

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

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 non-residential 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: November 22, 2019	Completed by: Cynthia P. Dinglasan
Vendor Name, Address, Contact: Equiventure Day Program, Inc. 258 Sunset Avenue, Suite M Suisun City, CA 94585	
Vendor Number: HN0479	
Service Type and Code: Community Integration Training - 055	

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Federal Requirement #1:

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 resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

Guidance:

- 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?

Does the service and/or program meet this requirement? ☐ Yes ☒ No

Please explain: Equiventure Day Program was formulated with the concept of integrating the clients/participants in the community. Our goal is geared towards normalization with no barriers. Opportunities, choices, education and quality care are the core of our services. We provide a person-centered approach in achieving our participants' maximum level of competency.

Currently we take our participants in the community to immerse/integrate or utilize the available community resources and opportunities. Our participants spend time in the community through Community Based Instruction (CBI) that focuses on developing interpersonal skills, choices, money management and community safety and awareness.

Most of our participants are mentally, physically and medically challenged. We provide pre-vocational training for participants who have desire of future employments. Example of which are sorting materials by color, size or kind, paper shredding and recycling. We are located in a commercial center and plans of acquiring network for future employment of our participants around our area.

The more functional individuals have the option to control their personal resources by communicating their wants and needs through body language, vocalization and eye gaze. Some of them uses old communication devices that are outdated. Other individuals have their own conservators to decide for them.

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Federal Requirement #2:

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.

Guidance:

- 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? ☒ Yes ☐ No

Please explain:

Equiventure Day Program participants has their current IPP on file through NBRC. Our services are formulated through our participant's IPP. We collaborate with our participant's ID team to enhance, provide the best care, address the needs and choices of each individual we serve. Prior to placement at Equiventure Day Program, the participant and family/conservator visit the facility to find out if the individual is a good fit to the program. Different setting options are considered by each individual or their respective conservator based on their needs and wants.

Federal Requirement #3:

Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

Guidance:

- 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: [Click or tap here to enter text.](#)

Upon enrollment of a participant in Equiventure, personal rights are discussed with the individual. Personal Rights is part of Equiventure's curriculum. On morning huddles, the teacher discusses (verbalizes) their rights (Personal Rights of People with Disability)

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

and presents them in a manner that is easy for the individuals to understand. Those who are verbal are encouraged to participate in the discussion of their rights.

Personal information of every individual is well kept and placed in secured area. Staff are aware of the policy of confidentiality and we practice the principles of HIPPA. Written and verbal communication with the home providers are strictly confidential.

Our staff are trained to communicate with the participants based on their needs and preferences. We use Go Talks or assistive technology, communication boards, pictures, sign language, communication switches, computers, audio visuals and other ways and means for our participants to communicate their wants and needs. Currently, we have limited resources and outdated communication devices.

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.

Guidance:

- 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 requirement? ☐ Yes ☒ No

Please explain: [Click or tap here to enter text.](#)

Equiventure is a person-centered day program. We offer services based on the participants' wants and needs. A variety of different activities are presented and they are empowered to make choices. No one is forced to do an activity that they are not comfortable. Every participant is encouraged to make decisions and are given the the options to choose to participate in activities that interest them using some communication devices but our resources are very limited. We need to upgrade our devices.

We encourage participant's family and friends to be involved in the preparation of ISP. By doing so, we are able to identify their wants and needs including the people they want to get involve in their lives. We are aware that the key to a person's happiness is to make them be with the persons they like and do things that they are passionate about.

When in the community, nature is a big part to de-stress an individual. This curriculum is integrated in Equiventure. People, learning your environment and nature are presented during community outings. Our services are geared towards each individual's interest and participation in activities that interest our clients that

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

corresponds with their IPP goals and objectives.

To better serve participants with mobility issues, anxiety and physical challenges, we would like to provide a Wellness Program that is incorporated to our daily activities, through Massage and Music Therapy.

Federal Requirement #5:

Facilitates individual choice regarding services and supports, and who provides them.

Guidance:

- 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? ☒ Yes ☐ No

Please explain: [Click or tap here to enter text.](#)

Equiventure provides well trained and caring staff for our participants. We practice the value of integrity and compassion when providing services. We assign our staff by zones/groups wherein we rotate our staff weekly to different zones to familiarize them to the preferences and needs of our participants. We encourage our participants to voice their concerns and issues. Through documentation and observation, we base our staff zoning with the participant's preferences and needs.

Equiventure encourages and/or motivates our participants to voice their concerns and issues if the need arises at any time. Constant and open communication with the home providers are practiced. Voices are heard to provide the best care and training for participants. For non-verbal individuals, client's body language, demeanor, gesture and facial expression are the baseline used to determine their preferences and preferred staff.

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

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:

<p><u>Federal Requirement #6:</u></p> <p><i>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.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Click or tap here to enter text.</p> <p style="text-align: center;">Not Applicable</p>	
<p><u>Federal Requirement #7:</u></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <p><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></p> <p><i>Individuals sharing units have a choice of roommates in that setting.</i></p> <p><i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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 ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Click or tap here to enter text.</p> <p style="text-align: center;">Not Applicable</p>	

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text. Not Applicable</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text. Not Applicable</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text. Not Applicable</p>	

**Home and Community-Based Services (HCBS) Rules
CONCEPT FORM****CONTACT INFORMATION**

Contact Name: Cynthia P. Dinglasan
Contact Phone Number: (408)504-3947
Email Address: equiventuredayprogram@gmail. com

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

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

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 www.dds.ca.gov/HCBS.

