

## 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](http://www.dds.ca.gov/HCBS).

Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: 11/22/2019	Completed by: Stacey Martinez
Vendor Name, Address, Contact: The Arc-Solano; 3272 Sonoma Blvd., Suite 4, Vallejo, CA 94590	
Vendor Number: H13194	
Service Type and Code: Behavior Management Day Program; Svc Code 515	

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<p><b><u>Federal Requirement #1:</u></b> <i>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.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: One page profiles need to be developed so services can be provided based on needs, preferences, and abilities.</p>	
<p><b><u>Federal Requirement #2:</u></b> <i>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.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: All consumers have current IPPs in their files. They are all also offered to tour the program before starting the program to ensure they want to attend here.</p>	
<p><b><u>Federal Requirement #3:</u></b> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> </ul>

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	<ul style="list-style-type: none"> <li>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.)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: PCT tools like communication logs are not yet being used by staff. Staff need additional training on basic teaching techniques and follow up training on PCT tools and philosophy.</p>	
<p><b><u>Federal Requirement #4:</u></b> <i>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.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> <li>Does the provider offer daily activities that are based on the individuals' needs and preferences?</li> <li>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?</li> <li>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?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Outings are still determined by staff.</p>	
<p><b><u>Federal Requirement #5:</u></b> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> <li>Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Class groups are chosen by the staff</p>	

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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><b><u>Federal Requirement #6:</u></b></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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: N/A</p>	
<p><b><u>Federal Requirement #7:</u></b></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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• 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?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: N/A</p>	

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<p><b><u>Federal Requirement #8:</u></b> <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have access to food at any time?</li> <li>• Does the home allow individuals to set their own daily schedules?</li> <li>• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A</p>	
<p><b><u>Federal Requirement #9:</u></b> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Are visitors welcome to visit the home at any time?</li> <li>• 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?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A</p>	
<p><b><u>Federal Requirement #10:</u></b> <i>The setting is physically accessible to the individual.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?</li> <li>• 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?</li> <li>• Are appliances and furniture accessible to every individual?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A</p>	

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**CONTACT INFORMATION**

Contact Name: Stacey Martinez  
Contact Phone Number: 707-552-2935  
Email Address: smartinez@thearcsolano.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

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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](http://www.dds.ca.gov/HCBS).

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Vendor name	The Arc-Solano
Vendor number(s)	H13194
Primary regional center	North Bay Regional Center
Service type(s)	Behavior Management Day Program
Service code(s)	515
Number of consumers currently served	24
Current staff to consumer ratio	1:3
<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>We have 1 large program room; consumers arrive and after relaxation we break into classes. The 1 large room divides into 3 smaller spaces. Each smaller room will hold a class on a variety of topics, usually determined by staff. Consumers switch classes at 10 and 11 am. Lunch is at 12:30 pm. Afternoon outings are 1:30 – 3:30 pm. Some consumers choose to remain at the office and work janitorial duties on Mondays and Tuesdays.</p>	
<p><b>Project Narrative Description:</b></p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>There are three main foci that we are requesting funding for, all which have been recommended by a prior program evaluation for HCBS settings:</p> <ol style="list-style-type: none"> <li>One page profiles and communication plan development by new staff position: I would like to hire someone well-versed in PCT to work in the ACT program 4 hours/week to develop One Page Profiles for all current ACT clients and staff, as well as person-centered communication plans for all individuals.</li> <li>Staff development/training: A Positive Behavior Interventions and Supports (PBIS) professional needs to provide training to staff in this subject as well as review individualized positive behavior support plans and ensure they meet HCBS standards. Staff also need additional support/training in basic instructional techniques for people with developmental disabilities, like multi-level instruction and how to write goals/objectives/outcomes. Trauma-informed care is a third type of training staff should receive to provide quality instruction to consumers.</li> <li>Development of individualized classrooms: Currently, most program instruction takes place in the main program room, which can be noisy and full of distractions. It has been recommended that The Arc-Solano improve the program space, based on</li> </ol>	



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consumer input. Also, quality individualized instruction can happen through the development of separate classroom spaces apart from the main room.

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\_\_\_

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.

Fed Req 1: Staff training in trauma-informed care/support would enable staff to take clients out in the community with greater confidence as they would understand triggers and self-calming/self-care techniques that they could then use with consumers. We currently do not have the funding to provide this training.

Fed Req 3: Communication needs to be better and based on person-centered communication plans. There is currently no one trained to create these nor is there funding to provide the training.

Fed Req 4: The ACT program design is based on concepts from the 1970'-80's and does not provide much in the way of consumer choice for activities and supports. In the evaluation provided by a previous round of HCBS funding, we have been guided to PBIS as a foundation for our program design, as well as basic teaching support to implement a new design. Our current barrier is lack of funding for all the training and instruction for staff. We also have one large space for programming, which is not conducive to personalized instruction in smaller groups. We have spaces in our building that can be transformed into classroom settings, but they need improvements like paint, furniture, lighting, A/V items, and internet wiring. Again, the barrier is lack of funding.

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.

Fed Req 1: Staff training in trauma-informed care/support would enable staff to take clients out in the community with greater confidence as they would understand triggers and self-calming/self-care techniques that they could then use with consumers. Also, improved teaching techniques and behavior supports for staff would improve the overall quality of instruction that consumers receive; this would then provide better quality outings and community integration skills for consumers.

