<table>
<thead>
<tr>
<th>1. UsCC Subcommittee:</th>
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</thead>
<tbody>
<tr>
<td>Access for All AAA AI/AN</td>
<td>API EE/ME Latino LGBTQIA2-S</td>
<td></td>
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<tr>
<td>2. Targeted Age Group: Children TAY Adults Older Adults</td>
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<td>3. Fiscal Year:</td>
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## Project Description

### 3. Project Name

### 4. Project Description (provide overview of project idea)

### 5. Project Purpose (why is this project needed)

### 6. Project Objective (what are the goals of this project)
7. Project Justification (what are the benefits to the underserved community)

8. Cultural Outcomes

Proposer Signature

I understand that this proposal is being submitted to Los Angeles County Department of Mental Health for consideration as a capacity building project and is for informational purposes only. I understand that this proposal in no way will be used to commit or obligate the County to purchase a contract from any consultant. If this project proposal is selected, LACDMH will have 100% ownership and administrative oversight. In addition, LACDMH has the right to align this project with its Service Delivery strategies specific for underserved cultural communities.

Proposer Name/Signature ___________________________ Date ___________________________

UsCC Co-chair Signatures

UsCC Co-chair Name/Signature ___________________________ Date ___________________________
UsCC Co-chair Name/Signature ___________________________ Date ___________________________
UsCC Co-chair Name/Signature ___________________________ Date ___________________________
UsCC Co-chair Name/Signature ___________________________ Date ___________________________

LACDMH Signature

Mirtala Parada Ward, LCSW, UsCC Lead ___________________________ Date ___________________________