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Vendor name	Equiventure Day Program, Inc.
Vendor number(s)	HN0479
Primary regional center	North Bay Regional Center
Service type(s)	Community Integration Training
Service code(s)	055
Number of consumers currently served	30
Current staff to consumer ratio	1:2
<p>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.</p> <p>Equiventure Day Program is a center-based day program for adults with medical and developmental disabilities. We are vendored for 30 clients with North Bay Regional Center and licensed for 45 clients in May 2018. It is a medical day program serving individuals with mild to severe medical conditions such as seizure disorder, respiratory compromise, hypothermia, GT/JT feeding, fall risk, and other related medical issues. Most of our clients were from Sonoma Developmental Center that were transitioned last year to the community due to closure of the center.</p> <p>Our curriculum is based on the person-centered philosophy and services. Community integration is immersed in our participants' daily activity considering their preferences, environment, weather condition and the availability of a licensed person. We encourage our participants to participate, be active, to self-advocate, to look and feel good, to express what they think and feel, and to be an active member of their new community.</p> <p>Equiventure recognizes the needs of individuals to actively and appropriately communicate their needs to maximize their opportunity to participate in inclusive community environment and achieve their personal goals. Individuals are trained to communicate through our trained staff using alternative methods of communication and our limited resources in technologies based on their needs and preferences. Most of our participants are still using the old Go Talks (most of them are not working and desktop computers (outdated) that they used way back at SDC.</p>	
Project Narrative Description:	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> <p>We provide services for individuals with significant health issues. Currently, we try our best to be in compliant with the Federal Requirements but our resources are very limited. We believe that Equiventure can deliver better and can enhance the services</p>	

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

we provide by requesting funding to augment what we currently have.

- Purchase 2 wheelchair vans that can transport 2-3 wheelchairs at a time for individual's community integration activities. Currently, we have 1 van used for transporting clients to and from their homes.
- Purchase 2 Dodge Vans dedicated to a participant who will be exploring the possibility of future employment and who prefers private outing.
- Increase Mobility Aide/staff with 1:1 ratio (4 staff), so that appropriate supports can be provided in the community.
- Increase licensed persons to go with the medically challenged participants for community integration. Currently, we do community integration for the medically challenged clients once a week due to the availability of a licensed staff.
- Medical equipment such as suction machine, oxygen, etc. that will go with the medical professional when in the community to address some medical needs of our participants.
- Purchase new Ipads, switches, computers, communication devices and other state of the art technologies that will help and enhance communication training of the clients we serve. Our clients are currently using outdated devices.
- Request budget for assessment and support of Equiventure staff and participants on how to effectively and safely use the new technology.
- Request budget for more pre-vocational activities and equipment to train clients on vocational skills that they can use for future employment opportunity.
- Incorporate Wellness Program to our daily activities, which include Massage and Music Therapy. We will purchase massage chairs and commission a music Therapist.

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 x 2 3 x 4 x 5 6 7 8 9 10

#1 Out of compliance. Equiventure's outing and activities in the community for the medically fragile participants are limited to only once a week, due to the need for extra vans that can transport them, licensed staff/staff to support them and medical equipment that goes with them.

#3 Out of compliance. Majority of our participants have no access to a communication device. Some have an outdated communication equipment. An assessment was made by a communication consultant and new technology was recommended to increase their access to communication devices for self-advocacy.

#4 Out of compliance. Our clients are non-verbal and communication is the key factor for independence and self-advocacy. With our best ability to understand their way of communication through facial expression, body language, vocalization, and other means of how they communicate, we might be interpreting it the wrong way and this can cause communication problem and frustrations on the part of our clients.

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.

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

One of the key barriers here is the need of developing an effective communication system in order for individuals to express their choices, needs and self-advocacy. Another barrier is the need for 2 Vans, 2 additional licensed staff and 4 regular staff that will accompany our medically fragile clients to the community more often.

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 requested funding for the vans, with licensed staff, medical equip. will increase frequency in the community for integration and opportunities. Pre-vocational equip. will give clients skills for future employment. The requested funding for communication technology will empower them to appropriately communicate their preferences and needs. The massage and music therapy will enhance wellness and relaxation of individuals.

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

The proposed outcomes and objectives of the concept are as follows;

Van -Equal opportunities to medically fragile clients to explore their opportunities in community and tap networks for future employment.

Communication & Technology – Will empower clients to express their wants & needs

- Computers will increase leisure/recreation skill through the use of different program applications.

Therapy – Therapy and music will best serve our aging clients for mobility, relaxation and entertainment.

Licensed and Support Staff- They will ensure the safety of our clients when in the Community.

Shredding Machine – will provide pre-vocational training for participants who desire future employment.

Training – Will provide training and support to implement proper use of the new communication technology devices.

All proposed concepts will be integrated in the participants daily activities. Close monitoring and documentation will be part of the participant's record.

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.

The projects requested for funding were conceptualized and formulated to add more benefit to Equiventure participants. We identified and classified each participant's wants and needs by listening to their request (for the verbal clients) and ID Team/ professional consultants input (for the non-verbal) as we identify the things that are important TO him/her and things that are important FOR him/her.

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

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

These proposals will enable participants to actively and appropriately communicate their needs through the use of state of the art technology. Additional wheelchair vehicles will increase frequency of inclusion in the community. Additional licensed staff/regular staff will provide supervision and care when medically fragile clients are in the community. By purchasing pre-vocational equipment and materials will help individuals who express the desire to work in the future. The massage and music therapy will make our clients feel good, relax and attain optimum health.

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

We are a non-profit organization and we are open for contributions. Equiventure plans to sustain the viability of this concepts beyond HCBS funding by tapping our benefactors contributions, consistency of our services, and close monitoring of our participant's needs and wants.

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.

Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs).

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC

Major cost category and timeline.

- Add 2 wheelchair vans with licensed staff and med equip. 6 mos. after funding.
- Add 19 ipads, and 10 computers 3 months after funding, in addition to Tech. Training and support will be in place 1 month after comm. devices and computers are in place.
- Add 4 Massage Chairs 2 months after funding as well as Music Therapy.
- Add 4 Shredding machines 2 months after funding.

Please see attached Budget Template for costing and cost back up.

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.

Not Applicable

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?

HCBS Funding ___ No ___ Yes. If Yes, FY(s) _____
 Disparity Funding ___ No ___ Yes. If Yes, FY(s) _____
 CPP Funding ___ No x Yes. If Yes FY(s) _____

If yes to any question be sure to answer questions 13 and 14.

For providers who have received prior HCBS, Disparity or CPP Funding from DDS

**Home and Community-Based Services (HCBS) Rules
CONCEPT FORM**

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.

Equiventure was awarded CPP Start Up Funds on 6/30/16 for the amount of \$300,000.00. Retrofitting and renovation of the building started Jan. 2018. The program was licensed on May 22, 2018 and we opened our doors to our participants on June 25, 2018. Please see attached 2017-18 Budget for CPP Funding.

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.

