Dear Dr. Johnson,

As you may know, the Cedar Valley Rehabilitation Workshop has acquired, through donation, a hotel in downtown Austin.

It is our intention to convert this structure into a supervised, programmed dormitory for handicapped persons involved in vocational rehabilitation.

The building, after renovation, would house up to 42 persons complete with adequate dining and recreational facilities. We intend 24 hour supervision. A variety of recreational-social and independent living programs would be offered.

We feel that such a living arrangement would benefit a great many persons, eg. (1) those now in nursing homes that need, for many reasons, a more vibrant and progressive home atmosphere, (2) those now in boarding homes that would profit from more structured supervision and training, (5) those in institutions denied community placement or programs because of the lack of proper living accomodations, (4) the physically disabled that are met with architectural barriers in conventional housing, (5) sheltered and naive rural youth that require a semi-sheltered home during the time they develop the coping skills essential to adult independent living.
In essence, those needing program and services extending beyond, yet coordinated with, the typical vocational offerings of a workshop or center.

We realize that some would need simply housing and no more, and others would need only parts of the residential services.

We feel that this particular proposal offers the single most substantial improvement to services that could be afforded the majority of existing workshops/centers since it bears directly on one of the most frequently cited shortcomings of such facilities.

I would very much appreciate your specific reactions to this development and your written support of it—if you feel so inclined. Would you comment directly on your impressions of the number of clients, in your knowledge, that you feel would be advantaged by a dormitory of this type.

Thank you for your time and interest.

I will be looking forward to your reply.

Yours truly,

Thomas W. Flannagan
Director

TWF/jdb

Dr. Johnson,

I would much appreciate your general comments on the usefulness, and sometimes necessity, of transitional living arrangements as well as transitional vocational programs in the process of returning the institutional retarded to their communities.

With your permission I would add your endorsement to my request for money to accomplish this above-mentioned goal. Basically, I'm trying to understand the general need for such facilities and the specific need that one in this area would be well utilized.
I  Nature of Request

The Cedar Valley Rehabilitation Workshop, Inc., conscious of and responsive to its central role in the development of rehabilitation services in Southern Minnesota, submits this proposal as a solution to the striking needs of a large concentration of disabled persons.

The Cedar Valley Rehabilitation Workshop requests financial assistance in the amount of $176,484.00 to be used for the establishment and maintenance of a comprehensive vocational service at the Faribault State Hospital. This institution, housing 2,100 people, represents the largest single concentration of disabled persons in the state of Minnesota. The ability of existing programs to meet the vocational rehabilitation needs of this group is insignificant and, for all practical purposes, it is unserved.

The Cedar Valley Rehabilitation Workshop proposes to offer, via professional rehabilitation personnel, the services of screening, vocational evaluation, transitional sheltered work, long term sheltered work, job placement, and follow-up.

We anticipate that this program would extend coordinated vocational services to at least 135 persons per year.

II  Background of Agency

This Workshop was incorporated on February 25, 1960 as the Austin Achievement Corporation, a non-profit private agency. It's purpose, as defined by its charter, was "to establish and operate a sheltered workshop providing vocational rehabilitation services, transitional and terminal employment for physically, mentally, and socially disabled people in Austin and the surrounding areas."

The Workshop actually began operating in December of 1964. It has, throughout its history, offered the services of:

1. Intake-orientation
2. Evaluation
3. Counseling
4. Job testing
5. Work Adjustment Training
6. Placement
7. Follow-up
Over the years, its records indicate services to the following numbers of clients:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1964</td>
<td>44</td>
</tr>
<tr>
<td>1965</td>
<td>68</td>
</tr>
<tr>
<td>1966</td>
<td>48</td>
</tr>
<tr>
<td>1967</td>
<td>41</td>
</tr>
</tbody>
</table>

Agency records indicate service to a broad range of disabilities.

The Articles of Incorporation of the Workshop were revised in 1967, in accordance with the suggestions of supporting agencies.

Some of the more significant changes were:

1. The name Cedar Valley Rehabilitation Workshop, Inc. was adopted to reflect the fact that the Workshop represents and serves a much broader area of Southern Minnesota than Austin.

2. A broader representation of business, government, education, etc., was conceived for the Board of Directors' membership.

