

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: Nov. 14, 2019	Completed by: Judy Alicante & Sean Alicante
Vendor Name, Address, Contact: Katherine Way Manor 2606 Dean Ct PINOLE, CA 94564 Judy Alicante (510) 289-2690 JudyAlicante@gmail.com	
Vendor Number: HV0147	
Service Type and Code: ARF ; service 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: Our facility offers all of the services specified in the above guidelines but we believe their experiences accessing the community can be improved. Currently our facility goes on outings in the community but the residents can not all go together and only to limited distance from the home due to vehicle limitation</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: All residents in our home have current Individual Program Plans on file. The IPPs mention that the current plan is the best on all the options considered.</p>	
<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both verbally and in writing, in a manner

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	<p>that ensures privacy and confidentiality?</p> <ul style="list-style-type: none"> • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: All our residents are afforded privacy and treated with dignity and respect. If there are residents who need half-bedrail for their safety, the home gets proper doctor's prescription and authorization from Licensing and Regional Center.</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</p> <p>Please explain: Due to transportation limitations, our facilities are not able to fully offer our residents the ability to interact with individuals or do activities they choose in community settings. Our residents cannot go all together in outings because the facility vehicle cannot accommodate all of their wheelchairs. The outings are also limited to within city limits since the vehicle is old and is subject to mechanical breakdown every now and then even with regular maintenance.</p>	

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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 provides 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 I believe all our staffs have our residents' best interests at heart, I think with proper training that emphasizes person-centered thinking, the staffs will excel even more and provide and/or modify services to the residents according to their individual choices as best as the staffs can.

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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</p> <p>Please explain: All residents have written admission agreements on file. The residents and/or their representatives are all informed on how to relocate and request new housing.</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 checked="" type="checkbox"/> No</p> <p>Please explain: There are only a limited amount of private rooms in the home so</p>	

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<p>everyone who requests a private room is not able to receive one. Our residents' bedrooms do not have locks on them.</p>	
<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Unfortunately due to the limitations on available vehicles, the residents are not able to set their own daily schedule and cannot go out in the community whenever they want and wherever they want.</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time? • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Visitors are welcomed in the home, but only until certain times of the day (9pm). We will change this policy to comply with HCBS rules.</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?

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Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: All our homes are ADA-compliant so residents can move about in the home.	

CONTACT INFORMATION

Contact Name:

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Contact Phone Number:

(510) 289-2690

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JudyAlicante@gmail.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.

X 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	Katherine Way Manor
Vendor number(s)	HV0147
Primary regional center	Valley Mountain Regional Center
Service type(s)	ARF
Service code(s)	915
Number of consumers currently served	3
Current staff to consumer ratio	1:1, 1:2 Depending on the activity

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.

Katherine Way Manor is a level 4F Adult Residential Facilities (ARF) and currently has non-ambulatory people ages 18-59. Our services are to provide our residents with the proper and appropriate care while having the least restrictive environment. This allows our residents to individually pursue their own interests/hobbies and maintain their independence and self-dignity. The home is located in Stockton, CA and is a 4-bed home. The home offers two private rooms but once those are occupied, we have to turn down requests from residents or would-be residents requesting private rooms. The home is up to code with the current requirements for emergencies but does not have a generator. Given the current crisis in California with mandatory blackouts that could take up to 5 days, this might become an issue since electricity in the facility is an absolute necessity.

The home currently has one vehicle (2001) with a lift and we try as best as we can to bring the residents on outings to appropriately integrate them into the community. The van is fairly old and breaks down up every now and then even with regular maintenance.

Weekday Schedule:

6am-9am - Wake up and prepare residents who attend day programs, assist in showering/grooming, prepare/administer morning medications, breakfast, prepare consumer lunches to bring to day program, complete progress notes and complete necessary charts for residents, clean bathrooms and bedrooms.

9am-2:30pm - Assist in ADLs for the residents who don't go to day programs, prepare lunch, clean kitchen and other rooms, prepare for when residents return from day program.

2:30pm-7pm - Prepare/serve snack, prepare/serve dinner, empty out residents' backpacks/lunch pails, prepare/administer evening meds, assist/do activities (such as boardgames, puzzles, painting, walking around the neighborhood).

7pm-10pm - Prepare for bed, assist in brushing teeth, changing into pajamas, bedtime meds, late night snacks for residents who stays up late, complete the remaining charts

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for the residents, clean the rest of the facility

10pm-6am - Bedtime for residents. Prepare for the next day.

Weekend/holiday schedule:

On weekends, most residents sleep in and wake up when they please. Some will be given their morning meds but they can go back to sleep, if they want to. Weekends are the time when staffs take the residents out in the community to places such as shopping malls, movies, church, restaurants, and their own personal stores of interest.

Project Narrative Description:

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

Our home is not in compliance with concepts 1, 4, 5, 7 and 8. We are requesting funding to offer the residents more options and flexibility in accessing the community, funds to train the staff for a person-centered thinking approach, funds for new lockable door knobs to offer privacy, and funds for a generator in case of an extended power outage.

3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.

1 X 2 3 4 X 5 X 6 7 X 8 X 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.

Funds for Training: Although I truly believe our staffs do as much as they can to provide our residents the best care possible and have their best interest at heart, I believe everyone needs more training, particularly in the person-centered planning process.

Funds for Generators: Without electricity, we would not be able to effectively provide the services our residents need. If there is ever a crisis where electricity failed for an extended period of time, it would be absolutely critical for the home to either find another way to get power or to move our residents to another location with power. Since some of the population we serve is medically fragile, we believe that the better alternative is to have an emergency generator so we would not have to relocate the residents to an environment they are unfamiliar with and so they can be comfortable in their current home. Given the current situation in California with multiple blackouts for extended periods of time, we believe this is an extremely valid investment for the benefit of our consumers.

