

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:2/9/2021	Completed by:Sheila Bagsby
VendorName, Address, Contact: Buena Vista Manor ARF, 11126 Vista Del Valle, Drive, Bakersfield, CA 93311	
Vendor Number HK6631	
Service Type and Code:915	

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Federal Requirement #1:

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.

Guidance:

- 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 XNo

Please explain: Upon admission to the facility, these are the choices as to how the consumer's cash resources may be handled:

- All or part of the cash resources may be retained at the facility in a fire proof safe.(Not to exceed the amount of the Surety Bond)
- All or part of the cash resources may be deposited in a bank account Trust fund, which will be a non-interest, no-fee account.
- The authorized representative may be designated as the payee of the consumer's money, and the facility will notify the payee when the consumer is in need of his/her funds.
- Buena Vista Manor ARF Inc. will be responsible for all cash resources safeguarded at all times Consumer's P&I ledgers will be maintained for 3-years after the client's discharge

The facility adheres to the belief that aberrant behaviors are diminished when consumers live in enriched environments. As such, at this facility, the staff will endeavor to achieve the following in establishing such an environment.

1. Present a wide range of changing leisure time options within and out side the community.
2. Provide materials for self-direct leisure pursuits.
3. Provide a high level of reinforcement.
4. Support for the acquisition of communication of social skills and facilitation of the use of these skills throughout the schedule.
5. Guarantee of privacy and personal space.
6. Ensure that consumers have control and choices whenever feasible.
7. Treating each consumer as a unique individual.
8. Being as free as possible of known antecedents to maladaptive behaviors.

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9. On an ongoing basis, engaging in the teaching of new skills.
10. Assist with employment search and preparation

See appendix 1ab

Federal Requirement #2:

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.

Guidance:

- 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?

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

Please explain:

Buena Vista Manor ARF has an IPP on file for the Kern Regional Center clients. This written **plan** tells a person's strengths and needs. It also lists goals and objectives for things that a person wants to learn or do now and in the future. Buena Vista Manor works closely with each resident to obtain their goals and objectives.

Federal Requirement #3:

Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

Guidance:

- 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: Buena Vista Manor post the right for privacy in a prominent place at the

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facility. In addition, a copy of the right of privacy is given to each resident upon admission. Based on the needs of the resident Buena Vista Manor and staff will work with the resident to understand their methods needed to communicate with staff. During the pre appraisal and needs and service plan we would establish the best way to communicate and work toward effectively meeting the needs. **See appendix 2.**

Federal Requirement #4:

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.

Guidance:

- 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 xNo

Please explain:

Prior to admission, the administrator shall determine whether the facility's program can meet the prospective client's service needs.

If the client is to be admitted, then prior to admission, the administrator shall complete a written needs and services plan, which shall include the following;

(1) The client's desire and background, obtained from the client's family or his/her authorized representative, if any, and licensed professional where appropriate, regarding, regarding the following;

(a) Entrance to the facility.

(b) Specific service needs, if any.

(c) The written medical assessment specified in section 80069.

(d) Mental and emotional functioning.

(e) The written mental health intake assessment, if any, specified in section 85069.3.

(2) If client's needs and services plan Include a restricted health care plan prior to admission, the administrator shall involve the following persons in the development of the needs and services plan:

(a) The client or his/her authorized representative, if any.

(b) Any relative participating in the placement.

(c) The placement or referral agency, if any.

(d) The person responsible for facility admissions.

We encourage our residents to participate with others outside and in the community. Not

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having transportation and be a hindrance and impede progress in this area as we rely on staff vehicle and or commercial transportation. This method of transportation can subject the residents to unsanitized vehicles that we have no control over.

Federal Requirement #5:

Facilitates individual choice regarding services and supports, and who provides them.

Guidance:

- Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?
- Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?

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

Please explain: Buena Vista Manor respects the choices of the residents and accommodates their wishes and desires. A resident has the option to work with any staff that her or she chooses.

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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:

Federal Requirement #6:

The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.

Guidance:

- As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?
- Are individuals informed about how to relocate and request new housing?

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

Please explain: Residents at Buena Vista Manor fill out an admission agreement and a Lease agreement. The admission agreement spells out how a resident would go about relocation and obtaining new housing.