3. Staggered terms of office for board members were adopted to assure stability and continuity of operation.

Our most immediate six county area contains a population of 175,000 persons. There are no other Workshops in this area.

The Workshop has enjoyed excellent community support throughout these formative years. Its current position in the community is strong and assured. It is supported by the United Fund of Austin and surrounding areas. It further receives support from:

1. The Minnesota Society for Crippled Children and Adults
2. Mower County Taxes
3. Long-Term Sheltered Workshop Subsidy from the State of Minnesota

The program, although relatively static for the last several years, is currently undergoing major changes as described in the next section.

III. Current Staff. Program, and Plans

<table>
<thead>
<tr>
<th>Position</th>
<th>Degree</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>B.A.</td>
<td>8 years</td>
</tr>
<tr>
<td>Vocational Counselor</td>
<td>M.A.</td>
<td>1 year</td>
</tr>
<tr>
<td>fork Evaluator</td>
<td>B.A.</td>
<td>2 years</td>
</tr>
<tr>
<td>Production Supervisor</td>
<td>B.A.</td>
<td>2 years</td>
</tr>
</tbody>
</table>
1. Program

_The_ Workshop has a caseload of 32 clients at this time. 20 of these are in some phase of evaluation or transitional sheltered work. The remaining 12 are long-term workers for whom the prospect of competitive employment or further vocational gain is slight.

This shop has made distinct and significant changes in its programs and orientation in the past ten months. It is generally trying to broaden the range of services offered and improve the delivery of these services. A few of the accomplishments supportive of such change might be listed:

1. Application for and approval of annual subsidy grant under Minnesota's Long-Term Workshop Law.

2. Receipt of two new vehicles for use in setting up a client bus service and improving the system of material delivery for production department.

3. Approval of application for an Evaluation and Training Certificate from the Wage and Hour Division of the Department of Labor.

4. A fee readjustment resulting in an equitable charge for rehabilitation services and subsequently financial stability.

5. A two thousand dollar increase in our United Fund allocation.

6. Renovation of office and production record systems.


8. Institutional membership in the National Association of Sheltered Workshops and Home-bound Programs.

9. Increased daily client load from 14/day to 30/day.
10. Increased long-term work stations from 4 to 12.

11. Established three new full time staff positions, eg. Counselor, Social Worker, Work Evaluator.

12. Established a work evaluation department, etc., etc.

The Workshop, with expanded space and improved staffing, expects to serve 100 clients in the calendar year, 1969.

C. Plans

The Workshop has acquired, via donation, a hotel in downtown Austin. It is currently in the process of planning and securing funds to renovate this property. When completed, it will be a 42 unit supervised residence for persons in various phases of vocational programs. We anticipate opening this facility in the spring of 1969.

we have just completed the purchase of a building offering 8,000 square feet of production and office space. This is now being remodeled for occupancy January 1, 1969. We will continue to lease an additional 4,000 square feet. This combined footage will raise our daily caseload capacity from 33 to 65 persons.

The Workshop is continually adding to its equipment and machinery in an effort to modernize and update the evaluation and production departments. It anticipates spending an additional $15,000 for this purpose before January 1, 1969. We feel that these additions in personnel, equipment, coupled with the residential facility, will accomplish our primary goal of increasing the quality and quantity of service by the spring of 1969. It is expected that these improvements will allow for effective service to at least 100 persons in 1969.

IV Need for "Project 40"

A. General

Rehabilitation workshops have the responsibility for spearheading the movement towards serving more and more severely handicapped persons. Legislation and enabling funds can pave the way for programs, but existing agencies and institutions must stretch both imaginations and technologies to extend new services into new areas. The Cedar Valley Rehabilitation Workshop is proposing to extend rehabilitation services to fill a very conspicuous void in the over-all pattern of rehabilitation in Minnesota.

The general need for and utility of appropriate vocational services, particularly workshop services and work-oriented treatment programs, in the rehabilitation of the retarded has been documented exhaustively. It would seem ostentatious and unnecessary to include extensive references to the
literature in this proposal since it is intended only as a practical solution to a very concrete and visible problem. Readers requiring formal documentation can request a bibliography from this writer.

