

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

**ATTACHMENT C**

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 nonresidential 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: Feb. 1, 2021	Completed by: Allan F Jose o/b/o Carpenter Guest Homes, Inc
Vendor Name, Address: Carpenter Guest Homes d/b/a Estrella’s Care Home No. 1 (2607 Carpenter Road, Stockton, CA 95205). Contact is Allan F Jose.	
Vendor Number: HV0111 (Facility Number is 390317895)	
Service Type and Code: Adult Resident Facility, Level 4-G (Code 915)	

<p><b>Federal Requirement #1:</b>  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.</p>	<p><b>Guidance:</b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul>
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**Does the service and/or program meet this requirement?**  Yes  No

Estrella’s Care Home (hereafter referred to as “the Facility”) currently is in compliance with the HCBS mandate of community integration. Specifically, each of the six (6) consumers has access to community services in various ways. First, each of the consumers participates in one of several day program services. The programs typically pick up their respective consumers between 7:45 am and 9:00 am and take them home before 4:00 pm. During the day, consumers participate in various community outings and activities as part of their program services.

Second, all consumers have access to the community through the use of the facility’s wi-fi. Some consumers have tablets that allow them to view community resources from home, such as special events, sporting activities, or church services. Through these connections, they can and do request to participate in such activities throughout the year.

Third, the Facility has scheduled activities throughout the week. Consumers are encouraged to participate and voice their opinions/preferences about whether these activities are fun and interesting to them. While these activities are scheduled in advance, they are also subject to change for many reasons, including the wishes and preferences of the residents.

Fourth, the Facility encourages consumers to maintain relationships with their families and friends, who often visit the consumers in order to socialize, take them out to meals or trips, spend time with them. Consumers can maintain contact through phone calls, personal visits, or video chats using tablets if available.

Finally, every consumer has the choice to participate in community activities freely and independently, whether it be social activities or employment.

**Note:** While the above-described objectives and activities are currently employed by the Facility, the consumers’ ability to engage in community outings and activities have been impacted by covid-19 state and federal restrictions.

<p><b>Federal Requirement #2:</b> 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.</p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individual's IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The Facility encourages each consumer to specify their choices in all aspects of their residency. Specifically, when considering to admit consumers at the Facility, the Administrator encourages consumers and their family / guardian to first tour the facility to ensure that its location, condition, and amenities are appropriate for the consumer. Moreover, consumers can sometimes choose to reside in a private room if such rooms are available. (The Facility's Program Design specifies that rooms are double occupancy. However, when there are less than six consumers residing in the Facility at certain times, consumers can sometimes choose to reside in the private room at their request.) Finally, each consumer has a person-centered service plan (both an IPP and ISP) that caters to each person's specific needs, objectives, and abilities in order to encourage their growth and independence.</p>	
<p><b>Federal Requirement #3:</b> Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> <li>• Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?</li> </ul>

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

The Provider ensures that all consumers' rights to privacy and dignity are respected and enforced. Upon admission to the Facility, consumers are provided a written statement of their rights as a consumer, which they must read (or they are explained to them) and acknowledge. Moreover, the Provider trains each staff on the personal rights of each consumer, including, but not limited to: their right to be treated with respect and decency; their right to be free from any form of abuse; their right to privacy in their rooms, relationships, and personal communications; and their right to make choices and be free from coercion or undue pressure. Staff undergo continuing education on these rights. Additionally, the Provider has made modifications to the facility to ensure that consumers can exercise their rights, including, but not limited to: locks on all their bedroom doors and bathrooms to ensure privacy when they want it; the right to use the office for their personal needs when friends and family visit and they want privacy; and the right to access all locations of the home if and when they wish to join others or remain separate from the group.

**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

The Facility schedules activities that consumers can join at their discretion. These activities, offered for groups and individuals, are catered to consumers' interests, aptitude, abilities, and the objectives specified in their respective IPPs. Their IPPs provide direction for the types of activities planned and encouraged by the Facility. These activities include various types of community-based resources such as shopping centers, restaurants, parks, churches, movie theaters, and destinations that provide physical and intellectual stimulation. It is important to note, however, that a consumer's choice largely dominates the type of activities available to them. Consumers can participate, but they just as often choose not to participate because they would prefer to stay home, not travel with the group, or lose interest in the offered activity. In those situations, the Provider and staff always attempt to encourage the consumer to engage in the activity, whether at home or in the community. But staff are mindful never to let encouragement become coercion, such that consumers lose their rights to exercise their personal choices in how, and with whom, to spend their time.

