROGRAM FUNDING	Q1	Q2	Q3	Q4	Q4	
B1	Salary (Last Function)	27,400.00	27,400.00	27,400.00					400	400
B2	Salary (Function)	10,000.00	10,000.00	10,000.00					400	400
B3	Salary (Function)	10,000.00	10,000.00	10,000.00					400	400
B4	Salary (Function)	10,000.00	10,000.00	10,000.00					400	400
B5	Payroll Expenses (incl. taxes)	3,000.00	3,000.00	3,000.00						
B6	Benefits (incl. taxes)	3,000.00	3,000.00	3,000.00						
B7	Other goods	6,000.00	6,000.00	6,000.00						
TOTAL PERSONNEL EXPENSES		64,000.00	64,000.00	64,000.00					1,600	1,600
3) INDIRECT PROGRAM EXPENSES										
LINE	DESCRIPTION	APPLYING ORGANIZATION	OTHER RESOURCES	REQUESTED PROGRAM FUNDING	Q1	Q2	Q3	Q4	Q4	
C1	Equipment	1,000.00	1,000.00	1,000.00					375	375
C2	Program/Project Supplies	10,000.00	10,000.00	10,000.00					1,200	1,200
C3	Printing/Printing	500.00	500.00	500.00						
C4	Travel/Supplies	1,000.00	1,000.00	1,000.00					750	750
C5	Program Specific Insurance									
C6										
C7										
C8										
C9										
C10										
C11										
C12										
C13										
C14										
C15										
C16										
C17										
C18										
C19										
C20										
TOTAL OTHER EXPENSES		14,000.00	14,000.00	14,000.00					3,375	3,375
TOTAL ALL EXPENSES		116,500.00	116,500.00	116,500.00					3,375	3,375
4) FUNDING SOURCES										
D FUNDS FOR PROGRAM										
LINE	DESCRIPTION	APPLYING ORGANIZATION	OTHER RESOURCES	REQUESTED PROGRAM FUNDING	Q1	Q2	Q3	Q4	Q4	
D1	Program/Project Supplies	10,000.00	10,000.00	10,000.00					1,200	1,200
D2	Other Resources	10,000.00	10,000.00	10,000.00						
D3	Requested Program Funding	27,400.00	27,400.00	27,400.00						
TOTAL ALL FUNDING SOURCES		47,400.00	47,400.00	47,400.00					1,200	1,200
E % OF AGENCY BUDGET										
LINE	DESCRIPTION	APPLYING ORGANIZATION	OTHER RESOURCES	REQUESTED PROGRAM FUNDING	Q1	Q2	Q3	Q4	Q4	
E1	City/County % of Total Agency Budget for the Program	100.00%	100.00%	100.00%					3.37%	3.37%
E2	Agency Budget as a % of Total Agency Budget for the Year	100.00%	100.00%	100.00%					3.37%	3.37%

Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges.

N/A

Please sign your form:

