



**MEMORANDUM**

**TO:** AGING & ADULT SERVICES COMMISSION

**THROUGH:** SHIREEN MCSPADDEN, EXECUTIVE DIRECTOR

**FROM:** CINDY KAUFFMAN, DEPUTY DIRECTOR  
JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *JH*

**DATE:** MAY 3, 2017

**SUBJECT:** **NEW GRANT: INSTITUTE ON AGING (NON-PROFIT) FOR PROVISION OF THE SUPPORT AT HOME PROGRAM FOR SENIORS AND ADULTS WITH DISABILITIES**

**GRANT TERM:** MAY 1, 2017 to APRIL 30, 2019

**ANNUAL AMOUNT:** \$190,226 (FY 16-17)      \$1,779,310 (FY 17-18)      \$1,780,464 (FY 18-19)

<b>FUNDING SOURCE:</b>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
<b>TOTAL FUNDING:</b>	\$3,750,000	\$0	\$0	\$375,000	\$4,125,000
<b>FUNDING PERCENTAGE:</b>	100%	0%	0%		100%

The Department of Aging and Adult Services requests authorization to enter into a new grant agreement with Institute on Aging for the time period beginning May 1, 2017 and ending April 30, 2019, in the amount of \$3,750,000 plus a 10% contingency of \$375,000 for a total not to exceed amount of \$4,125,000. The purpose of this grant is to provide the Support at Home Program, a home care voucher administration program, to eligible Seniors and Adults with Disabilities (AWD).

**Background**

Few resources currently exist to help seniors and adults with disabilities in San Francisco who are typically described as individuals with “upper poor income,” and need some degree of in-home care or are at risk of institutionalization. For this population, affordability of sufficient in-home care has become increasingly difficult due to ineligibility for most government-administered assistance programs and increases to the minimum wage in San Francisco.

Based on a February 2016 policy report to the Board of Supervisors titled “In Home Care for Seniors,” one possible strategy to effect assistance to this underserved population includes a pilot program that partially subsidizes the costs of in-home care per person, and expands service delivery via a sliding scale based on an individual’s income tier and risk of institutionalization. Funding to support this home care pilot was allocated through the Board of Supervisors and Mayor’s Office add-back budgeting process in FY 2016-2017.

### **Services to be Provided**

Grantee will develop and implement a home care voucher administration program that targets San Francisco seniors and adults with disabilities that have both financial and functional need for home care subsidies, and are ineligible for subsidized home care programs such as Medi-Cal In-Home Support Services, Community Living Fund, In-Home Operations, and/or state waiver programs. Activities and services related to the program include, but are not limited to, the following:

#### *Outreach and Waitlist*

Grantee will utilize a targeted outreach strategy to identify eligible and interested individuals, and will maintain a waitlist that ensures both an ideal case mix and fair access to services.

#### *Intake/Screening and Enrollment Process*

Grantee will have a standardized intake process for eligibility determination and enrollment. The enrollment process will, at minimum, consist of a face-to-face home visit, needs assessment, verification of eligibility, consent for services, and program orientation. Ineligible individuals will be offered alternative community resources if and when applicable.

#### *In-Home Assessment, Re-Assessments, and Care Plan and Monitoring*

Grantee will utilize a standardized in-home assessment for both home care and financial needs—including, but not limited to, an evaluation of total met and unmet home care needs, unmet financial needs, projection of subsidized home care needs, person-centered goals, and how the home care voucher program would help achieve those goals.

Grantee will conduct periodic telephonic check-ins and quality assurance reviews. Re-assessments will also be conducted annually, and when there is a significant change in circumstances. Changes in overall care plan are adjusted accordingly.

#### *Voucher Administration*

Grantee will be responsible for the effective management of home care vouchers based on the following parameters:

- a standardized sliding scale based on client home care need and ability to pay for care,
- a voucher cap of 15 hours per week per client, and
- administration of both independent and agency provider modes.

#### *Data and Evaluation*

Grantee will house and standardize documentation in a secure manner that will be extractable for the purposes of quality assurance and program evaluation. A Project Team, to be constituted by the Grantee, DAAS, and a program evaluation contractor to be determined) will collectively develop evaluation tools, administration strategy, and data analysis approach. Grantee will administer evaluation tools in collaboration with the Project Team.

**Selection**

Grantee was selected through RFP (Request for Proposals) #723, which was issued in November 2016.

**Funding**

This grant will be funded entirely through City and County funds.

**Attachments**

Appendix A: Services to be Provided

Appendix B: Budget

**APPENDIX A – SERVICES TO BE PROVIDED  
INSTITUTE ON AGING**

**MAY 1, 2017 to APRIL 30, 2019  
Support at Home Pilot**

**I. Purpose**

The purpose of this grant is to administer a home care voucher program for seniors and adults with disabilities with unmet home care needs due to affordability challenges within the City and County of San Francisco. The target population consists of seniors and adults with disabilities who are typically described as individuals with “upper poor income,” up to 100% of the area median income (AMI), who cannot afford home care services. This population may forego needed home care services or sacrifice quality of life due to lack of informal support systems and/or inability to afford private pay options, particularly as the cost of living continues to rise in San Francisco. With partial home care subsidization, this program aims to improve health, safety, and quality of life outcomes and to promote aging in place for individuals who are in need of in-home support but are ineligible for IHSS or other publicly-supported home care services due to income/resource limits or other program requirements. The Support at Home Program is not an extension of IHSS nor a Medi-Cal Share of Cost program.

**II. Definitions**

ADL	Activities of Daily Living: transfer mobility, bathing, dressing, toileting, eating, ambulating, and grooming
City	City and County of San Francisco
DAAS	San Francisco Department of Aging and Adult Services, a division of HSA
Grantee	Institute on Aging (IOA)
HSA	San Francisco Human Services Agency
IADL	Instrumental Activities of Daily Living: managing medicines, shopping, meal preparation, telephone, transportation, light housework, heavy housework, managing money, stair climbing, mobility indoors, mobility outdoors, and laundry
IOA Connect	Information and Referral service offered by the Institute on Aging that refers callers to the most appropriate programs within IOA or other resources in San Francisco that serve seniors and adults with disabilities.
MOU	Memorandum of Understanding

**III. Target Population**

To be eligible for the Support at Home Program, an individual must meet the following criteria:

- A resident of San Francisco;
- Senior aged 60 and above or adult with disabilities aged 18 to 59;
- Require assistance with a minimum of two (2) Activities of Daily Living (ADL) and/or Instrumental Activities of Daily Living (IADL);
- Income up to 100% of Area Median Income (AMI);
- Asset limit of \$40,000 (excluding house and one car);
- Able to demonstrate both financial and functional need for subsidized home care;
- Willing to contribute, on a sliding scale, to supplement home care cost;
- Willing to participate with program requirements and pre/mid/post evaluations; and

- Be ineligible for other subsidized home care through programs such as Medi-Cal In-Home Support Services, Community Living Fund, In-Home Operations, and/or other state waiver programs.

#### **IV. Description of Services**

##### **Overview**

Grantee is responsible for activities and services related to the administration of home care vouchers for the target population. This includes, but is not limited to, screening applicants for target population criteria, conducting a standardized assessment, determining program eligibility, administering vouchers, assisting with the selection of home care providers when needed, facilitating orientation and training for both consumers and providers, on-going monitoring and program oversight, and addressing issues as needed to support program success. Grantee will work in close partnership with the Program Evaluation contractor (to be determined) to analyze program and client outcomes and data specifically related to clients' success in achieving personal health, mental health, and quality of life goals.

##### **Outreach and Waitlist**

Grantee will have a targeted outreach strategy across diverse populations to identify eligible and interested individuals. Program outreach strategies will be developed with input from community advocates and stakeholder meetings. Marketing materials in threshold languages will include city-wide marketing and mass media strategies with target populations. Ongoing outreach will be dependent upon the demand for services and waitlist expansion. Grantee shall maintain a waitlist that ensures fair access to the pilot as space is available while being mindful of the case mix to achieve service and objective outcomes. An ideal case mix is one that has range of individuals across a broad spectrum functional and income needs, so that no one particular group is over- or under- represented. At minimum, 50% of the clients are younger adults with disabilities.

##### **Intake and Screening Process**

Grantee will have a standardized intake process for referrals through IOA Connect who will determine initial program eligibility. If an individual is ineligible, IOA Connect Client Service Specialists will offer alternative community resources when applicable. Initially eligible referrals are reviewed by Program Director and are either assigned for enrollment or placed on wait list.

##### **Enrollment**

Grantee will have a standardized, consumer-friendly enrollment process. Grantee will gather supporting documents and verify eligibility based on program criteria. Financial verification will include consideration of individual income, assets, household size, and expenses (including, but not limited to, rent/mortgage, insurance, utilities, transportation, food, health care, medications, caregiver costs). The enrollment process will, at minimum, consist of a face-to-face home visit, needs assessment, verification of eligibility, consent for services, and program orientation. Program orientation should include explanation of pilot goals, value of consumer input, program structure, provider options (independent provider or agency mode), voucher administration, program and client responsibilities, re-assessments, client-centered outcomes, and the evaluation components which may include surveys and telephonic check-ins. Applicants who have completed the enrollment process, consented to services, and started home care under this program are considered clients.

### **In-Home Assessment**

Grantee shall develop a standardized assessment for both home care and financial needs in a person-centered manner. Applicants will receive an in-home assessment, including an evaluation of total met and unmet home care needs, unmet financial needs, projection of subsidized home care needs, and person-centered goals and how the home care voucher program would help achieve those goals.

Detailed caregiver information will include both formal and informal supports to determine need. The number of hours for unmet functional need is based on a balance of client self-report and reasonableness to close gap for unmet need. Functional ability will be assessed according to the ADL and/or IADL scales.

This includes:

- **Domestic services** such as grocery shopping, meal preparation, cleaning, dusting, laundry, and general house work.
- **Non-medical personal services** such as bowel and bladder care, bathing, oral hygiene, grooming, dressing, and transfers.
- **Accompaniment services** such as to and from appointments with physicians, dentists and other health practitioners.

**Standardized Re-assessment:** A re-assessment is conducted annually and when there is a significant change in circumstances. Adjustments to home care hours, voucher administration, and/or overall care plan are made accordingly. If the client no longer meets program criteria, Grantee will manage a standardized transition process that ensures client stability.

### **Care Plan and Monitoring**

Grantee will develop a person-centered care plan that describes the grantee and client agreement and responsibilities, and may include clients' family and/or support systems. As defined by program policies and procedures, Grantee will conduct telephonic check-ins to review status of home care services including provider mode, authorized hours, client co-pay, and issues including recent hospitalizations, falls, and medical and medication compliance. Similarly, quality assurance reviews will be conducted, and will address issues such as voucher administration and provider modes.

### **Voucher Administration**

The intent of the home care voucher program is to explore the impacts of a portable home care voucher model. Grantee is responsible for the effective management of the home care vouchers based on the following parameters:

- **Standardized Sliding Scale:** Grantee will implement a sliding scale system that is based on clients' overall home care needs and ability to pay for this care. All clients must pay a share of their home care costs. The Grantee will maintain a balanced case mix across a broad spectrum functional and income needs while maximizing the number of clients served annually
- **Voucher Cap:** Grantee will ensure that vouchers are capped at fifteen (15) hours per week per client to support equitable management of funds. A client may receive maximum hours if both high level of care and financial need are apparent.

- **Voucher Administration:** Grantee will ensure effective management of the home care voucher in both provider modes. This includes having the organizational and technological infrastructure that ensures that the client contribution is paid prior to voucher payment on a monthly basis. Grantee will have a responsive and proactive approach for early problem identification and resolution.

### **Provider Modes**

Grantee will allow clients the choice of either independent provider or agency mode. The independent provider mode allows clients to choose their provider and more flexibility to direct their own care including hiring, scheduling, and firing their own workers. The agency mode allows clients to work with an agency that provides support, training, and manages the home care workers. Grantee will use discretion to prevent fraud or abuse, and has final authority to approve or deny either provider modes.

