

## 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: November 14, 2019	Completed by: Chris Bratzel
Vendor Name, Address, Contact: LARC Sunrise Adult Development Center 29890 Bouquet Canyon Rd. Saugus, CA 91390 661-296-8636	
Vendor Number: H17623	
Service Type and Code: Adult Development Center 510	

## 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: All individuals receive services based on their abilities. The individuals in the Sunrise ADC Program only access the community once a week on a limited basis typically to participate in recreation and leisure. Not all participants in the program can access the community due to lack of appropriate transportation available to the program, such as a van with a wheelchair lift. Additionally, some individuals do not want to access the community regularly due to stamina issues and mobility challenges. The program participants access the community at a 1:4 ratio and usually only for a couple of hours at a time. If any individual wanted to seek any sort of paid employment or volunteer opportunities we would work with their CSC to refer them to the appropriate resource to met this need. All individuals have the option to control their personal resources that can. Even for those with more intense challenges, we attempt to incorporate them into control of their resources as much as we can.

### **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: Each individual has an IPP and the goals of the program are reviewed semi-annually as well as at the annual meeting. Goals are updated as needed at these times and the individual chooses what goals they will be working on and what new skills

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

they would like to explore.

## **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: Each individual has their personal rights reviewed on an annual basis and they are also posted at the program on large colorful posters that are easy to read with large font and attractive. The staff always communicate confidential issues in a private and secure manner both verbally and written. Sign language, increased font size, and photo books are some of the ways items are communicated as well as using assistive technology for the individuals that have the hardware.

## **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: In the current setting with a 1:4 ratio group activities are offered. The

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

need of each individual is considered and their needs are always the first priority and we ensure they are met. With regard to individual preference and it may or may not be an activity that each individual chooses to participate in. Alternate activities along the same commonality are offered if an individual does not want to participate with the group. All activities correspond to the IPP, but most of the IPP objectives are mainly geared toward self help and independence skill building. Each individual does get to interact with who they choose both in the program and in the community setting. The supports are structured so that individuals do have the opportunity to participate in activities that interest them, but they also may be offered activities that interest others in the group. Each individual has activities that correspond with the IPP goals, but the IPP goals needs to be more person centered around preference.

### **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: The individuals are asked quarterly if they are happy with the program instructor they are working with. If they express dissatisfaction, we try to find out the cause and changes are made as necessary. The individuals in the program know that they can talk to the program supervisor at any time to request changes or modifications. Sometimes changes are just temporary for a day or two and other times, a more long term changes is necessary depending on the reason or circumstance of the request.

## 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><b><u>Federal Requirement #6:</u></b>  <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  Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #7:</u></b>  <i>Each individual has privacy in his/her sleeping or living unit:  Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.  Individuals sharing units have a choice of roommates in that setting.  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  Please explain: <a href="#">Click or tap here to enter text.</a></p>	

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

<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: <a href="#">Click or tap here to enter text.</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: <a href="#">Click or tap here to enter text.</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: <a href="#">Click or tap here to enter text.</a></p>	

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

**CONTACT INFORMATION**

Contact Name:	Christine Bratzel
Contact Phone Number:	661-296-8636 ext 219
Email Address:	Cbratzel@larcfoundation.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



## 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

Vendor name	LARC-ADC
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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).



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

Vendor number(s)	H17623
Primary regional center	NLACRC
Service type(s)	Adult Development Center
Service code(s)	510
Number of consumers currently served	18
Current staff to consumer ratio	1:4
<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>The service is provided at 29890 Bouquet Canyon Rd in Saugus. It is a large building that has an adjacent gymnasium and outdoor seating/patio area. The building itself is structures as 5 large rooms. Currently the largest room is the kitchen area, where food prep/clean up as well as lunch occurs. There is a large office for the program supervisor, but also office skills training occur in the office. There is a room that is dedicated to arts and crafts. In this area painting, drawing, creating art using various mediums occur. Another room is used for language development and communication and the last room is used for fine and gross motor skill development. Our goal is to transform the current setting into 4 training center rooms. A typical day consists of program arrival at 8:45 am and then each group goes into a different room to work on the skill areas that room is dedicated to. Scheduled toileting is from 8:45 -9 am. The day is segmented into sessions and the first session is from 9-10:30 then there is a break from 10:30-11. Scheduled toileting occurs from 11-11:15 Then they have lunch from 11:15-12. The afternoon session is from 12-1:30. There is an afternoon break from 1:30-2. From 2-2:45 is the last session of the day and 2:45-3 is the last scheduled toileting. The restrooms are available at all times for use, but due to some individual's routines and required assistance, scheduled toileting times are designated. Services are currently provided in a group setting with one instructor and 4 individuals. Each group goes out into the community once a week. Typical outings destinations are shopping establishments, parks, the Westfield Valencia Mall, local community centers, local museum, libraries, and restaurants. Typically when they do go out into the community it is for a half day approximately 3-4 hours depending on the individuals in the group and their tolerance level. All of these are local to the Santa Clarita Valley. Quarterly they take a trip to an area of interest outside of SCV. 5 of the program participants do not participate in the community outings due to transportation challenges. The program currently uses 2 mini vans but they do not have wheelchair accessibility.</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>There are 3 concepts that we are requesting funding for. The first area we are</p>	

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

requesting funding for are a new van with a wheelchair lift that will make community accessibility available to all individuals. The second concept is increasing the staff ratio from 1 staff to 4 individuals to 1 staff to 2 individuals. In doing this, each individual would be able to have not only their needs met but their preferences would also be able to be accommodated with the smaller ratio. It would also allow more aging in place because the older individual that doesn't want to spend the whole day accessing the community due to stamina/fatigue could return earlier and the individual that wants to be out all day could be. The third concept is renovation of the current ADC building to make the rooms into training studios/modules that will support the areas that the individuals identified with. This would enable training to occur in the studio then the skills learned could possibly be applied through volunteer opportunities for those that wish to pursue them.

