

## 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: JANUARY 27, 2021	Completed by: TINA SCRUGGS-TATE
Vendor Name, Address, Contact: FAMILY HANDS ADULT RESIDENTIAL CARE, LLC , 1827 W 74 <sup>TH</sup> STREET, LOS ANGELES, CA 90047, AND 10016 LA SALLE AVE, LOS ANGELES, CA 90047 TINA 323-533-2396	
Vendor Number: HX0789 / HX0658	
Service Type and Code: 915	

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### **Federal Requirement #1:**

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

### **Guidance:**

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

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

Please explain: While we do our best to meet the needs of the individuals in our facility on an individual basis integrating them in the community, we are not always able to do so due to the limited ability of provide individual staffing, transportation, and person-centered training to support their individual needs. Each of our residents are at various levels cognitively and physically. We have those that can possibly hold gainful employment and those who need full hand over hand assistance in the community with limited mobility capability. Alternatively selecting which activities are met on a weekly basis is how we have had to handle this resolve in the past. Training staff on person centered training approaches have been challenges due to lack of funding and availability to meet the hours when they are able to attend the class due to limited staffing.

### **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: We currently have IPP's on file for everyone enrolled in Family Hands Adult Residential settings. I am, however, not aware of the options that may or may not have been offered to them prior to selecting our settings.

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### **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: Family Hands Adult Residential Care Facilities take care in informing all residents and families residing in our facilities of their rights to privacy, dignity, and respect and freedom from coercion and restraint. The challenge is the staff being professionally trained on person centered thinking and planning to practice these rights consistently across all staff. Having someone to continually monitor and maintain ongoing training would greatly reduce the instances of this happening.

### **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: As stated previously, while it is our intent to provide the most individualized of activities, the reality is the residents are all on different levels of interest and cognitive ability as well as different levels of mobility. The alternative method of resolve is how Family Hands attempts to meet the individual needs. Week 1 we do the

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things that resident A would like to participate in, week 2 we do what resident B wants to do. We only have 1 van for this location. We do not have a formal person-centered process or a person-centered planner coordinator/coach in place that would be able to mitigate these activities or train the staff on the person-centered approach to meeting the end goal for each resident.

### **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: Family Hands do our best to match the suitability of staff with each resident. The services are provided base on Resident needs but if a resident is not comfortable with a staff member to the extent of a disruption of service, we try to alternate the staff schedule when possible. A regular 20 hour per week person-centered planner/coordinator would be able to mitigate such instances.

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Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

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

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

### **Guidance:**

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

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

Please explain: Family Hands inform each resident and family of their individual lease, residency agreement, and admission agreement during the admission process. During this time, they are informed of how to relocate and request new housing.

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

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

### **Guidance:**

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

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

Please explain: The choice of individual accommodation and or share options are offered when available at admission. If there is no single option available, the resident is given

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the choice to select optional housing. Residents can lock the doors when preferred and capable, however it is thoroughly discussed in the IPP if safety is of concern of self-harm behaviors or proclivities. All residents have the options of living with their own person care items.

#### **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: Family Hands give full autonomy to the residents in the areas of schedules, meals, food. If prepared meals are not preferred alternative meals are offered within the facility. All special diets are met when prescribed. If they can do laundry, they are encouraged to do it on low energy period. If the resident needs transportation from the staff at the facility to enter the community this is again alternated between residents weekly.

#### **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: Family Hands Adult Residential welcomes and encourages visitors at any time. Residents can visit with any friend and family involved at will.

#### **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



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	supports can move about the setting as they choose? • Are appliances and furniture accessible to every individual?
<b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Please explain: Family Hands Adult Residential Care Facilities have grab bars and altered seats in the bathrooms available. Wheelchairs are available for mobility around the facility. All appliances and furniture are accessible to every resident.	

