

## Home and Community-Based Services (HCBS) Rules DEPARTMENT FUNDING GUIDANCE

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 <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: 2/10/2021	Completed by: Geri Patawaran Czako
Vendor Name, Address, Contact: Firestone Home, 263 Firestone Drive, Roseville, CA 95678 Diamond Oaks Home, 209 Circuit Drive, Roseville, CA 95678 Fred Patawaran 916-205-3860	
Vendor Number: HA0712 and HA0044	
Service Type and Code: 915	

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<p><b><u>Federal Requirement #1:</u></b> <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</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: Residents have access to the community as much as possible. However, during the COVID-19 pandemic, this has been limited to virtual community activities.</p>	
<p><b><u>Federal Requirement #2:</u></b> <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individual's IPP document the different setting options that were considered prior to selecting this setting?</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: We maintain a current IPP which is updated annually and as needed through a client-specific planning team.</p>	
<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</li> </ul>

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	<p>freedom from coercion and restraint?</p> <ul style="list-style-type: none"> <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: Staff training includes individual's rights of privacy, dignity and respect and freedom from coercion and restraint are met.</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 individual's 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: Our home offers daily activities based on individual needs and preferences, but we can improve on creating more independence for residents through staff training, recreational therapist guidance, and increased staff support for client-specific outings. Because our residents do not communicate with words, our staff need client-specific training on PCP and how to better understand needs and preferences and how to create more independence for each client based on PCP. Weekly meetings will introduce PCP and then discuss best practices utilized for the week to get a clearer picture of each client's preferences. Based on weekly client learnings, we will utilize our recreational therapist to create individualized monthly activities for each client. Based on weekly PCP meetings and monthly recreational therapist guidance, residents can have the opportunity to participate in</p>	

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client-centered outings to further enhance knowledge of their preferences for meaningful community integration and to help create life goals.

**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: Residents are encouraged to choose staff that they trust to provide care to them. Alternative staff are available in case residents request a change of caregiver.

**Federal Requirement #6:**

*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.*

**Guidance:**

- 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?

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

Please explain: Residents have residency and admission agreements and are informed on how to relocate and are able to request for new housing.

**Federal Requirement #7:**

**Guidance:**

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<p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ul style="list-style-type: none"> <li>. <i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></li> <li>. <i>Individuals sharing units have a choice of roommates in that setting.</i></li> <li>. <i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></li> </ul>	<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 checked="" type="checkbox"/> No</p> <p>Please explain: All residents have a roommate and are able to choose their roommate. However, rooms are not able to be locked as all residents do not speak with words, so a locked room is a health and safety concern. Because residents share rooms, and there is one main shared living space, there is a need for a private space where residents can have private alone space or a private location for visitations. An outdoor gazebo with privacy curtains would provide a private space.</p>	
<p><b><u>Federal Requirement #8:</u></b></p> <p><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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Individuals have freedom and support to control their own schedules and activities and have access to food at any time.</p>	
<p><b><u>Federal Requirement #9:</u></b></p> <p><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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Please explain: Individuals are able to have visitors of their choosing during the day and are free to go with visitors outside the home.

**Federal Requirement #10:**

*The setting is physically accessible to the individual.*

**Guidance:**

- 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?

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

Please explain: All of the residents utilize wheelchairs and need assistance with transferring throughout the home including from their beds, wheelchairs, to/from the bathroom. A ceiling lifter will help create a more accessible home for all clients and will provide dignity with transferring to different locations throughout the home, specifically with private bathroom and shower use.

### CONTACT INFORMATION

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Contact Phone Number: 213-618-0693

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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

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provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

I AGREE

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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 backup, 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.
- Using a form from previous years will negatively impact a concept score, so please ensure the current FY 20-21 form is 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 and opportunities.

### 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 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 a sustainable plan for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

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Vendor name	Firestone Home & Diamond Oaks Home
Vendor number(s)	HA0712 and HA0044
Primary regional center	Alta California Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	915
Number of consumers typically and currently served	6
Typical and current staff-to-consumer ratio	3:1
<p>1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p>	
<p>Firestone Home (Level 4D) and Diamond Oaks Home (Level 4B) are adult residential facilities that serve adults with developmental disabilities, most of whom have medically fragile needs. All of our residents require assistance with self-help skills or may need total help in accomplishing activities of daily living. All residents use a wheelchair and most are fed through g-tube. Currently, due to the pandemic, residents access the community virtually. Residents are currently transferred to the bathroom and shower by staff manually lifting (accomplished with one caregiver or two caregivers depending on the client size and movements). We considered a Hoyer lifter, but there is not enough space in the residence, and it sometimes still requires two caregivers and can be unstable, depending on the client. Residents have a shared bedroom and have a shared living room space with other residents; there isn't an area for either a private visit or personal alone time outside of their shared bedroom.</p>	
<p><b>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</b></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>We are requesting funding to support greater independence, privacy and accessibility for our residents. Through increased staff training and increased staffing ratio for community outings, we can help residents have meaningful community interactions and have greater opportunities to realize their preferences and life goals while also empowering staff with the tools for best practices in PCP. The home improvements of an outdoor gazebo and a ceiling lifter will provide privacy and more accessibility throughout the home since all of our residents use wheelchairs and require assistance with transferring. The ceiling lifter will also give residents more dignity as they require total assistance in all aspects of transferring.</p>	

