The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both "Yes" and "No" answers require an explanation. A "No" response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and nonresidential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled "Guidance" contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at www.dds.ca.gov/HCBS.

Questions may be directed to HCBSregs@dds.ca.gov.

Date(s) of Evaluation: 11/14/19	Completed by: Cheryl White
, ,	
Vendor Number: H00366,H12147,H12146, H88892,HG0065,H12302,PG3007,PG0729	
Service Type and Code: ARFs, RCFE, Adu	ılt Day Programs. 915, 520, 094, 055

The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal	 <u>Buidance:</u> Do individuals receive services in the community based on their needs, preferences and abilities? Does the individual participate in outings and activities in the community as part of his or her plan for services? If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? Do individuals have the option to control their personal resources, as appropriate?
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Does the service and/or program meet this requirement? \Box Yes \boxtimes No

Please explain:

Residents are supported to engage in community life based on their interests and preferences. Cedars Activities Coordinator helps residents access a myriad of community activities—quite often several times a week. It is a priority for Cedars residents to be included in local community life through their places of worship, relationships with neighbors, use of public facilities such as the library and by attending events, including local fairs and celebrations. Personal resources are available to residents in their home and support is provided based on individual need. Cedars day programs offer community-based activities including volunteering at local organizations, selling produce at a local farmstand, creating art in a studio alongside 32 other community artists, and working on a landscaping crew. However, more attention is needed to include a greater number of participants in a range of community-based activities. If a Cedars participant expresses interest in competitive employment, staff will inform the regional center case manager who will generate a referral to an appropriate agency.

Federal Requirement #2:	<u>Guidance:</u>
The setting is selected by the individual from among setting options, including non- disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	 Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?

Does the service and/or program meet this requirement? \Box Yes \boxtimes No

Please explain: Each resident file contains a regional center IPP, however the current regional center IPP and residential ISP do not document that different setting options were considered prior to selecting the current residence.

	• · · ·					
Federal Requirement #3: Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	 <u>Guidance:</u> Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)? 					
Does the service and/or program meet this requirement? □ Yes No Please explain: Rights are explained to individuals, but alternative methods of communication need to be developed and employed to ensure understanding ways of asking about preferences and life goals. Staff need improved understanding of the true application of person-centered thinking as it relates to concepts of dignity, respect and freedom from coercion.						
Federal Requirement #4: Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.	 <u>Guidance:</u> Does the provider offer daily activities that are based on the individuals' needs and preferences? Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals? 					
Does the service and/or program meet this	s requirement? 🛛 Yes 🛛 No					

Please explain: While significant attention is paid to offering daily activities and supports at home, at day program, and in the community that are based on individual needs and preferences, more work is needed for universal implementation of person-centered practices within the limits of prescribed structures and routines.

Federal Requirement #5: Facilitates individual choice regarding services and supports, and who provides them.	 <u>Guidance:</u> Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available? Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?

Does the service and/or program meet this requirement? \Box Yes \boxtimes No

Please explain: Improved usage of documentation of resident preferences and concerns is necessary to better meet participant needs by including their input in a more systemic way and to ensure that all staff are aware of how individuals would like their support to be provided. Achieving this could mitigate barriers that limit personal choice such as staffing shortages, funding shortfalls, and disparate regulations.

Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

Federal Requirement #6: The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.	 <u>Guidance:</u> As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? Are individuals informed about how to relocate and request new housing? 					
Does the service and/or program meet this Please explain: A residential agreement was cycle, however questions remain about the co levels, and Title 17 guidelines. Once approve	developed as part of the current funding onvergence of "tenant protections," service					
Federal Requirement #7:Each individual has privacy in his/hersleeping or living unit:Units have entrance doors lockable by theindividual, with only appropriate staffhaving keys to doors as needed.Individuals sharing units have a choice ofroommates in that setting.Individuals have the freedom to furnish and	 <u>Guidance:</u> Do individuals have a choice regarding roommates or private accommodations? Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? Do individuals have the oblitty to look 					

• Do individuals have the ability to lock their bedroom doors when they choose?

