

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: Oct 28 th , 2019 – Nov 15 th , 2019	Completed by: Synnaye Walker, Dr. Otis Walker
Vendor Name, Address, Contact: The S.T.E.P.S Center, 750 Terrado Plaza, ste #221 Covina CA 91723. 626-716-1213, swalker@stepscenter.org	
Vendor Number: HP0056	
Service Type and Code: Behavior Management - 515	

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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 Please explain: We lack company owned transportation resources to sufficiently allow clients to choose settings as an option. Currently, settings are limited since employees are reluctant to driving their own cars outside the immediate community. Company owned vans increases client's ability to choose setting options as well as improving client community integration.</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: We lack company owned transportation resources to sufficiently allow clients to consistently choose non-disability specific settings as an option. Currently, our clients face negative interactions from community members and organizations. This causes a decrease in confidence on the behalf of the clients and a want to withdraw from the community. Presently, S.T.E.P.S. has limited means of educating the community to decrease these negative interactions with clients. We lack the resources to provide education to community members and organizations regarding the advantages and values of reducing negative stereotypes and stigmas of individuals with developmental disabilities.</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Partially met. We lack speech assistive technology tools needed to communicate with non-verbal individuals in a manner in which they can understand.</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: We lack adequate staffing to maximize person-centered concepts which results in limiting client's options for choice of activities, individuals to interact with and settings. We lack Person-Centered-Thinking(PCT) advanced trained and developed staffing needed to enhance client individual choice options. Our staff are getting through each day with the clients, but only to the degree of doing what is predetermined and on a group basis as opposed to an individual choice approach. Just getting through the day is not enough to promote targeted growth. Person-Centered Thinking aids in developing an individualized support plan that is both relevant and meaningful to that individual. We</p>	

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need Certified PCT Train-the-Trainer staff member(s) to conduct PCT training to all staff ongoing in order to improve individual client choices as to settings, activities, whom to interact with etc. Our immediate goal is to ensure all S.T.E.P.S staff are skilled practitioners of PCT and are applying those principles daily in all client development activities. We also plan to extend our certified PCT services to other programs outside of S.T.E.P.S. An added positive to having experienced certified PCT coaches at S.T.E.P.S is that we would be a practical resource for regional centers in helping train other vendors, clients and family members on PCT principles and applications. This is a huge win-win for all stakeholders within the domain of SGPRC. Strengthening the service community at large by sharing our knowledge is just as important to us as obtaining it. We are currently offering workshops to outside organizations in PCM, ASL and Positive Behavioral Support. PCT will be an addition to these value-added workshops.

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: We lack adequate staffing to maximize person-centered concepts which results in limiting client's options for choosing services and supports and who provides them.

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

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CONTACT INFORMATION

Contact Name: Synnaye Walker
Contact Phone Number: 626-716-1213
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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	The S.T.E.P.S. Center
Vendor number(s)	HP0056
Primary regional center	San Gabriel Pomona Regional Center
Service type(s)	Behavior Management Day Program
Service code(s)	515
Number of consumers currently served	3
Current staff to consumer ratio	1:3
<p>1. Please provide a brief description of the service/setting that includes what a typical day consists of and how services are currently provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p>	
<p>The S.T.E.P.S. Center is a community-based behavior management day program and serves clients in groups of 1:3 ratio. Our program seeks to build client social and vocational skills so they may lead more fulfilling lives. Each day starts with staff using their personal vehicles to pick up participants from their homes, then to various locations in the community for activities and vocational tasks. Activities are preplanned weekly using input from the participants. Routinely however, staff limits setting options due to reluctance of driving their personal vehicles to multiple locations. At the conclusion of the day, staff transports the participants back to their homes, complete all necessary paperwork and prepare for the following day. Staff are provided monthly trainings including PCT. However, none of our team have been certified in PCT and can only train staff based on information gathered informally. Staff are assigned clients based on participants preferences when/where possible. However, due to lack of available staffing, (e.g., callouts, requests off-time, turnover, etc) our ability to accommodate client preferences becomes diminished. We need to increase retained staffing to enable prioritization of client preferences. Clients are integrated into the community daily. However, clients are met with negative stereotypes/stigmas from the community and organizations. This affects the clients in many negative ways. We seek to educate the community and organizations to embracing people regardless of their developmental disabilities. Our population includes non-verbal clients. Daily communications with these clients are hampered due to a lack of speech assistive tools needed to effectively communicate.</p>	
<p>Project Narrative Description:</p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>S.T.E.P.S. proposal is to resolve our needs for - PCT Certified Train-the-Trainer; Firm owned vehicles; Speech Assistive Tools; Establish Community Outreach Program; and improved staff retentions. These items are needed so that clients can have greater autonomy in decisions around choice of settings, activities, whom to associate with and</p>	

