

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

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

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

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

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

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

Date(s) of Evaluation: February 2021	Completed by: Diana L Bonnett
Vendor Name, Address, Contact: Bright Futures Residential 1420 Central Blvd, Brentwood CA. 94513	
Vendor Number: HV0427; HV0428 and HV0498	
Service Type and Code: ARFs and GH , 113 and 913	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: While our homes engage in regular community outings (pre-Covid), due to limited funds that our residents receive (\$138 per month) many are unable to access some preferred outings and activities due to lack of personal finances, behavior excesses or safety risks. Our homes supplement many outings. Many of our residents do not receive the supports necessary to explore and obtain employment.</p>	
<p><u>Federal Requirement #2:</u> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individual's IPP document the different setting options that were considered prior to selecting this setting?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: We maintain current IPPs for all residents. Not all of our clients can be offered private rooms due to current house layouts. We continue to offer additional amenities for the shared room in each house including a private bathroom where possible.</p>	
<p><u>Federal Requirement #3:</u></p>	<p><u>Guidance:</u></p>

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<p><i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<ul style="list-style-type: none"> • 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.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: however, additional training on client rights, person-centered planning and HCBS is an ongoing necessity for our staff given all of the changes.</p>	
<p><u>Federal Requirement #4:</u> <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 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Due to limited funds that our residents receive (\$138 per month) they are often unable to access family and friends in distance areas, take a vacation, purchase preferred items such as additional clothing, regular movie theatre visits or eating out. Often residents are paying for medication deductibles and basic needs (hair cuts, new shoes) and do not have funds for "extras" which would be a "normal" expense for you and I. As a RSP we supplement what we can to assist in these needs and interest for our clients. A result of our resident counsel meetings have brought up the want for additional vehicle that does not stigmatize</p>	

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them (i.e. arriving in a big van). Most of our clients cannot use public transportation due to behavior excesses and lack of safety awareness. Pre-covid our consumers were at their home approximately 7,236 hours a year and attend day services approximately 1,500 hours a year. Day Services is a wonderful addition to their lives but a majority of their life is spent at home so funding is necessary at the residential level to assist in meeting the resident's interests.]

Federal Requirement #5:

Facilitates individual choice regarding services and supports, and who provides them.

Guidance:

- Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?
- Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?

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

Please explain: To every extent possible.

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:

Federal Requirement #7:

Guidance:

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<p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ul style="list-style-type: none"> <i>. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i> <i>. Individuals sharing units have a choice of roommates in that setting.</i> <i>. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i> 	<ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? • Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Some of our residents share a room and do not always have the choice of their roommate or a private room. In those instances, the resident would have the choice to relocate if we cannot accommodate their choice. Most of our residents do not have the discretionary funds to purchase decorative items for their room. Due to the amount of time the resident spends in the home, the RSP does assist them in customizing their room as much as possible. In surveying the residents, they would like coded locks on private rooms and no individual client specific locking cabinets for shared rooms and have indicated they would like to have one or both of these options.</p>	
<p><u>Federal Requirement #8:</u></p> <p><i>Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Our residents cannot always set their own daily schedules due to behavior excesses and lack of safety awareness, making it the responsibility of the RSP to transport and supervise. If the van is tied up at an appointment or for necessities for the home operation, then it may not be possible to accommodate consumer schedule changes. Clients have access to all common areas of the home.</p>	
<p><u>Federal Requirement #9:</u></p> <p><i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time?

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	<ul style="list-style-type: none"> • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Bright futures encourages visitors however due to behavior excesses it is not always safe to have visitors. Our residents have expressed that visitors after curfew impeded on their right to quiet time and may result in unsafe behaviors jeopardizing safety of others. Bright Futures takes all reasonable steps to ensure the safety of all residents, visitors and staff.</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? • Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose? • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p>	

CONTACT INFORMATION

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Contact Phone Number: 925-354-3278

Email Address: Diana@brightfuturesres.com

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ACKNOWLEDGEMENT

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

I AGREE

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

Instructions:

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

Strengths of previously funded concepts:

