

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/ 21/2019	Completed by: Betty Gonzales
Vendor Name, Address, Contact: GGC Developmental Learning Center Inc., 112 Cabrillo St., Capitola, CA 95010 Betty Gonzales	
Vendor Number: H01677	
Service Type and Code: Residential Care Facility – code 915	

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<p><u>Federal Requirement #1:</u> <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><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain:</p> <p>We currently operate a Residential Care Facility in Capitola servicing 12 individuals from ages 18-59 since 1986. With the aging population of individuals currently served, their ability to safely board and disembark our vehicles has become more difficult. This is problematic because we provide our clients the ability to participate in community based activities, day programs, doctor appointments, social activities and jobs. When their physical limitations manifest we take on additional risk of injury to both the individual and the assisting staff member. The potential for injury is significant. The addition of 2 handicap vans with wheelchair lifts to transport our clients will ensure their independence when boarding and disembarking the vehicles. The 2 new vehicles will supplement our current aging vehicle. They will be used 7 days per week and will promote additional community integration as many of the problems associated with transportation will be reduced or eliminated.</p>	
<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: Click or tap here to enter text.</p>	

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<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 Please explain: Click or tap here to enter text.</p>	
<p><u>Federal Requirement #4:</u> <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"> • 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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</p>	

**Home and Community-Based Services (HCBS) Rules
CONCEPT FORM****Federal Requirement #5:**

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

Guidance:

- Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?
- Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?

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

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

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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> <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</p>	
<p><u>Federal Requirement #7:</u> <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><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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</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: We operate a HCBS in Capitola for 12 individuals. With the aging population of individuals currently served retrofitting the bathrooms in the following ways: #1 Provide WALK IN TUBS so that clients can complete personal hygiene independently, it will also allow the client to maintain some modesty when assistance is required.</p>	

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#2 GRAB BARS in the walk in tubs, and near the toilets. Grab bars will allow our aging population to safely complete their personal hygiene with a reduced risk of falling.

#3 HANDICAP TOILETS which are higher and more accommodating to an aging population.

#4 DOOR WIDENING although we are an ambulatory facility our clients can be in a wheelchair or walker for short periods of time while recovering from illness/injury so a wider bathroom door will allow continued independence.

#5 WHEELCHAIR RAMPS would be helpful for the same reasons listed above when our clients are temporarily incapacitated and in need of wheelchairs/walkers.

These requests all support continued independence and guard against additional injuries to our clients and staff since staff assistance would be physically limited would be prudent to avoid injury while continuing to support the clients' ability to continue their personal care independently. It is important to support continued independence in our home environment while still encouraging good grooming and hygiene. Estimates will be obtained within 30 days of award to secure the most accurate pricing available but approximations are made in the spreadsheet.

CONTACT INFORMATION

Contact Name: Betty Gonzales

Contact Phone Number: 831-750-2865

Email Address: BGONZO9090@aol.com

ACKNOWLEDGEMENT

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

I AGREE

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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.

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Vendor name	GGC Developmental Learning Center Inc
Vendor number(s)	H01677
Primary regional center	San Andreas Regional Center
Service type(s)	Home and Community – Based Services Residential Facility
Service code(s)	915
Number of consumers currently served	12
Current staff to consumer ratio	3:1
<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>Typical daily schedule: 7:00 AM Rise, shower 7:30 AM Eat prepared breakfast and prepare for day program or appointments. 7:30 – 8:30 AM Leave for day program, work or appointments 3:00 – 5:30 PM Return to the house from day program, work or appointments 5:30 PM Assist in preparation of dinner 6:30 PM Prepare clothes, homework etc for next day's activities (shower, laundry, shopping, fitness programs) 8:00 PM Free time to watch television, read, play games.</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>Our goal is to help our clients feel independent. In retrofitting the bathrooms we will allow for our clients to continue to independently maintain their personal care.</p> <p>Along the lines of independence the wheelchair adaptive vans and lifts will allow for individuals requiring more assistance in their mobility to come and go with greater ease. The vans allow them to participate in community events and gives us the flexibility to transport our clients to more than one location at a time which fosters independence and supports their individual tastes and needs.</p>	

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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 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 X

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.

Current funding levels prevent compliance in both #1 and #10.

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.

Requirement #1: Some of our clients need assistance traveling to and from their jobs, programs and appointments. Wheelchair accessible vans with lifts will allow our clients to travel with greater ease and independence and allow us to serve more of our clients' individual needs.