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the ability to provide nonverbal individuals greater access to communication in a manner they can understand.

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 X 3 X 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.

Federal Requirement #1: Transportation: Lack of company owned vehicles limits abilities to integrate clients into competitive integrated settings because employees are reluctant to driving their own cars outside the immediate community. Company owned vehicles will increase the client's ability to choose desired setting options, reduce staff call-offs and increase staff recruitment. **Federal Requirement #2 - Transportation:** We lack company owned transportation resources to sufficiently allow clients to choose settings as an option. Settings are limited since employees are reluctant to driving their own cars outside the immediate community. Company owned vans increases client's ability to choose setting options. **Negative Stereotypes:** We lack the resources to educate community members and organizations on the values and advantages of reducing negative stereotypes of individuals with developmental disabilities. Embracement of individuals regardless of their developmental disabilities will result in unbiased inclusion into the community.

Federal Requirement #3: Assistive Technology: We lack speech assistive technology tools needed to effectively communicate with non-verbal individuals. Inability to effectively communicate with clients limits their choices. Providing assistive technology to our clients will significantly increase their connections with others, confidence, rights to privacy, dignity, respect, and freedom from coercion and restraint. **Federal Requirement #4: PCT Training:** We lack PCT advanced trained and developed staffing. We need PCT Trainer-the-Trainer certification to provide requisite training ongoing in order to improve client choice and options. **Federal Requirement #5: Staff Retention:** We lack adequate staffing to accommodate client's choice of which services and supports and who provides them. Maintaining adequate staff allows us to accommodate client preferences when choosing which staff to program with and which services and supports are received.

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.

Federal Requirement #1: Company owned vehicles will increase the client's ability to choose desired setting options. **Federal Requirement #2:** Company owned vehicles will increase the client's ability to choose desired setting options. Providing community outreach will achieve greater acceptance of clients with developmental disabilities. **Federal Requirement #3:** Speech Assistive Technology will enable effective communications with non-verbal clients in a manner they can understand to ensure their rights to privacy, dignity, freedom of coercion and restraint. **Federal Requirement #4:** In-house certified PCT trainers will result in ongoing trained staff that structures their support so that the individual client is able to choose which individuals to interact with, choice of activities and settings. **Federal Requirement #5:** Stable staffing will enable our ability to empowering client choice regarding services, supports and which staff provides them.

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

The proposed outcome of PCT applications are to ensure staff has a firm grasp of how to implement PCT to assist clients in gaining greater control over their lives. This outcome will be achieved thru PCT train-the-trainer certifications for two S.T.E.P.S. staff members so they can affect ongoing training to all S.T.E.P.S. staff. Company owned vans will enable greater community access to expand vocational opportunities and improve setting choices. Acquisition of company owned vans eliminates staff push-back of using their personal vehicles. Speech Assistive Technology will improve our daily communications with nonverbal clients in a manner they understand. We will achieve this objective via acquisition of speech assistive technology tools such as iPads and applications. Staff Retention will improve client choices of whom to interact with and leveraging of better skilled staff. We will achieve this objective by providing hiring bonuses and longevity incentives. Community outreach events will aid in educating the community and organizations of the values and advantages of embracing all people regardless of their developmental disabilities. This will be achieved thru conducting community and organizational outreach events.

We will track the effectiveness of each outcome and objective via our inhouse developed METRICS measuring and reporting model and client feedback.

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.

S.T.E.P.S. deploys interviews and surveys with the clients and their guardians. We host round table discussions with clients regularly to express their interest and desires.