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

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Vendor name	Bright Futures Residential
Vendor number(s)	HV0427, HV0428 and HV0498
Primary regional center	Valley Mountain
Service type(s)	ARFs and Group Home
Service code(s)	113 and 913
Number of consumers typically and currently served	15 beds Currently serving 12
Typical and current staff-to-consumer ratio	Typical is 1 staff to every 2-3 clients. However we have one client is 2:1 and clients who required 1:1 during school hours.
<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>In all our facilities, we provide daily support including assistance in hygiene, medication administration, food preparation, laundry assistance, facility cleaning. We provide schooling and/or day services support to meet IPP objectives and person-centered goals. We engage in healthy lifestyle and relationship coaching. We assist in skill development, reduction of behavior excesses and community integration. We encourage and facilitate family and friend interaction. We encourage development of independent living skills and engage in fun and individualized activities within the home and outside the home as may be available. We work with medical providers, consultants and the clients to find the best regiment for their individual needs and desired outcomes. We engage in weekly resident meetings (Bright Ideas) to allow the residents to share ideas on what they would like in the coming days/weeks/months including such things as menu items, activities and things they would like us to purchase for their Bright Bucks store.</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>Bright Futures' goal is to provide our residents the same opportunities, rights and protections as other individuals not receiving Medicaid Funded Services. Our concept addressed barriers in compliance with HCBS.</p> <p>Most of our residents require additional supports due to behavior excesses (including aggression), low functioning level, self-injurious behaviors and/or lack of safety awareness.</p> <p>Accordingly our concept addresses our inability to meet HCBS in several categories including inability to secure bedrooms and/or secured private individual space. Lack of funding to purchase additional vehicles that serves the desires of residents to access community, integration with a non-conspicuous transportation. Comfort and normalization. Access to additional community resources. Training for</p>	

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personnel on HCBS, Person-Centered and client rights. Funding for additional activities that would be beneficial to the residents' overall health and well-being.

Requirements 1 & 8 – to enable greater access to our residents into the community and to secure a resource to provide training to staff on person centered approach, rights and integration. With additional funding to purchase a mid-size SUV for each facility with decent mpg such as Toyota C-HR, Honda CR-V, Nissan Rouge or similar to provide additional community access supports while normalizing the type of vehicle and honoring the resident's desires to have more control of schedules and activity access.

Secure a consultant and collaboratively develop and implement a training program to address Lanterman Act, HCBS, Person Centered, Empowerment and Rights. A program that would be long standing to use as new staff join Bright Futures.

Requirement #4 – To address the funding necessary to fulfill the resident's desire to participate in more activities and interest; to expand their experiences in their community. Including for each resident gift cards to purchase movie theatre tickets, favorite clothing store, and their favorite eating establishment. Fund attendance to local sporting event of their choice. Secure on-call staff to allow for integration and schedule flexibility and individualized support.

Requirement #7 – Assist residents in creating their own space that reflects individualized interest and likes by funding a shopping excursion for decorative items for their space within their home, including new bedding, user friendly coded locks on bedroom doors and/or individual locking storage cabinets for personal items, as client desires.

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 x 8 x 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.

Requirements 1 & 8 – to enable greater access to our residents into the community and to secure a resource to provide training to staff on person centered approach, rights and integration. With additional funding to purchase a mid-size SUV for each facility with decent mpg such as Toyota C-HR, Honda CR-V, Nissan Rouge or similar to provide additional community access supports while normalizing the type of vehicle and honoring the resident's desires to have more control of schedules and activity access.

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Secure a consultant and collaboratively develop and implement a training program to address Lanterman Act, HCBS, Person Centered, Empowerment and Rights. A program that would be long standing to use as new staff join Bright Futures.

Requirement #4 – To address the funding necessary to fulfill the resident’s desire to participate in more activities and interest; to expand their experiences in their community. Including for each resident gift cards to purchase movie theatre tickets, favorite clothing store, and their favorite eating establishment. Fund attendance to local sporting event of their choice. Secure on-call staff to allow for integration and schedule flexibility and individualized support.

Requirement #7 – Assist residents in creating their own space that reflects individualized interest and likes by funding a shopping excursion for decorative items for their space within their home, including new bedding, user friendly coded locks on bedroom doors and/or individual locking storage cabinets for personal items, as client desires.

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.

By providing and developing a training program that is accessible and comprehensive it will ensure the ongoing compliance with regulations set forth through HCBS. In investing in vehicles that have a 7-10 year life span, we enable the growth in community access and individualized engagement in community life. Investment in user friendly locks and storage, allow the residents to increase their level of privacy over long term.

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

Proposed outcomes include finding new possibilities for each person, focusing on their quality of life, contribution to each person’s preferences, desires and meaningful experiences and more control and choice in their lives.

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.

