

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

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 www.dds.ca.gov/HCBS.

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

Date(s) of Evaluation: Click or tap here to enter text.	Completed by: Click or tap here to enter text.
Vendor Name, Address, Contact: Click or tap here to enter text. BMW LOVED ONES, 6425 HAAS AVENUE LOS ANGELES, CA 90047 BETTY HOWARD: (310) 569-1721	
Vendor Number: Click or tap here to enter text. HX0325	
Service Type and Code: ADULT RESIDENTIAL FACILITY, LEVEL 4I; 915	
Federal Requirement #1: <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment</i>	Guidance: <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

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<p><i>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>outings and activities in the community as part of his or her plan for services?</p> <ul style="list-style-type: none"> • 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: Individuals in our home are not able to receive full access to activities and integrate in the community they individually enjoy. Transportation to assist them to these desired locations to meet their recreational, social and leisure needs have always been a challenge because each individual has a different interest level, attention level and area of enjoyment. Further, transportation to job fairs, job interviews or other assistance needed to help each resident attain their goal of independent employment (if applicable to the individual). Although BMW Loved Ones is working toward the implementation of HCBS person-centered planning, we have limited resources for meeting each individual's request. The varied transportation needs of each individual are always aimed for. However, with only one available facility vehicle, this presents with limitations. Further, public transportation is not always available, safe or feasible. The behavioral challenges presented by the individuals at BMW Loved Ones present with further limitations. Some have difficulties with patience or understanding the need to wait, as well as challenges with having individuals in their proximity or personal space.</p>	
<p>Federal Requirement #2:</p> <p><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 individuals' 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: Each resident at BMW Loved Ones has a current Regional Center Individual Program Plan in his or her respective files. The individual, interdisciplinary team and any family are always involved and fully participate in the planning process and development of objectives and goals for the upcoming program year.</p>	
<p>Federal Requirement #3:</p> <p><i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of

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	<p>their rights to privacy, dignity, respect, and freedom from coercion and restraint?</p> <ul style="list-style-type: none"> • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> X Yes <input type="checkbox"/> No</p> <p>Please explain: Each facility staff members at BMW Loved Ones communicates regularly with each resident regarding their individual rights and the grievance process should this be necessitated. In addition, HIPAA, privacy rights and confidentiality measures are reviewed with each resident and staff members on a regular basis. These are fully reviewed with each resident and their interdisciplinary team at the Individual Program Plan meetings, which occur not less than annually, in a manner that is understandable by the resident. Should an interpreter or other modification be needed (e.g. larger font, pictures, etc.) this will be provided. Additionally, BMW Loved Ones is in contact with any conservatives and/or authorized representatives regarding all matters in this regard.</p>	
<p><u>Federal Requirement #4:</u></p> <p><i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider offer daily activities that are based on the individuals' needs and preferences? • Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? • Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No</p> <p>Please explain: BMW Loved Ones respects, encourages and understands each resident's differences, autonomy and choices in all areas of their life. Each individual is encouraged to express each of their desires and preferences for the choices in their daily activities. The residents at BMW Loved Ones are provided with options of outings in the community that are of interest to them. These include cultural events, local community activities, sporting events, conventions, fairs, etc. However, transporting each resident to</p>	

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these locations has been an ongoing challenge due to their varied specific & individualized needs. Additional & appropriate transportation in the form of a minivan would be significantly beneficial in meeting these needs to ensure further social development of each resident in our care.

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? ☐ X Yes ☐ No

Please explain: Each individual residing at BMW Loved Ones is able to express their wants and needs fully with whatever level of staff support that they require. Communication is critical for the ongoing development and implementation of goals and needs. On occasion, upsets or internal stressors can result in a resident not wanting to receive assistance from a particular staff member. Should any resident choose to engage with one staff member versus another staff member, they can choose to have an alternate staff member who is on shift assist and/or support them.

Each resident at BMW Loved Ones has the opportunity to contact their Regional Center Service Coordinator, authorized representative, circle of support or other resources of need. The staff members in our home are available at any time to provide support in this regard, as needed. Any modification to the individual's services or their current plan can be discussed at any time, not specifically at their annual Individual Program Plan meeting. Each resident has a primary active role in the decision-making process.

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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"/> X Yes <input type="checkbox"/> No</p> <p>Please explain: Each resident at BMW Loved Ones has a current, signed admission agreement in place. Upon admission, person-centered planning and specific attention to their individualized needs & services are discussed. BMW Loved Ones holds strongly to these beliefs and they are the paramount thinking pattern in our home amongst our staff members. These are regularly discussed with each resident so that any changes can be made. Each individual is encouraged to express concerns about their living situation at any time, and receive assistance in contacting their respective Service Coordinators as needed.</p>	
<p><u>Federal Requirement #7:</u></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ol style="list-style-type: none"> 1. <i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i> 2. <i>Individuals sharing units have a choice of roommates in that setting.</i> 3. <i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i> 	<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?