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

PCT trained and sustained staff enables increased abilities to better provide client engaged preferences toward evolving a more rewarding and well-rounded life. Addition of vans increases client choices of settings and activities. Speech Assistive Tools increase staff communication abilities with nonverbal clients which increases client abilities to express their desires and opinions. Community Outreach Events helps to reduce community and organization negative stereotyping of clients with developmental disabilities resulting in increased client opportunities otherwise closed off to them.

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

The initial cost of design, acquisitions and deployment of new processes/activities and vehicles typically requires far more resources and costs than post-purchase sustained operations. Therefore, the efficiencies gained during the development and other preoperational phases will be at a much lower cost of operations going forward and thus feasible for S.T.E.P.S to sustain. Additionally, employee tasks associated with each concept will become part of their regular job duties and added to the program design. With increased client population, S.T.E.P.S. will be able to maintain staff incentives.

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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

Person Centered Train-the-Trainer: (Training, Observation, Mentoring/Coaching) - PCT training @ \$30,000 per person. Two staff members. Temporary Project Manager @ \$8,000 to develop, train & implement new activities procedures. Vans: \$122,400 for three vans. Two vans to be purchased 1st year. Third van purchased 2nd year. Vans Warranty: \$5,100 to purchase & maintain van warranties for two years. Annual Van Licenses & Registrations \$2,250. Annual Auto Insurance for two years \$10,800. Assistive Technology: iPads \$3,000, application subscriptions \$2,000. Community outreach events: \$3,000 - Facility setup/tear down, cost of room usage, equipment & supplies, marketing, volunteers training, activities, food & beverage, print educational materials. Community Outreach furniture & equipment: \$1,300. Legal Expenses \$11,000 covers all added legal needs. Travel \$2,500 covers all in state travel required to complete the project. Office supplies \$1,000 covers all added supplies needed by the project. Accounting \$4,900 - Dedicated Tracking of HCBS Accounting Expenditures. Staff Retention: Recruiting and longevity incentives \$20,000.

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.

N/A. All costs will be incurred during the two-year program time frame.

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.

14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.

HCBS CONCEPT BUDGET						
Vendor Name	The S.T.E.P.S. Center					
Vendor Number(s)	HP0056					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Certified PCT Trainer (Two Staff(Director & COO))		0.10	\$ 11,000	0.10	\$ 11,000	\$ 22,000
Project Manager		0.10	\$ 4,000	0.10	\$ 4,000	\$ 8,000
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 15,000		\$ 15,000	\$ 30,000
Operating expenses						
Legal Expenses			\$ 5,000		\$ 6,000	\$ 11,000
Travel			\$ 2,000		\$ 500	\$ 2,500
Office Supplies			\$ 500		\$ 500	\$ 1,000
Accounting (Dedicated Tracking of HCBS Accounting)			\$ 2,400		\$ 2,500	\$ 4,900
Staff Recruitment(recruitment bonus, longevity bonus)			\$ 10,000		\$ 10,000	\$ 20,000
Facility operating cost (community outreach)			\$ 2,000		\$ 1,000	\$ 3,000
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 21,900		\$ 20,500	\$ 42,400
Administrative Expenses						
						\$ -
						\$ -
Vans Warranty			\$ 3,600		\$ 1,500	\$ 5,100
Van Licenses & Registration			\$ 900		\$ 1,350	\$ 2,250
Auto Insurance			\$ 4,800		\$ 6,000	\$ 10,800
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 9,300		\$ 8,850	\$ 18,150
Capital expenses						
Van #1			\$ 40,000		\$ 1,200	\$ 41,200
Van #2			\$ 40,000		\$ 1,200	\$ 41,200
Van #3					\$ 40,000	\$ 40,000
Speech assistive technology tools			\$ 3,000		\$ 2,000	\$ 5,000
Community Outreach furniture & equipment			\$ 1,000		\$ 300	\$ 1,300
Certified PCT Training (for 2 staff. Yr2 coaching only)			\$ 60,000		\$ 10,000	\$ 70,000
						\$ -
						\$ -
Capital Subtotal			\$ 144,000		\$ 54,700	\$ 198,700
Total Concept Cost			\$ 190,200		\$ 99,050	\$ 289,250

See Attachment F for budget details and restrictions