

## 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: 02/12/2021	Completed by: Susan Martinez, RN
Vendor Name, Address, Contact: G.M. Home IV – 10143 Shadypoint Drive, Whittier, CA 90603 – Susan Martinez (562) 631-4157	
Vendor Number: PE2013	
Service Type and Code: Specialized Residential Facility 113	

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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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Individuals usually receive services in the community with their day program during the week. Individuals have not been attending day program during the pandemic and social activities in the residence have been limited to drives around the neighborhood. The individuals have not expressed their desire to control their personal resources.</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"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Each individual has their own IPP on file and include different setting options. The placement of each individual in this residence remains appropriate.</p>	

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<p><b><u>Federal Requirement #3:</u></b> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> <li>• Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: The provider communicates with the individuals to the best of their ability and maintains privacy and confidentiality. However, some staff members communicate with individuals better than others. Staff members would benefit from having more education on alternative methods of communications based on individual needs and preferences.</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"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Daily activities are offered are based on the individual's needs. Individuals have limited opportunities to build relationships with members of the community. Even though the activities correspond with their IPP goals, the activities appear redundant. However, the individuals enjoy them.</p>	

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<p><b><u>Federal Requirement #5:</u></b> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>• Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b></p> <p>Please explain: During the day, the staffing ratio is 3 staff members: 4 residents. The provider is able to support individuals in choosing which staff to provide their care depending on who is staffed for that day. Individuals are able to express their concerns by refusing to participate in scheduled services. However, the provider needs assistance in developing alternative services and training staff.</p>	

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

<p><b><u>Federal Requirement #6:</u></b> <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Please explain: Upon admission, the provider and individual review and sign the admission agreement. Each quarter, the individual/representative collaborate with the provider to ensure that the placement remains appropriate.</p>	
<p><b><u>Federal Requirement #7:</u></b> <i>Each individual has privacy in his/her sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed. Individuals sharing units have a choice of roommates in that setting. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Please explain: Each individual has a private room and does not have a roommate. They also have the opportunity to use their own furnishings and decorate their own rooms, in</p>	

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<p>accordance with the admission agreement. Individuals also have the ability to lock their own bedroom doors when they choose.</p>	
<p><b><u>Federal Requirement #8:</u></b> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have access to food at any time?</li> <li>• Does the home allow individuals to set their own daily schedules?</li> <li>• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Please explain: Individuals have access to food at all times and the home allows individuals to set up their own daily schedules. Fruits, snacks, and drinks are available 24/7 and meals are prepared by staff. They also have full access to the kitchen, dining area, and have comfortable seating in shared areas. They have supervised access to the laundry room.</p>	
<p><b><u>Federal Requirement #9:</u></b> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Are visitors welcome to visit the home at any time?</li> <li>• Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> Please explain: Visitors are welcome to visit during visiting hours, unless approved by the administrator. Individuals can go with visitors outside the home. Visitors must sign in and out in the Visitor Log.</p>	
<p><b><u>Federal Requirement #10:</u></b> <i>The setting is physically accessible to the individual.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?</li> <li>• Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose?</li> </ul>

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	<ul style="list-style-type: none"> <li>• Are appliances and furniture accessible to every individual?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p>Please explain: The setting is physically accessible and is ADA compliant. Individuals are able to move around the setting easily. The setting is single story with grab bars in the bathrooms, and seats are available in the bathroom for individuals who are unable to tolerate standing for prolonged periods of time.</p>	

**CONTACT INFORMATION**

Contact Name: Susan Martinez

Contact Phone Number: (562) 631-4157

Email Address: Gmcare90638@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.

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	G.M. Home IV
Vendor number(s)	PE 2013
Primary regional center	East Los Angeles Regional Center
Service type(s)	Specialized Residential Facility
Service code(s)	113
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	3:4
<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>The residents in G.M. Home IV typically completing activities individually and prefer their own company. Scheduled activities are planned on a monthly basis and individuals are able to express their desire to participate by either participating or refusal. The residents enjoy going on daily walks and drives around the community. Currently, daily activities are limited to puzzles, walks, community drives, and watching television.</p>	
<p><b>Project Narrative Description:</b> 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.</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>GM Homes is in the process of transferring licensures of 3 intermediate care facilities (ICFs) into adult residential facilities. With the shift in services and number of employees who will need to take Person-Centered-Thinking training, the “train the trainer” program would be most beneficial for everyone. As of now, only 4 staff members are Person-Centered-Thinking trained. At least 25 more employees will need to be trained. With the ongoing pandemic, residents are not attending Day Program and GM Homes is meeting the staff requirements by working overtime. At the moment, staffing and funding is not flexible for employees to attend a Person-Centered-Thinking course.</p>	
<p>3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.</p>	
<p>1_x__ 2__ 3_x__ 4_x__ 5_x__ 6__ 7__ 8__ 9_x__ 10__</p>	
<p>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.</p>	

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this information is in the evaluation section, please copy it here.