3. Specific

The Faribault State Hospital currently has a population of 2,100 persons. This population is distributed as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5-9</td>
<td>72</td>
<td>68</td>
<td>140</td>
</tr>
<tr>
<td>10-14</td>
<td>161</td>
<td>81</td>
<td>242</td>
</tr>
<tr>
<td>15-19</td>
<td>159</td>
<td>104</td>
<td>243</td>
</tr>
<tr>
<td>20-24</td>
<td>147</td>
<td>111</td>
<td>258</td>
</tr>
<tr>
<td>25-29</td>
<td>127</td>
<td>65</td>
<td>192</td>
</tr>
<tr>
<td>30-59</td>
<td>510</td>
<td>331</td>
<td>641</td>
</tr>
<tr>
<td>40-64</td>
<td>59</td>
<td>46</td>
<td>85</td>
</tr>
<tr>
<td>65+</td>
<td>1,178</td>
<td>948</td>
<td>2,126</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I.Q.</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe (0-59)</td>
<td>475</td>
<td>400</td>
<td>875</td>
</tr>
<tr>
<td>Moderate (40-54)</td>
<td>540</td>
<td>422</td>
<td>962</td>
</tr>
<tr>
<td>Mild (55-69)</td>
<td>165</td>
<td>126</td>
<td>289</td>
</tr>
</tbody>
</table>

This population can, of course, be examined statistically in an endless variety of ways. I believe the above, however, adequately indicates a significant volume of vocationally feasible, vocationally-treatable patients. There appears to be about 1,400 patients of working age (17 to 55) of which roughly one half or 700 would be classified as mildly or moderately retarded. The suitability of individuals within this 700 for vocational services will, of course, be decided by individual evaluation. Here, as elsewhere, the critical vocational factors will not be age or degree of retardation.

Transfers from Faribault to other institutions have been largely accomplished although the total move will not be accomplished until July I, 1969. Hospital personnel indicate a reservoir of no less than 400 persons requiring workshop services and indicate that this number would remain relatively constant due to admissions.
admission at the present remains on an emergency basis, and allows acceptance of only the most severely afflicted. Higher turnover patients and the provision of significant vocational-treatment services could be expected to have a very positive influence on admission criteria. eg. persons now denied entry, because of crowding "lack of appropriate programs, could be admitted. The advantages desirability of admission for the purpose of treatment, rather than detention, is self evident.

The current Division of Vocational Rehabilitation "pick-up" rate is something like 1/10 as described by hospital personnel. That is only one out of every ten hospital referrals are accepted for services by DVR. This estimate, coming from the hospital may, of course, be unnecessarily pessimistic. It would seem, however, that there is little doubt that the several hundred potential vocational candidates cannot be given service on an itinerant basis by a counselor visiting the hospital one half day per week. Proper on campus evaluation would guarantee appropriate services to eligible persons.

7. Neighboring Institutions and the Surrounding Community

is suggested that this vocational service may have applications and service responsibilities extending beyond the immediate population.

1. The Minnesota School for the Deaf. This is located within walking distance of the hospital, and has individuals that could benefit from evaluation services and/or work adjustment training. Particularly the advantage would fall with those students needing a combination school-work program. Staff at the school indicate a number of students appropriate for such a program.

2. The Minnesota Braille and Sight Saving School. There are indications that this institution could use and should have access to the proposed workshop. Since mobility is a major problem with this group, the physical proximity of the program would be an asset.

3. The Owatonna State School.. This institution currently buses clients to and from MDTA classes at the Faribault State Hospital. There are a fairly large number of that institution's population that could benefit and should have access to the evaluation and sheltered workshop services.

4. The community of Faribault and surrounding areas. A proportion of the intended work and evaluation stations should be allocated for general referrals from the communities surrounding the hospital. This general area lacks any type of workshop programs.

The Faribault State Hospital, while primarily concerned by designation and law with the welfare and treatment of its patients, recognizes and accepts its responsibility for extending the proposed vocational services to the disabled in adjacent institutions and the surrounding community.
Given the stability gained from successful operation and provoked the needs as they may become evident, it is conceivable that the project could establish an extension workshop within the community "Faribault. Such an extension would allow a painless and inexpensive solution to the shortage of work stations in South Central Minnesota.