<p><b>Federal Requirement #5:</b> Facilitates individual choice regarding services and supports, and who provides them.</p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> <li>• Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>• Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>
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**Does the service and/or program meet this requirement?**  Yes  No

As previously stated, consumers are encouraged to participate in Facility-sponsored activities, whether in home or the community. These activities are designed to keep them interested, physically active, and engaged with each other and members of the community. Ultimately, consumers can choose to participate in the planned activity or engage in another activity of their choice. Inherent in that choice is the prerogative to choose with whom they wish to spend their time. Some consumers develop close connections to certain staff or consumers, and prefer their company over other. The Facility encourages these connections to the extent that they help consumers further their personal goals and objectives. The Facility employs numerous direct care staff who work during different shifts throughout the day. If consumers choose to work with specific staff, or engage in with only certain consumers, then the Provider can tailor their activities and schedules to meet those preferences.

<p><b>Federal Requirement #6:</b> 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.</p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>
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**Does the service and/or program meet this requirement?**  Yes  No

The Provider complies with State and Federal laws regarding the tenancy and contract rights of all consumers. At the time of admission, the Provider gives each incoming consumer a written copy of their Rights, including their right to choose their own domicile. Moreover, every admission is governed by a written Admission Agreement that complies with State laws and regulations relating to every aspect of a consumer's residency, including their rights as tenants, the financial details of their residency, the obligations of the Provider, and details concerning the consumer's personal funds (Attachment A).

**Federal Requirement #7:**

Each individual has privacy in his/her sleeping or living unit:

1. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.
2. Individuals sharing units have a choice of roommates in that setting.
3. 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

The Provider has complied with the privacy requirements of HCBS by ensuring that consumers can exercise their right to privacy within the home. For example, every bedroom and bathroom has a door that locks. Staff never enter a room without knocking and obtaining permission. Upon admission, consumers are advised that each room in the Facility is a double occupancy. They can choose their roommates, choose a private room (when available), or choose to look elsewhere if the home does not meet their specific needs. Moreover, the Facility has sufficient areas for personal storage so consumers can put away, hide, or lock away their personal belongings in an organized and safe manner.

**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

All consumers have access to food, home amenities, and home facilities. Additionally, they have choices in what, when, and where they eat. And while consumers normally attend day program services, they have options regarding whether to attend and how to spend their time. In essence, they can exercise their choice in all aspects of their daily living arrangements and they can access/use all common areas of the home for their private and joint use. The Provider's concern, however, is that some consumers who have difficulty ambulating (because of physical disabilities, balance issues, etc.) or who may become non-ambulator in the future may not be able to access all parts of the residence. Specifically, the east living room is separated from the rest of the house by two steps. Some residents require physical assistance to enter that area. However, they should be able to access to all common areas of the home, such as the kitchen, living rooms, laundry and dining rooms, and any shared area with ease and without assistance. A ramp would accomplish that goal.

**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

The Provider encourages consumers to develop strong connections and relationships with their families and friends outside of the home. Often, friends and family visit consumers at the Facility. They bring gifts and food, and spend time with each other. Consumers also go on home visits or day trips with their friends and family. While consumers can welcome visitors at any time, the Provider will ask both consumer and visitor to respect the privacy of other consumers and avoid visiting times and activities that disturb other consumers' sense of peace or quiet (i.e., visiting and making loud noises during the evening when other consumers are sleeping). In all other instances, consumers are encouraged to treat the Facility as their home.

**Federal Requirement #10:**

The setting is physically accessible to the individual.

**Guidance:**

- Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?
- Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose?
- Are appliances and furniture accessible to every individual?

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

The Facility is licensed for four ambulatory and two non-ambulatory consumers. Currently, all the Facility's consumers have free use and access to all common parts of the residence. The bathrooms have the necessary grab bars and safety features to ensure that residents with ambulatory issues or physical limitations can use the facilities. In addition, each room has an emergency exit door that leads to steps or ramps, so that consumers can exit the residence safely in the event of an emergency.