Fed Req 1: The individuals APPEAR to have no interest in job seeking due to their diagnoses of moderate to severe intellectual disabilities. However, all employees would benefit from Person-Centered-Thinking training to develop more strategies for community integration. Because of our lack of knowledge, we feel that we are not providing the best possible opportunities for the individuals.

Fed Req 3: Different staff members have different interaction styles with the residents. Some staff members communicate/connect with the individuals better than others. Taking a course would be beneficial for all staff to learn how to communicate with the individuals and provide “person centered care.” Due to time and location constraints, attending a course at a Regional Center may not be attainable. Having an in-house Person-Centered-Thinking trainer would meet the needs of both staff and individuals.

Fed Req 4: Daily activities offered are based on the individual’s needs. Individuals have limited opportunities to build relationships with members of the community. Having in-house Person-Centered-Thinking training for all employees would allow staff and individuals to propose different ideas for community integration. Although the individuals appear to enjoy their structured activities that align with their IPP goals, the activities are redundant. The individuals could benefit from participating in newer activities.

Fed Req 5: The provider is able to support individuals in choosing staff to provide their care because we currently have a 3:4 staffing ratio. However, provider needs more training and education to present alternative services.

Fed Req 9: Although visitors are allowed, they are only permitted during visiting hours unless an arrangement has been made with the administrator. Visitors must also sign in and out in the Visitor Log.

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.

Fed Req 1: After training and more research, the vendor will be in compliance by presenting job opportunities and control of ones’ own funds to the best of their abilities.

Fed Req 3: Staff will receive “person centered” training and will learn how to communicate with individuals.

Fed Req 4 & 5: Person-Centered-Thinking training for all staff will foster new ideas and activities. Staff will also learn how to include individuals in the planning process.

Fed Req 9: Unsure how to limit visitation and be compliant with this federal requirement simultaneously.

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

Proposed outcome: All GM Homes facilities will be HCBS compliant and provide person-centered care to all individuals.

Objective 1: GM Homes will have an inhouse Person-Centered-Thinking trainer.

Objective 2: All current employees will be Person-Centered-Thinking certified.

Objective 3: Person-Centered-Thinking training will be included in new employee orientation.

Objective 4: Person-Centered-Thinking in-services will be provided for all employees on an annual basis.

Methods:

1: Designate 1 or 2 employees to attend Person-Centered-Thinking mentor program and become trainer certified.

2: Identify ways to become more HCBS compliant.

3: Train and certify employees in small groups.

4: Implement methods identified in Method 2.

5: Perform in-services on Person-Centered-Thinking for maintenance.

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.

Individuals were unable to participate in conversation due to level of developmental disability. However, family members are interested in concepts and believe the individuals would benefit from Person-Centered-Thinking counseling.

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

Having an onsite Person-Centered-Thinking trainer would ensure that the organization remains compliant by observing staff on an ongoing basis. By having a trainer onsite, someone will be designated and held accountable.

9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.

Having an onsite Person-Centered-Thinking trainer, all existing and future staff will be trained. The trainer can also provide in-services on a regular basis.

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

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<p>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 will be the "train the trainer" program and maintaining the certification.</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 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>Recurring costs may occur for continuing education for the trainer and maintaining the trainer certification.</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 type="checkbox"/> No <input checked="" 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>n/a</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>n/a</p>	

HCBS CONCEPT BUDGET						
Vendor Name		G.M. Home IV				
Vendor Number(s)		PE 2013				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
		1.00	\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
<b>Operating expenses</b>						
Person Centered Thinking Mentor (train the trainer)			\$ 21,750		\$ -	\$ 21,750
Binders, dividers, folders, writing supplies, paper			\$ 300		\$ 300	\$ 600
Zoom Account			\$ 150		\$ 150	\$ 300
Food & beverages for training/workshop attendees			\$ 2,000		\$ 2,000	\$ 4,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ 24,200		\$ 2,450	\$ 26,650
<b>Administrative Expenses</b>						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
<b>Capital expenses</b>						
1 portable computer			\$ 3,000		\$ -	\$ 3,000
2 iPads			\$ 1,600		\$ -	\$ 1,600
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ 4,600		\$ -	\$ 4,600
Total Concept Cost			\$ 28,800		\$ 2,450	\$ 31,250

See Attachment F for budget details and restrictions