

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

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both “Yes” and “No” answers require an explanation. A “No” response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled “Guidance” contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

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

Questions may be directed to HCBSregs@dds.ca.gov.

Date(s) of Evaluation: 02/02/2021	Completed by: Donna Feingold
Vendor Name, Address, Contact: Adaptive Learning Center, 3227 Clayton Road, Concord, CA 94519	
Vendor Number: Z14438	
Service Type and Code: 055	

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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</p> <p>Please explain: Before the pandemic, the Adaptive Learning Center (ALC) created opportunities for all individuals served to fully participate in the community. Many individuals had competitive or volunteer jobs, took classes at the local community college, regularly used public transportation to get around town as well as the greater Bay Area, used the local YMCA or other gyms, and participated in a wide range of social and recreational activities. Unfortunately, much of that has been lost due to the pandemic and the various stay at home orders over the past 10 months. A great many of the individuals we support lost their jobs and all classes went virtual. The individuals we serve have had to drastically change their way of life and adjust to the new “normal” which has created much more isolation. There will be much work needed to do when the pandemic ends to help re-integrate persons served into the greater community.</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</p> <p>Please explain: Many of the individuals served by the ALC do much research on available programs before going through our intake process. Given our unique model and the niche population we serve, there aren’t many programs like ours to meet individual needs. We do keep all current IPP’s on file and we develop our own annual</p>	

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service plan and goals for each individual served focusing on what is important to that individuals as well as what is important for him or her.

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: It is very important to our organization that we keep the people we support well informed of all their rights including the rights of privacy, dignity and respect. We do not use any forms of coercion or restraint. We provide this information in both written and verbal formats and try to accommodate the different learning styles of each individuals served.

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 No

Please explain: Unfortunately due to Covid and the many restrictions related to the pandemic, we have not been able to meet as many of the choices the people we support

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would like to have during this time. However, that is really no different than the restrictions put on all individuals. We have continued to provide the same level of face to face 1:1 interactions that we had in place before Covid. However, the many group classes and outings have stopped in terms of in-persons interactions although we have pivoted to online options. So, for the most part, the same groups and classes are offered but it is accomplished virtually. Unfortunately, this does not necessarily meet each person's desire to physically interact with their friends, family and others in the community. Also, as mentioned above, the pandemic has resulted in a great loss of jobs and volunteer opportunities that were so important and meaningful to those we support. We had so many great successes before the pandemic and hope to create these opportunities again when it is safe to do so.

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: To the extent that they are able to do so, we will pair the people we support with the staff they choose to work with. Especially when new staff are hired, if there are conflicts in any staff-person served relationship, we will use that opportunity to make changes. We are also more than happy to modify or change services throughout the year whenever these concerns are raised by the people we support.

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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: Donna Feingold
Contact Phone Number: 925-827-3863
Email Address: dfeingold@alc-ca.org

ACKNOWLEDGEMENT

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

I AGREE

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Regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider compliance evaluation form as one packet to the regional center with which it has primary vendorization.

Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost backup, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding.
- Using a form from previous years will negatively impact a concept score, so please ensure the current FY 20-21 form is used.
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices and opportunities.

Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented a sustainable plan for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

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

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Vendor name	Adaptive Learning Center
Vendor number(s)	Z14438
Primary regional center	Regional Center of the East Bay
Service type(s)	Community Integration
Service code(s)	055
Number of consumers typically and currently served	48
Typical and current staff-to-consumer ratio	Varies
<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 Adaptive Learning Center (ALC) offers a unique community living program to individuals with “high functioning” autism, Asperger’s, non-verbal learning disabilities, PDD-NOS and other developmental disabilities. We offer multiple services under one umbrella which includes supporting each individual to live independently in their own home, helping them find paid work or volunteer opportunities, participate in ALC’s “day program” during the week both onsite and in the community, as well as participate in social/recreational activities in the evening and/or on weekends. Each person has a very individualized schedule so there really isn’t a “typical” day but for many, the day or week will consist of receiving 1:1 case management/ILS services in their homes such as meal planning, cooking assistance, apartment maintenance, hygiene support, grocery shopping, money management and bill pay. Most of these services are provided in the late afternoon or early evenings. Prior to the pandemic, during the day, the people we support either work in the community, take classes in the community, volunteer, or attend ALC’s day program which is offered 9-3, Monday-Friday. The majority of the people we support do a combination of all these things. The day program had offered a wide range of activities throughout the week including exercising at the YMCA 3-4 times a week, participating in in-house classes such as job club, social skills, problem solving, and health, taking BART to places all over the Bay area, and participating in a wide variety of “clubs” like Garden Club, Fun Photography and Comic Book Club. Since the pandemic all group activities and classes have gone virtual. Many of the people we support lost their jobs. Although virtual classes do create some sense of connection, most people served desperately miss the daily contact they used to have with their peers, co-workers, neighbors, etc. We know as we come out of this pandemic, much work will need to happen to help people served return to their pre-pandemic lifestyles and to recover from the trauma and sense of isolation Covid has created. The focus of</p>	

