

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 1/26/2021:	Completed by: Edward Parker
Vendor Name, Address, Contact: BCR “A Place to Grow” 230 E Amherst Drive	
Vendor Number: HD0406	
Service Type and Code: 855	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Our current program design does not provide opportunities for individuals based on their abilities. Some individuals have the ability to work for pay; however, we are not equipped to provide those services at this time. We seek opportunities to better support our individuals by offering job development skills to encourage them to pursue community employment.</p>	
<p><u>Federal Requirement #2:</u> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individual's IPP document the different setting options that were considered prior to selecting this setting?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: We utilize a cloud-based software that offer different options. Staff can view each of the individuals' goals and track them as needed. Staff will have access to the regional center IPP and the facilities ISP.</p>	

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<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: <i>The center has included tablets and has incorporated sign language classes. However, we do not currently have a trained sign language interpreter to further assist our consumers that need this support. We are currently experiencing a communication/ language barrier within our consumers and providers. Our consumers are fluent in their native tongue and are not proficient in English. Assist from this funding will assist in decreasing this deficit.</i></p>	
<p><u>Federal Requirement #4:</u> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider offer daily activities that are based on the 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: <i>Although we partially meet this requirement, we currently are unable to provide activities that are based on the clients' needs and preferences due to transportation barriers which lead to the inability to offer a range of services.</i></p>	

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<p><u>Federal Requirement #5:</u> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: <i>Although the consumers are able to voice concerns, we are unable to provide the consumer with staff of their choosing at all times due to increased consumer staff ratios. We are seeking funding to deter this narrative.</i></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><u>Federal Requirement #6:</u></p> <p><i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p>	
<p><u>Federal Requirement #7:</u></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <p><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></p> <p><i>Individuals sharing units have a choice of roommates in that setting.</i></p> <p><i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? • Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p>	

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<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time? • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? • Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose? • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:</p>	

CONTACT INFORMATION

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Contact Name: Edward Parker
Contact Phone Number: 818-843-4907
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ACKNOWLEDGEMENT

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

I AGREE

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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	BCR "A Place to Grow"
Vendor number(s)	HD0406, H00324
Primary regional center	Frank D. Lanterman Regional Center
Service type(s)	Adult Day Program, Adult Extended Day Program
Service code(s)	505, 855
Number of consumers typically and currently served	69
Typical and current staff-to-consumer ratio	1:8
<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 BCR Program provides day services for adults with an extensive range of developmental disabilities. Adult services are provided for 8 hours daily. During these hours of operations, life skills (money management, employment match and search, daily living, and self-help skills) are taught extensively. Currently, we would like to improve the quality of care we provide to consumers by improving access to employment match, adding additional staff: (sign language educator, community integration specialist, job developer, Driver, Occupational Therapist Assistant and a contractual Occupational Therapist), and to increase our access to the community. We are requesting funding to create a transportation fleet. We are specifically requesting the purchase of six (6) vehicles: 3 wheelchair accessible vans and (3) three 8 passenger vans. By creating this fleet, we will have the capabilities to not only safely transport consumers, but can connect them with appropriate employment opportunities through community integration. We serve a population of consumers with auditory deficits (deaf). We are experiencing a language barrier amongst staff and consumers with deafness. The addition of the sign language educator will assist in decreasing the communication barrier and assist with improving services to those in need.</p>	
<p>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.</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>BCR is innovative in attempting to improve services to consumers; In our quest to improve delivery of service we have identified 5 areas of service three of them which we can significantly improve with support of additional funding. Initially, we are striving to improve our relationship with community stakeholders by offering consumer volunteers' opportunities that could lead to paid employment.</p> <p>We are attempting to improve our access to transportation services by increasing transportation options for consumer volunteers; who have opportunities for community employment as well as increased community integration. By increasing access to transportation services we are expanding consumers'</p>	

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access to a comprehensive range of services such as employment and volunteering opportunities within their respective communities.

We can provide a continuum of quality care and promote an environment that is conducive to learning by decreasing our staff to consumer ratio. By doing this we can offer modified access to a comprehensive range of service that will allow us to provide a more person centered approach to learning utilizing access to Zoom, facetime and one to one instruction.

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

1_x 2__ 3_x 4_x 5_x 6__ 7__ 8__ 9__ 10__

4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.

This concept focuses on three areas that will address the gaps in meeting the first, third, fourth, and fifth federal requirements. We shall first provide a broader range of services. These services will help mitigate gaps in all requirements. One area will include hiring a job developer to develop employment and volunteer resources throughout the community. The focus is to redesign the program to include supported employment and community-based services. Area two will address gaps in the fourth federal requirement by providing a more comprehensive range of transportation options. By purchasing a van with wheelchair accessibility we will be providing all consumers access to equal opportunities within the community. We are currently relying on public transportation for most of our community outings, which tends to be a barrier. Public transit tends to be unreliable, costly, time consuming, and provides limited access due to areas serviced and availability. The third area addresses gaps in all three federal requirements. The fourth area will address gaps in the fourth federal requirement by providing more access to the community. We will work towards hiring and training job coaches. Job coaches will allow consumers the ability to engage in supported employment activities and supported volunteering opportunities. Increased staffing will also reduce ratios and allow consumers more choice in who they work with throughout the day and improve quality of services provided. We seek to lower the consumer staff ratio to provide a more person centered experience through extensive training. We will also hire an occupational therapist and a sign language interpreter. These services will offer more opportunities for consumers to communicate with providers through on-line support and/or in person. Our new design will be person-centered and data-driven which will improve the consumers quality of life and community engagement.

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.