Our concept evolved solely from input from the residents over the past few years. We listen to our clients. We hold weekly resident meetings. Staff, Administrator and Licensee engage with the residents regularly about their desired outcomes and goals. We store their input, desires, wants and needs within our goals for the home and facilitate any and all steps to achieve these as can be obtained as we plan and budget for each year. Implementation of small items like menu changes are done immediately; saving and planning for larger items, such as trips are budgeted with the resident. Such as an annual vacation, sporting event or live show/play.

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8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.	
The concept is a result solely based on resident input thus person-centered. This concept expedites attainment of each resident's choices regarding expansion of services and supports they have expressed.	
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.	
Most of the items included have long term benefit with the exception of the gift cards, which by have a made extra purchases in the 20-21 year through this funding will also clients to save and budget for the following year.	
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 .	
<p>Vehicles ~ (2): \$30,000 each; 12 months' auto insurance \$800 each; Gas and Maintenance for the year \$1,200 each.</p> <p>Consultant and Staff Trainings ~ Consultant to develop trainings and provide staff trainings ~ \$4,000; Staff attendance for training and CEUs \$4,000</p> <p>Gift Cards for movies, clothing and eating out and event for residents: \$400 for each resident.</p> <p>On-call staff for individualized activities and community integration. \$24,000 for the year.</p> <p>New decorative items for room. \$100 each (15)</p> <p>Purchase and install coded locks on private rooms \$160 ea. (4) Provide and install Personal locking cabinets \$250 ea. (6)</p> <p>\$113,640</p>	
<p>4.21 Receive Funding Authorization</p> <p>5.15.21 Hold client meeting to select gift cards and schedule spending activities and community integration ideas</p> <p>5.30.21 Purchase Client Gift Cards and select and schedule event</p> <p>6.15.21 Hire Consultant, hire on-call staff and begin training</p> <p>6/15/21 Purchase 2 new vehicles, insure them</p> <p>7/1/21 Schedule shopping days with each client for decorative items and bedding</p> <p>7/20/21 Hold client meeting to review progress and new ideas</p>	

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<p>8/1/21 Order new personal locking cabinets 8/1/21 Start staff trainings 8/15/21 Install new coded locks on private rooms 9/15/21 Install new personal locking cabinets 10/1/21 Ensure all shopping for decorative is complete 12/15/21 All staff training complete 1/5/22 Client Meeting to review progress and plan for following year.</p>	
<p>11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years.</p>	
<p>Sustaining costs for vehicle insurance and maintenance can be absorbed by the company each budget year. Training for new staff will also be absorbed by the company through senior staffing utilizing the training plan developed.</p>	
<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding ___ No <input checked="" type="checkbox"/> Yes. If Yes, FY(s) <u>2019</u> Disparity Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes, FY(s) <u> </u> CPP Funding ___ No <input checked="" type="checkbox"/> Yes. If Yes, FY(s) <u>2015, 2016, 2018</u> CRDP Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes, FY(s) <u> </u> If yes to any question be sure to answer questions 13 and 14.</p>
<p>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</p>	
<p>13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.</p>	
<p>The funding received was solely for train-the-trainer for up to \$25,000. However while trying to secure this in 2020, Covid became prevalent and it was not available to send staff to live trainings to secure this certification.</p>	
<p>14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.</p>	
<p>In this concept we are not asking for train-the-trainer certification since live training is not currently an option foreseen in the near future, again due to Covid.</p>	

HCBS CONCEPT BUDGET	
Vendor Name	right Futures Residential
Vendor Number(s)	V0427, HV0428, HV0498

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
On-Call Staff	24,000	1.00	\$ 24,000		\$ -	\$ 24,000
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 24,000		\$ -	\$ 24,000
Operating expenses						
Consultant			\$ 4,000		\$ -	\$ 4,000
Staff Training			\$ 4,000		\$ -	\$ 4,000
Gift Cards			\$ 6,000		\$ -	\$ 6,000
Rood Decorative Itesm			\$ 1,500		\$ -	\$ 1,500
Coded Locks and Instalation			\$ 640		\$ -	\$ 640
Locking cabinets			\$ 1,500		\$ -	\$ 1,500
Vehicle #1, Insurance, Fuel			\$ 32,000		\$ -	\$ 32,000
Vehicle #2, Insurance Fuel			\$ 32,000		\$ -	\$ 32,000
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ 81,640		\$ -	\$ 81,640
Administrative Expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 105,640		\$ -	\$ 105,640

See Attachment F for budget details and restrictions