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the grant will be on increasing staff skills through trainings to best support people served and to provide training directly to individuals served.

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.

ALC is requesting funding to continue the wonderful strides made pre-pandemic once the spread of Covid reaches very low levels or herd immunity. Thanks to the funding from grants in 2017-2018 and 2018-2019, ALC was able to have two staff certified as PCT Trainers. When the 2-day PCT training went virtual, our trainers had to re-learn how to teach the curriculum over Zoom which required more intensive training. It is imperative that they are able to maintain their certification in order to provide this valuable training to new ALC staff as well to members of the community. In addition, we want all staff to receive additional training in PCT planning tools like PATH, Maps and the Integrated Star. We will be contracting with organizations such as Mains'1 to provide this training. We recognize the importance of ongoing training to keep a person-centered philosophy at the heart of all that we do in our efforts to best serve the individuals in our program.

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 focus is on how to transition back to the place we were pre-pandemic. We want to re-capture the excitement and importance of person-centered philosophy which in turn will influence and drive the way we deliver services. Due to the isolation caused by the pandemic, we also want to focus on healthy relationships which is so core to feelings of happiness and fulfillment for all individuals.

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.

As an organization we were well on our way to fully being in compliance by 3/2023. We had a lot of momentum thanks in part to previous HCBS grants. All staff were being trained in PCT practices, we were creating so many new and meaningful opportunities such as competitive integrated employment for those we support and we were fully engaging our families and the people we serve. However, since March of 2020, we have had to almost solely focus on health and safety concerns, we had to stop our in-person group classes and activities and so many of the people we support lost their jobs, internships and volunteer opportunities. At the core, our agency is about creating opportunities and community for people with autism and other developmental disabilities

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and that focus was put on hold for most of the last year in many ways. We are proud of the amazing 1:1 in person support our staff continue to provide to those we serve and how we were able to pivot our groups and classes to a virtual format but the ability for our people to fully integrate in the community and physically socialize with one another was lost. We need to really focus on how to re-build that which was lost in the years ahead. Many of the individuals in our program have suffered from loneliness and isolation during the pandemic. We need to re-focus our efforts on building services based on what is important to those we support and once again embrace the principals and values of person-centered thinking.

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

The proposed outcomes include 2 of ALC's staff retain their certification and to deliver at least two PCT trainings to ALC staff who have not yet been trained as well as to other community members. ALC will also work with outside trainers/organizations to develop greater skills in the area of PCT planning as well as ways to better support individuals served in the area of healthy relationships. This will include important areas such as how to be safe in relationships, have strong and healthy boundaries and support in navigating romantic relationships if desired. The grant will also provide for trainings on these topics directly to the people we support as well as staff.

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.

We have continued to have annual meetings (virtually now) with those we support and their team throughout the pandemic and goals developed have been very person centered. Staff spend a great deal of time working with each person on trying to figure out what is important to them as well as what is important for them. During the pandemic, health and safety (which is always a priority) made it hard, if not impossible, for people supported to truly engage in the types of activities they want to. Those who have lost their jobs are desperate to go back to work as they have suffered economically as well as the loss of the identity and self-worth that comes with being part of the workforce. We know they all desperately want to get back to "normal".

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

Most of the funds requested in this grant proposal focuses solely on expanding ALC's expertise in the area of person-centered services. PCT practices have become a core component and value of how ALC deliver services. We made great strides through previous grants but unfortunately, in some ways, PCT thinking and practices wasn't as much of a priority this past year when so much energy was focused on the pandemic and figuring out new ways to best support the individuals in our program during this major crisis. There is now a light at the end of the tunnel and we want to use the funds from this proposal to re-energize and re-educate our staff and other stakeholders on the importance of delivering person-centered services.