Federal Requirement #7:

*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.*

Guidance:

- 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: Each tenant is eligible and offered during enrollment the following:

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1. Private or semi-private room with full shared bathroom
2. The choice of a roommate can be requested but dependent upon availability
3. Microwaves, refrigerator or cooking appliances are not allowed in tenants room
4. Tenants will eat all meals in dining room unless due to a sickness at which bedside service will be available
5. All rooms will come with a bed, nightstand, lamp, chair and a 4 drawer dresser. Tenants will not be able to bring their own furniture but will be able to decorate their rooms, with pictures, bedding and curtains. All other furnishing and decoration will be discussed with the facility.
6. If the resident's desire is to change roommates or acquiring other accommodations a change or roommate request will be given to the house manager or the Administrator and a reply will be given within 7 business days. Residents have the ability of locking their doors. A master key for all the bedroom locks will be kept by management to utilize in case of an emergency.

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: Residents have access to the kitchen at anytime, however, there is a schedule for meals as they are normally prepared by the staff. Mealtimes can be found the 30 day monthly menu which is posted in a prominent area.

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

Clients have the right to visit privately with family members or his/her authorized representative during posted hours starting at 8:00a.m. to 10:00 p.m., Monday thru

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Friday, and 10:00 a.m. to 11:00 p.m. Saturday thru Sunday, or until bedtime, whichever is earlier, in common an area only.

A resident is free to leave or depart from the facility at any time without restriction. It is not mandatory but it is helpful if the facility is informed where the resident is going and how long they are expected to be gone. The staff on duty will keep a record of when the resident leaves and when he or she returns. The resident is not asked to sign in or out.

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: Please explain: Buena Vista Manor is a homelike environment and the residents are treated as such. Residents are free to move about the inside of the facility giving respect to others when entering others rooms and bathrooms. Buena Vista Manor ARF is a proponent for respecting others space and belongings and their right to privacy. Buena Vista Manor ARF will not tolerate anyone not adhering to those right to privacy standards. The backyard is available for residents to relax, smoke and fellowship in a shaded area. There is no smoking inside of the facility and no front yard loitering. Residents are encouraged to go out in the community as they will sign in and out of the premises so that the facility is aware of their whereabouts and adhere to any curfews that might be set. During Covid, however the facility provide transportation to the clients and accompany them on outings.

CONTACT INFORMATION

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ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future

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

 x 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 forms 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	Buena Vista Manor ARF
Vendor number(s)	HK6631
Primary regional center	Kern
Service type(s)	Adult Residential Facility
Service code(s)	915
Number of consumers typically and currently served	Can serve up to 4 consumers currently serving 2 consumers
Typical and current staff-to-consumer ratio	1: 2 2:1

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.

The program works with adults who have multiple challenges, including those with severe mental health as well as behavioral, or social challenges and developmental disabilities. The services focus on adult who exhibit a strong need for positive behavior support who are at risk of not safely residing in their home communities. The residential goal is to enable individual consumers to achieve their goals and dreams, as described in their person-centered program plans, within an inclusive community setting. The residential program is designed to support and enable each consumer to function as independently as he/she wishes in his/her home, school, day program and community environments. Prior to Covid 19 our clients were would attend Day Program and spend 2 to 4 hours a day. Transportation was provided by the Day Program to transport the Residents to and from the Day Program. Outside of going to the Day Program Residents relied on the staff to transport them in their personal vehicles to outings and Doctor Appointments. Due to Covid 19 and the imposed shut down of the city, the Residents no longer have a daily program that takes them out into the community. Due to the 6 feet restrictions and the stay at home ordinances, it is unsafe for the Residents to be exposed to other people then those who they frequent on a daily basis. We would like to resume restricted outings in the community by using our own vehicle to transport and ensure the safety of the resident.

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.

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

Buena Vista Manor ARF Inc believes that individuals should be an active part of their community. We support our consumers in living lives mirroring those without disabilities. The Administrator and staff will offer weekly social and recreational opportunities to ensure

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that all our consumers have an active participation in the community. Consumers will have the choice to choose community activities they would like to be a part of.

The facility would like to provide four (4) or more weekly community/recreation based activity which is age appropriate for each consumer. The Administrator in conjunction with the consumers will plan and arrange recreational activities one month in advance. Consumers are encouraged to assist in developing an activities calendar of their preference. Activities are documented in each consumers file.

We strive to minimize each Residents maladaptive behaviors. We understand that an individual's behavior is a way to communicate his/her needs. We assist all residents to express their needs in more socially appropriate ways. As Residents are cooped up in the house it subjects the Residents to more behaviors. Having a facility vehicle can assist resident with their right to choice, complete community involvement, empowerment, and independence. A Facility vehicle will enhance the quality of life for the Residents and keep them safe.

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

1_X_ 2___ 3___ 4_X_ 5___ 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.

