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.

Date(s) of Evaluation: 02/05/21 – 02/11/21	Completed by: James Perez
Vendor Name, Address, Contact: Choix Vocational Services, 204 S. Atlantic., Los Angeles, CA 90022	
Vendor Number: HE0364	
Service Type and Code: Behavior Day Program (BDP), 515	

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Federal Requirement #1:	Guidance:
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.	• Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?

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

Please explain: 1. BDP is 3:1 ratio, individuals are not always able to choose due to group preferences. BDP needs to hire additional staff to provide services based on the individual's needs, preferences, and abilities. 2. We provide outings in the community, but outings are not especially designed to be person centered. Our staff require a person centered face sheet update for each individual to better understand the individual's choices and goals. Likewise, individuals don't understand how to express their individual choice due to lack of understanding of what their options are. Administrative staff will utilize iPad Pros to update face sheet together with individuals at any locations needed. 3. Individuals have IPP vocational goals and they request assistance in our program to attend conventions/job fairs, but they can't participate due lack of staff that can assist with events that are offered off program hours, staff and Individuals lack of technology knowledge. 4. Access to work is limited to positions offered. Individuals and staff require training to understand the employment options and resources available to people with disabilities. 5. Some individuals are not able to participate due to not having an appropriate transportation. Currently our staff provide transportation in their personal cars, but because of their aging needs individuals require a specialized transportation van that will allow them to use their walkers, canes, and other devices to transport easily and safely.

Federal Requirement #2:	Guidance:
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	• Does the provider have a current regional center IPP (IPP) on file for all individuals? • Does each individual's IPP document the different setting options that were considered prior to selecting this setting?

and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	

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

Please explain: Yes, we have IPPs on file, but many of the IPPs are not updated with the most current needs and goals of the individuals. Many of the individual's goals have been on their IPP for years, which makes it difficult for BDP to meet new goals. Most IPPs only share current desired settings, but information on previous settings is limited. We require to update our face sheets to reflect important information that will enhance the individual's choices and goals. Administrative staff will utilize iPad Pros to their program documents together with individuals at any locations needed.

Federal Requirement #3:	Guidance:
Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	• 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.)?

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

Please explain: Yes, we provide information visually, verbally, and auditory. Yes, we review individually their documentation regarding their rights, grievance and privacy with each person and/or their family, but we currently don't have a handbook to easily explain the above mentioned. We require to create an individual's handbook to include HCBS regulations. Our staff are not currently able to communicate with individuals based on their needs, preferences, including alternative methods of communication. Our staff require training regarding PCP, HCBS Requirements, Covid-19 Guidelines, Program Design updates, and alternative forms of communication. BDP currently does not have assistive technology, braille, or staff member that understands sign language. We have individuals that are hearing impaired and blind and currently we are not able to communicate with them effectively. Administrative staff will be able to review

Home and Community-Based Services (HCBS) Rules
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individuals' rights, program guidelines, and their personal IPP objectives by utilizing iPad Pros to show individuals at any location needed.

Federal Requirement #4:	Guidance:
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.	• Does the provider offer daily activities that are based on the individual's 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?

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

Please explain: Daily activities are not based on the individuals needs and preferences because the program is 3:1 and the group decide what they want to do with their schedule. We require additional staff to assist individuals when their desired outing is not feasible at that moment. The additional staff needs to fully understand the Person Centered Training to be able to provide the service. We structure support so that individual can participate with individuals they chose to interact with, but sometimes due to individuals' special circumstances some are not able to participate with specific individuals. BDP is not able to structure support so that the individual can participate in activities that are in their IPP. Currently all activities are decided in a group and if anyone is not interested in a specific activity they must wait until their desired activity is next on the schedule. We require Person Centered Training for our staff to understand the needs of each person so that arrangements can be made and appropriately schedule goals and activities.