All the funds were used for the retrofitting of the building, down payment and lift conversion of our Van, and purchase of basic equipment needed for the daily operation of the day program. What we currently have are basic equipment and materials that our clients are currently using. The funding that we are requesting will enhance the program by empowering our clients with new technology for communication, vans for more community outings and Wellness program for relaxation and entertainment.

HCBS CONCEPT BUDGET	Fiscal Year 2019-20						
Vendor Name	EQUIVENTURE DAY PROGRAM, INC.						
Vendor Number(s)	HN0479						
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (salary + benefits)							
1st Licensed staff	75600	1.00	\$ 75,600	1.00	\$ 75,600	\$ 151,200	
2nd Licensed staff	75600	1.00	\$ 75,600	1.00	\$ 75,600	\$ 151,200	
Mobility aide 1	25200	1.00	\$ 25,200	1.00	\$ 25,200	\$ 50,400	
Mobility aide 2	25200	1.00	\$ 25,200	1.00	\$ 25,200	\$ 50,400	
Mobility aide 3	25200	1.00	\$ 25,200	1.00	\$ 25,200	\$ 50,400	
Mobility aide 4	25200	1.00	\$ 25,200	1.00	\$ 25,200	\$ 50,400	
Driver 1	28560	1.00	\$ 28,560	1.00	\$ 28,560	\$ 57,120	
Driver 2	28560	1.00	\$ 28,560	1.00	\$ 28,560	\$ 57,120	
			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 309,120		\$ 309,120	\$ 618,240	
Operating expenses							
van maintenance for 2 vans			\$ 2,400		\$ 2,400	\$ 4,800	
gasoline			\$ 24,000		\$ 24,000	\$ 48,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal			\$ 26,400		\$ 26,400	\$ 52,800	
Administrative Expenses							
Communication Training & Support			\$ 56,840			\$ 56,840	
Music Therapist \$1,180.00/ month			\$ 14,160		\$ 14,160	\$ 28,320	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ 71,000		\$ 14,160	\$ 85,160	
Capital expenses							
2 accessible Dodge Caravan \$37,827.87 @			\$ 75,656			\$ 75,656	
2 accessible Ford T350 \$65,546.94 @			\$ 131,094			\$ 131,094	
4 Reclining Massage Chair \$11,999.00 @			\$ 47,996			\$ 47,996	
2 Portable Suction Machine \$1,227.94 @			\$ 2,456			\$ 2,456	
2 Portable Nebulizer/Inhaler \$57.95 @			\$ 116			\$ 116	
2 Portable Oxygen Concentrator \$3,195.00 @			\$ 6,390			\$ 6,390	
19 Apple Ipad \$\$329.99 @			\$ 6,270			\$ 6,270	
4 Shredding Machines \$1,489.00 @			\$ 5,956			\$ 5,956	
10 Desk Top Computer \$749.99 @			\$ 7,500			\$ 7,500	
Capital Subtotal			\$ 283,433		\$ -	\$ 283,433	
Total Concept Cost			\$ 689,953		\$ 349,680	\$ 1,039,633	

See Attachment F for budget details and restrictions

Vendor:	EquiVenture Day Prog., Inc.	Billing Month:	December 2017
---------	-----------------------------	----------------	---------------

Budget Item	Total Budget Amount	Start up budget Spent to date	Previous Balance Spent to date	Requested Billing	Start up balance remaining
Program supplies and equipment	\$84,433.20				\$84,433.20
Rent/Building Lease	\$40,000.00			\$15,288.00	\$24,712.00
Van Lease/ Deposit	\$40,000.00				\$40,000.00
Staff Training and Consultants	\$10,500.00			\$6,960.00	\$3,540.00
Insurance & Fees	\$1,566.80			\$1,566.80	\$0.00
Facility Modification	\$123,500.00			\$18,653.60	\$104,846.40
Total	\$300,000.00	\$0.00	\$300,000.00	\$42,468.40	\$257,531.60

Total Budget:	\$300,000.00
Start up Budget Spent to date	\$0.00
Previous Balance from last billing	\$300,000.00
Requested Billing:\$	\$42,468.40
Start up Balance Remaining	\$257,531.60

Budget Narrative:

Dec-17

Total Budget:	\$	300,000.00	
Total Balance:			
Requested Billing:	\$	42,468.40	
Explanation of Expenses			
Program Supplies/Equipment			
		\$	-
		\$	-
		Total	\$ -
Rent/Building Lease			
8/21/2017	CIII MSC107-1Q14 Heritage Park; 1 Mo. Advance; Check#103; see page 1	\$	7,644.00
8/21/2017	CIII MSC107-1Q14 Heritage Park; Deposit; Check#104; see page 1	\$	7,644.00
		\$	-
		\$	-
		Total	\$ 15,288.00
Van Lease/Deposit			
		\$	-
		\$	-
		Total	\$ -
Staff Training and Consultants			
7/26/2016	Amanda Pyle; Prog. Design Deposit (25%); Check# 1005; see pages 2-3	\$	1,000.00
9/27/2016	Amanda Pyle; Prog. Design Deposit (50%); Check# 1006; see pages 2-3	\$	2,000.00
3/21/2017	Amanda Pyle; CCL Part B & Prog. Design; Check# 1010; see pages 4-5	\$	1,560.00
9/6/2017 & 10/4/2017	Ernesto Vallejo; CCLD A & B, Revision; Checks#107 & 1026; see pages 6-7	\$	2,000.00
10/20/2017	Ernesto Vallejo; Site Plan & Floor Plan; Checks#1028; see pages 8-9	\$	400.00
		Total	\$ 6,960.00
Insurance and Fees			
8/31/2017	Mike Kapur Insurance; Liability Insurance; Check#106; see page 10	\$	791.80
9/21/2017	Mike Kapur Insurance; Surety Bond; Check#1003; see page 10	\$	170.00
10/19/2017	Comm. Care Licensing; Application Fee; Check#1027; see page 11	\$	605.00
		Total	\$ 1,566.80
Facility Modification			
9/21/2017	TWA Architect; Retainer; Check# 1002; see pages 12-13	\$	2,000.00
10/3/2017	Tom Wilson Architect; Check# 1004; see page 14-15	\$	4,546.00
12/1/2017	Tom Wilson Architect; Check# 1008; see page 16-17	\$	12,107.60
		Total	\$ 18,653.60
TOTAL DRAW FOR MONTH			\$42,468.40

REVISED BUDGET	ORIGINAL BUDGET (date approved)	REVISED BUDGET (12/20/2017)	REVISED BUDGET (date of revision)
Program			
supplies and equipment	\$86,000.0	\$84,433.2	
Rent	\$40,000.0	\$40,000.0	
Van Lease/ Deposit	\$40,000.0	\$40,000.0	
Staff Training and Consultants	\$10,500.0	\$10,500.0	
Insurance & Fees		\$1,566.8	
Facility Modification	\$123,500.0	\$123,500.0	
Total	\$300,000.0	\$300,000.0	\$0.0

Narrative:

We did not allocate money for Insurance & Fees when we submitted the budget. We are requesting to transfer \$1,566.80 from Program supplies and equipment to Insurance and Fees for Liability Insurance and Bond that was incurred.