The Facility is furnished like a home. It has comfortable and functional furniture that consumers can use. The kitchen has a complete set of appliances and there is sufficient food for all consumers to eat at their discretion. The front door leads to a porch and large private driveway where consumers can enjoy spending time and visit with their friends. And it is kept in a very good condition to ensure that consumers and staff are safe and comfortable.

And while all the common areas – including the main and east living rooms – are open to all residents, consumers who are non-ambulatory or have difficulty walking may not be able to easily traverse these areas without assistance. This proposed project seeks to increase and ease accessibility between such areas for consumers who have difficulty maneuvering steps without assistance.

#### **CONTACT INFORMATION**

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#### **ACKNOWLEDGMENT**

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

### CONCEPT FORM (Attachment C)

Vendor name: Carpenter Guest Homes, Inc. d/b/a Estrella's Care Home No. 1
Vendor number(s): HV0111 (Facility Number: 390317895)
Primary regional center: Valley Mountain Regional Center (VMRC)
Service type(s): Adult Residential Facility, Level 4G
Service code(s): 915
Number of consumers typically and currently served: Six (6)
Typical and current staff-to-consumer ratio: The typical staff-to-consumer ratio is One (1) staff per three (3) consumers, but that often increases to One (1) staff per two (2) consumers during various times of the week (ie., during ADLs and scheduled activities). Scheduling satisfies the requirements of W&I Code § 4681.1, et seq, and Title 17 §56004.
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><u>Response to No. 1.</u> There are two types of "typical days". On a typical <b>weekday</b>, consumers rise between 5:30-6:00 am in order to get ready for day program. Upon rising, they perform ADL's with the assistance of staff and perform other morning rituals. And again with the assistance of staff, consumers have breakfast, take their medications (if any), and complete any tasks necessary before departing for their respective programs. Between 9:00 am and 3:00 pm, consumers attend day program activities. Consumers return home between 2:45-4:00 pm. Upon returning home, residents relax, change their clothes, put away their personal belongings. They typically eat dinner between 4:30-6:00 pm, depending on preference. After their dinner, they engage in socialization and planned afternoon activities. At various times in the evening, consumers will begin to retire by going to their rooms, staying in the living room, and/or begin performing evening ADL's with the assistance of staff. Staff supervise residents throughout the day to ensure safety, completion of tasks, and to provide support for any residents who requires assistance.</p> <p>On a typical <b>weekend</b>, residents again rise between 5:30-6:00am and perform the same morning routines. During the day, staff encourage residents to participate in planned activities, whether in the residence or out in the community. Some will participate and others will chose to remain at the house. The afternoon, dinner, and evening routines are typically the same as during weekdays, with many consumers staying up later to watch TV, socialize, or engage in their own personal activities.</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.

2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.

Response to No. 2: The Facility is proposing the construction of a ramp to connect two sections of Facility. Currently, there is a sunken living room in the east side of the residence (“east living room”). That room is currently accessible to all residents. However, some residents find it harder to use the space because they are daunted by the two steps required to enter the lower area. Staff always assist consumers cross the threshold and encourage consumers to spend time in all the common areas. But a ramp would allow consumers to cross easily between these areas without assistance and would reduce safety concerns for less physically-able consumers. The Facility’s population is aging, and many residents may soon find it more difficult to navigate steps. A ramp would allow them easier access to all parts of the residence without fear of injury or impediment.

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\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_ 5\_\_\_ 6\_\_\_ 7\_\_\_ 8\_X\_ 9\_\_\_ 10\_X\_

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.

Response to No. 4: Provider is concerned that the Facility may fall out of compliance regarding accessibility because as the facility’s consumers begin to age or develop ambulatory problems, it is harder for some of them to navigate steps without supervision or physical assistance. Moreover, the steps would be a clear bar to new residents who have ambulatory problems and who could not walk down the steps, even with physical assistance. A ramp would ensure that everyone can access all parts of the home regardless of their ambulatory status and without need of physical assistance – thus, full accessibility.

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.