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

Please explain: Each resident at BMW Loved Ones has his or her own bedroom. It is furnished with all needed items, and decorated in a manner of their choosing. At any time, should the resident desire a change in their décor, this shall be accommodated to encourage individualization and self-expression.

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: The individuals residing at BMW Loved Ones have access to food and beverages at anytime. Their movement into and out of the kitchen is not restricted. They are each actively encouraged to participate in the weekly meal plan to facilitate choices and varied menus. This encourages choice making and independence. Should an individual resident need to eat at a separate time—due to choice, medication needs, religion—this will be fully accommodated. Each resident has choice and full involvement in their daily schedule. They have full access to the kitchen, dining area, laundry facilities and shared rooms.

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**

Please explain: Each resident has the right to make choices about visitors and with whom they choose to engage. During the current Covid-19 pandemic, in-person visitations are discouraged to promote the health and safety of everyone. However, at no time is an individual's right denied and all precautions are met in advance should a resident respect a family member or friend visit.

BMW Loved Ones welcomes all visitors to the home. We encourage and support individuals visiting with their family members outside of the home. However, current CDC precautions are taken and outside visits at this time are strongly discouraged due to the coronavirus. BMW Loved Ones organizes parties, holiday celebrations and other special

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events that each resident is encouraged to participate in. However, they are supported in their choice to leave the facility at any time to spend time with family or friends. They are not required to stay home at any time and assistance is provided as needed to facilitate these options. However, they are encouraged to adhere to their daily schedule to meet their long-term goals.

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? ☐ X Yes ☐ No

Please explain: Each individual at BMW Loved Ones has complete and unencumbered access to their home. There are no restrictions to their mobility and or movement. The residents can access the living room, kitchen, laundry area, bathrooms, common areas and the outside area without the need for modification in any way.

CONTACT INFORMATION

Contact Name: BETTY HOWARD

Contact Phone Number: (323) 569-1721

Email Address: bmwlovedones@gmail.com

ACKNOWLEDGEMENT

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

☐ X I AGREE

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Existing 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.	BMW LOVED ONES
Vendor name	
Vendor number(s)	HX0325
Instructions:	
Primary regional center	SOUTH CENTRAL LOS ANGELES

The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost back up, 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, but the rest of the concept must be within the standard page requirements.

- There has been a significant change in the form and process compared to prior years. **In order to receive funding, this 2019-20 form must be 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 or opportunities in the community.

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 in order 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 train-the-trainer certification 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 www.dds.ca.gov/HCBS.

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Service type(s)	RESIDENTIAL FACILITY FOR ADULTS
Service code(s)	915
Number of consumers currently served	3
Current staff to consumer ratio	1:2
<p>1. Please provide a brief description of the service/setting that includes what a typical day consists of and how services are currently provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p> <p>BMW Loved Ones has been serving the South Los Angeles community for over fifteen (15) years. Each resident is part of our home and the local community. They are surrounded by a safe, loving and comfortable environment both inside and outside of the home. BMW Loved Ones aims to provide excellent services to everyone we serve. We currently have three (3) residents in our care full-time. They each participate fully with regard to choosing their daily activities. These include options surrounding meals, daily tasks and chores and areas of skills development. Choices are always provided and individual decision-making is encouraged to facilitate independence and autonomy.</p> <p>Each individual in our home presents with unique behavioral and self-help needs, requiring individualized level of care. Prior to the Covid-19 pandemic, each resident attended a vocational program for 6.5 hours, Monday-Friday. It is hopeful that vocational programming will resume in the full manner once the pandemic is under control. At this time, the facility staff members at BMW Loved Ones provide additional supports and structured activities throughout the day to help facilitate increased overall skills, combat boredom and help ensure skills herein do not diminish.</p>	
Project Narrative Description:	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> <p>FEDERAL REQUIREMENT #1: BMW Loved Ones is asking for funding for an additional transportation vehicle (i.e. minivan). The individuals in our care are not always able to fully access the community in the way that they choose. They are not always able to access any job resources that may be available, social options or other desired events. Obtaining a vehicle that meets the needs of the residents will increase their changes of having access to the community, meeting their individual needs and enhancing their qualify of life.</p> <p>FEDERAL REQUIREMENT #4: Each resident's daily activities, IPP goals & objectives are in place and are addressed daily. However, we lack the transportation support needed to accommodate those who desire access to outside resources. This additional vehicle will enrich the lives of the individuals in our care and help them to enhance their skills.</p>	

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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 ___

FEDERAL REQUIREMENT #1: Individuals are not always able to access the community. They are not always able to access any job resources that may be available, social options or other desired events. Obtaining a vehicle that meets the needs of the residents will increase their chances of having access to the community, meeting their individual needs and enhancing their quality of life.