Vendor:	EquiVenture Day Prog., Inc.	Billing Month:	January 2018
---------	-----------------------------	----------------	--------------

Budget Item	Total Budget Amount	Start up budget Spent to Date	Previous Balance Spent to Date	Requested Billing	Start up balance remaining
Program supplies and equipment	\$84,433.20		\$84,433.20	\$4,934.42	\$79,498.78
Rent/Building Lease	\$40,000.00	\$15,288.00	\$24,712.00	\$0.00	\$24,712.00
Van Lease/ Deposit	\$40,000.00		\$40,000.00		\$40,000.00
Staff Training and Consultants	\$10,500.00	\$6,960.00	\$3,540.00	\$0.00	\$3,540.00
Insurance & Fees	\$1,566.80	\$1,566.80	\$0.00	\$0.00	\$0.00
Facility Modification	\$123,500.00	\$18,653.60	\$104,846.40	\$43,876.21	\$60,970.19
Total	\$300,000.00	\$42,468.40	\$42,468.40	\$48,810.63	\$208,720.97

Total Budget:	\$300,000.00
Start up Budget Spent to date	\$42,468.40
Previous Balance from last billing	\$42,468.40
Requested Billing:\$	\$48,810.63
Start up Balance Remaining	\$208,720.97

Budget Narrative:

Dec-17

Total Budget:	\$	300,000.00	
Total Balance:	\$	257,531.60	
Requested Billing:	\$	48,810.63	
Explanation of Expenses			
Program Supplies/Equipment			
1/20/2018	SEARS; Appliances; Citi Visa2585; see pages 1-2	\$	4,934.42
	(Refrigerators, Oven, Microwave oven, Washer, Dryer)	\$	-
		\$	-
		Total	\$ 4,934.42
Rent/Building Lease			
		\$	-
		\$	-
		\$	-
		\$	-
		Total	\$ -
Van Lease/Deposit			
		\$	-
		\$	-
		Total	\$ -
Staff Training and Consultants			
		\$	-
		\$	-
		\$	-
		Total	\$ -
Insurance and Fees			
		\$	-
		\$	-
		\$	-
		Total	\$ -
Facility Modification			
1/28/2017	CBB Builders; Downpayment; Check# 1029; see pages 3-4	\$	1,000.00
1/2/2018	CBB Builders; Wall Demolition; Check# 1030; see pages 5-6	\$	9,680.00
1/2/2018	CBB Builders; Bldg. Permit; Check# 1031; see pages 5 & 7	\$	1,796.21
1/8/2018	CBB Builders; Removal of Carpet/Vinyl Floor; Ck#1032; see pages 8-9	\$	16,200.00
1/18/2018	CBB Builders; Wood & Metal Work; Check#1033; see pages 10-11	\$	15,200.00
		Total	\$ 43,876.21
TOTAL DRAW FOR MONTH			\$48,810.63

REVISED BUDGET	ORIGINAL BUDGET (date approved)	REVISED BUDGET (12/20/2017)	REVISED BUDGET (date of revision)
Program			
supplies and equipment	\$86,000.0	\$84,433.2	
Rent	\$40,000.0	\$40,000.0	
Van Lease/ Deposit	\$40,000.0	\$40,000.0	
Staff Training and Consultants	\$10,500.0	\$10,500.0	
Insurance & Fees		\$1,566.8	
Facility Modification	\$123,500.0	\$123,500.0	
Total	\$300,000.0	\$300,000.0	\$0.0

Narrative:

Vendor:	VENODOR NAME	Billing Month:	February 2018
---------	--------------	----------------	---------------

Budget Item	Total Budget Amount	Start up budget Spent to Date	Previous Balance Spent to date	Requested Billing	Start up balance remaining
Program supplies and equipment	\$67,495.25	\$4,934.42		\$62,560.83	\$0.00
Rent/Building Lease	\$37,427.01	\$15,288.00		\$22,139.01	\$0.00
Van Lease/ Deposit	\$20,000.00			\$20,000.00	\$0.00
Staff Training and Consultants	\$6,960.00	\$6,960.00			\$0.00
Insurance & Fees	\$2,068.80	\$1,566.80		\$502.00	\$0.00
Facility Modification	\$166,048.94	\$62,529.81		\$103,519.13	\$0.00
Total	\$300,000.00	\$91,279.03	\$208,720.97	\$208,720.97	\$0.00

Total Budget:	\$300,000.00
Start up Budget Spent to date	\$91,279.03
Previous Balance from last billing	\$208,720.97
Requested Billing:\$	\$208,720.97
Start up Balance Remaining	\$0.00

REVISED BUDGET	ORIGINAL BUDGET (date approved)	REVISED BUDGET (12-20-17)	REVISED BUDGET (2-22-18)
Program			
supplies and equipment	\$86,000.00	\$84,433.20	\$67,495.25
Rent	\$40,000.00	\$40,000.00	\$37,427.01
Van Lease/ Deposit	\$40,000.00	\$40,000.00	\$20,000.00
Staff Training and Consultants	\$10,500.00	\$10,500.00	\$6,960.00
Insurance & Fees		\$1,566.80	\$2,068.80
Facility Modification	\$123,500.00	\$123,500.00	\$166,048.94
Total	\$300,000.00	\$300,000.00	\$300,000.00

Narrative:

Please reallocate the following funds;

FROM:

Program Supplies & Equipment	\$ 16,937.95
Rent/ Bldg. Lease	\$ 2,572.99
Van Lease/ Deposit	\$ 20,000.00
Staff Trng & Consultation	\$ 3,540.00
	<u>\$43,050.94</u>

TO;

Insurance & Fees	\$502.00
Facility Modification	<u>\$42,548.94</u>
	<u>\$43,050.94</u>

Budget Narrative:

Feb-18

Total Budget:	\$	300,000.00	
Total Balance:	\$	208,720.97	
Requested Billing:	\$	208,720.97	
Explanation of Expenses			
Program: Mobiles/Equipment			
1/23/2018	Best Buy; Computers; Citi Visa...2585; see pages 1-2	\$	12,169.83
2/2/2018	West Cost Mobility; Lift System; Ck.#1040; see pages 3-4	\$	26,945.87
2/13/2018	Code 3 Fire & Safety; Fire Extinguisher; Citi Visa...2585; see page 5	\$	225.00
2/17/2018	Amazon; Shelves & Bookcases; Citi Visa...2585; see pages 6-7	\$	2,215.08
2/16/2018	Uline; Computer tables, AV Cart, etc.; Citi Visa...2585; see pages 8-9	\$	1,944.47
2/14/2018	Costco; TV, sound bar, piano; Citi Visa...2885; see pages 10-11	\$	3,590.34
2/19/2018	Overstock; chairs; Citi Visa...2585; see pages 12-13	\$	2,083.29
2/19/2018	Don Johnston Inc.; Switch Interface; Citi Visa...2585; see pages 14-16	\$	920.74
2/20/2018	Amazon; Hospital bed, tables, chairs, etc.; Citi Visa...2585; see page 17-19	\$	6,723.64
2/20/2018	School Outfitters; ADA wheelchair tables; Citi Visa...2585; see page 20	\$	4,304.57
2/20/2018	Spinlife; Hoyer Lift; Usbank Visa...9930; see pages 21-22	\$	1,438.00
	Total	\$	62,560.83
Rent/Building Lease			
1/30/2018	Morgan Stanley Capital; Heritage Park Ctr; March; ck#1043; see pages 23-26	\$	7,379.67
1/30/2018	Morgan Stanley Capital; Heritage Park Ctr; April; ck#1044; see pages 24-26	\$	7,379.67
1/30/2018	Morgan Stanley Capital; Heritage Park Ctr; May; ck#1045; see pages 25-26	\$	7,379.67
	Total	\$	22,139.01
Van Lease/Deposit			
1/26/2018	Ford Fairfield; Van Deposit & Conversion; Ck#1035; see pages 27-28	\$	20,000.00
	Total	\$	20,000.00
Insurance and Fees			
2/14/2018	Fairfield Fire Dept.; Pre-inspection; Citi Visa...2585; See page 29	\$	502.00
	Total	\$	502.00
Facility Modification			
1/23/2018	TWA Architect; Final Invoice; Ck#1010; see pages 30-31	\$	1,750.00
1/24/2018	CBB Builders; Woodwork, etc.; Ck#1034; see pages 32-33	\$	34,840.00
1/30/2018	CBB Builders; Electrical; Ck#1036; see pages 34-35	\$	7,380.00
1/30/2018	Budget Blinds; Window Coverings; Ck#1037; see pages 36-37	\$	2,213.00
2/6/2018	CBB Builders; Finishing Works; Ck#1038; see pages 38-39	\$	13,419.00
2/6/2018	Max MR Const.; Extra job not in the plan; Ck#1039; see pages 40-41	\$	5,000.00
2/12/2018	CBB Builders; Painting; Ck#1041; see pages 42-43	\$	10,200.00
2/9/2018	Ace Hardware; Paint; Citi Visa...2585; see page 44	\$	211.76
2/19/2018	Lowe's; Crown Moulding; Citi Visa...2585; see page 45	\$	1,074.54
2/19/2018	Lowe's; LED Lights; Citi Visa...2585; see page 46	\$	434.89
2/15/2018	Lowe's; Construction Materials; Ck#1046; see pages 47-48	\$	1,287.28
2/16/2018	Max MR Const.; Reimbursement; Ck#1048; see pages 49-50	\$	127.20
2/17/2018	CBB Builders; Cash Advance; Ck#1049; see pages 51-52	\$	1,700.00
2/18/2018	Max MR Construction; Full payment; Ck#1050; see pages 53-54	\$	5,591.00
2/19/2018	CBB Builders; Final Payment; Ck#1051; see pages 55-56	\$	18,361.48

		\$ -
		\$ -
		\$ -
	Total	\$ 103,590.15
TOTAL DRAW FOR MONTH		\$ 208,791.99

NOTE: We over spent \$71.02 from our budget so I just subtracted the amount of \$71.02 from the total Requested Billing.

TOTAL REQUESTED BILLING IS \$208,720.97



Communication Technology Education Center

A Program of the Supported Life Institute

1010 Hurley Way, Ste. 180, Sacramento, CA 95825 • TEL: 916-921-5639

ctec@supportedlife.org • www.ctecaac.org

Proposal of Services

Equiventure
ATTN: Cynthia Dinglasan
258 Sunset Ave
Suisun City, CA 94585-1742

Date: 11/15/19

Billing Rates: On-site consultation, direct service, evaluation and training services to be billed at a rate of \$1,140/per CTEC staff per day (includes travel time plus 4 hours on-site services). Design and development of resources and materials used for evaluation and training to be billed at a rate of \$190/hr. Services will be targeted for scheduling upon grant approval.

Service Description	Hours	Rate
CTEC will provide the following services to Equiventure staff and program participants, in order to support a program design that increases client access to communication and self advocacy throughout their daily routines.	Total hours, not to exceed 236 hours	\$44,840.00
CTEC will provide consultation and work collaboratively with Equiventure Lead staff to develop resources and design processes that will provide the following:	20 hours developing resources and materials	
<ul style="list-style-type: none"> Recommendations for communication systems and equipment (e.g. universally designed technology, no-tech, light-tech devices) to use with specific clients and program-wide Design materials to support Equiventure site staff in identifying and measuring their clients' communication abilities and needs over time Identify clients who require a full (Regional Center) evaluation for a funded speech generating device (SGD) Identify and train a point person who will be responsible for programming, customizing and creating icons/communication boards for use at their site and in the community. 	To include up to two 2-hour staff group trainings	
Equiventure site will receive <ul style="list-style-type: none"> Group training for key staff on <i>Supportive Training with Active Respect Curriculum</i> Coaching and resources to help engineer the environment for communication Monitoring of the progress of site staff evaluating clients' communication abilities and needs Training for the trainers (staff) in strategies to incorporate communication supports into program activities Training for key staff in how to adapt no-tech, light-tech and universally designed technology communication supports for their curriculum; coaching to help troubleshoot, answer questions, and adaptations. 		