Federal Requirement #5:	Guidance:
Facilitates individual choice regarding services and supports, and who provides them.	• 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 provide support to individuals to choose a staff of their liking, but due to limited staffing, transportation routes and activities, we only provide them choices of staff that are available at that time. Individuals can modify their

services, but we still need to update our program design to include Person Centered Training, HCBS requirements, and Covid-19 protocols. Administrative staff will utilize iPad Pros to update any documentation with individuals when they voice out their needs.

Federal Requirement #6:	Guidance:
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 don't 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.	• 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: N/A

Federal Requirement #7:	Guidance:
Each individual has privacy in his/her sleeping or living unit: *1. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.* *2. Individuals sharing units have a choice of roommates in that setting.* *3. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.*	• 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?

Does the service and/or program meet this requirement?   ☐ Yes ☐ No
Please explain: N/A

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Federal Requirement #8: *Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*	Guidance: • 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?

Does the service and/or program meet this requirement? ☐ Yes ☐ No
Please explain: N/A

Federal Requirement #9: *Individuals are able to have visitors of their choosing at any time.*	Guidance: • 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?

Does the service and/or program meet this requirement? ☐ Yes ☐ No
Please explain: N/A

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: N/A

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CONTACT INFORMATION

Contact Name:	Maria Ade Zambrano
Contact Phone Number:	(626) 422-7867
Email Address:	azambrano@choixvocational.org

ACKNOWLEDGEMENT

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

☒ I AGREE

**Home and Community-Based Services (HCBS) Rules
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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.

More information on the HCBS rules and this form can be found at
https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/.

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Vendor name	Choix Vocational Services
Vendor number(s)	HE0364
Primary regional center	Eastern Los Angeles Regional Center
Service type(s)	Behavior Day Program
Service code(s)	515
Number of consumers typically and currently served	76
Typical and current staff-to-consumer ratio	Ratio 3:1

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.

Choix Vocational Services is a behavior community-based day program with site-based component offering a blend of pre-vocational & social activities to enhance independence for adults with developmental disabilities. BDP's typical day starts with 1 staff picking up 3 individuals in personal vehicle. The group starts by exercising then engages in vocational training by volunteering at various locations like churches, libraries, & community agencies. Staff assist individuals in various subjects by practicing skills in the community & using educational worksheets. Individuals practice public transportation using bus/train & go to locations of interest decided by the entire group. The group agrees on schedule outings, & other activities like playing cards, boardgames, playing sports, etc. depending on their interest. We have monthly activities like arts, crafts, cooking/snack, & various training topics that discuss vocational/safety subjects. Due to Covid-19 we are currently providing these activities remotely via video camera or phone contact & we drop off educational/ recreational activity packets & materials/supplies to their mailboxes/front doors. Milestone (MS), MS 1 Administration is trained in PCT & HCBS, but not certified to train staff. Staff require training re: new Program Design & how to communicate with non-verbal/hearing-impaired/blind individuals. Program needs to update documents like program design, face sheets, intake package, & individual's handbook to change old terminology & include PCT training, HCBS regulations, & Covid-19 safety precautions. BDP utilized free apps but they are slow & difficult for individuals to use. MS 2 Aging/Individuals with difficulties walking find it hard/painful to bend/stretch to get in/out of staff's cars & prefer not to go out. Cars lack room for required work items (Ex: walkers, earthquake & first aid kit). MS 3 Due to 3:1 ratio staff is not able to abide by the decisions of individuals. MS 4 Individuals request to attend vocational/recreational places, but due to funding they are restricted to attend free places. MS 5 BDP uses outdated desktop computers that make it difficult to change info. on the go.

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.

