

## 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: 8/31/16, 8/31/18	Completed by: Gillian Hennessey, Managing Director of Programs
Vendor Name, Address, Contact: United Cerebral Palsy Assoc. of SD County, 205 West Mission Ave Suite G, Escondido CA 92025	
Vendor Number: 1) HQ0402, 2) HQ0406, 3) H50133, 4) H27265, 5)H14580	
Service Type and Code: 1&2 WAP/950, 3,4&5 ADC-CBP/510	

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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: Although there are some options for community integration/utilization of community services in lieu of onsite services, these are limited to staff availability, transportation, and generally occur in small groups.

### **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: All participants have current regional center IPP's on file. UCP works closely with the regional center to ensure the most appropriate service setting for the individual. It should however be noted that although the current setting was chosen by the individual, for many there has been limited opportunity to fully experience alternatives to congregate or site based settings and therefore meaningful informed choice might be absent. Additionally there is limited opportunity for the programs to offer consumers with informed choices on alternative setting options.

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<p><b><u>Federal Requirement #3:</u></b> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> <li>• Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Please explain: Individuals are advised of their rights at least annually, Rights are posted in all locations using alternative formats. Individuals are provided means of expressing themselves in alternative methods (e.g. AAC Devices, in picture format). Staff are recruited/ trained where possible to ensure cultural competent services are provided</p>	
<p><b><u>Federal Requirement #4:</u></b> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider offer daily activities that are based on the individuals' needs and preferences?</li> <li>• Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings?</li> <li>• Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> Please explain: Activities are prescribed and schedules are mostly routinized. All participants have the opportunity to give their input on the weekly schedules but choices are limited due to transportation and staffing.</p>	

**Home and Community-Based Services (HCBS) Rules  
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*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: Although individual rights are respected and the program makes every effort to honor individuals' choices there are limits based on staff. The process for modifying services and voicing concerns is formalized annually. If individuals are unhappy with current services generally meetings are held with their support team to determine alternatives. Grievance procedures are reviewed at entry and annually thereafter.

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Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

<p><b><u>Federal Requirement #6:</u></b>  <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>	

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<p><b><u>Federal Requirement #8:</u></b> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have access to food at any time?</li> <li>• Does the home allow individuals to set their own daily schedules?</li> <li>• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <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>	

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**CONTACT INFORMATION**

Contact Name: Gillian Hennessey, Managing Director of Programs  
Contact Phone Number: (760) 743-1050  
Email Address: ghennessey@ucpsd.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

Vendor name	United Cerebral Palsy Association of San Diego County
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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).

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Vendor number(s)	HQ0420, HQ0406, H14508, H50133, H27265
Primary regional center	San Diego Regional Center
Service type(s)	WAP (NC & SD), ADC-CBP (NC & SD), ADC (NC)
Service code(s)	950, 510
Number of consumers currently served	WAP-54, ADC-CBP NC & SD-52, ADC- 26 total 132
Current staff to consumer ratio	WAP-1:8, ADC-CBP NC, 1:4, SD 1:3, ADC 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>UCP offers structured, activity and vocational based day programs. Our ADC Program is a center based, Community Care licensed program with a community service component. Individuals arrive at program via a third party transportation company and staff provide community integration on a 1:1 basis within walking distance of the center or public transportation which can be very unreliable with limited spacing for wheelchairs. 85% of the individuals in that program are wheelchair users and need full personal care needs taken care of. Moving forward to the HCBS Final Rule we need to be able to get our more vulnerable clients out into the community on a daily basis with the support they need to be successful. Key staff have attended PCP training but it would be beneficial to the individuals we serve, particularly the non-verbal, involved participants, for all staff to have the opportunity to complete the training.</p>	
<b>Project Narrative Description:</b>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> <p>UCP is requesting funding to add a 7 seat, passenger van with wheelchair accessibility. The addition of a Community Integration Coordinator and a Transportation/Self Help Aide. Due to the ratio of 1:4 and staffing issues from time to time it is difficult to get the participants out into the community on a daily basis. With the addition of an CI Coordinator and Aide working alongside the staff it would be possible to fulfill the participants desire to be more involved in community activities whether it be social or vocational activities in areas further afield than walking distance from the center. Training for staff on the development of PCP's is necessary. UCP uses a person centered approach as part of initial and annual program planning each individual participates in the development of a PCP and completes a satisfaction survey that identifies areas they would like more services or support. We would like to enhance this area for our more vulnerable, non-verbal participants by providing more training.</p>	
<p>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.</p>	
<p>1_X_ 2__ 3__ 4_X_ 5__ 6__ 7__ 8__ 9__ 10__</p>	