Response to No. 5: While all parts of the Facility are currently accessible to all current residents, it will be out of compliance by March 2023 if any non-ambulatory residents are admitted (or current residents become non-ambulatory over time) at or after that time. Specifically, a non-ambulatory person likely cannot walk down/up 2 steps to access the east side of the house even with physical assistance. A ramp ensures that all residents can access the entire house regardless of their ambulatory status.

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

Response to No. 6: The proposed objective of this project is to make the entire house accessible to all consumers, regardless of their ambulatory status. Provider aims to achieve this objective by building a ramp to connect two separate living / common rooms in the house. The east living room is separated from the main living room by two steps. Non ambulatory persons and physically disabled persons (the Facility is licensed for two (2) non-amb consumers) cannot move freely from one room to the other without a ramp. The ramp would enable Provider to meet the objectives of Federal Regulations 8 and 10 in their entirety.

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.

Response to No. 7: Over the last few years, Provider observed the everyday habits of the residents. She noticed that some consumers want to escape the main living room for privacy in the east living room. Those with no ambulatory issues simply walk down. However, consumers with difficulty balancing or walking request assistance from staff (or worse, attempt to walk the steps on their own and risk injury). Provider and staff asked consumers if a ramp would encourage them to use the east living room more, and a majority of them indicated that it would.

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

Response to No. 8: A ramp that easily connects both living areas in the Facility will increase the residents' options in how they choose to live, where they choose to live, and where to spend their time. Many consumers want to be in common areas because it's close to the kitchen and to staff, but they want distance from other consumers in the main living room who are either noisy or watching television. The ramp would allow consumers to use the space in the way that furthers their personal preferences, without fear of safety issues or the need to rely on physical assistance to traverse the steps.

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

Response to No. 9: A ramp is a permanent fixture that requires no maintenance or additional costs upon construction. Additionally, construction of the ramp will require a contractor to relocate a plumbing and electrical outlets in that area of the house. But again, these efforts are a one-time expense that result in permanent structures or fixtures in the home. Therefore, a successful project will provide years of value in the form of accessibility and success in allowing consumers to move freely and safely throughout the residence. This is especially true as consumers age and develop physical disabilities or difficulties ambulating.

10. Write a brief narrative below explaining each major cost category and time line. 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.

Response to No. 10: This proposed project requires moderate construction; it will not incur administrative, staffing, or payroll costs. Since the construction is limited to the eastern part of the house, it will also have limited impact on consumers' daily routines because the construction area can be separated temporarily from the rest of the residence. Phases:

1. The first phase of the project will require a licensed contractor to obtain permits.
2. The second phase (once permits are approved) involves demolition of any structures, including cabinets, steps, and the removal of flooring material. The construction site will be screened off from the rest of the house.
3. The third phase involves construction new walls, the framing of the ramp, and installation of new plumbing and electrical lines displaced by the construction. The new water heater will be installed at its new location for connection at a later time.
4. The fourth phase involves reconnecting any plumbing to the new heating source. This will done during "down times", and within several hours, to reduce inconvenience to residents.

Finally, the project will require a final approval from the local building authorities to ensure that the work is done properly and that it complies with all state and county regulations. Construction should take between eight to ten days to complete. Please see attached **Excel Spreadsheet** for the proposed budget.

11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the time frame 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 time frame; up to two years

Response to No. 11: This project will not require funding past completion of construction.

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)? Response: No.

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. Response: Not applicable.

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. Response: Not applicable.

HCBS CONCEPT BUDGET	
Vendor Name	strella's Care Home No. 1
Vendor Number(s)	HV0111

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Position Description	NOT APPLICABLE		\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
<b>Operating expenses</b>						
NONE	NOT APPLICABLE					\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
<b>Administrative Expenses</b>						
NONE	NOT APPLICABLE					\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
<b>Capital expenses</b>						
Permit Costs						\$ 1,150
Construction Cost details:						\$ -
Demolition						\$ 1,250
Framing & carpentry						\$ 2,800
Electrical						\$ 1,750
Plumbing installation						\$ 2,350
Relocating water heater						\$ 4,250
Flooring, painting, finishing						\$ 2,250
Contingency (10%)						\$ 1,500
Capital Subtotal			\$ -		\$ -	\$ 17,300
Total Concept Cost			\$ -		\$ -	\$ 17,300

See Attachment F for budget details and restrictions