Equipment: All equipment items, quantities and costs are tentative pending evaluation of client and program needs. To include computers, printers, software, iPads, iPad accessories, apps., access equipment, positioning equipment, etc. <div style="text-align: right;">Total</div>		\$12,000.00 \$56,840.00
--	--	------------------------------------

*CHECK PAYABLE TO **"SUPPORTED LIFE INSTITUTE"**.

Please let us know if you have any questions.

Kristen Carroll

Kristen Carroll, M.A., CCC-SLP
Lead CTEC SLP

Stephanie Maki

Stephanie Maki
Office Manager



3333 Vaca Valley Parkway, Suite 900
Vacaville, CA 95688
Phone: 707-718-1103
E-Mail: Info@VacavilleMusicTherapy.com
Web: www.VacavilleMusicTherapy.com

Equiventure Day Program

Music Therapy Program Proposal

February 1, 2019



Equiventure Day Program Music Therapy Program Proposal

Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized, functional goals within a therapeutic relationship. Providers of music therapy are credentialed professionals who have completed an approved music therapy program and passed a national board-certification exam.

Introduction:

Equiventure Day Program provides adult day programing for 30 individuals with developmental disabilities at their Suisun location. EQUIVENTURE is currently focused on maintaining a superior level of care for the individuals they serve and establishing new programs in order to attract more clients and their families, and increase opportunities for the individuals they serve to interact with the community.

Providing music therapy as part of weekly program offerings will position EQUIVENTURE as a leader among adult day programs for individuals with developmental disabilities. Music Therapy will provide opportunities for program participants to engage in meaningful music experiences, designed to foster social skills, communication, and to engage with their communities through music groups outside of EQUIVENTURE.

Intent:

The music therapy program at EQUIVENTURE will focus on client-centered music experiences designed to facilitate social interaction, cooperation, and creative emotional expression. Music therapy groups will address individual and group goals across all functional domains, including cognitive, sensorimotor, social/emotional, communication and behavior.

Music therapy groups will contribute to community integration by providing music experiences that build identities and function as a means to empower and foster independence. Community integration can occur through musical field outings, such as drum circles in local parks.

Needs:

- Improve community integration and engagement through music appreciation, instruction, and performance opportunities
- Improve social skills, including self- and social-awareness, flexibility, cooperation, and community engagement
- Improve emotional skills, including coping skills, emtional expression, reducing agitation/anxiety



Equiventure Day Program Music Therapy Program Proposal

PROPOSED SCOPE OF WORK

Work Activities:

Vacaville Music Therapy will provide group music therapy sessions to EQUIVENTURE clients to address goals related to improving cognition, communication, social/emotional skills and behavior. Vacaville Music Therapy Director will work with EQUIVENTURE Program Managers to determine the most effective community music integration activities for the participants at each EQUIVENTURE location.

ACTIVITIES AND PERFORMANCE MEASURES

Activity	Description	Outcome Measure
EQUIVENTURE Support Staff Education	Provide two, 90-minute training opportunities regarding the use of music in the adult day program setting	Learning outcome questionnaire
Family Support Group Education	Provide one 60-minute training opportunity to family caregivers regarding the use of music for program participants and wellness programs for caregivers	Learning outcome questionnaire
Group Music Therapy	Provide two, 60-minute group music therapy sessions per week at each EQUIVENTURE location	Documentation/Data collection for group goals
Community Music Therapy/Music-Based Activities	Provide one music-based activity group per month for each EQUIVENTURE location in the community (i.e., drum circle in the park, attend local music related activities)	Documentation/Data collection for group community integration goals



Equiventure Day Program Music Therapy Program Proposal

- Improve sensorimotor/physical skills, including strength and endurance of upper and lower extremities, and bilateral coordination
- Improve cognitive skills, including attention, executive function and impulse control

Appeal:

- Clients and Families
 - Music therapy improves mood, reduces agitation and improves the social environment
 - Music therapy improves satisfaction of adult day program participants
- Support Staff
 - Music therapy provides a means for positive, successful shared experiences between staff caregivers and program participants, which promotes a stronger social connection between staff and clients
- Board of Directors and Program Administrators
 - Providing music therapy is in line with the general mission of adult day programs: providing opportunities for meaningful lives, as music is inherently meaningful, and provides opportunities for meaningful interaction
 - Music therapy is appealing to current and potential clients, as it promotes wellness and leisure in addition to addressing functional need areas
 - Music therapy provides an additional means for community integration and engagement

Research Highlights

- Music therapy interventions promote wellness, enhance memory, improve communication, and provide unique opportunities for interaction.
- Music therapy reduces depression, anxiety, and stress among older adults.
- Music therapy helps promote happiness and satisfaction with life.
- Music experiences are structured to enhance social and emotional skills, to assist in recall and language skills and to promote rhythmic movement.



Equiventure Day Program Music Therapy Program Proposal

Estimated Monthly Budget

Location of Services	Personnel and Fees	Monthly Investment
Equiventure Suisun	1 Music Therapist, MT-BC @ \$110/hour for 8-9 hours/month	\$880.00-990.00
	Travel Fee: \$25/visit @ 8-9 visits/month	\$200.00-\$225.00
	Equipment Fee: Instruments	\$100.00
	Monthly TOTAL:	\$1180.00-\$1,315.00

Conclusion

Music is a means of emotional stimulation and expression, a tool for developing independence, and a resource in building social networks. The practical, evidence-based application of music therapy as a part of the programming provided at EQUIVENTURE will enhance social, communication, motor and cognitive skills, provide opportunities for community integration and engagement, and contribute to the overall quality of life for the individuals that EQUIVENTURE serves.