Requirement #10: Personal care is a big factor in maintaining ones independence. The ability to shower and bathe and use the bathroom with limited to no assistance is a big part of individuals feeling independent. Retrofitting the bathrooms will ensure this independence continues as the clients' age.

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

In both instances the goal is independence. When someone is even temporarily wheelchair bound a van with a wheelchair lift allows the individual to enter the van without having to be removed from the chair and carried into and out of the van.

The ability to independently maintain an individuals' personal hygiene is critical in maintaining a sense of independence. Retrofitting the bathrooms will allow our clients this independence through mobility issues as they age.

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.

Our staff has discussed with our clients how helpful wheelchair accessible vans would be. Transporting clients to day programs, jobs and appointments is essential in their ability to

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work and interact with the community. We also make it a point to participate in the community and take our clients out to dinner on a weekly basis as well as other social activities that are available. With 12 individuals it has become difficult to ensure everyone is attending all of the community events that they are interested in. Our staff has noticed that retrofitting bathrooms will help the clients maintain independence when attending to personal care.

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

The biggest person-centered service we are targeting is independence. The concepts we are proposing will facilitate this as well as allow our clients the ability to travel to and from jobs, programs, appointments and social events while maintaining good grooming and hygiene.

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

The wheelchair accessible vans and wheelchair lifts will be maintained and serviced on a regular basis in accordance with manufactures recommended maintenance schedules. The bathroom retrofits will be cleaned and maintained along with the facilities.

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

Two Toyota Sienna Mini Vans with wheelchair adaptive equipment. Total = \$140,000 (\$70,000 each) See attached Invoice from Toyota, annual fuel cost estimate, and insurance cost estimate.

Three bathroom retrofits to include walk in tubs, grab bars, accessible toilets and wheelchair chair accessible doors. Total - \$70,000. (The larger bathroom is \$30,000, and the smaller 2 bathrooms are \$20,000 each. See attached estimates from Killkenny Construction.)

Estimates to be collected within 30 days and work to be completed within 90 days of funding approval.

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

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<p>long-term costs. Please mark “not applicable” if costs will all be incurred during the program time frame. N/A</p>	
<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 <input checked="" type="checkbox"/> No ___ Yes. If Yes, FY(s) _____ Disparity Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes, FY(s) _____ CPP Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<p>For providers who have received prior HCBS, Disparity or CPP Funding from DDS</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>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>	



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

Invoice
 Proposal #: Q97960

Wayne Magnus Email: wayne.magnus@mobilityworks.com Phone: 5109273187

Billing Name GGC Developmental Learning Center	Buyer Name GGC Developmental Learning Center	Stock # JS964042
Address	Address	Invoice # Q97960
City, State ZIP Santa Cruz, CA 95060	City, State ZIP Santa Cruz, CA 95060	Proposal Date 12/28/2018
County SANTA CRUZ	County SANTA CRUZ	Accepted date
Telephone (831) 750-2870	Telephone (831) 750-2870	

New/Used	Make Toyota	Model / Trim Sienna	Year 2018	Color Predawn Gray	To Be Delivered On Or About
Type of Vehicle	VIN 5TDYZ3DC5JS964042		Mileage 7		
Chassis:					\$38,000.00
Conversion and Adaptive Equipment (See Page 2 for detail):					\$28,278.00
Protection Products:					\$0.00
					<i>MBW Rewards</i>
					Total
					<i>Documentation Fee</i>
					<i>Smog Cert.</i>
					<i>Smog Fee</i>
					<i>Delivery</i>
					<i>Sales Tax</i>
					Total Cash Delivered Price
					<i>Rebate(s)</i>
					<i>GPC</i>
					<i>Third Party Payor</i>
					<i>Cash Down</i>
					<i>Check/PO</i>
					<i>Payment</i>
					<i>Deposit Amount + Cash Down Payment</i>
					Total Credits
Trade-In(s)					
<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>Vin</i>	<i>Payoff Amount</i>	<i>Allowance</i>
ONLY THOSE ITEMS AND SERVICES SPECIFICALLY WRITTEN ON THIS ORDER ARE INCLUDED IN THE STATED PRICE. ANY OTHER AGREEMENTS, UNLESS IN WRITING, ARE NOT BINDING ON SELLER.				Amount Due Upon Delivery	\$69,943.29