- **Provider Wage:** In either independent provider or agency mode, grantee will ensure a minimum wage of \$15 per hour (not necessarily the consumer cost) for all home care providers.
- **Training Modules:** Grantee will provide paid trainings for both provider modes focused on common caregiving issues such as communication, nutrition, safety, and hazards. Grantee will standardize mandatory and optional training modules for home care workers with opt out options, at the discretion of Grantee. At minimum, all home care providers will participate in an orientation about the Support at Home model, receive education on labor laws through a partnership with an organization representing domestic worker rights, as well as the responsibilities of clients, providers, and Grantee.

### **Home Care Termination**

Home care termination may be initiated either by Grantee or by client. Reasons for service termination may include: client's condition has improved or stabilized and no longer requires caregiver support, client requires a higher level of care, client requires long-term institutionalization, client no longer desires services, client has moved out of area, client is deceased, or client has become unwilling or unable to follow a care plan, including payment of monthly cost sharing amount. Grantee will use a standardized termination process and assist with the transition, including referrals and resources.

### **End of Home Care Pilot Program**

If needed, Grantee will develop plans for a transition period in the last six (6) months of this home care pilot to transition clients to alternate services, complete surveys, and conduct program evaluation.

### **Data and Evaluation**

Grantee will house and standardize documentation in a secure manner both electronically and with hardcopies as necessary. Documentation supports the scope of services and includes signed consent and release of information forms. Demographic information will include age, race, ethnicity, gender, sexual orientation, and primary language. Grantee will also manage data in a way that can be extractable for the purposes of quality assurance and program evaluation. Grantee will monitor quality and performance on an ongoing basis, including internal quality assurance activities, using surveys that include Quality of Life and/or satisfaction surveys

administered by telephone and/or mail. A Project Team (including Grantee, DAAS, and a program evaluation contractor to be determined) will collectively develop evaluation tools, administration strategy, and data analysis approach. Grantee will administer additional tools in collaboration with the Project Team.

## **V. Grantee Responsibilities**

Grantee will work collaboratively with DAAS on an ongoing basis with regards to program design, program development, implementation, and evaluation. Grantee will manage ongoing quality assurance and improvement efforts, including monthly and ad hoc reports and regular meetings with DAAS.

Grantee will develop policies and procedures, including a grievance procedure consistent with DAAS guidelines. The program design and policies shall be consistent with the underlying goal of this program – to ensure the quality and availability of home care services in order to improve physical and mental health, and quality of life outcomes for the target population.

Grantee will support staff development efforts and competencies with trainings and mentoring, always with sensitivity to the needs of diverse populations, including culture, language, gender, and sexual orientation.

Grantee will ensure that database(s) can effectively track and export program and voucher data such as demographics, assessment, service authorization, voucher amount, client co-pay, reason for disenrollment, and client outcomes. This includes both client and provider level data for the purpose of program evaluation and data analysis.

Grantee will work collaboratively with the program evaluation contractor (to be determined). In partnership with the Grantee and DAAS, the program evaluation contractor will focus on the impacts of the pilot on the target population and its consistency with original pilot goals. The Support at Home program evaluation will be distinctly separate from the Support at Home contract evaluation which will focus on the administration of the scope of work described in this document.

Grantee will work in partnership with community advocates and other stakeholders on an ongoing basis to gather feedback on program design, implementation, and outcomes. Grantee may form an advisory committee or other governance structures to assist with this goal.

## **VI. Service Objectives**

Grantee will complete project startup tasks with no more than one (1) month of deviation from timeline.

*On an annual basis, Grantee will meet the following service objectives:*

- **Service Units** include:
  - 175-250 unduplicated clients, of which at least 50% are under age 60.
  - 43,800 hours of subsidized care hours to be provided annually.



- **Service Objectives** include:
  - At least eighty-five percent (85%) of clients receive orientation/training within two (2) weeks of enrollment.
  - At least eighty-five percent (85%) of clients receive subsidized home care within two (2) weeks of enrollment.

## VII. Outcome Objectives

*On an annual basis, Grantee will meet the following outcome thresholds:*

**Objective 1:** At least eighty-five percent (85%) of clients will have a higher quality of life.

**Objective 2:** At least eighty-five percent (85%) of clients will have improved health-care related outcomes.

**Objective 3:** At least eighty-five percent (85%) of clients will be satisfied with voucher administration services provided.

**Objective 4:** At least eighty-five percent (85%) of clients believe that the program helped them towards their person-centered goals.