### CONTACT INFORMATION

Contact Name: Tina Scruggs-Tate  
 Contact Phone Number: 323 533-2396  
 Email Address: info@familyhands.org

### ACKNOWLEDGEMENT

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

☒ I AGREE

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

### Instructions:

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

### Strengths of previously funded concepts:

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

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Vendor name	Family Hands Adult Residential Care, LLC
Vendor number(s)	HX0789, HX0658
Primary regional center	SOUTH CENTRAL REGIONAL CENTER
Service type(s)	RESIDENTIAL CARE HOME
Service code(s)	915
Number of consumers typically and currently served	7 BETWEEN 2 HOMES
Typical and current staff-to-consumer ratio	1:2 TYPICAL, THERE ARE SOME 1:1 RATIO
<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>Typical Day: Since the COVID 19 pandemic a typical day consist of the residents getting up in the morning performing their individual grooming activities with the assistance of staff. Some are preferring to sleep in late before getting up to groom and then have breakfast. Family Hands have had to implement some day activities since they have not been able to get out of the house or attend the day programs. Some day programs are sending self-guided activities. After breakfast we have workout/exercise training at 10am, for those who have mobility challenges we are hand over hand range of motion exercises. After workouts/exercise hour the residents have a snack break before starting the day program packages that have been sent for activity. Between 12-1:30 is usually lunch hour for those who choose to eat at that time. After lunch, a drive/ or walk through the community is taken to get fresh air and sun. We have been pretty limited as to any community outings due to the stay home restrictions and high-risk nature of our residents who all have some level of underline medical concern.</p> <p>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.</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>Family Hands would like to move toward the person-centered thinking and planning concept through training of Administration and staff to optimize the support given to all residents to better assist them to attend activities of choice in the community with the least restrictive measures.</p> <ul style="list-style-type: none"> <li>• Hiring a part-time person to develop person centered plans and coaching for each resident and their families who will maintain and monitor training of person-centered planning and thinking of all regular and part-time staff, to ensure all necessary supports/plans are being followed according to individual choices.</li> <li>• Increase staffing to accommodate the ability to afford the person-centered support.</li> <li>• Add additional van to support multiple person-centered community outing choices.</li> <li>• Training of 2 Administrative personnel and all staff on person centered thinking and</li> </ul>	

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training
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__X__ 3__X__ 4__X__ 5__X__ 6__ 7__ 8__ 9__ 10__
4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.
<ol style="list-style-type: none"> <li>1. PCP thinking is not a new concept however it is currently being rejuvenated and required. Many staff are relatively new to the concept and they need to be fully and professionally trained on how to support our residents in a person-centered way of thinking.</li> <li>2. There is not enough staff to support person-centered for each resident as well as additional driver of van to allow multiple outings of variant choices in the same day.</li> <li>3. To support multiple preferences in the community and for outings we need an additional van and driver.</li> <li>4. The Person-Centered Coordinator will be able to develop, monitor if these plans are being met as well as maintain ongoing training of staff on person-centered thinking to best support the personal choices of the residents. This will require a shift in thinking for many of our staff and will take some time to permeate the culture of the environment.</li> </ol>
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.
<ol style="list-style-type: none"> <li>1. <b>Funds for Vehicles</b> - This would address concept #1, #4. A van for each home will allow residents additional flexibility in accessing the community to connect socially and interact with family, friends, and others. The residents do not have to coordinate the use of the van with other homes and a lift van would ease the stress of residents having to lift non-ambulatory residents in and out of the van and lifting the wheelchair thereby reducing the risk of injury to both residents and staff.</li> <li>2. <b>Funds for Training</b> - This would address concept #1-5. A Trained Person-Centered Coordinator would address our staff deficiencies in the areas of lack of knowledge in the person-centered approach through regular ongoing Inservice trainings and monitoring if these PCP approaches are being maintained. This training would also lend to support the implementation of the new HCBS concepts and provide individualized services to residents according to their individual needs.</li> <li>3. <b>Additional Staffing</b> – Additional staffing address #4 &amp; #5 would afford the person-centered individualized care that is needed for person-centered plan to be successful at the most optimal level.</li> <li>4. <b>Person-Center Planner/ Coordinator</b>- This addresses #1-5, a coordinator will assist residents with developing personalized plans, monitor compliance to ensure the plans are being carried out to the satisfaction of the resident, and maintained regular ongoing training for staffing.</li> </ol>
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
Family Hands is proposing to meet the needs of all our resident's individual needs and preferences through offering full autonomy, independence, person-centered thinking, and

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freedom of choice to meet the HCBS final rule by 2023. The progress will be tracked by the new Person-centered planner that we intend to hire to monitor the progress via ongoing meetings with staff and residents for satisfactory remarks and monitoring the growth of meeting the goals and activities that are planned, soliciting family involvement results and satisfactory marks.

