

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: 11/20/19	Completed by: Mike Galliano President & CEO
Vendor Name, Address, Contact: Orange County Adult Achievement Center/ My Day Counts	
Vendor Number: HM1331	
Service Type and Code: LIFE Training Activity Program	

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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: In 2017, our organization began the most significant transformation in its 65 year existence of serving adults with intellectual and other developmental disabilities (DD/ID). The transformation of converting the largest sheltered workshop in Orange County (275 participants) to a program that meets all of the Federal Requirements.

Our agency has completed the program change, the facility changes and has developed over 20 partnerships within the community to offer individuals to choose and participate in any of the many activities, experiences and or employment opportunities.

However, our agency has a limited number of vehicles and does not have the resources to deliver the services in the community due to a lack of transportation resources. Together with our current vehicles and utilizing public transportation when appropriate, we can only serve up 30% of the needed requested services.

The purchase of vehicles is the single largest barrier to our agency providing the entitled services to the 123 participants requesting these services. Therefore, we are out of compliance of this Federal Requirement.

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<p><u>Federal Requirement #2:</u> <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><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: There is an Individual Program Plan (IPP) and Individualized Service Plan (ISP) on file for all Program Participants which were developed with the active involvement of the Program Participant.</p> <p>Prior to becoming a My Day Counts Program Participant, the individual gives direction in all aspects of the service selection and planning processes. Before actual planning of services, a discussion with the Program Participant about goals or outcomes they desire from services gives guidance to staff regarding service planning.</p>	
<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: My Day Counts advocates for, protects and promotes the rights of all Program Participants. This commitment guides our service delivery, support and ongoing communication. My Day Counts ensures that Program Participants have a clear understanding of their rights and communicates and shares these rights in a manner that is understandable to all Program Participants. The rights of Program Participants are:</p>	

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1. Communicated to all Program Participants in a manner that is understandable
2. Communicated prior to the beginning of service delivery and at the initial orientation of service delivery
3. Communicated at least annually
4. Available at all times for review and clarification.

My Day Counts nurtures and protects the dignity and respect of the Program Participants and all information is transmitted in a manner that is clear and understandable.

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: The new LIFE TAP program offers individuals the ability to choose how they wish to spend their time throughout their day. While individuals are on site in our newly modified facility, there are no limitations to their ability to make self-directed choices. Through a selection of the activities and services that meet their needs, interests, and preferences identified in their IPP and PCP. Unfortunately, when it comes to fulfilling the request of 123 individuals all asking to participate in the many new community based outings, activities and employment training, our agency lacks the total number of resources to meet more than 30% of the requests due to our inability to effectively transport the participants to locations within the community that they are requesting.

With the purchase of passenger vans operated by our staff, our agency will be able to meet the current needs as well as future planned growth of the new LIFE TAP program. All individuals will have the ability select the activities and services of their choice and engage within the community in integrated sites and program offerings on a daily basis.

Therefore, we are out of compliance with the Federal Requirement.

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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: All of our programs are designed to facilitate and encourage individual choice while treating program participants with dignity, respect, honesty and compassion. The new LIFE Training Activity Program (TAP), for example, combines a site and community-based day program for adults with a full range of intellectual and other developmental disabilities.

Participants make meaningful choices about how and when they participate in daily life-empowering activities. A very large percentage of these participants have been serviced here in "on site only" sheltered workshop. Since the inception of our new LIFE TAP program in January 2019, participants are growing more and more comfortable with requesting a change in services which most often includes integration into the community. However, due to a limited number of vehicles operated by our agency, we can only accommodate up 30% of these rapidly growing requests to change their level of service to include community outings, activities and employment opportunities.

Therefore, our agency is out of compliance with the Federal Requirement.

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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><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 checked="" type="checkbox"/> No</p> <p>Please explain: N/A</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 checked="" type="checkbox"/> No</p> <p>Please explain: N/A</p>	

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<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 checked="" type="checkbox"/> No Please explain: N/A</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 checked="" type="checkbox"/> No Please explain: N/A</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 checked="" type="checkbox"/> No Please explain: N/A</p>	

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CONTACT INFORMATION

Contact Name: Michael Galliano, President & CEO
Contact Phone Number: 714-744-5301 Ext.101
Email Address: Mike@mydaycounts.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.

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Vendor name	Orange County Adult Achievement Center / My Day Counts
Vendor number(s)	HM1331
Primary regional center	Regional Center of Orange County
Service type(s)	Day Programs, Adult Family Home Agency, Work Activity Program, Individual Placement, Group Placement, Training, Transportation
Service code(s)	505
Number of consumers currently served	123
Current staff to consumer ratio	1:6
<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 LIFE Training Activity Program (TAP) was launched in January 2019 and replaced the former largest sheltered workshop WAP program in Orange County serving over 275 participants each year since 1952. Traditionally participants would perform site-based piece rate work where there was no community integration. Today, the agency has completely transformed over a period of 5 years with new leadership and staff managing the organization. All members of the leadership team at every level have completed Person Centered Planning (PCP) training at the Regional Center of Orange County. Our entire staff practices the principles of PCP in all our programs. TAP utilizes a customized and developmentally appropriate evidence-based curriculum to offer nearly 400 group training lesson plans. TAP actively engages participants in the areas of Life Skills, Independence, Friendship, and Employment. The method of instruction varies depending on participant needs and the environment but generally involves the following 6 areas:</p> <ol style="list-style-type: none"> 1. Group instruction in a classroom setting by a staff person with skills specific to the topic 2. Role-playing facilitated by an instructor 3. Hands-on demonstration provided by an instructor or mentor 4. Community activities in the natural environment supported by agency staff 5. Guest speakers 6. Training while engaged in community-based or onsite volunteer or paid work. <p>These activities rotate throughout the day and week depending on the selections the individual makes. Individuals can choose the type of activities that meet their interests and support their IPP goals and individual PCP. When the program was launched in January 2019, there were 93 participants. By November, the program has grown to 123 and there are accommodations for 200.</p>	