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2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.
<u>MS 1</u> 2 Supervisors (Sup) to be certified to provide **PCT, HCBS, Program Design, Sign Language, Braille, & Assistive technology** training to all staff. 1 Consultant to update: Program design, face sheets, intake package, & handbook (To include new terminology, PCT, HCBS regulations, & Covid-19 precautions). 1 Director & 2 Sup to train in ASL. 1 Assistive Technology Specialist (AT Spec) to provide training to 16 Non-verbal/Hearing-impaired/Blind Individuals will benefit from assistive technology because free apps are too slow, difficult to use, understand & makes it hard for individuals to communicate their choices. We require translation devices, voice sticks (w/smart reading, see colors/shapes, & face recognition), & braille labeler that will help with communication. <u>MS 2</u> 19 Individuals aging/trouble walking find it difficult/painful to bend/stretch when getting in/out of cars many times daily. Staff lack enough room in cars for walkers due to everything they are required to carry. <u>MS 3</u> As a 3:1 ratio staff can't meet the needs/preferences of each individual because they abide by group decisions. Due to limited staffing, individuals are not able to choose desired staff, outings, & activities in the community. <u>MS 4</u> Individuals are interested in employment at various locations. During pandemic individuals still require assistance to attend events via Zoom. We require funding to cover wages of staff assisting with after-hours visits/Zoom to places like conventions, job fairs, etc., which are not free. <u>MS 5</u> 6 iPad Pro for admin. staff to facilitate changes to individual's information, to supervise staff & communicate with tablets (already owned) by providing program documents as mentioned in milestone 1.
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 <u>x</u> 2 <u>x</u> 3 <u>x</u> 4 <u>x</u> 5 <u>x</u> 6 <u>N/A</u> 7 <u>N/A</u> 8 <u>N/A</u> 9 <u>N/A</u> 10 <u>N/A</u>
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.
<u>MS 1</u> (1, 2, 3, 4, 5) Language between individuals/staff, lack of time, & no certified trainers. Staff needs to understand how to offer choices, communicate, & advocate for individual's needs/preferences. The program design, face sheet, intake package, & handbook need to be updated to meet PCT, HCBS requirements, & Covid-19 guidelines. Due to high cost, the program has not had the opportunity to learn what is beneficial for individuals. We need communication technology for non-verbal/hearing-impaired/blind individuals. <u>MS 2</u> (1, 4) Obtaining specialize transportation cost is high. This resource provides aging/Individuals with difficulties walking to access their community on a regular basis. <u>MS 3</u> (1, 4, 5) Funding makes it hard to hire extra staff, to assist us to adjust services to meet the individuals needs/preferences in the HCBS transition. <u>MS 4</u> (1, 2, 3, 4, 5) We use free of charge activities & outings, but many conventions/fairs that individuals want are not free. <u>MS 5</u> (1, 2, 3, 5) Devices currently used are old. iPad Pros are easier, lighter, secure, better performance than a laptop to obtain signatures,

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updates to goals, preferences, needs/wants anywhere.
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.
<u>MS 1</u> Training in the following subjects: PCT, HCBS requirements, Program Design, Braille, sign language, & assistive technology. Staff will acquire the tools & knowledge to bring the program into compliance. Updating old program doc will help implement the HCBS regulations, PCP & Covid-19 protocols by bringing our terminology, intake packages & ISPs into compliance. Better tech will allow staff to communicate with non-verbal/hearing-impaired/blind individuals. This will give individuals the ability to express their needs/preferences easier. <u>MS 2</u> Transportation will give aging/individuals with walking difficulties safe access to the community. It will be easier to board, exit, & remain comfortable during their travel. <u>MS 3</u> Additional staff will help program by assisting individuals to become independent, make better choices, know their rights, preferences/needs. <u>MS 4</u> This funding will give individuals the opportunity to attend resources for jobs, & activities that fulfill their PCP goals. <u>MS 5</u> This gets us up to date with all the individual's documentation to make updates & modifications to the individual's objectives as their needs change.
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
We propose to increase independence by individuals choosing needs/preferences. Staff will gain knowledge to provide a better-quality service. Hiring additional staff, purchasing specialized transportation, & assistive tech will help us reach objectives. Individuals will clearly understand their rights & program information through the newly created handbook. Staff will be empowered to aide individuals more efficiently by understanding PCPs, IPPs, training, updating program design, & other important docs. Staff will assist individuals to communicate their needs/goals. BDP will track progress using Data Sheets, ID Notes, & their ISPs.
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.
Staff/Individuals inform during monthly site visit, daily activities, & annual satisfaction surveys. Family/care provider's give feedback by calling admin. anytime or at annual meetings.
8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.
Individuals address their goals as needs change. The program will adjust trans., access to events, communication, staffing, scheduling, & doc accordingly to each individual anywhere upon their request.
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.
We anticipate that our program design, individual's handbook, doc updates, specialized trans, iPad Pros, convention/job fair funding, & assistive tech will not require on-going funding. We will assume the cost of 2 on-going certified trainer to