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

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

Buyer's Signature GGC Mentally Developmental Learning Center

Approved By: Wayne Magnus

Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer





Invoice

Proposal #:Q97960

MobilityWorks of California, LLC

1822 Embarcadero Ave.

Oakland, CA 94606

(510) 927-3187

EIN#: 06-1751490

fax: (510) 927-3188

Wayne Magnus Email: wayne.magnus@mobilityworks.com Phone: 5109273187

Billing Name GGC Developmental Learning Center	Buyer Name GGC Developmental Learning Center	Stock # JS964042
Address	Address	Invoice # Q97960
City, State ZIP Santa Cruz, CA 95060	City, State ZIP Santa Cruz, CA 95060	Date
County SANTA CRUZ	County SANTA CRUZ	
Telephone (831) 750-2870	Telephone (831) 750-2870	

New/Used	Make Toyota	Model / Trim Sienna	Year 2018	Color Predawn Gray	To Be Delivered On Or About
Type of Vehicle	VIN 5TDYZ3DC5JS964042		Mileage 7		

Adaptive Equipment Summary

- VIN#	
BraunAbility, 2017 - 2018 XL-R, Power Door, Power Foldout Ramp, Power Kneeling System, Remote Entry, Step & Roll Driver/Passenger Front Seats - Rubber Flooring	
1 SET OF 4 SILVER SERIES RETRACTABLE RESTRAINTS, INCLUDES LAP & AUTOMATIC SHOULDER BELTS, TOP MOUNT FOR SHOULDER IS L TRACK	
Total Adaptive Equipment	\$28,278.00

Buyer's Signature GGC Mentally Developmental Learning Center

Approved By: Wayne Magnus

Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer



INSURANCE PROPOSAL

BUSINESS AUTO

v 01.00

Especially Prepared For GGC DEVELOPMENTAL LEARNING
DBA: Ggc Developmental Learning
112 Cabrillo St
Capitola, CA 95010-3729

Issued By Sammy Lee (968634H)
3575 Stevens Creek Blvd Ste J
San Jose, CA 95117-1046
Phone: (408) 247-8800
slee6@farmersagent.com
License #: 0B68557

Printed On November 20, 2019

Proposed Policy Period From 11-21-2019
To 11-21-2020

Underwriting Company Farmers Insurance Exchange
www.farmers.com/business

Quote/Policy Number H6E464





Farmers® Offers:

- **Strength And Stability**

Since 1935 we have been serving business owners and as one of America's largest and premier insurance brands, we have been able to help many of our customers with their business insurance needs.

We are rated "A" (**Excellent**) by AM Best and classed in their highest financial strength category of XV.

- **Dedicated and Knowledgeable Agents**

Our agents are licensed professionals who have been trained through award-winning insurance courses. With their training and in-depth industry knowledge, they will assist you in identifying your coverage options and answer your insurance related questions.

- **Professional Underwriters**

Our underwriters are highly trained professionals with specific industry knowledge of your business in addition to in-depth insurance knowledge.

- **The Customized Service You Deserve**

Insurance is an important part of your business' financial security, and you expect quality service. That is what you will get – customizable coverage options tailored for your business accompanied by excellent service through professional and knowledgeable agents and claims representatives.

- **Competitive Pricing And Easy Payment Options**

Financial stability is important for all of us and you can count on us to deliver unparalleled service at a very competitive pricing. It is our goal to make doing business with us easy. We offer a variety of options to make the payment of premiums as easy as possible.

- **Loss Prevention Program**

One way to reduce premium is to minimize your losses. With our risk management professionals, we will help you to prevent and to mitigate the loss potentials. This will help keep the premium low and let you focus on your business, not on insurance matters.

- **24-hours Claims Service**

Our highly trained and dedicated Claims staff will provide assistance when the unexpected event occurs. Whether it is a small fire loss or it is multiple losses in catastrophic events, you can always expect to see our reliable and prompt service from our Claims staff.

- **Multiple Product Lines**

We can assist with your commercial insurance needs such as Property/Liability, Business Auto, Commercial Umbrella and Workers Compensation. In addition, we can serve your personal lines needs such as Homeowners, Personal Auto, Personal Umbrella, Life Insurance and much more in the way of specialty coverages and services!



COVERAGE SUMMARY – BUSINESS AUTO

Vehicle / Fleet Information

No.	Year	Make & Model	Vehicle Identification	Garaging Zip
1	2018	TOYOTA SIENNA XLE XLE PREMIUM Special Equipment: BraunAbility, 2017 - 2018 XL-R, Power Door, Power Foldout Ramp, Power Kneeling System, RemoteEntry, Step & Roll Driver/Passenger Front Seats - Rubber Flooring	5TDYZ3DC5JS964042	95010

Driver Information

No.	First Name	Last Name	License Number	License State
1	MARCUS	GONZALES	XXXXXX1836	CA

Unlisted drivers are subject to the provisions of the Unlisted Driver Deductible Endorsement in some states.