This concept will bring BCR into compliance by increasing community inclusion, offering the consumer more choices in how they receive services, as well as offering a more person-centered approach to care (including modified programming, ability to choose staff, ability to select activities), and allowing consumers with barriers to engage in all aspects of the services provided.

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

The proposed outcomes of this concept are developing and maintaining a supported employment program, an increase in volunteer sites/opportunities, and a redesigned program that will allow for a broader range of services that provide a more person centered approach to care, and an increase in community inclusion from 50% to 80%. BCR will achieve this by utilizing a job developer to build/improve relationships among the center and community stakeholders, establish paid employment sites, increase access to volunteer sites within the community, hire and train job coaches to ensure the consumer has proper support, and

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redesign our program to include more community-based services as well as a supported employment program. These will be tracked by monitoring the rate of community outings, tracking the increase in consumer employment rates, satisfaction of community stakeholders, and tracking the number of consumers entering the community daily.

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.

Conducted a swot analysis of the quality of the program through reviewing the past 5-years concerns. Reviewed samples of person served individualized services plans and assessed each goal sampled goals, and consumer and parent based focus group were conducted. Researched and discussed difficult and complex task in order to develop a shared foundational knowledge.

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

This concept will enable us to complete a more personalized needs assessment that will lead to developing a more person-centered plan of care specially created to meet the change needs of the consumer. By increasing the range of services offered to modify the program day to fit each individual's needs, abilities, and preferences in all aspects.

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

To maintain the project's outcome and value after the funding, we plan to increase the number of consumers served. By providing a supported employment program and a more robust community-based program, we can provide increased services to consumers, and therefore increasing revenue. This increase in revenue will be utilized to support the addition of staff members. We will also purchase an extended warranty on the wheelchair accessible van to maintain its value and longevity past the funding period cost of the job developer and job coaches. We plan to also purchase an extended warranty on the wheelchair accessible van to maintain its value and longevity past the funding period.

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](#).

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.

The sustainability of funding will be based on growth. We expect a 50% increase in consumer program usage and a 46% increase in per diem from (\$46.60/day to \$84/day) daily for consumers that transition to the supported employment groups. This increase in revenue will support the cost of the new staff positions and funding maintenance of the transportation fleet.

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<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding ___ No <u>X</u> Yes. If Yes, FY(s) <u>2018-19</u> Disparity Funding ___ No ___ Yes. If Yes, FY(s) _____ CPP Funding ___ No ___ Yes. If Yes, FY(s) _____ CRDP Funding ___ No ___ Yes. If Yes, FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<p>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</p>	
<p>13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.</p>	
<p>Completed 09/2018-Training has helped staff interact with clients in a more individualized way using the mindset of Person-Centered Planning, what is not only important "for" the consumer but planning their activities around what is important "to" the consumer. Completed. Van addition has allowed added access to our community for the consumers, expanding their previous community integration activities. We currently train all staff through person-centered practices through ongoing training and then later tested on their knowledge.</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>BCR received funding to provide person-centered planning training and purchase two new vans. This new concept will not be redundant in that we are working to transition our program to a more community-based experience with more tailored services that will focus on the individuals' abilities and preferences. While previous funding concentrated on training, this funding will focus on the program design and as extension of services provided. While we are asking for funding for additional transportation, the addition of these vehicles will allow our limited mobility consumers easier access while offering opportunity for improvements in community integration.</p>	

HCBS CONCEPT BUDGET		2021-2022				
Vendor Name		BCR "A Place to Grow"				
Vendor Number(s)		HD 0406				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Community Integration Specialist	18	1,920.00	\$ 34,560	1,920.00	\$ 34,560	\$ 69,120
Community Integration Specialist	18	1,920.00	\$ 34,560	1,920.00	\$ 34,560	\$ 69,120
Community Integration Specialist	18	1,920.00	\$ 34,560	1,920.00	\$ 34,560	\$ 69,120
Community Integration Specialist	18	1,920.00	\$ 34,560	1,920.00	\$ 34,560	\$ 69,120
Community Integration Specialist	18	1,920.00	\$ 34,560	1,920.00	\$ 34,560	\$ 69,120
Community Integration Specialist	18	1,920.00	\$ 34,560	1,920.00	\$ 34,560	\$ 69,120
Job Developer	25	1,920.00	\$ 48,000	1,920.00	\$ 48,000	\$ 96,000
Consultant (per diem OT, PT, ASL Intepreter)	40	1,920.00	\$ 76,800	1,920.00	\$ 76,800	\$ 153,600
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 332,160		\$ 332,160	\$ 664,320
Operating expenses						
Staff training and material			\$ 8,000		\$ 5,000	\$ 13,000
Program material			\$ 10,000		\$ 10,000	\$ 20,000
Van Financing/Registration/Ins.			\$ 30,000		\$ 30,000	\$ 60,000
Van Financing/Registration/Ins.			\$ 30,000		\$ 30,000	\$ 60,000
Van Financing/Registration/Ins.			\$ 30,000		\$ 30,000	\$ 60,000
Van w/ Wheelchair Financing/Registration/Ins.			\$ 40,000		\$ 40,000	\$ 80,000
Van w/ Wheelchair Financing/Registration/Ins.			\$ 40,000		\$ 40,000	\$ 80,000
Van w/ Wheelchair Financing/Registration/Ins.			\$ 40,000		\$ 40,000	\$ 80,000
Community Outreach and Events			\$ 10,500		\$ 10,500	\$ 21,000
						\$ -
Operating Subtotal			\$ 238,500		\$ 235,500	\$ 474,000
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 570,660		\$ 567,660	\$ 1,138,320

See Attachment F for budget details and restrictions