These objectives will include data from **Client Satisfaction Surveys** to be administered, on an annual basis at minimum. Objectives will be further refined through Grantee's collaboration with the evaluation Project Team.

## VIII. Reporting Requirements

Grantee will provide various reports during the term of the grant agreement.

- A. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Section IV - Description of Services, VI - Service Objectives, and VII - Outcome Objectives. This report will also include accomplishments and challenges encountered by the Contractor. This report is due forty-five (45) days after the completion of the program year.
- B. On an annual basis, Grantee will provide results of the Client and Provider Satisfaction Surveys. This may or may not be provided at the same time as the annual report.
- C. Monthly, Quarterly, and Annual Reports will be entered into the CARBON (Contracts Administration, Billing and Reporting Online) system.
- D. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
- E. Reports requested to be sent via e-mail to the Program Manager and/or Contract Manager to the following addresses:

Carrie Wong  
 Program Manager  
 Department of Aging and Adult Services  
 PO Box 7988  
 San Francisco, CA 94120  
[Carrie.Wong@sfgov.org](mailto:Carrie.Wong@sfgov.org)

Victoria Chan  
 Contract Manager  
 Human Services Agency  
 PO Box 7988  
 San Francisco, CA 94120  
[Victoria.Chan@sfgov.org](mailto:Victoria.Chan@sfgov.org)

## **IX. Monitoring Activities**

A. **Program Monitoring:** Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports, maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting; program operation, which includes a review of a written policies and procedures manual of all DAAS-funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation are current according to the site chart; a board of director list and whether services are provided appropriately according to Sections IV and V.

B. **Fiscal Compliance and Contract Monitoring:** Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

**HUMAN SERVICES AGENCY BUDGET SUMMARY  
 BY PROGRAM**

	A	B	C	D	E
1					
2					
3					
4					
5	Name			Term	
6	Institute on Aging			May 1, 2017 - April 30, 2019	
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>				
8	If modification, Effective Date of Mod.		No. of Mod.		
9	Program: <b>Support at Home Pilot</b>				
10	Budget Reference Page No.(s)				
11	Program Term	FY16-17 (May - June)	FY17-18	FY18-19 (July - April)	<b>Total</b>
12	<b>Expenditures</b>				
13	Salaries & Benefits	\$50,050	\$361,646	\$294,974	\$706,670
14	Operating Expense	\$102,402	\$142,178	\$119,122	\$363,702
15	<b>Subtotal</b>	<b>\$152,452</b>	<b>\$503,824</b>	<b>\$414,096</b>	<b>\$1,070,372</b>
16	Indirect Percentage (%)	15%	15%	15%	15%
17	Indirect Cost (Line 16 X Line 15)	\$22,868	\$75,573	\$62,115	\$160,556
18	Voucher Expenditure	\$14,906	\$1,199,913	\$1,304,253	\$2,519,072
19	<b>Total Expenditures</b>	<b>\$190,226</b>	<b>\$1,779,310</b>	<b>\$1,780,464</b>	<b>\$3,750,000</b>
20	<b>HSA Revenues</b>				
21	Support at Home	\$190,226	\$1,779,310	\$1,780,464	\$3,750,000
22					
23					
24					
25					
26					
27					
28					
29	<b>TOTAL HSA REVENUES</b>	<b>\$190,226</b>	<b>\$1,779,310</b>	<b>\$1,780,464</b>	<b>\$3,750,000</b>
30	<b>Other Revenues</b>				
31					
32					
33					
34					
35					
36	<b>Total Revenues</b>	<b>\$190,226</b>	<b>\$1,779,310</b>	<b>\$1,780,464</b>	<b>\$3,750,000</b>
37	Full Time Equivalent (FTE)	3.40	4.15	4.20	
39	Prepared by: Laura Liesem	Telephone No.: 415-750-8761		Date 04-05-2017	
40	HSA-CO Review Signature: _____				
41	<b>HSA #1</b>				

Program: Support at Home Pilot  
 (Same as Line 9 on HSA #1)