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Project Narrative Description:

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

In January of 2019, TAP participants were offered community outings for the first time. Many of the participants and staff were very reluctant to change years and decades of behaviors of remaining on site. Through time, encouragement and positive experiences, there is an overwhelming request by participants who are choosing community engagement as part of their daily activities. The value of these meaningful and purposeful community locations is that individuals are in integrated settings participating in arts and self-expression, health and fitness, continued education, volunteer opportunities and employment training. These life enriching activities along with the site-based curriculum and training provide a pathway for individuals to reach their own personal potential of independence and/or employment. Our agency has firmly established over 20 partnerships with businesses within the community to provide services to all participants in TAP. Some of the partnerships we have established in our local community include major computer corporations such as Microsoft and Apple, public institutions of higher education, well-known nonprofits like the YMCA, and many other major corporations as well as small local businesses. We can grow; however, we simply lack the necessary transportation to do so diminishing our ability to meet the growing number of requests for community integration. Our agency's capital funds have been drawn down restricting our ability purchase the needed vehicles. TAP participants are not receiving the services that are available to 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_x_ 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.

#1 - Community integration as one of primary objectives of TAP. When community outings were initially offered, the primary barriers were participants not having the confidence and courage to change years and or decades of repetitive behaviors of remaining in a sheltered workshop. Today there is an overwhelming request by participants who are choosing community engagement as part of their daily activities. The primary barrier is the lack of available transportation.

#4 – Individuals choose their services and activities. 100% of onsite choices can be met, however transportation is the major barrier for the community-based activities.

#5 – Due to size the of our program and the diversity of activities and experiences, individuals can choose to change the activity or service that they desire as well as preferred staff that meets their needs and preferences. The primary barrier to meeting individuals' requests is the lack of transportation resources.

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.

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#1,4,5 – As defined in the previous sections on identifying the barriers, in all three of the identified Federal Requirements not being met, transportation is the #1 barrier that the agency does not have the financial resources to resolve. With the requested funding to purchase 4 passenger vans, we could effectively meet 100% of the participants requests for services within the community.

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

The goal of TAP is to assist every participant to reach their highest potential in life skills and employment. We have created objectives with measurable outcomes in:

1. Higher education (HS diplomas and completion of college courses)
2. Independence through public transportation training
3. Health & fitness lifestyle improvements
4. Basic independent living skills (ILS) development
5. Individual employment in the community

We use a baseline measurement tool utilizing qualitative and quantitative data to assess all current and incoming program participants into the TAP program. We track and measure the outcomes of these objectives utilizing a cloud based daily goal tracking case management system. The level of current participation is extremely limited; however, it can be expanded immediately with the purchase of additional vehicles.

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.

Staff engaged groups of participants utilizing various mediums to gauge areas of interests. Interest levels and needs were identified and evaluated, and the data was documented. The data directed our leadership team to begin meeting with local businesses and forge partnerships allowing TAP program participants to engage in activities that were associated with that business. This was an organic process and moved slowly. However, once the initial pioneering participants at our pilot sites reported back, their fellow participants were excited to get involved. Their daily progress is tracked and discussed at their annual IPP meetings.

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

The introduction of TAP was a major step towards providing an environment for introducing PCP at our agency. In TAP, individuals are constantly being exposed to new activities. This exposure promotes more dynamic planning meetings with individuals to identify new preferences and needs. Initially this begins with onsite activities and moves to community settings to accomplish new levels of achievement and independence. Transportation remains the primary barrier.

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

Participant satisfaction and staff development will drive the results of this program. As participants achieve new levels of confidence, self-esteem, and independence,

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individuals with DD/ID will seek to be part of the greater community. We are also committed to the continued growth and development of our staff. As we have witnessed and documented the advancement of participants in 2019, our staff have also acquired many new critical skills as direct service providers to people with DD/ID.

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.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC

Our request is to purchase four (4) passenger vans. Administrative costs are factored at 10%. With these vehicles, our agency could effectively meet 100% of TAP participant's requests for service within the community.

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.

Capital funds to purchase vehicles are imperative to this project. Funding will allow our agency to begin serving additional program participants immediately. Today, TAP serves 123 participants. The current enrollment with a realistic projected margin for growth will continue to support the department's financial objectives today and into the future. Based on our transportation experience, we anticipate the vehicles to operate efficiently & safely for 5-7 years.

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 ___ 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.

N/A

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.

N/A

HCBS CONCEPT BUDGET		Community Transportation				
Vendor Name		Orange County Adult Achievement Center / My Day Counts				
Vendor Number(s)		HM1331				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
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Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
Overhead administrative costs			\$ 12,500			\$ 12,500
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 12,500		\$ -	\$ 12,500
Capital expenses						
4 small to medium size passenger vans			\$ 125,000			\$ 125,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 125,000		\$ -	\$ 125,000
Total Concept Cost			\$ 137,500		\$ -	\$ 137,500

See Attachment F for budget details and restrictions