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3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.
1___ 2___ 3___ 4_X 5___ 6___ 7_X 8___ 9___ 10_X
4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.
<p><u>#4 Independence</u>: Our home offers daily activities based on individual needs and preferences, but we can improve on creating more independence for residents through staff training, recreational therapist guidance, and increased staff support for client-specific outings. Because our residents do not communicate with words, our staff need client-specific training on PCP and how to better understand needs and preferences and how to create more independence for each client based on PCP. Weekly meetings will introduce PCP and then discuss best practices utilized for the week to get a clearer picture of each client's preferences. Based on weekly client learnings, we will utilize our recreational therapist to create individualized monthly activities for each client. Based on weekly PCP meetings and monthly recreational therapist guidance, residents can have the opportunity to participate in client-centered outings to further enhance knowledge of the resident's preferences for meaningful community integration and to help create life goals.</p> <p><u>#7 Privacy</u>: All residents have a roommate and are able to choose their roommate. However, rooms are not able to be locked as all residents do not speak with words, so a locked room is a health and safety concern. Because residents share rooms, and there is one main shared living space, there is a need for a private space where residents can have private alone space or a private location for visitations. An outdoor gazebo with privacy curtains would provide the necessary private space.</p> <p><u>#10 Accessibility</u>: All of the residents utilize wheelchairs and need assistance with transferring throughout the home including from their beds, wheelchairs, to/from the bathroom. A ceiling lifter will help create a more accessible home for all clients and will provide dignity with transferring to different locations throughout the home, specifically with private bathroom and shower use.</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 by March 2023.
Through increased staff training and increased staffing ratio for community outings, we can help residents have meaningful community interactions and have greater opportunities to realize their preferences and life goals, thereby creating greater independence. The home improvements of an outdoor gazebo and a ceiling lifter will provide privacy and more accessibility throughout the home since all of our residents use wheelchairs and require assistance with all aspects of transferring.
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
We are requesting funding to support greater independence, privacy and accessibility for our residents. Greater independence and self-actualization will be

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<p>tracked through weekly PCP meetings. Greater privacy and accessibility will be achieved with capital improvements of a private gazebo and a ceiling lifter.</p>
<p>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.</p>
<p>In developing concepts, the licensee/administrator met with each resident in the home. The residents were presented with concepts for feedback which includes facial expressions, body language or other resident-specific reactions. The licensee/administrator also requested feedback from caregivers that interact with residents on a daily basis.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>Through increased staff training and increased staffing ratio for community outings, we can help residents have meaningful community interactions and have greater opportunities to realize their preferences and life goals in order to assist our residents in making choices for themselves. The current staffing ratio of 3:1 doesn't allow for a single resident to be able to make all personalized decisions during an excursion. Having a personal caregiver for community outings will allow the caregiver to focus on the resident's non-verbal feedback which will create a more resident-focused and enriching experience. The weekly PCP staff trainings will allow our staff to learn PCP best practices for each specific client in order to focus all resident experiences to meet resident-specific preferences. The home improvements of a private gazebo and a ceiling lifter will provide privacy, dignity, and more accessibility throughout the home since all of our residents use wheelchairs and require assistance with transferring.</p>
<p>9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.</p>
<p>After 2 years of weekly training, our staff will be fully trained in PCP and will know how to assist residents to achieve greater independence/autonomy. The private gazebo and ceiling lifter are permanent fixtures that will continue to provide privacy, accessibility and dignity to our residents.</p>
<p>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). This information can be found at this <a href="#">link</a>.</p>
<p>The major cost categories are: staff training (2 years), increased staffing ratio for community outings (2 years), pergola (3 months), ceiling lift (3 months)</p>
<p>11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff</p>

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<p>or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years.</p>	
<p>The only cost that will continue after the program timeframe will be additional staffing for community outings. This extra staffing expense will need to be included into the care home's budget after the initial two years.</p>	
<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>Disparity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> 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, CPP or CRDP 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>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> </p>	

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CONCEPT FORM

<b>HCBS CONCEPT BUDGET</b>	
Vendor Name	Firestone Home
Vendor Number(s)	HA0712

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Staff Training - Person Centered Planning	8890	1.00	\$ 8,890	1.00	\$ 8,890	\$ 17,780
Staffing 1:1 - Person Centered Community Outings	29260.8	1.00	\$ 29,261	1.00	\$ 29,261	\$ 58,522
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ 38,151</b>		<b>\$ 38,151</b>	<b>\$ 76,302</b>
<b>Operating expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Operating Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Administrative Expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Capital expenses</b>						
Ceiling Lift			\$ 55,740			\$ 55,740
Outdoor Gazebo			\$ 5,268			\$ 5,268
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Capital Subtotal</b>			<b>\$ 61,008</b>		<b>\$ -</b>	<b>\$ 61,008</b>
<b>Total Concept Cost</b>			<b>\$ 99,159</b>		<b>\$ 38,151</b>	<b>\$ 137,309</b>

See Attachment F for budget details and restrictions

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<b>HCBS CONCEPT BUDGET</b>	
Vendor Name	Diamond Oaks Home
Vendor Number(s)	HA0044

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Staff Training - Person Centered Planning	8890	1.00	\$ 8,890	1.00	\$ 8,890	\$ 17,780
Staffing 1:1 - Person Centered Community Outings	29260.8	1.00	\$ 29,261	1.00	\$ 29,261	\$ 58,522
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ 38,151</b>		<b>\$ 38,151</b>	<b>\$ 76,302</b>
<b>Operating expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Operating Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Administrative Expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Capital expenses</b>						
Ceiling Lift			\$ 44,305			\$ 44,305
Outdoor Gazebo			\$ 4,852			\$ 4,852
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Capital Subtotal</b>			<b>\$ 49,157</b>		<b>\$ -</b>	<b>\$ 49,157</b>
<b>Total Concept Cost</b>			<b>\$ 87,308</b>		<b>\$ 38,151</b>	<b>\$ 125,458</b>

See Attachment F for budget details and restrictions