

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

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

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

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

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

Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: 02/05/2021	Completed by: Gina M. Rivera
Vendor Name, Address, Contact: Green Oak Developmental Center 2827 Whipple Road, Union City CA 94587	
Vendor Number: HB0665 & HB0658	
Service Type and Code: ADP – 510	

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<p><b><u>Federal Requirement #1:</u></b> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: When there was no shelter in place, individuals were able to receive services based on their needs, preferences and abilities. Individuals were able to go out into the community and participate in outings. It has been harder now that we are in SIP due to COVID -19. We are doing the best that we can do given the situation of the pandemic. With virtual day programming via zoom we have tried our best to provide virtual outings to various places. - Currently we have not been able to give the opportunity to paid employment. Prior to the pandemic, none of the individuals were seeking employment. – The individuals had their option to control their personal resources.</p>	
<p><b><u>Federal Requirement #2:</u></b> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individual's IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: The individuals do have IPP's. – The individuals have documentation of the Alternative Service Plan and the options that were given. Unfortunately, due to pandemic face-to-face programming is not available. During the meetings, the individuals were able to choose how they want their programming and the Alternative Service Plan IPP was then created from the meeting that was held.</p>	
<p><b><u>Federal Requirement #3:</u></b> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> </ul>

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	<ul style="list-style-type: none"> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> <li>• Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: -The individuals are given dignity and respect with Green Oak. The individuals are able to exercise their rights of privacy, dignity and respect and are free from coercion and restraint. – Green Oak communicates with the individuals / home staff via telephone, email, written notes where privacy and confidentiality are observed. – Staff communicates with individuals based on their preference &amp; style. A few of the individuals at Green Oak uses: iPad, phone, pec system. A few of the individuals use books on tape/assistive device, braille books and their preferred language if / when available. – Tagalog / Spanish</p>	
<p><b><u>Federal Requirement #4:</u></b> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider offer daily activities that are based on the individual's needs and preferences?</li> <li>• Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings?</li> <li>• Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: Prior to the SIP individuals were offered activities daily based on their needs and preferences. They were always able to interact with individuals at the program and are able to go out into the community to interact within the community via various outings and activities. The structure of their support during face-to-face day programming supported their IPP and the goals that the individual was working on. Due to the pandemic, Green Oak has been able to continue to give support and activities in various ways with the help of the care home. Some of the activities that are being offered to the individuals are the following: - Zoom Social Time (Wednesday's), Alternative Virtual Services M-F, Facetime / Telephone Calls according to their desired time and way of communicating / Drop off of activities and supplies.</p>	
<p><b><u>Federal Requirement #5:</u></b></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider support individuals in choosing which staff provide their care</li> </ul>

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<p><i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p>to the extent that alternative staff are available?</p> <ul style="list-style-type: none"> <li>Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Prior to the SIP individuals were offered activities daily based on their needs and preferences. They were always able to interact with individuals at the program and are able to go out into the community to interact within the community via various outings and activities. The structure of their support during face-to-face day programming supported their IPP and the goals that the individual was working on. Due to the pandemic, Green Oak has been able to continue to give support and activities in various ways with the help of the care home. Some of the activities that are being offered to the individuals are the following: - Zoom Social Time (Wednesday's), Alternative Virtual Services M-F, Facetime / Telephone Calls according to their desired time and way of communicating / Drop off of activities and supplies. – Individuals are able to request who they work with and are given opportunities to modify their services and concerns at any time.</p>	
<p><b><u>Federal Requirement #6:</u></b></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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>Are individuals informed about how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p>	
<p><b><u>Federal Requirement #7:</u></b></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ul style="list-style-type: none"> <li><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></li> <li><i>Individuals sharing units have a choice of roommates in that setting.</i></li> </ul>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>Do individuals have a choice regarding roommates or private accommodations?</li> <li>Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal</li> </ul>

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

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

Vendor name	Green Oak Developmental Center
Vendor number(s)	HB0665 & HB0658
Primary regional center	RCEB
Service type(s)	Adult Day Program
Service code(s)	510
Number of consumers typically and currently served	60
Typical and current staff-to-consumer ratio	HB0665 - 1:3, HB0658 - 1:4
<p>1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p>	
<p>Green Oak works with individuals at a program-based setting in which they are able to do a variety of activities including but not limited to access and activities in the community. During program prior to SIP, Green Oak meets in the morning and has social time with one another. The participants then brake off into their desired activities and work with various groups/program participants and staff throughout the day. Choices are offered and given to each individual. Individuals are also able to inform the staff of their desired activities. During the day they are able to work on their IPP / ISP goals and various activities but not limited to everyday living skills, socialization, work / functioning skills. Throughout the day they have breaks, snacks and lunch. At the end of the day individuals get prepared to go home and work / socialize of their choices.</p>	
<p><b>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.</b></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>Green Oak would like to avail of the grant funding to comply with the HCBS final rule. It is important for Green Oak to progressively provide a program which is geared to each individual. With this pandemic we are seeking assistance for both face to face and distant programming. This will allow the individuals to have more access and choices during program.</p>	
<p>3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.</p>	
<p>1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>	