Description of Staff, Program and Anticipated Results

Research and experience has proven that the single-most critical element in a Rehabilitation Treatment Program is the quality of the staff charged with delivering services. Recognizing this and being concerned with both the level and distribution of staff talent, we propose the following staffing pattern as optimal: 1. Director--One third time. This person is currently the Director of the Cedar Valley Rehabilitation Workshop and will be primarily responsible for:

A. Data collection, records, accounting standards and such reporting as may be necessary to satisfy progress and final report requirements for the grant.

B. General supervision of the personnel directly employed by the proposed project.

C. Liaison with the Faribault State Hospital and Division of Vocational Rehabilitation personnel for the purpose of developing services seen as appropriate and essential by these groups. He will be responsible for conceiving and structuring the work evaluation and work adjustment programs in such a way that they offer maximal services to the target population.

* All subsequent positions are full time.

2. Project Supervisor

A. This person will be responsible for the day-to-day development and operation of the project.

B. He will work closely with hospital staff and Division of Vocational Rehabilitation in planning and developing programs for clients.

C. He will coordinate all project staff functions.

D. He will report to the Program Director.

E. He will be a person with broad, successful rehabilitation experience and appropriate education.
Vocational Counselor
A. Responsible for working out vocational goals with client.
B. Coordinates efforts with other team members.
C. Possesses M.A. in Rehabilitation Counseling.
D. Reports to Project Supervisor.

Social Worker
A. Complements the hospital social workers treatment efforts.
B. Coordinates efforts with other team members.
C. Develops a social-vocational treatment plan.
D. Has M.S.W. or two years directly relevant experience.
E. Reports to Project Supervisor.

Evaluator-Trainer
A. Responsible for development and maintenance of basic evaluation area.
B. Responsible for executing specific training plans within the shop or in conjunction with hospital or community resources.
C. Delivers "situational counseling" as appropriate and in accordance with team goals.
D. Has M.A. in Work Evaluation or two years evaluation experience.
E. Reports to Project Supervisor.

Contract Procurement-Placement
A. Responsible for obtaining subcontracts.
B. Responsible for coordinating job leads and aiding in effecting job placements.
C. Essentially functions as liaison with industrial community.
D. Personal and other qualifications as necessary to the job.
E. Reports to Project Supervisor.

Production Supervisor
A. Responsible for production schedules, quality control, shop records, etc.
B. Conceives and builds jigs, fixtures, and appliances necessary to the effective completion of various contracts.
C. Supervises Shop Foreman.
D. Knowledge of supervisory practices, industrial process, etc., and personal qualifications as necessary to job.
E. Reports to Shop Supervisor.

Shop Foreman
A. Day-to-day assignment and supervision of workers.
B. Physical development of the shop.
C. Layout and effectiveness of work areas.
D. Reports to Production Supervisor.
**Bookkeeper**

Maintains appropriate and useful financial records and inventories.
B. Computes payroll.
D. Performs any and all duties incidental to sound bookkeeping for the Project.
D. Performs "overload" clerical duties where possible and in time of need.
P. Has training and experience in bookkeeping as necessary to job.
P. Reports to Project Supervisor.

**Typist**

Types letters, reports, records as required.
E. Maintains appropriate filing and index systems.
D. Performs general office and clerical functions as necessary.
P. Has appropriate typing and clerical skill with knowledge of dictaphone.
P. Reports to Project Supervisor.

**B. Program**

Program will be deliberately discussed in broad terms since to treat it more specifically would be unwanted structure and restriction into actual development. Simply, the Cedar Valley Rehabilitation Workshop proposes to establish a fully equipped and staffed satellite workshop on the grounds of the Faribault State Hospital. While the term "satellite" may connote partial services and minimal program, such is not the case this proposal. This extension service will offer a full range of vocational services including screening-orientation, vocational evaluation, transitional sheltered work, long-term sheltered work, job placement and follow-up. It will draw from the technologies of counseling, social work, industrial arts, psychology, etc. those methods most appropriate to the setting. It will coordinate its programs with those hospital programs as they develop. It will, likewise, coordinate its efforts with the Division of Vocational Rehabilitation and all other agencies, private or public, that may contribute.

: will be designed in such a way as to augment and extend current programs and, thus, will neither displace or replace existing staff programs.

1. **General**

Referrals will be received from the hospital's unit teams. DVR will become involved at the point of referral. A written report of acceptance or reasons for non-acceptance will be provided by the workshop to involved hospital and DVR personnel.

Each client referred will be required to enter the evaluation phase of the project for a duration necessary to clarify his aptitudes, interests, capacities, skills, and general vocational
Functioning. A thorough report of findings and recommendations for further programs or services will follow this evaluation period. Here, and throughout the Project's involvement with a client, participation of hospital, Division of Vocational Rehabilitation, and other interested parties, will be sought.

The Project will, whenever necessary and feasible, project itself into communities on behalf of the client, whether for purpose of job placement, living accommodations, follow-up, or whatever. It will try to eliminate the waste inherent in poor follow-up. It may accomplish this indirectly via the coordination and involvement of remote agencies or directly by personnel intervention.

A system of progress reporting will be maintained to insure continuity of services and fully informed co-workers.

Further details of communication, coordination, delivery systems, etc., will be developed in concert with concerned hospital staff and Division of Vocational Rehabilitation.

A fee system is projected in Appendix A. The way in which necessary charges are calculated is explained. The Project will not charge for services during the first 12 months of operation. It will charge the recommended fees during the last three months to allow the accumulation of operating capital. We suggest a proportionate system of rates be established for part time programs, eg. $28.75/week for 1/2 days attendance.

2. Time Sequence

The writer, viewing realistically the problems of staffing, contract acquisition, system development and the multiple preparatory exercises basic to developing the described programs, anticipates approaching full service by July 1, 1969. Notice that hiring dates are staggered to allow supervisory personnel a voice in the hiring process and permit an orderly development of the Project. Systematic hiring and systems development will result in many economies and prevent repetition.

Based on this writer's experience with the Project at Security Hospital in St. Peter, the span (15 months) of this grant is sufficient to insure the creation and viability of a stable program. A longer period is unnecessary and undesirable for a number of reasons.

Anticipated Results

The Faribault State Hospital projects a stable population of no less than 400 persons able to benefit from and eligible for vocational services. Based on this projection and the certainty
of appropriate referrals from the sources listed and discussed under item 4-C "Neighboring Institutions and the Surrounding Community," the Cedar Valley Rehabilitation Workshop would anticipate serving at least an additional 135 Division of Vocational Rehabilitation clients per year.

Turnover or program productivity is visualized as follows:

<table>
<thead>
<tr>
<th># Stations</th>
<th>Program Time</th>
<th># Served/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>6 weeks</td>
<td>85</td>
</tr>
<tr>
<td>20</td>
<td>6 months</td>
<td>40</td>
</tr>
<tr>
<td>10</td>
<td>1 year</td>
<td>10</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td>135</td>
</tr>
</tbody>
</table>

This, then, would yield an average program cost of $866/client. Tolerating a pessimistic "success" (satisfactory vocational outcome) rate of 45% the cost becomes $1,918.00/success. This compares very satisfactorily with the cost/efficiency of other workshop and facility programs as well as the average DVR costs per successful rehabilitation.

The Workshop anticipates the addition of long-term work stations in view of the obvious needs of some of the Faribault population. It will attempt, to offer such stations at the earliest opportunity and increase the volume of same at the fastest rate compatible with the financial security of the over-all program.

VI Continuation of Program after the Grant Period

The proposed program, "Project 40" would become an ongoing program of the Cedar Valley Rehabilitation Workshop subsequent to the grant period. Its continued operation will be financed via the purchase of its services at a cost/day rate as presented in this proposal in Appendix A under Fee Schedule. This fee rate will be constant and subject to change only through revision of the DVR-CVRW operating agreement as approved by both parties.

VII Relationship with the Minnesota Division of Vocational Rehabilitation

The Cedar Valley Rehabilitation Workshop cooperates with the Minnesota Division of Vocational Rehabilitation via an operating agreement (Revised March 13, 1968) which defines rates, services, referral policies, etc.

An average of 44 Minnesota Division of Vocational Rehabilitation clients were served from 1964 through 1967. The Workshop anticipates 100 Division of Vocational Rehabilitation clients in 1969.
VIII. Other Rehabilitation Services

Supervisory personnel from the several hospital programs will work directly with Workshop personnel in developing individual programs for each workshop client. Any one or any combination of the allowing might be involved in programming for an individual:

1. Independent living
2. MDTA
3. Basic Education
4. Skills of Daily living
5. Hospital industries training
6. Community readiness
7. Various group activities, etc.

