

## 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: <b>February 10, 2021</b>	Completed by: <b>Lynwood Brown</b>
Vendor Name, Address, Contact: <b>Brown and Brown Quality Care, Inc.; 3756 Santa Rosalia Drive Ste 602, Los Angeles, CA 90008; 323-815-9515</b>	
Vendor Number: <b>PX0997</b>	
Service Type and Code: <b>055 Community Integration Training Program</b>	

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### Federal Requirement #1:

*The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.*

### Guidance:

- Do individuals receive services in the community based on their needs, preferences and abilities?
- Does the individual participate in outings and activities in the community as part of his or her plan for services?
- If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?
- Do individuals have the option to control their personal resources, as appropriate?

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

Please explain: Brown and Brown Quality Care, Inc.(BBQC) works with families, community organizations, advocates, government agencies and partners realize that our collective efforts will assist person centered adults and their families' economic security. However, high quality jobs that pay well for employment in fields of interest to individuals continue to be very limited. We use the person-centered approach which has allowed us to learn new challenges and strategies needed to improve integration, employment and services. Our staff is well trained in the person centered approach, however ongoing training and support is needed as we learn about new issues in order to continue empowerment for our participants and teach them how to integrate and become gainfully employed. In order to ensure each person has the same degree of access as everyone else requires intense monitoring to check and balance more staff to focus specifically in this area. This will assist us in having the appropriate staff to train and monitor participants and their families on the importance of community integration, paid work and how it affects their benefits and services. Our primary focus is on employment that pays them.

### Federal Requirement #2:

*The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.*

### Guidance:

- Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?
- Does each individual's IPP document the different setting options that were considered prior to selecting this setting?

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

Please explain: BBQC has a current Regional Center IPP for individuals receiving services or is working with Regional Center to obtain one. Referrals are received and

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reviewed and discussed with the individual, provider/parent and Regional Center; the individual visits our site and makes a choice based on their individual needs, likes and desires.

**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: BBQC ensures that each individual knows that they are entitled to the same rights, protections, and responsibilities as all other persons under the laws and Constitution of the State of California, and under the laws and the Constitution of the United States and their rights as laid out in the Lanterman Act. We use verbal and written at intake and on their jobs or job sites. Picture forms are used when needed. The individual's rights are posted in various areas of our office. Other methods are available and used when necessary based on the need of the participant. BBQC staff maintains continuous quality improvement via trainings to ensure each participant is aware of their rights and protected.

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**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: BBQC values each individual's choice in all aspects of their life and delivery of services. We encourage participants to interact with others when given the opportunity at home, program, community and at work. However job duties, task and hours of operation are often set but still align with the individuals interest given with their IPP. We also encourage them to participate in outside activities that align with their IPP goals and interest. Participants attend our program because they want to gain employment.

**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: Each one of our participants have the opportunity to voice any concerns and services can be modified as needed, however, they do not participate in the selection of assigned staff. We make adjustments as needed, based on staff availability and while continuing a person-centered approach.

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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: **N/A**

### **Federal Requirement #6:**

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

### **Guidance:**

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

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

Please explain: [Click or tap here to enter text.](#)

### **Federal Requirement #7:**

*Each individual has privacy in his/her sleeping or living unit:  
Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.  
Individuals sharing units have a choice of roommates in that setting.  
Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.*

### **Guidance:**

- Do individuals have a choice regarding roommates or private accommodations?
- Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences?
- Do individuals have the ability to lock their bedroom doors when they choose?

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

Please explain: [Click or tap here to enter text.](#)

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<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><b><u>Guidance:</u></b></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 type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <a href="#">Click or tap here to enter text.</a></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><b><u>Guidance:</u></b></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 type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #10:</u></b> <i>The setting is physically accessible to the individual.</i></p>	<p><b><u>Guidance:</u></b></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 type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <a href="#">Click or tap here to enter text.</a></p>	

## CONTACT INFORMATION



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Contact Name:	<u>Lynwood Brown</u>
Contact Phone Number:	<u>323-815-9515</u>
Email Address:	<u>Brownbrownqualitycare@gmail.com</u>

**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	Brown and Brown Quality Care, Inc.
Vendor number(s)	PX0997
Primary regional center	South Central Los Angeles Regional Center
Service type(s)	:Community Integration Training Program; Supported Employment Program Group Service; Employment
Service code(s)	055
Number of consumers typically and currently served	28
Typical and current staff-to-consumer ratio	1:1
<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>BBQC services are provided at the agency, participant's worksite, and volunteer and community sites. Participants are either picked up or meet at BBQC Office or Worksite to meet with Job Coach/ staff to obtain their job assignments/goals or objectives for the day. Meal and break periods for participants are either where they bring their own lunches, purchase lunch out (via delivery) from various local restaurants or local convenience markets. The PIP positions are not person-centered for some, but the opportunities are available for routine. They can choose or modify activities based on preferences and the needs of the participants and the employer/ volunteer site coordinator. Participation hours are typically 6-8 hours per day, 2-5 days per week. Supports are provided on 1:1 ratio.</p>	
<b>Project Narrative</b>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> <p>BBQC is committed to promoting safety and well-being by focusing on strengthening individuals and families; increasing self-sufficiency and developing the capacity of communities. Our focus and goal is to ensure that the individuals we serve have a competitive edge with employment and entrepreneurial opportunities and community integration. We need help so that we can channel our efforts to come into compliance with the HCBS rules and standards. We would like to utilize the funding by looking at where we are within our current program designs and how we can transition into compliance by:</p> <p>Increasing staff support for greater access to monitoring, exploring and developing activities and access to vital resources for employment and entrepreneurial endeavors for the people we serve. We found that some of the participants we serve are very creative and artistic and have a great chance at Entrepreneurship with the right training, guidance and support. In order to be successful at continuing our employment services and allowing an opportunity for entrepreneurship within the HCBS guidelines we will need additional</p>	

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staff (1) Coordinator, (1) Facilitator and (1) Support staff. This team will play an important role in overseeing our transformation and staff development to further develop person-centered services and provide HCBS relevant training to participants and staff. This will allow us to evaluate what has been achieved, address concerns needed to meet set goals and standards.

We also realize that in an effort to continue to strive to meet the individualized needs and expand our integrated services to more persons with disabilities having various types of transportation will play a vital role. One barrier to compliance with the HCBS rule that we continue to see in our area is Transportation. Multiple types of vehicles will be required in order to accomplish the customized guidance in this rule. BBQC would like to request funding for the purchase of (2) additional vehicles that are wheelchair accessible to support individuals served in achieving integrated opportunities.

Also, it is necessary more necessary to expand essential services to all people with disabilities who need them and make sure they and BBQC direct support professionals providing services to them are protected during this pandemic. Increased funding is more urgent now than ever during the COVID-19 pandemic and will give us opportunity to better assist them with training on how to utilize medical assistance services available to them.

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 \_\_\_ 5 X 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ 10 \_\_\_

1, 5,

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:**

High quality jobs that pay well for employment in fields of interest to individuals continue to be very limited.

Address the new challenges and strategies needed to improve integration, employment and entrepreneurship services.

Ongoing training and support is needed as we learn about new issues in order to continue empowerment for our participants and teach them how to integrate and become gainfully employed.

Intense monitoring to check and balance improvement is needed to focus specifically in the area of HCBS compliance to train and monitor staff, participants and their families on the importance of community integration, paid work and how it affects their benefits and services.

Personalized training on how to utilize medical services available to them

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### Federal Requirement #5:

Each one of our participants have the opportunity to voice any concerns and services can be modified as needed, however, they do not participate in the selection of assigned staff. We make adjustments as needed, based on staff availability and while continuing a person-centered approach.

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.

**#1** Provide development assistance and knowledge needed to become proficient at counseling participants and families and become valuable resources for people seeking to increase their community participation and make informed choices about their employment goals. Have assigned staff to oversee and ensure the productivity and success of these requirements.

**#5** Engage participants as much as possible by offering meet and greets with new staff to forge bonds and also making them a part of the recruiting process where possible and in alignment with our 1:1 ratio.

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

- Proposed project staff will increase staff capabilities in the areas of employment, entrepreneurship using the person-centered approach to increase overall agency capacity to provide the best services in compliance with the HCBS.
  - Increase access and engagement in the community with local businesses and hospitals that already have community best practices in place to increase inclusion for the developmental population. This will be done via forums and roundtables to discuss innovative ways to partner in the areas of healthy activities and employment for our participants.
  - Proposed staff will offer email and internet training designed to enhance participant's skills and create positive computer use relationships. The outcome will also improve the independence, social integration, and inclusion.
  - Obtaining wheelchair accessible vehicles to promote access to the community for individuals who use a wheelchair and the equipment needed to support them. It will also assist in eliminating over usage of staff vehicle and can be used to transport products or equipment created by participants within the proposed entrepreneurial training component.
  - Using a person centered approach to support individuals in succeeding in entrepreneurship. The goal is to empower participants to solve challenges with an entrepreneurial mindset and understand how to leverage partnerships in their business ideas and ventures. Entrepreneurship is an employment strategy that can lead to economic self-sufficiency.
1. 80% Satisfied Surveys from Participants
  2. Memorandums of Understanding from local businesses and hospitals
  3. Participant Sign-In Sheets utilizing internet and entrepreneurship trainings
  4. Success Stories of participants who have become entrepreneurs within project concept

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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.

Information was gathered during the intake process, service planning and delivery of plan. Observation of and conversation with participants who have skill and desires for employment and entrepreneurship.

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

BBQC employment programs are designed to give participants a chance at success and independence by preparing them for the workplace and achieving their goal of employment, entrepreneurship and independence. We support individualized services, active participation and making their own choices to ensure effective practices and outcomes meeting individual's needs using a person centered approach. So whether it is and individual who needs help, a potential employee passionate about helping others, or a part of the extensive network of human service professionals dedicated to improving outcomes for people with disabilities; we look forward to creating a better individual, better community and better lives for the people we serve.

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

BBQC will continue to evaluate our outcomes and improve our strategic plan to drive an active approach in addressing HCBS compliance. We will also continue to enhance the input from the individuals we serve. Staff development will be ongoing and we continue to collaborate with businesses and community partners to achieve success. The internet, computer and entrepreneurship training will equip participants and staff with the information and knowledge to pursue employment goals and manage participant's personal resources moving forward. BBQC team is committed to accountability by striving to excel, staying innovative and being transparent. We continue to operate with integrity, respect, teamwork and diversity. Our daily commitment is to respect each other and those we serve.

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](#).

### YEAR ONE and YEAR TWO

**Project staff** will be diverse in terms of gender, languages spoken etc. Project staff salaries are based on 12 month period for 2 years which is project timeframe.



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**Consultant** will provide train the trainer services for internet and entrepreneurship staff training and to conduct assessment of project compliance and progress. **\$25,000 total**

**Project Coordinator** will direct and focus on business development, placement and support by collaborating with community hospitals and businesses. **\$60,000**

**Project Facilitator** will develop integrated services using a person centered approach based on the need of each participant. **\$50,000**

**Project Support Staff** will carry out specified work in order to assist or support the project and other team members which include but does not limit to data entry, clerical duties and provide feedback to stakeholder as required. **\$45,000**

**Wheelchair Accessible Vehicles** Purchase of three (2) wheelchair accessible vehicles to promote access to the community for individuals who use a wheelchair and the equipment needed to support them. **\$60,000 (year one only)**-Administrative costs, if any, will comply with DDS' vendor requirements, not to exceed **15% of total budget**

**Complete** training and implementation of employment, entrepreneurship by reviewing, measuring and sharing data to obtain the pros and cons of project to ensure alignment with HBCS compliance. Identify what works and what does not work.

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.

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	<u>X</u> No	Yes. If Yes, FY(s) _____
	Disparity Funding	<u>X</u> No	Yes. If Yes, FY(s) _____
	CPP Funding	<u>X</u> No	Yes. If Yes, FY(s) _____
	CRDP Funding	<u>X</u> No	Yes. If Yes, FY(s) _____
	If yes to any question be sure to answer questions 13 and 14.		

**For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS**

13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.

N/A

14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.

N/A

HCBS CONCEPT BUDGET						
Vendor Name		BROWN AND BROWN QUALITY CARE, INC.				
Vendor Number(s)		PX0997				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Coordinator	\$60,000	1.00	\$ 60,000		\$ 60,000	\$ 120,000
Facilitator	\$50,000	0.75	\$ 37,500		\$ 37,500	\$ 75,000
Support Staff	\$50,000	0.75	\$ 37,500		\$ 37,500	\$ 75,000
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 135,000		\$ 135,000	\$ 270,000
Operating expenses						
Consultant(Train the Trainer and assessment)			\$ 20,000		\$ 5,000	\$ 25,000
Mileage Reimbursement			\$ 37,362		\$ 37,362	\$ 74,724
Laptops			\$ 1,200			\$ 1,200
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ 58,562		\$ 42,362	\$ 100,924
Administrative Expenses						
Wheelchair Accessable Vans			\$ 60,000			\$ 60,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ 60,000		\$ -	\$ 60,000
Capital expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 253,562		\$ 177,362	\$ 430,924

See Attachment F for budget details and restrictions