The team at Vacaville Music Therapy looks forward to serving alongside EQUIVENTURE staff and administration to enhance the impact both organizations have on the lives of individuals with developmental disabilities in our community.



Quote

Proposal #: Q135459

MobilityWorks of California, LLC
 1822 Embarcadero Ave.
 Oakland, CA 94606
 (510) 927-3187
 EIN#: 06-1751490
 fax: (510) 927-3188

Wayne Magnus Email: wayne.magnus@mobilityworks.com Phone: 510-927-3187

Billing Name EQUIVENTURE DAY PROGRAM INC	Buyer Name EQUIVENTURE DAY PROGRAM INC	Stock # STQ-22744
Address 258 SUNSET AVE / SUITE M	Address 258 SUNSET AVE / SUITE M	Quote # Q135459
City, State ZIP SUISUN CITY, CA 94585	City, State ZIP SUISUN CITY, CA 94585	Proposal Date 11/13/2019
County SOLANO	County SOLANO	Accepted date
Telephone (510) 421-4182	Telephone (510) 421-4182	

New/Used New	Make Ford	Model / Trim T350 XL Wagon HR 148" WB EI Jumbo W/Cruise	Year 2019	Color White	To Be Delivered On Or About																								
Type of Vehicle Full Size Van	VIN 1FBVU4XM5KKB48344		Mileage 0																										
Chassis, Conversion and Adaptive Equipment (See Page 2 for detail):					\$66,013.30																								
Protection Products:					\$0.00																								
<table border="1"> <tr> <td>MBW Rewards</td> <td>(\$0.00)</td> </tr> <tr> <td>Total</td> <td>\$66,013.30</td> </tr> <tr> <td>Documentation Fee</td> <td>\$80.00</td> </tr> <tr> <td>License Fee</td> <td>\$550.00</td> </tr> <tr> <td>Smog Cert.</td> <td>\$8.25</td> </tr> <tr> <td>Smog Fee</td> <td>\$50.00</td> </tr> <tr> <td>Delivery</td> <td>\$0.00</td> </tr> <tr> <td>Sales Tax</td> <td>\$3,595.39</td> </tr> <tr> <td>Total Cash Delivered Price</td> <td>\$70,296.94</td> </tr> <tr> <td>Rebate(s)</td> <td>(\$4,750.00)</td> </tr> <tr> <td>GPC</td> <td>(\$0.00)</td> </tr> <tr> <td>Third Party Payor(s)</td> <td>(\$0.00)</td> </tr> </table>					MBW Rewards	(\$0.00)	Total	\$66,013.30	Documentation Fee	\$80.00	License Fee	\$550.00	Smog Cert.	\$8.25	Smog Fee	\$50.00	Delivery	\$0.00	Sales Tax	\$3,595.39	Total Cash Delivered Price	\$70,296.94	Rebate(s)	(\$4,750.00)	GPC	(\$0.00)	Third Party Payor(s)	(\$0.00)	
MBW Rewards	(\$0.00)																												
Total	\$66,013.30																												
Documentation Fee	\$80.00																												
License Fee	\$550.00																												
Smog Cert.	\$8.25																												
Smog Fee	\$50.00																												
Delivery	\$0.00																												
Sales Tax	\$3,595.39																												
Total Cash Delivered Price	\$70,296.94																												
Rebate(s)	(\$4,750.00)																												
GPC	(\$0.00)																												
Third Party Payor(s)	(\$0.00)																												
Cash Down		Check/PO	-	-																									
Payment		Deposit Amount + Cash Down Payment		(\$0.00)																									
Total Credits					(\$4,750.00)																								
Trade-In(s)																													
Year	Make	Model	Vin	Payoff Amount	Allowance																								
ONLY THOSE ITEMS AND SERVICES SPECIFICALLY WRITTEN ON THIS ORDER ARE INCLUDED IN THE STATED PRICE. ANY OTHER AGREEMENTS, UNLESS IN WRITING, ARE NOT BINDING ON SELLER.				Amount Due Upon Delivery	\$65,546.94																								

The first and second pages of this Order comprise the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning this purchase has been made or entered into, or will be recognized. I hereby certify that no credit has been extended to me for the purchase of this motor vehicle except as appears in writing on the face of this agreement.

I have read and understand the second page of this agreement and agree to it as a part of this order the same as if it were printed above my signature. I certify that I am of legal age, or older, that I have legal capacity and authority to execute this agreement on behalf of my company, and hereby acknowledge receipt of a copy of this order.

Buyer's Signature **EQUIVENTURE DAY PROGRAM INC**

Approved By: **Wayne Magnus**

Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer





Quote

Proposal #:Q135459

MobilityWorks of California, LLC

1822 Embarcadero Ave.

Oakland, CA 94606

(510) 927-3187

EIN#: 06-1751490

fax: (510) 927-3188

Wayne Magnus Email: wayne.magnus@mobilityworks.com Phone: 510-927-3187

Billing Name	EQUIVENTURE DAY PROGRAM INC	Buyer Name	EQUIVENTURE DAY PROGRAM INC	Stock #	STQ-22744
Address	258 SUNSET AVE / SUITE M	Address	258 SUNSET AVE / SUITE M	Quote #	Q135459
City, State ZIP	SUISUN CITY, CA 94585	City, State ZIP	SUISUN CITY, CA 94585	Date	11/13/2019
County	SOLANO	County	SOLANO		
Telephone	(510) 421-4182	Telephone	(510) 421-4182		

New/Used New	Make Ford	Model / Trim T350 XL Wagon HR 148" WB El Jumbo W/Cruise	Year 2019	Color White	To Be Delivered On Or About
Type of Vehicle Full Size Van	VIN 1FBVU4XM5KKB48344		Mileage 0		