FEDERAL REQUIREMENT #4: BMW Loved Ones lacks the transportation support needed to accommodate those who desire access to outside resources. This additional vehicle will enrich the lives of the individuals in our care and help them to enhance their skills.

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.

FEDERAL REQUIREMENT #1: BMW Loved Ones is requesting funding for an additional vehicle (minivan). The residents in our home are not always able to access the community as they choose. They are not always able to access any job resources that may be available, social options or other desired events. Obtaining a vehicle that meets the needs of the residents will increase their chances of having access to the community, meeting their individual needs and enhancing their quality of life.

FEDERAL REQUIREMENT #4: Each resident's daily activities, IPP goals & objectives are in place and are addressed daily. However, we lack the transportation support needed to accommodate those who desire access to outside resources. This additional vehicle will enrich the lives of the individuals in our care and help them to enhance their skills.

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.

FEDERAL REQUIREMENT #1: Residents are not always able to access the community, nor are they always able to access job resources or other needs available through outside resources. Obtaining this additional vehicle will increase each individual's access to his or her community.

FEDERAL REQUIREMENT #4: Daily activities, IPP goals and supports are currently in place for each resident. However, BMW Loved Ones lacks the transportation support to facilitate these supports in outside locations. The additional vehicle will be utilized to transport the individuals to the locations where they have chosen in order to access their desire for jobs and additional activities. This will allow for overall enrichment of their lives.

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

The proposed outcomes are enhancement and enrichment of each individual's life in order to achieve their specific and individualized goals & objectives. We want to provide a consumer-driven home that provides full community integration.

The methods used will be tracked quarterly in the HCBS quarterly reports to demonstrate how BMW Loved Ones was able to implement and sustain the HCBS goals and track each resident's achievements. Individual quarterly meetings, in addition to annual IPP meetings, will track the goals & objectives to demonstrate how the improvements have impacted each resident's life directly.

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.

Each resident at BMW Loved Ones was assessed and informed about their living environment and options therein. Their choice for living arrangement, including with whom they reside, type of home, needs and who provides the services were all included in the proposed concept. Each resident was encouraged to direct his plan utilizing person-centered thinking. Assessments within the last six months provided resident input and feedback about what is currently working optimally and what areas could use improvement. Our ongoing endeavor to provide support to those we serve includes training staff members to not only understand how program plans are developed but how they should be implemented.

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

Each concept requested is for the purpose of supporting each individual in our care to develop and prosper to the best of their ability with full support in a person-centered approach. Obtaining the additional vehicle will allow us to transport each resident to desired locations. This will give them the ability to exert more choice over their daily lives and activities, and ability to pursue options therein. This enhances their quality of life. Each concept was discussed with the individuals in the home. When queried about what they would change in their home if they could, these concepts were unanimously presented.

9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.

The plan is for BMW Loved Ones to become HCBS compliant and to implement Person-centered training, focus, and implementation for the individuals that reside in the home to have more choices, individual planning and to be able to thrive in less of a 'group-type' atmosphere. In addition, the additional transportation will allow each resident to practice individual growth potential, freedom for job opportunities and accessible community availability. Being able to provide each individual with individual choices and allowing them to express their desires, followed by implementing them to be able to assist & support them with achieving their hopes & dreams in the utmost rewarding experience. To maintain

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and achieve this goal, the means to implement a sustainable training plan to remain intact for all new staff members to be able to join the team and immediately learn the values and concepts of HCBS implementation.

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).

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC

CAPITAL EXPENSES:

Transportation (Minivan): \$41,000

11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the time frame of the requested grant, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program time frame.

N/A

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 ___ Yes. If Yes, FY(s) _____
 Disparity Funding ☒ No ___ Yes. If Yes, FY(s) _____
 CPP Funding ☒ 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 or CPP 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.

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.

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HCBS CONCEPT BUDGET			
Vendor Name		BMW LOVED ONES	
Vendor Number(s)		HX0325	
	Wage and Benefits	Year 1 Budget	
		FTE	Annual Cost
Personnel (wage + benefits)			
Position Description			\$ -
Position Description			\$ -
Position Description			\$ -
Position Description			\$ -
Position Description			\$ -
Position Description			\$ -
Position Description			\$ -
Position Description			\$ -
Personnel Subtotal			\$ -
Operating expenses			
TRANSPORTATION: MINIVAN			\$ 41,000
Operating Subtotal			\$ 41,000
Administrative Expenses			
Administrative Subtotal			\$ -
Capital expenses			

[illegible][illegible]

Capital Subtotal			\$ -
Total Concept Cost			\$ 41,000
See Attachment F for budget details and restrictions			

		\$ -
		\$ -
	\$ -	\$ -
	\$ -	\$ 41,000