Funds for new doorknobs: Our current resident bedrooms have no door locks. The facility will install new doorknobs that can be locked by the resident(s) that occupies room. The lockable door knobs add an extra sense of security and privacy.

Funds for new Vehicles: If an emergency situation happens that requires all of our residents to be moved immediately/evacuated in one trip, we would not be able to complete the task. Our vehicle right now does not have enough space to fit all of our

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non-ambulatory residents without making multiple trips. Our vehicle is regularly maintained, overall safe and gets the job done, but is extremely old and break downs has been happening every now and then. Due to our vehicle being old, we are worried about going long distances outside of our city limits. We are requesting a raised roof van with wheelchair lift that would allow the residents to have a better experience with community outings. The new van with wheelchair lift would fit all non-ambulatory consumers and would allow us to transport and evacuate all of the residents in one trip.

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.

Funds for Vehicles - This would address concept #1, 4 and 8. A reliable van will allow residents a lot more access to the community to connect socially with others and interact with people who they choose and offer them more flexible schedules.

Funds for Training - This would address concept #5. Person-centered thinking training would help our DSPs in learning how to effectively implement HCBS concepts and provide individualized services to residents according to their individual needs.

Funds for door knobs - This would address concept #7. Having door knobs with locks would offer the residents more privacy.

Funds for generators - This would address concept #1. Having a generator would allow residents to stay in their home where they are more comfortable and have everything they need if the home has to go without power for an extended period of time.

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

Our proposed outcome and objective is to meet all of HCBS concepts such as resident independence, person-centered thinking, self-dignity, freedom of choice/control, and privacy. We will track our progress by having quarterly evaluations with the residents and ask them if they believe their quality of living in the home has improved or not. We will track residents' new places visited, new experiences made, new people met, new friends made, etc. Using the results of the evaluations, our home/staffs will adjust accordingly to meet residents' needs.

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.

All the residents in our home are non-verbal with no relatives involved in their care. The staffs are the closest people in their lives. The staffs know them most and know when they are happy or sad, what makes them smile or frown, what restaurants/foods they prefer, etc. Because of this, all the direct care staffs provided the input in developing this concept.

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

Having a reliable vehicle will give them more security and more options in accessing the

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community. The residents will be able to go to more places they would enjoy and would benefit from. More individualized and flexible access to the community will be possible, which is one of the very core principles of person-centered thinking.

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

Vehicles - The facility will make sure the vehicle is regularly serviced per manufacturer recommendations. The facility will emphasize to the staff that if anything ever feels/sounds wrong with the vehicle that they must immediately notify the administrator so proper action can be taken before the problem gets worse. We will regularly schedule and offer different community outings so the residents are able to fully utilize the additional benefits the new vehicle provides.

Training - The facility will have regularly scheduled training for staff to keep implementing HCBS rules and to keep emphasizing/developing person-centered plans

Lockable Door Knobs - Facility will make sure lockable door knobs are functioning and in good condition. The facility will make sure residents are able to use the locks.

Generator - Facility will regularly maintain the generator, as recommended by the manufacturer, to make sure it is fully functional when needed. The facility will make available safe adequate supply of fuel for the generator, ready to be used when needed.

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).

Vehicles – Our research shows vans with raised roofs and wheelchair(WC) lifts can be modified to fit as many WCs the vehicle floor space can accommodate. The cost is between \$60K to \$75K. The van can be purchased within 2-3 months of funding.

Training – Per Lincoln Training Center, their Person-Centered Thinking training costs \$90/person for a 12-hr class or \$360 for 4 people. Staff pay + employer taxes + benefits will cost around \$1100. Total cost is \$1,460 to be taken in the fall of 2020.

Lockable door knobs - \$20 per door for 3 doors will cost \$60.

Generators – A good generator costs around \$1,200 each with \$800 installation cost for a transfer switch. The total would be \$2,000. The generator can be purchased and installed within 6 months of funding.

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.

The facilities will be responsible for all costs involving the operations and maintenance of the vehicles and generators. After the initial funding for training, if any additional training is needed by our staff, the facility will fund the additional training

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<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) _____</p> <p>Disparity Funding <input checked="" type="checkbox"/> No Yes. If Yes, FY(s) _____</p> <p>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>	

HCBS CONCEPT BUDGET						
Vendor Name		Katherine Way Manor				
Vendor Number(s)		HV0147				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Staff Pay during training	200	4.00	\$ 800		\$ -	\$ 800
Employer taxes @ 6.2% SS and 1.45% Medicare)	15.3	4.00	\$ 61		\$ -	\$ 61
Workers Comp @12% of WC pay of \$165	4.95	4.00	\$ 20		\$ -	\$ 20
Employee Benefit IRA @ 3% of employee pay	6	4.00	\$ 24		\$ -	\$ 24
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 905		\$ -	\$ 905
Operating expenses						
Person Centered Thinking Training @\$90/person			\$ 360			\$ 360
Lunch @ \$12/day or \$24 for 2 days for 4 staff			\$ 96			\$ 96
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 456		\$ -	\$ 456
Administrative Expenses						
			\$ -			\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Van with WC lifts using \$70K per van			\$ 70,000			\$ 70,000
Generator at \$1,200 per generator			\$ 1,200			\$ 1,200
Transfer Switch Installation @\$900 per generator			\$ 900			\$ 900
3 lockable door knobs at \$20 per door knob			\$ 60			\$ 60
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 72,160		\$ -	\$ 72,160
Total Concept Cost			\$ 73,521		\$ -	\$ 73,521

See Attachment F for budget details and restrictions