Adaptive Equipment Summary

2019 Ford T350 - VIN# 1FBVU4XM5KKB48344	
1	MobilityWorks PACKAGE H INCLUDES: Base 8-Rail SmartFloor layout; black Altro floor covering; (1) 4-button wheelchair securement systems w/ retractable lap/shoulder belts; L-Track mounted on headliner for shoulder belts; first aid kit; 5 lb. fire extinguisher; triangle reflector kit; REAR-mounted Braun Century series model 919 NHTSA-compliant wheelchair lift; seal floor to walls; ADA decals; (2) one-passenger 3PT seats w/ SmartFloor seat base; emergency exit & no smoking decals, detail, inspection and certification. Also includes Roof Hatch to meet FMVSS Requirements
4	Freedman one (1) passenger forward-facing seat w/ three-point lap/shoulder belts - SmartFloor leg system w/ wheels
1	Stanchion Poles Side Cargo Doors "B" Pillar
1	Expanded Metal steel short step (Driver or Passenger) 7" Step Surface
1	Window Tint
1	Replace OEM Lower Exterior Trim with Step Toe Plate
1	Expanded Metal steel Full Passenger Step 7" Step Surface
1	Back-up alarm
4	SET OF 4 SILVER SERIES RETRACTABLE RESTRAINTS, INCLUDES LAP & AUTOMATIC SHOULDER BELTS, TOP MOUNT FOR SHOULDER IS L TRACK
-4	TRANSIT WORKS SMART FLOOR SEAT, STREET SIDE / CENTER
1	Shipping of van to customer
1	MobilityWorks Commercial Quality Assurance Process Certification

Buyer's Signature **EQUIVENTURE DAY PROGRAM INC**

Approved By: **Wayne Magnus**

Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer





Quote

Proposal #:Q135466

MobilityWorks of California, LLC
 1822 Embarcadero Ave.
 Oakland, CA 94606
 (510) 927-3187
 EIN#: 06-1751490
 fax: (510) 927-3188

Wayne Magnus Email: wayne.magnus@mobilityworks.com Phone: 510-927-3187

Billing Name EQUIVENTURE DAY PROGRAM INC	Buyer Name EQUIVENTURE DAY PROGRAM INC	Stock # STQ-23814
Address 258 SUNSET AVE / SUITE M	Address 258 SUNSET AVE / SUITE M	Quote # Q135466
City, State ZIP SUISUN CITY, CA 94585	City, State ZIP SUISUN CITY, CA 94585	Proposal Date 11/13/2019
County SOLANO	County SOLANO	Accepted date
Telephone (510) 421-4182	Telephone (510) 421-4182	

New/Used Fleet	Make Dodge	Model / Trim Grand Caravan	Year 2019	Color White Knuckle	To Be Delivered On Or About	
Type of Vehicle Mini Van	VIN 2C7WDGBG1KR756482		Mileage 0			
Chassis, Conversion and Adaptive Equipment (See Page 2 for detail):					\$35,407.50	
Protection Products:					\$0.00	
				MBW Rewards	(\$0.00)	
				Total	\$35,407.50	
				Documentation Fee	\$80.00	
				License Fee	\$350.00	
				Smog Cert.	\$8.25	
				Smog Fee	\$50.00	
				Delivery	\$0.00	
				Sales Tax	\$1,932.12	
				Total Cash Delivered Price	\$37,827.87	
				Rebate(s)	(\$0.00)	
				GPC	(\$0.00)	
				Third Party Payor(s)	(\$0.00)	
			Cash Down	Check/PO	-	
			Payment	Deposit Amount + Cash Down Payment	(\$0.00)	
					Total Credits	(\$0.00)
Trade-In(s)						
Year	Make	Model	Vin	Payoff Amount	Allowance	
ONLY THOSE ITEMS AND SERVICES SPECIFICALLY WRITTEN ON THIS ORDER ARE INCLUDED IN THE STATED PRICE. ANY OTHER AGREEMENTS, UNLESS IN WRITING, ARE NOT BINDING ON SELLER.				Amount Due Upon Delivery	\$37,827.87	

The first and second pages of this Order comprise the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning this purchase has been made or entered into, or will be recognized. I hereby certify that no credit has been extended to me for the purchase of this motor vehicle except as appears in writing on the face of this agreement.

I have read and understand the second page of this agreement and agree to it as a part of this order the same as if it were printed above my signature. I certify that I am of legal age, or older, that I have legal capacity and authority to execute this agreement on behalf of my company, and hereby acknowledge receipt of a copy of this order.

Buyer's Signature **EQUIVENTURE DAY PROGRAM INC**

Approved By: **Wayne Magnus**

Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer





Quote

Proposal #:Q135466

MobilityWorks of California, LLC

1822 Embarcadero Ave.

Oakland, CA 94606

(510) 927-3187

EIN#: 06-1751490

fax: (510) 927-3188

Wayne Magnus Email: wayne.magnus@mobilityworks.com Phone: 510-927-3187

Billing Name	EQUIVENTURE DAY PROGRAM INC	Buyer Name	EQUIVENTURE DAY PROGRAM INC	Stock #	STQ-23814
Address	258 SUNSET AVE / SUITE M	Address	258 SUNSET AVE / SUITE M	Quote #	Q135466
City, State ZIP	SUISUN CITY, CA 94585	City, State ZIP	SUISUN CITY, CA 94585	Date	11/13/2019
County	SOLANO	County	SOLANO		
Telephone	(510) 421-4182	Telephone	(510) 421-4182		

New/Used Fleet	Make Dodge	Model / Trim Grand Caravan	Year 2019	Color White Knuckle	To Be Delivered On Or About
Type of Vehicle Mini Van	VIN 2C7WDGBG1KR756482		Mileage 0		

Adaptive Equipment Summary

2019 Dodge Grand Caravan - VIN# 2C7WDGBG1KR756482		
1	Braun Ada Compliant Rear Entry Full Cut with 34" Wide Fold Out Ramp, 56" rear door opening. Commercial Grade Flooring Throughout. ADA compliant interlock, 2 second row OEM flip bucket seats, 96.5" floor cut allows for 2 wheelchair positions. Conversion includes 1 set of retractable securements..	
1	KIT QRT MAX WITH SLIDE N CLICK CONNECTORS (WITHOUT FLOOR ANCHORS) INCLUDES (4) MAX RETRACTORS Q8-6209, (1) Q8-6325 MANUAL LAP BELT WITH PIN CONNECTORS, (1) Q5-6410-BLK-P MANUAL SHOULDER BELT WITH PIN CONNECTORS	
1	Dodge rebate of \$1000 is given to customer after taking delivery and is mailed to customer directly from Dodge	
1	MobilityWorks Commercial Quality Assurance Process Certification	

Buyer's Signature EQUIVENTURE DAY PROGRAM INC

Approved By: Wayne Magnus

Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer