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\_\_\_ 4\_X\_ 5\_\_\_ 6\_\_\_ 7\_\_\_ 8\_\_\_ 9\_\_\_ 10\_\_\_

- #1 Do individuals receive services in the community based on their needs, preferences and abilities? No due to lack of transportation and staffing ratio must be lower to accommodate increased need.
- #4 Does the provider offer daily activities that are based on the individuals' needs and preferences?
- Many of the activities are based on the group dynamic and not each individuals personal preference can be accommodated.

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.

Federal Requirement #1 is out of compliance in the areas of individuals accessing the community. The barriers to compliance are the transportation into the community and the current staffing ratio. Transportation: We need to purchase a van that has a wheelchair lift to get the participants into the community. The Santa Clarita Transit bus has a stop approximately 0.5 mile from the program that comes hourly. The public transit system in Santa Clarita is very spread out and it takes a significant amount of time to get from one place to another. Sometimes up to 2 hours depending on the routes, schedules and locations. This becomes a barrier to many activities when you must leave 2 hours early to get to a destination that will only take you 15 minutes by van to reach. Additionally it gets very hot in Santa Clarita from May-September and waiting for a bus up to 45 minutes in 100+ degree heat is not safe for our elderly and/or medically fragile individuals. Due to the medical and physical challenges many of our individuals have, the Santa Clarita transit is not a viable option. Federal Requirement #4 The individuals do most of the activities in a group setting of 4 or 5. This makes individual preference on a daily basis quite challenging. Many of the activities are schedule driven and generic where if we could modify the ratio to 1:2 individual preference will be able to be the focus. The program has a significant amount of senior citizens, 7 individuals or 39% of the program individuals, that appreciate a much slower

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

<p>pace and need special considerations due to their age that some of our younger individuals do not require. Additionally, community integration at the 1:2 ratio would also increase and be much more individualized.</p>
<p>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.</p>
<p>Federal Requirement #1 will come into compliance because all individuals will be accessing the community. Federal Requirement #4 will come into compliance because with a higher staff ratio more individualized services will be provided, ensuring personal preferences are addressed. Additionally, updating the current physical plant to address the areas of development that the individuals expressed interest in will facilitate more choice and personal preference.</p>
<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>
<p>The proposed objectives are to get the individuals into the community more often and to provide more individualized services through ensuring they are participating in activities of their personal preference both at the program and in the community. It will be tracked through new IPP objectives and developing an authentic person centered plan. Documentation will be maintained in the program weekly and through semi-annual and annual reports.</p>
<p>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.</p>
<p>Each individual was surveyed and their responses were recorded. We used various methods including asking them, observation of interactions in different settings and input from families and staff.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>Instead of the program being driven by a schedule and broad areas of development it will be personal to each individual. Goals will be based on personal preference and choice and activities will be developed with the individual giving as much input as possible.</p>
<p>9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.</p>
<p>We will continue to provide a quality program with a seamless transition from HCBS funding to our own funding. We will continue to maintain the benefits through fundraising, grant opportunities and pursuing private outside funding as much as possible.</p>
<p>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</p>

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

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)

Purchasing a van with a lift that will accommodate at least one wheelchair and 4-5 passengers. \$50,000. Purchase by June 2020 Remodeling 5 rooms in the program building to a more studio type setting learning center at \$5000 each total of \$25,000. Completion by December 2020. Hire and train 4 Full Time Staff to bring the ratio from 1:4 to 1:2. 4 staff at 2080 hours per year 14.25 per hour \$118,560.00 Hire and train by October 2020.

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.

As far as sustainability funding for a vehicle will be incurred during the time frame. The program will utilize the new vehicle and it will rotate into the vehicle insurance and maintenance regimen. With regard to additional staff, LARC will continue to maintain the additional staff through fundraising and grant opportunities.

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

HCBS Funding    X No \_\_\_ Yes. If Yes, FY(s) \_\_\_\_\_  
Disparity Funding    X No \_\_\_ Yes. If Yes, FY(s) \_\_\_\_\_  
CPP Funding        X No \_\_\_ 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

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.

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.

HCBS CONCEPT BUDGET						
Vendor Name		LARC ADC				
Vendor Number(s)		H17623				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Program Instructor	37092.5	4.00	\$ 148,370		\$ -	\$ 148,370
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 148,370		\$ -	\$ 148,370
Operating expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
New Ford Transit Van w/side lift			\$ 50,000		\$ -	\$ 50,000
Interior update 5 rooms			\$ 25,000		\$ -	\$ 25,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ 75,000		\$ -	\$ 75,000
Total Concept Cost			\$ 223,370		\$ -	\$ 223,370

See Attachment F for budget details and restrictions