Does the service and/or program meet this requirement? \square Yes \square No

decorate their sleeping or living units within

the lease or other agreement.

Please explain: By the end of November 2019, all but 4 residents will have a single bedroom. Locks have been purchased for all resident bedrooms and are in the process

of being installed. All residents have the opti- as they please.	on to furnish and decorate their bedrooms
Federal Requirement #8: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	 <u>Guidance:</u> Do individuals have access to food at any time? Does the home allow individuals to set their own daily schedules? Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
Does the service and/or program meet this Please explain: All residents have access to a access to food at any time unless doctor's or There are barriers to setting individual daily s funded staffing models and transportation. W accommodate individual preferences regarding the ability to do this consistently.	common areas in the home and have ders or IPP guidance direct otherwise. chedules based on day program hours, /hile Cedars makes every effort to
Federal Requirement #9: Individuals are able to have visitors of their choosing at any time.	 <u>Guidance:</u> Are visitors welcome to visit the home at any time? Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
Does the service and/or program meet this Please explain: Visitors are welcomed and er vacations with family and friends, sometimes several weeks at a time.	ncouraged. Residents also enjoy visits and
Federal Requirement #10: The setting is physically accessible to the individual.	 <u>Guidance:</u> Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose? Are appliances and furniture accessible to every individual?

Does the service and/or program meet this requirement? \square Yes \square No

Please explain: Cedars group homes are accessible for all residents – adaptions include elevators, adapted utensils, and ramps. Residents are encouraged to enjoy all shared areas of the facility and can choose to move about as they wish indoors and outdoors in gardens and patios.

CONTACT INFORMATION

Contact Name:	Cheryl White
Contact Phone Number:	415-526-1352
Email Address:	cheryl@cedarslife.org

ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

⊠ I AGREE

Existing regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider compliance evaluation form as one packet to the regional center with which it has primary vendorization.

Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost back up, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding, but the rest of the concept must be within the standard page requirements.
- There has been a significant change in the form and process compared to prior years. In order to receive funding, this 2019-20 form must be used.
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices or opportunities in the community.

Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds in order to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented train-the-trainer certification for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

More information on the HCBS rules and this form can be found at <u>www.dds.ca.gov/HCBS</u>.

Vendor name	Main Campus, 60 Circle, Miller Creek, Novato Blvd. Brown Dr., Lamont, Walter, Dante, Michelle Circle, Ferris Dr., 2 nd St., Community Connections, Fine Art Studios, Hands & Earth, Senior Program				
Vendor number(s)	H00366,H12147,H12146,H12342,H12343,H88813,H88841,H 88842, H88891, H88892, HG0065, H12302, PG3007, H12450				
Primary regional center	Golden Gate Regional Center				
Service type(s)	ARFs, RCFE, Adult Day Programs				
Service code(s)	915, 520, 094, 055				
Number of consumers currently served	Residential – 102 Day Program – 155 (this number includes some residents)				
Current staff to consumer ratio	Staffing determined by Level of Care (2, 3, 4c and 4i) Day Program ratios – 1:4, 1:3 and variable				

1. Please provide a brief description of the service/setting that includes what a typical day consists of and how services are currently provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.

Cedars supports adults with intellectual and developmental disabilities through residential and day programs. Cedars 10 group homes and Main Campus support 102 individuals overall. All residences are licensed and service levels range from Level 2 – Level 4i. Monday through Friday, residents attend day programs of their choosing and some work in integrated settings. Cedars 4 day programs offer a variety of engaging activities for 155 participants, where they work and learn as artists, volunteers at local organizations, weavers, gardeners, chefs, animal caretakers, beekeepers and more. A typical day for participants is framed by the structures defined by the limits of the community service system, inclusive of various schedules (e.g. transportation, day programs, staffing) and regulations which can limit personal choice, even as defined in good Person-Centered Planning. Ensuring that all involved are well versed in person-centered thinking practices is one key way of mitigating the systemic issues that limit the individualization of supports and HCBS compliance.