provide Person Centered, HCBS, & Covid-19 training for new hires. 3 Admin. staff trained in ASL. 1 AT Spc. as needed to train admin.
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 link.
2 Additional staff, 1 Consultant to update (program design, handbook, face sheets), 2 PCP trainers, 3 hrs HCBS staff training, 3 ASL trained admin., 1 AT Spc., 4 x yrly After hr fees/wages for staff/individuals to attend conventions/job fairs, 2 Vans (Ins., Reg., Lic.), 2 Voice Sticks, 1 Braille Label Maker, 6 iPad Pros
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 or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years.
We intend to keep 2 certified trainer & the additional staff after funding stops, but we will reevaluate if the certified trainer position is still needed annually. If position is no longer needed, we will transition this responsibility to an admin. staff.

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding X No ___ Yes. If Yes, FY(s) _____ Disparity Funding X No ___ Yes. If Yes, FY(s) _____ CPP Funding X No ___ Yes. If Yes, FY(s) _____ CRDP Funding X 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, CPP or CRDP 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.
N/A
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.
N/A

HCBS CONCEPT BUDGET	
Vendor Name	Choix Vocational Services
Vendor Number(s)	HE0364

	Wage and Benefits	Year 1 Budget FTE	Year 1 Budget Annual Cost	Year 2 Budget FTE	Year 2 Budget Annual Cost	Total Cost
Personnel (wage + benefits)						
2 Additional Staff	30240	2.00	$ 60,480	2.00	$ 60,480	$ 120,960
			$ -		$ -	$ -
			$ -		$ -	$ -
			$ -		$ -	$ -
			$ -		$ -	$ -
			$ -		$ -	$ -
			$ -		$ -	$ -
			$ -		$ -	$ -
			$ -		$ -	$ -
Personnel Subtotal			$ 60,480		$ 60,480	$ 120,960
Operating expenses						
Consultant fee to update create program design (85 hrs)			$ 15,003			$ 15,003
Consultant fee to create handbook (100 hrs)			$ 18,000			$ 18,000
Consultant fee to update face sheets (80 hrs)			$ 2,000			$ 2,000
2 Person Centered Planning Certified Trainers			$ 35,000			$ 35,000
30 HCBS Staff Training (3 hrs)			$ 1,350			$ 1,350
ASL Training for 3 Administrators (2 years)			$ 10,000		$ 10,000	$ 20,000
1 Assitive Technology Specialist (80 hrs)			$ 4,000			$ 4,000
Convention/Job Fair/After Hrs Wages (4 x yrly)			$ 3,600		$ 3,600	$ 7,200
						$ -
						$ -
Operating Subtotal			$ 88,953		$ 13,600	$ 102,553
Administrative Expenses						
Specialized Transportation Insurance			$ 10,400		$ 10,400	$ 20,800
Specialized Transportation License & Registration			$ 1,000		$ 1,000	$ 2,000
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
Administrative Subtotal			$ 11,400		$ 11,400	$ 22,800
Capital expenses						
2 Specialized Transportation (Vans)			$ 112,502			$ 112,502
2 Voice Sticks (OrCam MyEye Pro)			$ 10,000			$ 10,000
1 Braille Label Maker For Signs			$ 799			$ 799
6, 12.9 iPad Pro Wi-Fi			$ 6,594			$ 6,594
						$ -
						$ -
						$ -
						$ -
						$ -
Capital Subtotal			$ 129,895		$ -	$ 129,895
Total Concept Cost			$ 290,727		$ 85,480	$ 376,207

See Attachment F for budget details and restrictions