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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.
<p>Fed Requirement # 1 - Although there are some options for community integration/utilization of community services in lieu of onsite services, these are limited to staff availability, transportation, and limited to small groups.</p> <p>Fed Requirement # 4 - Activities are prescribed and schedules are mostly routinized. All participants have the opportunity to give their input on the weekly schedules but choices are limited due to transportation and staffing.</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>Fed Requirement # 1 – Enhancing the current staffing to include a Community Integration Coordinator and Aide would allow us to access the community on a daily basis either individually or in small groups for longer periods of time during the program day.</p> <p>Fed Requirement # 4 – Since activities are mostly prescribed and mostly routinized additional training in the PCP process would enable the staff to not only include the participants in the planning process but more fully understand their wants, needs and choices.</p>
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
To enhance program services by accessing the community providing a meaningful day for our more involved participants. To educate and integrate with the general public. All community access will be logged and tracked in our management report which is conducted every 6 months. PCP training would be available for all staff and new employees.
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.
In the first grant we received we collected data from focus groups of stakeholders both internally and externally, (participants, parents, community members) on how we could improve our services. Grant # 2 & 3, using the information gathered, we focused on the congregate work settings and giving the participants in those programs more options for community employment. This grant we hope to focus on our more vulnerable population and getting them out into the community, and better training for the staff on how to determine their wants and needs through a more in depth PCP process.
8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.
As part of initial and annual program planning each individual participates in the

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development of a PCP and completes a satisfaction survey that identifies areas they would like more services or support. Additional training for all staff on PCP's will enhance all programs and give all staff a better understanding on the process. Individual and aggregate results of satisfaction surveys reveal that many individuals are interested in increasing their community involvement but due to the lack of transportation at this time we are unable to fulfill these requests. Having a CIC and our own van we would be able to offer more community involvement for both social and vocational goals. We serve a large number of individuals in our ADC Program that this is the only means of socialization, education, vocational and community integration stimulation they get, to be able to offer them and other participants the opportunity to access the community without the barriers of transportation would enhance our services to this population.

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

Having additional staffing and our own means of transport will be great value to all of UCP Programs and Services. It will enable us to be in compliance with HCBS Fed. Requirement # 1 and # 4 by being able to offer the opportunity to our participants of more individualized community integration for longer periods of time during the program day. Additional training for the staff on the PCP process will give them a better understanding of what the individuals they work with, actually want and need to be happy, productive members of the community.

10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.

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

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

1. Community Integration Coordinator salary and benefits 40 hrs /week \$45,090 (per year)

2. Community/Transportation Aide salary and benefits 35 hrs/week \$33,073 (per year)

3. Wheelchair accessible van to include a 3 year extended warranty \$55,000

4. Staff PCP Training for 18 Direct Support Personnel \$500 registration X 18 \$9,000

Hiring of additional staff will take place within the first 6 months closely followed by the purchase of the van.

Staff training will be staggered through-out the year and participants will be registered as dates become available through "Life Works"

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.

Sustaining the benefits and services we have been able to put into place through HCBS funding is very important to UCP. It has and will continue to be a valuable part of our

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<p>programs and services. We continue to have success with our previous grants by increasing our clients and as such the on-going maintenance costs of the vehicle and additional staffing would be absorbed into the agencies annual budget. Staff training is invaluable and even though UCP uses the person centered approach staff will benefit from further training on how to communicate with our more involved individuals.</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    ___ No <u>X</u> Yes. If Yes, FY(s)_17/18, 18/19, &amp; 19/20.</p> <p>Disparity Funding    ___ No ___ Yes. If Yes, FY(s) _____</p> <p>CPP Funding    ___ No ___ Yes. If Yes FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<p><b>For providers who have received prior HCBS, Disparity or CPP Funding from DDS</b></p>	
<p>13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.</p>	
<p>Grant # 1 was completed in Feb 2019. We collected information from our stakeholders both internally and externally in order to plan program changes based on individuals needs and wants and explore possible training options for staff.</p> <p>Grant # 2 is still in progress. We hired 2 job developers in order to place individuals in PIP job placements. We are currently in the final phase of this grant with a possible end date of December 2019.</p> <p>Grant # 3 We expanded on Grant # 2 by hiring 2 additional staff plus an extension of the Job Developers funding to grow our Employment Matters TDSO for competitive integrated employment. We have started to receive referrals for prospective clients just for that program and continue to have success with placements in PIP's.</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>	
<p>This funding request would enhance our previous grants in the respect that not only would the transportation be readily available for the ADC Program it could also be used in the Activity Center and WAP Programs in order to get not only individuals into the community but groups. It would also enhance our PCP process to better serve our nonverbal participants.</p>	

HCBS CONCEPT BUDGET							
Vendor Name		United Cerebral Palsy Assoc. of SD County					
Vendor Number(s)		HQ0402,HQ0406,H503133,H27265,H14580					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
<b>Personnel (salary + benefits)</b>							
Community Integration Coordinator	45090	1.00	\$ 45,090	1.00	\$ 45,090	\$ 90,180	
Transportation Aide	33073	1.00	\$ 33,073	1.00	\$ 33,073	\$ 66,146	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
<b>Personnel Subtotal</b>			<b>\$ 78,163</b>		<b>\$ 78,163</b>	<b>\$ 156,326</b>	
<b>Operating expenses</b>							
PCP Training for 18 DSP			\$ 9,000			\$ 9,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>Operating Subtotal</b>			<b>\$ 9,000</b>		<b>\$ -</b>	<b>\$ 9,000</b>	
<b>Administrative Expenses</b>							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>	
<b>Capital expenses</b>							
Wheelchair accessible Van			\$ 55,000			\$ 55,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>Capital Subtotal</b>			<b>\$ 55,000</b>		<b>\$ -</b>	<b>\$ 55,000</b>	
<b>Total Concept Cost</b>			<b>\$ 142,163</b>		<b>\$ 78,163</b>	<b>\$ 220,326</b>	

See Attachment F for budget details and restrictions