The barriers that are currently making us out of compliant is that we don't have safe and reliable transportation to partake in daily activities that are scheduled in the community and not being able to meet residents IPP goals that involve being transported. Because we rely heavily on staff transporting the residents some staff do not have their own vehicles. We are also concerned with using car services as we have no control of their disinfectant and Covid 19 practices. A Facility Van would be a safer and reliable way to ensure that we are accommodating and ensuring that residents are transported safely and are integrated in the community as safely as possible reliably.

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.

A Facility van will ensure that Buena Vista Manor is in compliance by increasing the safety of transporting clients in a reliable and sanitized vehicle. A van will help us meet the needs of the client ensuring that they are safely transported to and from their appointments, community outings, meeting their IPP goals without any logistic issues. Having a driver's training program in place will ensure that the van is always cleaned and sanitized and Covid 19 prevention is practiced on a continual basis. Most importantly, safety precautions will be learned for people with special needs.

6. What are the proposed outcomes and objectives of the concept, and what are the methods of

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achieving and tracking them?

Drivers training on the van will be tracked and certificated will be provided for staff who successfully take the training. We will track the training based on the successful completion of the training.

Having Facility van will ensure that daily activities, community settings, and IPP goals are being met in the safest and consistent manner. We will keep track of the weekly rate of outings that are accomplished successfully without having to rely on staff vehicles or public and private transportation.

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's vehicles are used for transporting clients to and from outings, Doctor appointments, transporting overall when staff's vehicles are available. When not, alternative transportation is pursued. Alternative transportation is not always easy to obtain for people with Special Needs. In the past year residents have expressed the desire to have a Facility van so that they wouldn't have to wait until a staff's vehicle is available in order to go on an outing or use commercial transportation. There has also been occasions where the resident refused to ride in a staff's vehicle because they were not their favorite staff member. Buena Vista Manor encourages participation in the community and while we are currently impacted with the Covid pandemic, safety is even higher on our list of priorities and keeping clients Covid free. We are taking a chance of transporting our residents in staff and commercial transportation, as we have no control over their disinfectant and sanitizing practices.

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

Based on our Consumer's abilities, desires and preferences, we at Buena Vista Manor are dedicated to helping our Residents maintain a life that is meaningful to them. With that said, our program plan will embody the principles of normalization and to offer opportunities to the consumers to participate in age-appropriate activities as much as they are able, to their fullest potential, similar to non-disabled adults.

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

Agency vehicles(s) will be kept in good working condition with all safety equipment/parts maintained in a manner which ensures the safety of all passengers

Vehicle service and maintenance intervals are determined by the vehicle manufacturer. Maintenance will be performed by a qualified auto or truck mechanic. A signed and dated record of all maintenance work must be kept in the vehicle file. Vehicles that are unsafe to drive must be placed out of service until repairs are completed.

Records kept on company vehicles:

This company keeps the following records on each company-owned vehicle:

- *Monthly vehicle inspection report.* Identifies damage or defective equipment.

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Vehicle history report. Provides a complete history of the costs of maintenance, parts, and labor associated with the vehicles

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](#).

In the first year, capital expenses of a one time purchase for a 6 passenger van with lift will occur at \$51900. Operating expenceses will include yearly car insurance of \$4500, car tags at \$450 a year, gas at \$200 a month x 12 months, instructional material at \$50 a month x 12 months and office supplies at \$40 a month x 12 months.

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.

Any cost incurred after the program timeframe will be the responsibility of Buena Vista Manor ARF which will include Maintenance, gas, tags and insurance on vehicle.

Training on driving the van will continue after funding timeframe. This will be an ongoing occurrence as new employees onboard and annually as a refresher.

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		BUENA VISTA MANOR ARF					
Vendor Number(s)		HK6631					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (wage + benefits)							
Position Description	0		\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ -		\$ -	\$ -	
Operating expenses							
INSURANCE			\$ 4,500		\$ 4,500	\$ 9,000	
GAS			\$ 2,400		\$ 2,400	\$ 4,800	
INSTRUCTIONAL MATERIALS			\$ 600		\$ 600	\$ 600	
OFFICE SUPPLIES			\$ 480		\$ 480	\$ 960	
TAGS			\$ -		\$ 450	\$ 450	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal			\$ 7,980		\$ 8,430	\$ 15,810	
Administrative Expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ -		\$ -	\$ -	
Capital expenses							
6 PASSENGER VEHICLE			\$ 51,900				
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal			\$ 51,900		\$ -	\$ -	
Total Concept Cost			\$ 59,880		\$ 8,430	\$ 15,810	

See Attachment F for budget details and restrictions