Coverage Information

Coverage	Limit Of Insurance
Liability	\$500,000/\$1,000,000/\$500,000
Medical Payments	\$5,000
Uninsured Motorist	\$500,000/\$1,000,000
Underinsured Motorist	Included
Hired Automobile Liability	Included
Hired Automobile Physical Damage	Included
Non-Owned Automobile Liability	Included
Drive Other Car	Coverage Available

Signature Of The Applicant: _____



COVERAGE SUMMARY – BUSINESS AUTO

Coverage Information Applicable To Each Vehicle

Veh No.	Comprehensive Deductible, If Covered	Specified Perils Deductible, If Covered	Collision Deductible, If Covered	Towing & Labor	Rental Reimbursement Limit
1	\$500	-	\$2,000	Covered	\$100/30 Days

Other optional vehicle level coverages on selected vehicles include Waiver Of Collision Deductible.

Signature Of The Applicant: _____

PROPOSED PREMIUM SUMMARY

BUSINESS AUTO



Vehicle Level Coverages	Veh # 1	N/A	N/A	N/A	N/A
Liability	\$2,381				
Medical Payments	\$96				
Uninsured Motorist	\$159				
Underinsured Motorist	Included				
Comprehensive	\$309				
Specified Perils	-				
Collision	\$1,133				
Towing & Labor	\$42				
Rental Reimbursement	\$144				
Vehicle Total Premium	\$4,264				

Total Vehicle Level Premium from above \$4,264

Policy Level Coverages

Hired Automobile Liability	\$79
Hired Automobile Physical Damage	\$25
Non-Owned Automobile Liability	\$90

Membership / Policy Fees \$100

POLICY TOTAL PREMIUMS AND FEES **\$4,558**

The total premium above includes the following discounts: Personal Lines Cross-Sell Discount.

PROPOSED PREMIUM SUMMARY

BUSINESS AUTO



Payment Option	Down Payment	# of Remaining Installments	Installment Amount
Annual	\$4,558.00	None	
Semi Annual	\$2,279.00	1	\$2,279.00
Quarterly	\$1,139.50	3	\$1,139.50
Monthly EFT	\$379.87	11	\$379.83
Monthly Credit Card	\$379.87	11	\$379.83
Monthly	\$379.87	11	\$379.83

Your first installment will be collected by your agent at the time your policy is issued. The remaining installments will be billed directly by the Company. These are approximated values and do not include installment fees, which vary by state. Installment fees do not apply if the total is paid in full on the first invoice or if automatically recurring payment is made via Electronic Funds Transfer from a checking or savings account.

Based on the information contained in insurance application(s) or on the information otherwise provided, this proposal provides an estimated premium for the coverages and limits referenced herein and may not include all available coverages.

This is only a proposal for insurance, and is not an insurance policy or binder, or part of or incorporated into an insurance policy or binder. The issuance of an insurance policy contract with the actual premium amount is contingent upon the application of underwriting criteria and is subject to rates approved or mandated by the appropriate state regulatory authority. Please refer to the complete policy for specific details of your policy provisions, such as the actual coverages, conditions, and exclusions. If there is any conflict between this proposal and the policy language, the policy language would prevail.

This Proposal is valid for 90 days from 11/20/19.

COVERAGE GLOSSARY – BUSINESS AUTO*

Auto Liability: Pays all sums an insured is legally liable to pay as damages because of bodily injury or property damage to another. Auto liability can rise from the ownership, maintenance, or use of owned autos as well as from hired and non-owned autos.

Auto Medical Payments: Coverage for reasonable expenses incurred for necessary medical and or funeral services to or for an insured who sustains bodily injury caused by an accident resulting from the ownership, maintenance or use of a covered automobile.

Collision Coverage: Covers an automobile's collision with another object; or the covered automobile's overturn.

Comprehensive Coverage: Covers fire, lightning or explosion; theft; windstorm; hail or earthquake; flood; mischief or vandalism to a covered automobile; or sinking, burning, collision or derailment of any conveyance transporting the covered automobile.

Hired And Non-Owned Auto Liability: Pays for Bodily Injury or Property Damage arising out of the maintenance or use of a hired automobile in the course of business by the insured or an employee, or the use of a non-owned automobile in the business by any person other than the insured.

Hired Auto Physical Damage: Covers damages to hired vehicles used in connection with insured's business.