Fed Req 3: Communication needs to be better and based on person-centered communication plans. Well-developed communication plans would benefit consumers when dealing with staff turnover as new staff would learn how to communicate more quickly with consumers.

Fed Req 4: The ACT program design is based on concepts from the 1970'-80's and does not provide much in the way of consumer choice for activities and supports. In the evaluation provided by a previous round of HCBS funding, we have been guided to PBIS as a foundation for our program design, as well as basic teaching support to implement a new design. We also have one large space for programming, which is not

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conducive to personalized instruction in smaller groups. We have spaces in our building that can be transformed into classroom settings, but they need improvements like paint, furniture, lighting, A/V items, and internet wiring. These new spaces would provide consumers with better quality daily activities, more choices in activities, and space for privacy when needed.

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

Outcome 1: Improved in-depth knowledge of what is important for and important to every ACT consumer; well-developed communication with every ACT consumer; providing opportunities for ACT consumers to participate in what is important TO them on a daily basis

Outcome 1 objectives: to achieve Outcome 1, the following objectives must be met: One page profiles for all ACT consumers developed and continually updated; communication plans developed for all ACT consumers; developing daily schedules that reflect what is important TO ACT consumers, based on the one page profiles.

Achievement: the final products being produced and updated quarterly.

Outcome 2: A high quality behavior management program, staffed by well-trained DSPs, that prepares consumers for community integration.

Outcome 2 objectives: high quality staff is satisfied staff that feel supported and trained. Consumers are not going to be well-prepared or confident if they receive poor instruction. ACT staff need training in basic teaching skills, PBIS, and trauma-informed care.

Achievement: All staff are fully trained and at least one staff is trained to teach the trainings to future staff.

Outcome 3: A professional learning environment that is conducive to small classes and individualized instruction but is also a comfortable, secure, and safe environment that reflects the consumers' tastes.

Outcome 3 objectives: Development of three new classroom spaces in our current building as well as refreshment of the current large program room.

Achievement: The three new spaces are being used on a regular basis.

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.

Bill Allen evaluated the ACT program in 2019, which included interviews with all staff and all consumers who wished to speak with him. All of the desired outcomes of this concept directly result from his recommendations.

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

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

Our current Director of Services position is vacant. We plan on filling this position in early 2020 and the development of training materials and PCT training will fall under this position.

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

Outcome 1: PCT Instructor = estimated 4 hours/week to complete 24-30 one page profiles for staff and consumers, create communication plans for 24 consumers = \$5000

Outcome 2: Trauma Informed Care training: \$3000; PBIS training/evaluation: \$8000; Teaching training: \$5000. Food and beverages would be provided at the trainings that last longer than 4 hours = \$2000

Outcome 3:

- a. Painting: \$3000, including painter
- b. Lighting (changing bulbs to LED): \$1000
- c. Furniture (tables, chairs, desks, storage): \$3000
- d. Wiring: \$3000, including IT
- e. Computers: \$2000, including IT set up fees
- f. A/V Equipment: \$2000

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.

Outcome 1: the new position would last as long as it takes to make the one page profiles and communication plans. A current management position would be trained during this time on how to complete these so there would not be future costs.

Outcome 2: We would develop our own training materials for new staff on these items that current staff are trained in. This will fall under the Director of Services position which will be filled early 2020.

Outcome 3: N/A

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<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding    ___ No <u>X</u> Yes. If Yes, FY(s) <u>17-19</u>___          Disparity Funding    ___ No ___ Yes. If Yes, FY(s) _____          CPP Funding    ___ No ___ Yes. If Yes FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<p><b>For providers who have received prior HCBS, Disparity or CPP Funding from DDS</b></p>	
<p>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.</p>	
<p>Almost all money from the previous \$10,000 grant was spent on two things:</p> <ul style="list-style-type: none"> <li>a. ACT program evaluation by Bill Allen on how to make ACT more person-centered</li> <li>b. 2-day PCT training for all staff</li> </ul>	
<p>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.</p>	
<p>The previous funding helped to make us aware of our deficiencies and where we need to improve. This next round of funding will enable us to proceed with many of the recommendations from the program evaluation.</p>	

HCBS CONCEPT BUDGET						
Vendor Name	The Arc-Solano					
Vendor Number(s)	H13194					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (salary + benefits)</b>						
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
<b>Operating expenses</b>						
PCT Instructor for 1 page descriptions and communication			\$ 5,000			\$ 5,000
Consultant/Trainer: PBIS			\$ 8,000			\$ 8,000
Consultant/Trainer: Basic teaching methods			\$ 5,000			\$ 5,000
Consultant/Trainer: Trauma Informed Care			\$ 3,000			\$ 3,000
Food/beverage for trainings longer than 4 hours			\$ 2,000			\$ 2,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 23,000		\$ -	\$ 23,000
<b>Administrative Expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
<b>Capital expenses</b>						
Painting			\$ 3,000			\$ 3,000
Lighting			\$ 1,000			\$ 1,000
Furniture			\$ 3,000			\$ 3,000
Wiring			\$ 3,000			\$ 3,000
Computers			\$ 2,000			\$ 2,000
A/V equipment			\$ 2,000			\$ 2,000
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 14,000		\$ -	\$ 14,000
<b>Total Concept Cost</b>			<b>\$ 37,000</b>		<b>\$ -</b>	<b>\$ 37,000</b>

See Attachment F for budget details and restrictions