Project Narrative Description:

2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.

Based on our work in the FY 17/18 funding period and feedback from participants and staff, we have determined that a key aspect of ensuring HCBS compliance and delivering support through a truly person-centered lens lies in the ability to distill what can be complex PCT concepts into digestible and applicable tools and practices that can be utilized by staff and participants while rolling out all PCPs to every Cedars participant. The two core efforts of this project are to design and implement a staff development model focused on person-centered practices and to develop ways to facilitate increased inclusion of participant preferences in program operations. These tools and practices

must be scalable, practical, and flexible enough to withstand the systemic and operational barriers that organizations face in their efforts to implement PCPs. We have looked for implementation strategies, even asking local Learning Community professionals, but have not found a practical guide of any sort.

Shifting the locus of control to the individuals we support in the crush of organizational and systemic demands requires ongoing learning in contextual rather than conceptual and didactic ways. Expertise on person-centered practices will be embedded across the organization to promote a shift in organizational culture.

Program participants, too, need structures and opportunities to practice and explore choices and in ways that may be new to them through the development of tools that adapt to a variety of learning styles, including the use of video as an authentic data collection tool that easily communicates participants preferences, and enhances the content in our database for quality tracking. The synergy of these two approaches should result in greater empowerment for those we support and alignment with HCBS compliance.

3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.

1<u>X</u> 2<u>X</u> 3<u>X</u> 4<u>X</u> 5<u>X</u> 6<u>X</u> 7<u>8</u> <u>X</u> 9<u>10</u>

4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.

Individual choice may be limited to known routines but increasing ways to express preferences mitigates this.
 Current IPPs and ISPs should but do not document that different setting options were considered prior to selecting the current residence.
 Staff need improved understanding of true applications of person-centered thinking as it relates to concepts of dignity, respect, and freedom from coercion.
 Prescribed structures limit individual choice, and improved person-centered practices should mitigate this.
 Barriers such as staffing shortages, regulatory issues, and funding shortfalls limit participant choice.
 A residential agreement was developed as part of the current funding cycle, however we are working with the Regional Center on the convergence of "tenant protections," service levels, and Title 17 guidelines. Once approved it will be shared with all Cedars residents.
 There are barriers to setting individual daily schedules based on day program hours, funded staffing models and transportation. While Cedars makes every effort to accommodate individual preferences regarding daily schedules, these parameters limit the ability for individuals to have consistent control in these areas.

5.For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance.

The goal of this concept is to improve staff understanding and application of PCT principles and promote increased opportunities for resident input about the supports they receive. We believe that deepening the understanding and application of PCT principles can mitigate these barriers and result in greater individualization across environments and situations, and move programs to sustainable HCBS compliance in all areas. **1.**Greater awareness of individual preferences will inform planning for increased community engagement. Creation of tools for explaining and documenting participant

preferences. **2.**Determine increased ways to gather information about individual preferences to better document true choice of settings. **3.** Staff development will ensure universal understanding and application of PCT principles, particularly in context of issues related to rights, dignity, respect and freedom from coercion. **4.**Staff development and increased knowledge and inclusion of individual preferences will further individualize supports and activities at home and in the community. **5.** Staff development will reduce the impact of inherent systemic barriers through improved understanding of individual preferences and PCT principles. **6.** More collaboration with the regional center is necessary to implement an admissions agreement that blends Title 17, Title 22 and HCBS regulations and increased knowledge of individual preferences. **8.** For those whose preferences are not met by existing resources, the project will explore alternatives.

6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?

1.Increased staff application of person-centered principles will be achieved through the development of a sustainable and ongoing staff development plan. Development tools will address known methods that support adult learners and diverse learning styles. Staff participation will be tracked and a pre/post test measure will be applied. **2.**Enhanced participant voice in delivery of their supports and in organizational planning will decentralize power structures while teaching person centered practices and self-advocacy skills to participants. Cedars database will track individual preferences and actionable meeting minutes will track activities of newly designed participant advisory board. **3.**Project will be developed for sustainability - key concepts and tools will be developed for realistic use and organized in accessible ways. The whitepaper from FY 17/18 funding will be expanded to cover new findings and shared with other service providers, if desired.

7. Please describe how and/or what was done to include input from the individuals served in developing this concept? Discuss not only the development of the concept, but also what steps were taken to identify the interests and desires of the individuals and who was involved in that process.

We have feedback from residents that the more their voices are included, the bigger their dreams become. In regards to staff development, one resident said "Hire someone who listens not just hears you." During FY 17/18 grant funding, Cedars Person Centered Planning Coordinator and other Cedars staff have met with individuals about what is meaningful to them and about their individual preferences. Space has been created for regular interviews/video documentation of participant interests as a way to lessen the pressure of planning meetings. The concept itself will adapt to the interests, preferences, and learning styles of participants as it is developed. The concept reinforces the adage that participants don't just want a good plan, they want a good life!

8. Please describe how the concept you propose will enable you to provide more personcentered services to your clients.

This concept is rooted in the idea that instilling more person-centered practices will result in compliance with the HCBS rules. Informed by the activities of the previous funding cycle, we have learned that further development of staff training models is necessary to instill person-centered principles. We have also found that residents are expanding their ideas about what's possible in their lives as they are given increased opportunities to

voice their preferences. The concept seeks to develop additional ways to capture and promote individuals' input that is not one size fits all and promotes community engagement. Expanding the project to impact all Cedars residents and program participants ensures that Cedars programs utilize consistent person-centered planning and thinking practices, and improve methods for teams to communicate across day, work, and residential programs to encourage a holistic approach to individual support.

9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.

Cedars has included a commitment to becoming a leader in person centered practices in our board-approved strategic plan. New staff development systems will be established and continue to be used post-grant, built with sustainability in mind. Systems may include peerto-peer training and use of a structured intentional team meeting model framed by PCT principles and guided by trained managers. Cedars is investing in the design and development of a database customized to facilitate the tracking and follow-through of person-centered outcomes. Enhanced communication between day and residential programs will place fail-safes to ensure individual preferences are consistently addressed.

10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.

Cedars requests a 1-year grant of \$179,948 to fully implement HCBS principles throughout the organization. The primary expense is salaries and benefits (20%) spread over 7 staff members (6 of whom at only 15% FTE) each of whom is critical to the management and training of more than 170 staff. With 4 day programs and 11 residential sites, adequate oversight, management, coordination and training is essential. Additionally, only a total of \$16,692 is being requested for operating, administrative, and capital expenses. The primary expenses are for a consultant to help develop training for all staff and for video equipment to more effectively track client preferences. All the above expenses are expected to be spent evenly throughout the year.

11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the time frame of the requested grant, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program time frame.

Cedars has included the PCP Coordinator position in the current budget beyond the current grant funding cycle and is committed to the continuation of the position, assuming a positive fiscal position and board approval of annual budgets. Cedars annually budgets for staff training and for IT sustainability, so the new systems will be preserved.

	HCBS Funding No x Yes. If Yes, FY(s) <u>17/18</u>
12. Have you or the	Disparity Funding No Yes. If Yes, FY(s)
organization you work with been a past recipient	CPP Funding No Yes. If Yes FY(s)
	If yes to any question be sure to answer questions 13 and 14.

of DDS funding? If yes, what fiscal year(s)?						
For providers who have received prior HCBS, Disparity or CPP Funding from DDS						
provide an update on the pr	13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.					
Cedars has hired a PCP Coordinator, who, influenced by the Learning Community, Council for Quality and Leadership, and Helen Sanderson & Associates, developed a methodology for person-centered planning at Cedars Main Campus and addressed various HCBS compliance needs. The milestones developed in the original concept have been met, evaluated, and modified to include lessons learned throughout the project. By the end of the grant period, all Main Campus residents will have a current PCP using the newly developed methodology. An additional outcome is to develop a whitepaper that analyzes the work we've done to highlight successes and barriers. One significant lesson learned is that PCP is an ongoing process of observation, documentation, analysis and facilitation of highly individualized outcomes. It requires competencies that are difficult to achieve even in an organization as committed to community integration as Cedars.						
14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.						
seeks to address these issue white paper summarizing lease of our work will result in com- staff training, we feel that the the individual goals and inter early successes, and contin- and help to guide our future	sed on what was learned in the previous funding period and es. The concepts in this project will also be reflected in the ssons that we learned in the first phase. While the first phase nprehensive person-centered planning at Cedars and initial e remaining challenge will be how to maximize the support of rests in the context of the prescribed barriers. These barriers, uing challenges will be detailed in the promised white paper efforts. This project is expanding to support all residents and Cedars as a way to ensure consistency throughout the re people.					

HCBS CONCEPT BUDGET										
	The Cedars of Marin - I	Main Campus	. 60 Circle	Mil	ler Creek.					
	Novato Blvd, Brown Dr.,									
	Ferris Dr., 2nd St., Com									
Vendor Name		Earth, Senio								
				042						
) (on dor Number(c)	H00366,H12147,H1214			513	,Н88841,Н					
Vendor Number(s)	8884	2,H88891,H								
			Year	r 1 B	udget	Yea	r 2 Bi	udget		Total
		Salary and								
		Benefits	FTE		Annual Cost	FTE	A	Annual Cost		Cost
Personnel (salary + benefits)										
Person Centered Planning Coo	rdinator	81117	1.00	\$	81,117		\$	-	\$	81,117
Associate Executive Director		161298	0.15	\$	24,195		\$	-	\$	24,195
Director of Residential Service	S	98880	0.15	\$	14,832		\$	-	\$	14,832
Associate Director of Residenti	al Services	79695	0.15	\$	11,954		\$	-	\$	11,954
Day Program Manager		92982	0.15	\$	13,947		\$	-	\$	13,947
Day Program Manager		62300	0.15	\$	9,345		\$	-	\$	9,345
Day Program Manager		52435	0.15	\$	7,865		\$	-	\$	7,865
				\$	-		\$	-	\$	-
				\$	-		\$	-	\$	-
Personnel Subtotal				\$	163,256		\$	-	\$	163,256
Operating expenses					,					
Consulting costs		1		\$	5,000				\$	5,000
Video equipment rental				\$	3,000				\$	3,000
Computer support				\$	2,209				\$	2,209
Telephone		-		\$	408				\$	408
OttoLearn platform		-		\$	1,200				\$	1,200
Facility costs for training				\$	1,200				\$	1,200
Training materials & supplies				ې \$	900				\$ \$	900
fraining materials & supplies		•		Ş	900				ې \$	-
		•							\$ \$	
									ې \$	-
On emotion of Cycle to to 1		J		ć	14.217		ć		ې \$	-
Operating Subtotal		_		\$	14,217		\$	-	Ş	14,217
Administrative Expenses				<u> </u>	1 2 2 2	_			<u> </u>	1.000
Project tracking and recording				\$	1,200				\$	1,200
									\$	-
									\$	-
									\$	-
									\$	-
									\$	-
									\$	-
									\$	-
Administrative Subtotal				\$	1,200		\$	-	\$	1,200
Capital expenses										
Tablets				\$	1,275				\$	1,275
									\$	-
									\$	-
									\$	-
									\$	-
									\$	-
									\$	-
									\$	-
									\$	-
Capital Subtotal				\$	1,275		\$	-	\$	1,275
Total Concept Cost				\$	179,948		\$	-	\$	179,948
				T			T		т	

See Attachment F for budget details and restrictions