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.

The administrator received input from staff on challenges of meeting the individual needs of residents. Discussions with challenges with getting non ambulatory residents in and out of vehicle. Ongoing discussions with the residents and listening to their desires and or frustrations. Being confined to the home this year, the residents became restless and most often wanted to be out into the community more often. Speaking to family members who also wanted their love ones to be able to be happy, healthy and whole. Normal social engagement with family members was expressed for some family who are not able to come as often.

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

Having a trained Person Center Coordinator to oversee all person-centered activities will ensure that Family Hands remain in compliance and residents are living a life of choice.

Having additional vehicles will afford Family Hands the ability to take more than one outing per day in varied directions.

Having 1 additional staff at each location who has been professionally trained on the person-centered approach will reduce the onset of resident behaviors.

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

If we are awarded the benefit of 2 Vehicles, they will be regularly serviced and maintained according to manufacture warranty to maximize the longevity of the vehicle. If this is successful more vehicles may possibly be added in the coming years.

Training will benefit both staff and residents to be able to best serve and implement the person-centered plans. The Person-centered Coordinator will be able to monitor compliance and maintain regular training for current and oncoming staff to maintain consistency in service.

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](#).

**Vehicles** - The cost ranges between \$45K to \$79K each for the years 2018-2020 prospectively for 2 lift vans to accommodate wheelchairs. The 2 vans can be purchased within 2-3 months of funding. Administrative **PCP Training – Susan Associates**, their Person-Centered Thinking training costs \$6000/person for an 8-week class. (2) Administrators (1) PCP Coordinator. **Staff salary** + employer taxes will cost approximately \$28,800 per yr (1 staff). PCP Coordinator

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48,000 per year. Total two-year cost approximately \$294,640.00	
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.	
The vehicles will be a onetime purchase, but insurance and maintenance will be maintained at the expense of the Family Hands Adult Care Agency. The cost of the new Person-Center Planner and additional staffing will be covered for the 1st and 2nd year by the funding from grant funds after which Family Hands will cover remaining positions to maintain HCBS final rules.	
12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding <input checked="" type="checkbox"/> No    Yes.    If Yes, FY(s) _____ Disparity Funding <input checked="" type="checkbox"/> No    Yes.    If Yes, FY(s) _____ CPP Funding <input checked="" type="checkbox"/> No    Yes.    If Yes, FY(s) _____ CRDP Funding <input checked="" type="checkbox"/> No    Yes.    If Yes, FY(s) _____ If yes to any question be sure to answer questions 13 and 14.
<b>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</b>	
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.	
NA	
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.	
NA	

HCBS CONCEPT BUDGET							
Vendor Name		Family Hands Adult Residential Care, LLC					
Vendor Number(s)		HX0658, HX0789					
		Year 1 Budget		Year 2 Budget		Total	
		Wage and Benefits	FTE Annual Cost	FTE Annual Cost		Cost	
Personnel (wage + benefits)							
Direct Support Professional	2400	1.00	\$ 28,800	1.00	\$ 28,800	\$	57,600
						\$	-
Person Centered Coordinantor	4000	1.00	\$ 48,000	1.00	\$ 48,000	\$	96,000
Position Description			\$ -		\$ -	\$	-
Position Description			\$ -		\$ -	\$	-
Positlon Description			\$ -		\$ -	\$	-
Position Description			\$ -		\$ -	\$	-
Position Description			\$ -		\$ -	\$	-
Position Description			\$ -		\$ -	\$	-
Personnel Subtotal			\$ 76,800		\$ 76,800	\$	153,600
Operating expenses							
PCP Training #3 Staff			\$ 18,000			\$	18,000
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
Operating Subtotal			\$ 18,000		\$ -	\$	18,000
Administrative Expenses							
15% Administrtative			\$ 4,320		\$ 4,320	\$	8,640
			\$ 7,200		\$ 7,200	\$	14,400
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
Administrative Subtotal			\$ 11,520		\$ 11,520	\$	23,040
Capital expenses							
Lift Van 1			\$ 50,000			\$	50,000
Lift Van 2			\$ 50,000			\$	50,000
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
Capital Subtotal			\$ 100,000		\$ -	\$	100,000
Total Concept Cost			\$ 206,320		\$ 88,320	\$	294,640

See Attachment F for budget details and restrictions