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<p>4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.</p>
<p>1. <b>Community Access:</b> Individuals are not always able to go out based on their choice due to the number of vehicles. This also limits the opportunities for Green Oak to support employment training, have opportunities for individuals to have opportunities to access their personal resources and receive recreational and leisure choice opportunities.</p> <p>4. <b>Resources:</b> Individuals don't always have access to find other resources for their needs. This is limited because there are not enough computers, tablets, headsets available for the individuals to go around. The individuals would also need assistive devices that makes it easier for them to access information (push button, software).</p> <p>5. <b>Staffing:</b> Individuals aren't always able to choose the staff of their choice but with a Person-Centered Specialist they are able to help match the individual with a staff who they would work best with. With a Person-Centered Specialist person centered description would help in gearing their programming based on who they are. This position will also provide additional direction for the facility to ensure person centered supports are being continuously offered.</p>
<p>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.</p>
<p>1. <b>Community Access:</b> If Green Oak was able to have additional vehicles, individuals would have additional opportunities and access to the community to support their choice activity including personal resources, supportive employment and training and recreational and leisure opportunities.</p> <p>4. <b>Resources/Electronics:</b> Individuals don't always have access to find other resources for their needs. This is limited because there are not enough computers, tablets, headsets available for the individuals to go around. The individuals would also need assistive devices that makes it easier for them to access information (push button, software).</p> <p>With additional electronic devices, individuals would have the opportunity to find resources of their choosing. These devices are also helpful when they are doing training for their employment opportunities. High speed internet would also be helpful. Computer equipment for our Person-Centered Specialist can help in developing plans including a printer.</p> <p>5. <b>Staffing/Training:</b> With a Person-Centered Specialist person centered description would help in gearing their programming based on who they are. This position will also provide additional direction for the facility to ensure person centered supports are being continuously offered. This position will also be able to ensure there is additional support when an individual has additional choices that can't always be met due to staffing. This position can step in to support the individual's choice. This position will also assist in finding employment support and coordination. Staff training is also an area that would be helpful to continue moving towards the direction of person-centered support.</p>
<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>
<p>The outcomes and objectives are to be able to provide programming that allows individuals the opportunity to have a facility programming that is geared towards their choice and supports their preferences. Methods to achieve this would include person centered</p>

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<p>descriptions and updates and using skills for Green Oak staff that will offer their supports specific to each person. Individual's would have an opportunity to access the community and have an opportunity to have supportive employment options. They will be able to come to programming comfortably and use electronic devices that can help to support their life choices including finding employment online, creating resumes, applying, make their own purchases.</p>
<p>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.</p>
<p>During program council meetings, individuals were asked what they felt could help them in supporting their choices while at program.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>With the concepts we have proposed this allows us to support the individuals within all the aspects of their life including social, employment and personal support.</p>
<p>9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.</p>
<p>Green Oak's plan will be self-driven by a facility that fully understands the concepts of person-centered planning including with the staff. With the Person-Centered Specialist position, the culture of our facility will naturally provide person centered driven programming. The supports from this grant will fully allow us to be able to offer those opportunities and support those action driven supports of their choice.</p>
<p>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 <a href="#">link</a>.</p>
<p>Within the two years, Green Oak will maintain a Person-Centered Specialist. This individual will work with staff and participants in their day to day needs to ensure their choices are being respected and followed through. 1-2 vehicles would be purchased to allow the individual to access the resource around the community along with their staff at the program. Within the program, the participants can use computers, tablets to find the resources, employment or research things that can be helpful for them and provide direction to their personal life choices. They will be comfortable using tables and chairs that supports them in a social, productive environment.</p>
<p>11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years.</p>
<p>A budget will be made for the Person-Centered Specialist when the funding is no longer available.</p>

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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 __X_ Yes.          If Yes, FY(s) <u>2019-2020</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><b>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</b></p>	
<p>13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.</p>	
<p>Green Oak has received funding for Person Centered Training and vehicles that better fits the community. We have used the funds to train staff and purchased vehicles to suit the needs of the individuals.</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>Green Oak is trying to have their oversized vehicles decreased, in order for the individuals to look like the other vehicles one would use if they were not in a facility setting. i.e., hospitals, care homes, SNF, institutions.</p>	

HCBS CONCEPT BUDGET	
Vendor Name	Green Oak Developmental Center
Vendor Number(s)	HB0665 & HB0658

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Person Centered Specialist	44000	1.00	\$ 44,000		\$ 44,000	\$ 88,000
Person Centered Training	4,000	1.00	\$ 4,000		\$ 4,000	\$ 8,000
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ 48,000</b>		<b>\$ 48,000</b>	<b>\$ 96,000</b>
<b>Operating expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Operating Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Administrative Expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Capital expenses</b>						
Person Centered Computer, Printer, Scanner			\$ 2,500			\$ 2,500
Electronics and Networking #4			\$ 50,000			\$ 50,000
Supplies/Facility Equipment #4			\$ 50,000			\$ 50,000
Vehicles			\$ 60,000			\$ 60,000
						\$ -
						\$ -
						\$ -
						\$ -
<b>Capital Subtotal</b>			<b>\$ 162,500</b>		<b>\$ -</b>	<b>\$ 162,500</b>
<b>Total Concept Cost</b>			<b>\$ 210,500</b>		<b>\$ 48,000</b>	<b>\$ 258,500</b>

See Attachment F for budget details and restrictions