**Salaries & Benefits Detail**

11	12	FY16-17 (May - June)											FY17-18			FY18-19 (July - April)			TOTAL
		Agency Totals		For HSA Program		For HSA Program		For HSA Program		For HSA Program		For HSA Program		For HSA Program					
		Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	% FTE	Adjusted FTE	Budgeted Salary	% FTE	Adjusted FTE	Budgeted Salary	% FTE	Adjusted FTE	Budgeted Salary	5/1/17 to 4/30/19			
13	Director of Operations	\$112,498	100%	20%	20%	\$3,750	20%	20%	\$22,500	0%	0%	\$0			\$26,250				
14	SF Regional Director	\$110,486	100%	20%	20%	\$3,683	20%	20%	\$22,097	20%	20%	\$18,414			\$44,194				
15	Program Director	\$80,356	100%	100%	100%	\$13,393	100%	100%	\$80,356	100%	100%	\$66,963			\$180,712				
16	Care Manager 1	\$65,289	100%	100%	100%	\$10,881	100%	100%	\$65,289	100%	100%	\$54,408			\$130,578				
17	Care Manager 2	\$65,433	100%	0%	0%	\$0	75%	75%	\$49,075	100%	100%	\$54,528			\$103,602				
18	Accounting & Program Coordinator	\$50,000	100%	100%	100%	\$8,333	100%	100%	\$50,000	100%	100%	\$41,667			\$100,000				
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29	TOTALS	\$484,062	6.00	3.40	3.40	\$40,040	4.15	4.15	\$289,317	4.20	4.20	\$235,979			\$565,336				
30																			
31	FRINGE BENEFIT RATE	25%																	
32	EMPLOYEE FRINGE BENEFITS	\$121,015				\$10,010			\$72,329			\$58,995			\$141,334				
33																			
34																			
35	TOTAL SALARIES & BENEFITS	\$605,077				\$50,050			\$361,646			\$294,974			\$706,670				
36	HSA #2															12/15/2015			

4 Program: Support at Home Pilot  
 5 (Same as Line 9 on HSA #1)

7 **Voucher Expense Detail**

11 **TOTAL**

12	Expenditure Category	TERM	FY16-17 (May - June)	FY17-18	FY18-19 (July - April)	5/1/17 to 4/30/19
13	Home Care Vouchers		\$14,906	\$1,199,913	\$1,304,253	\$2,519,072
14						
15						
16						
17						
18						
19						
20						
21	TOTAL VOUCHER EXPENSE		\$14,906	\$1,199,913	\$1,304,253	\$2,519,072
22						
23	HSA #3					12/15/2016

	A	B	C	D	E	F	G	H	I	J	K
1											
2											
3											
4	Program: Support at Home Pilot										
5	(Same as Line 9 on HSA #1)										
6											
7	<b>Operating Expense Detail</b>										
8											
9											
10											
11											TOTAL
12	<u>Expenditure Category</u>				TERM	<u>FY16-17 (May - June)</u>	<u>FY17-18</u>	<u>FY18-19 (July - April)</u>			<u>5/1/17 to 4/30/19</u>
13	Rental of Property					\$5,000	\$30,000	\$25,000			\$60,000
14	Office Supplies, Postage					\$167	\$1,000	\$833			\$2,000
15	Licensing Fees					\$1,000	\$6,000	\$5,000			\$12,000
16	Technology Equipment					\$8,500					\$8,500
17	Recruiting					\$13,000	\$13,000				\$26,000
18	Wireless Fees					\$300	\$1,800	\$1,500			\$3,600
19	Staff Travel-(Local & Out of Town)					\$210	\$2,640	\$2,300			\$5,150
20	Rental of Equipment										
21	<u>CONSULTANTS/SUBCONTRACTORS</u>										
22	NDWA					\$1,542	\$9,250	\$7,708			\$18,500
23	HomeWork Solutions (Payroll Vendor)					\$975	\$78,488	\$76,781			\$156,244
24	Salo Solutions (Development Consultant -					\$71,708					\$71,708
25	database customization; tracking,										
26	assessment, and reporting tools; etc.)										
27											
28	<u>OTHER</u>										
29											
30											
31											
32											
33											
34											
35	TOTAL OPERATING EXPENSE					\$102,402	\$142,178	\$119,122			\$363,702
36											
37	HSA #3										12/15/2016