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

The value of creating a more skilled workforce will last well beyond the conclusion of this project. The funding will provide ALC the ability to provide critical skills to our own staff as well as other members of the community. The more everyone in the community embraces the principals and values of person-centered thinking and practices, the more we will all be able to create a society that truly values the unique talents of individuals with intellectual and developmental disabilities and enable those individuals to determine their own life goals and objectives to live meaningful and happy lives.

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](#).

All of the costs associated with this grant will be spent on staffing and consultants to provide in-house trainings for staff and persons served as well as to pay for trainings/gatherings related to maintaining staff's PCT certification. ALC's two PCT certified trainers will offer 2 PCT trainings (either virtually or in person if allowed) to ALC staff as well as other community members. We will use the services of an experienced PCT organization like Mains'l to provide 3 staff training on PCT topics including how best to develop PCT plans for the people we support. For the trainings on healthy relationships, we will use a consultant who is a certified sex educator to teach a series of 8-10 classes to people we support. In addition, she will teach three 3-hour classes to ALC staff (as well as other community providers if space is available).

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.

It is expected that ALC will be able to charge other individuals and organizations a market rate cost for the PCT training once organizations start to recover from the pandemic. Also, the trainings and consultations provided to ALC staff during this grant period will have an emphasis on the "train the trainer model" so staff will be building in-house expertise in the areas of healthy relationships as well as PCT planning using a variety of PCT proven models.

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?

HCBS Funding ___ No X Yes. If Yes, FY(s) 17-18 and 18-19
 Disparity Funding X No ___ Yes. If Yes, FY(s) _____
 CPP Funding XNo ___ Yes. If Yes, FY(s) _____
 CRDP Funding XNo ___ Yes. If Yes, FY(s) _____

If yes to any question be sure to answer questions 13 and 14.

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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.

Thanks to prior year HCBS funding, ALC has come a long way in embracing PCT thinking and planning. The consultation we have previously received from Mains'l has really helped change the culture of our organization and we have two staff are or will be certified PCT trainers. The staff positions we had funded under those grants provided some very valuable 1:1 services and supports to the individuals in our programs to help them become more integrated into the community and engage in more meaningful activities. Specifically, the Employment Specialist we hired did a wonderful job in creating paid employment opportunities for many people served. Unfortunately, due to the pandemic, many of those individuals who were so happy in their jobs lost those positions. We do hope once the spread of Covid is lowered, more of those jobs will become available again. In addition, we submit our monthly billing and quarterly reports in a timely fashion.

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.

The funding request for this proposal clearly builds on what we have successfully accomplished in the prior grants and helps us get back on track in terms of creating a strong person-centered culture that was sadly interrupted by the pandemic. The primary focus it to give staff the skills they need to deliver excellent services to the unique and wonderful people we serve and for ALC to fully come into compliance with the final rule by March of 2023.

HCBS CONCEPT BUDGET		2021-2022							
Vendor Name		Adaptive Learning Center							
Vendor Number(s)		Z14438							
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total			
		FTE	Annual Cost	FTE	Annual Cost	Cost			
Personnel (wage + benefits)									
2 ALC PCT Trainers (50 hours each for 2 trainings)	7500	1.00	\$ 7,500		\$ -	\$ 7,500			
			\$ -		\$ -	\$ -			
			\$ -		\$ -	\$ -			
			\$ -		\$ -	\$ -			
			\$ -		\$ -	\$ -			
			\$ -		\$ -	\$ -			
			\$ -		\$ -	\$ -			
			\$ -		\$ -	\$ -			
Personnel Subtotal			\$ 7,500		\$ -	\$ 7,500			
Operating expenses									
Trainers/Consultants			\$ 10,000			\$ 10,000			
ining/Gatherings required to maintain PCT certificat			\$ 1,000			\$ 1,000			
						\$ -			
						\$ -			
						\$ -			
						\$ -			
						\$ -			
						\$ -			
						\$ -			
Operating Subtotal			\$ 11,000		\$ -	\$ 11,000			
Administrative Expenses									
						\$ -			
						\$ -			
						\$ -			
						\$ -			
						\$ -			
						\$ -			
						\$ -			
Administrative Subtotal			\$ -		\$ -	\$ -			
Capital expenses									
						\$ -			
						\$ -			
						\$ -			
						\$ -			
						\$ -			
						\$ -			
						\$ -			
Capital Subtotal			\$ -		\$ -	\$ -			
Total Concept Cost			\$ 18,500		\$ -	\$ 18,500			

See Attachment F for budget details and restrictions