Personal Injury Protection (No Fault): Allows an insured person who is injured in an accident to collect directly from his/her own insurer for medical and hospital expenses, regardless of fault. These coverages and amounts vary by state.

Uninsured/Underinsured Motorist Coverage: Protects insured persons legally entitled to recover damages for bodily injury or property damage from the owner or operator of an uninsured or underinsured auto, if the damages are greater than the uninsureds' or underinsureds' applicable limits of insurance. An uninsured/underinsured motorist is an individual who is legally liable for an accident causing loss to the insured who: has no liability insurance at all; has liability limits lower than the insured's underinsured limits; has insurance, but coverage has been denied; has insurance, but insurance carrier is insolvent; or is a hit and run driver.

* All coverages and limits are subject to the terms and conditions of the policy.



Estimate

Date

Client:

11/19/19

Marcus Gonzolas

Back Bathroom Remodel	Price
Floor Protection & Dust Control	\$ 400.00
Demo	\$ 1,050.00
Carpentry	
-Misc. Framing	\$ 700.00
-Mould & Rot Repair	\$ 700.00
-Install New Vanity	\$ 1,100.00
-Towel Bar Installation	\$ 273.75
-Trim & Baseboard	\$ 380.00
Plumbing	
-Install Walk In Tub	\$ 5,000.00
-Remove & Replace Toilet	\$ 95.00
-Replace Sink & Toilet Shutoff Valves	\$ 147.50
-Sink & Faucet Installation	\$ 395.00
Drywall	\$ 1,350.00
Tile	\$ 2,000.00
Electrical	
-Updated Outlets & Switches	\$ 600.00
-Install Fan	\$ 740.00
Custom Orgization Cabinet	\$ 1,300.00
Paint	\$ 600.00
Dump Fee	\$ 280.00
15% Profit & Overhead	\$ 2,566.69
Total	\$ 19,677.94



Invoice

Date

Client:

11/19/2019

Marcus Gonzolas

ADA Compliant Hall Bathroom Remodel	Price
<u>Floor Protection & Dust Control</u>	\$ 400.00
<u>Demo</u>	\$ 1,050.00
<u>Carpentry</u>	
-Alter Floor for ADA Curbless Entry	\$ 1,450.00
-Misc. Framing	\$ 700.00
-Mould & Rot Repair	\$ 700.00
-Install New Vanity	\$ 900.00
-Towel Bar Installation	\$ 273.75
-Trim & Baseboard	\$ 380.00
<u>Plumbing</u>	
-Install Shower Valve	\$ 225.00
-Shower Drain	\$ 370.00
-Remove & Replace Toilet	\$ 95.00
-Replace Sink & Toilet Shutoff Valves	\$ 147.50
-Sink & Faucet Installation	\$ 295.00
<u>Drywall</u>	\$ 1,120.00
<u>Tile</u>	\$ 8,500.00
<u>Electrical</u>	
-GFIC Outlet	\$ 62.50
<u>ADA Grab Bars & Shower Bench</u>	\$ 1,250.00
<u>Custom Shallow Organization Cabinet</u>	\$ 1,300.00
<u>Replacement Skylight w/ Electric Open</u>	\$ 2,500.00
<u>Shower Door</u>	\$ 2,000.00
<u>Paint</u>	\$ 600.00
<u>Dump Fee</u>	\$ 280.00
15% Profit & Overhead	\$ 3,689.81
Total	\$ 28,288.56

HCBS CONCEPT BUDGET						
Vendor Name		GGC Developmental Learning Center Inc.				
Vendor Number(s)		H01677				
	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			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
Insurance for Toyota Sienna			\$ 4,558		\$ 4,558	\$ 9,116
Insurance for Toyota Sienna			\$ 4,558		\$ 4,558	\$ 9,116
Gas			\$ 2,100		\$ 2,100	\$ 4,200
Maintenance			\$ 600		\$ 750	\$ 1,350
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 11,816		\$ 11,966	\$ 23,782
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Toyota Sienna Mini Van w/ Adaptive Equip.			\$ 69,943			\$ 69,943
Toyota Sienna Mini Van w/ Adaptive Equip.			\$ 69,943			\$ 69,943
Hallway Bathroom retrofit			\$ 28,289			\$ 28,289
Back Bathroom retrofit			\$ 19,678			\$ 19,678
3rd Bathroom retrofit			\$ 19,678			\$ 19,678
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 207,532		\$ -	\$ 207,532
Total Concept Cost			\$ 219,348		\$ 11,966	\$ 231,314

See Attachment F for budget details and restrictions