Further: The Workshop would be advantaged by consultation and timely services from:

1. Medicine
2. Psychology
3. Psychiatry
4. Speech Therapy
5. Physical Therapy
6. Occupational Therapy
7. Special Education
8. Nursing, etc.

The Minnesota Division of Vocational Rehabilitation as represented adequate liaison personnel would provide such services and goods as may be necessary to the individual's rehabilitation program that are not elsewhere readily available, eg., special training, prosthetics, consultations, tools, appliances, licenses, etc.

elected hospital staff will be rotated through the project for the purpose of orientation and training. Project personnel will receive similar indoctrination to the hospital.

Hopefully, this cross pollination of philosophies, concepts, techniques, etc., will result in early mutual respect and understanding and keep rivalry and competitiveness below destructive levels.

IX. Safety Standards

The buildings to be occupied by "Project 40" are regularly inspected to insure proper safety, fire, health, etc. standards. Layout of work areas will reflect the standards issued by Industrial and Plant Safety Engineers in respect to color coding, machine guards, safety devices, etc., and space requirements. Due regard for physically handicapped clients will be evidenced by the Projects' use of the American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by the Physically Handicapped," and
X. Wage and Hour Compliance

The Cedar Valley Rehabilitation Workshop observes all applicable Federal and State Wage and Hour Standards. It possesses such certificates, waivers, and individual exemptions as are required by law. It agrees to observe all applicable Federal and State Wage and Hour Standards throughout its operation of the "Project 40" Workshop.

XI. Compliance with Title VI of the Civil Rights Act of 1964

The Cedar Valley Rehabilitation Workshop has executed the Civil Rights Assurance Form (Form HEW-441) at an earlier date. It will adhere strictly to the provisions of this Act in its administration of Project 40.

"II Disposition of Equipment

In the event the office and/or shop equipment purchased for the establishment and operation of "Project 40" is no longer needed, for whatever reason, it would be disposed of by donating it to the Faribault State Hospital for other vocational rehabilitation uses. This equipment could then be donated to other vocational rehabilitation agencies as specified by the Minnesota Division of Vocational Rehabilitation.

XIII Physical Relationship to Existing Program

The "Project 40" program will be carried out in a setting geographically distinct from the Cedar Valley Rehabilitation Workshop. Hence, it will not be necessary to coordinate its space requirements with Workshop's existing space.

A. The space proposed for the workshop's occupany is "Wiley Hall," a brick building, 128' long X 44' wide located on the southern end of the main building grouping. It would be possible to occupy the ground and first floors. Total space = 11,264 square feet. (5,632 ft. each floor)

Main usable area is the ground floor which currently houses the hospital sewing operation. This area is relatively unbroken, well lighted, and appropriate for workshop use. It is marginal in terms of size since 40 work stations would be expected to consume about 6,000 square feet. I believe, however, with proper planning and with use of the second floor for offices, testing, etc., the space is adequate. Additional space would be made available for warehousing and auxiliary production area as needed.

C. Renovations cannot, at this writing, be detailed. The single most important change will be the development of direct trucking access
to the ground level. This will involve ramping. Other changes can be detailed after consultation and planning with Cedar Valley Rehabilitation Workshop's architect and concurrence by the hospital building's supervisor.

The hospital would, via the State of Minnesota Administrative Office, have executed a lease granting the Cedar Valley Rehabilitation Workshop use of the building on a cost-free basis. The hospital should provide heat, water, electricity, incandescent and fluorescent bulb replacement and normal maintenance service. The Cedar Valley Rehabilitation Workshop would be responsible for alterations, as approved hospital, telephone charges and all expenses specifically incident to the operation of the workshop program.

XIV. Summary

The Cedar Valley Rehabilitation Workshop, Inc., an effective source of rehabilitation services in Southern Minnesota, requests attention to and favorable support for this proposal entitled, "Project 40," A Coordinated Vocational Program for Faribault State.

The proposal indicates a need for financial assistance in the amount of $176,484.00, and has provided detailed budgetary and program information as a basis for this request.

The Cedar Valley Rehabilitation Workshop feels that the proposed source could have major and lasting influence on the successful patterning of rehabilitation services in Southern Minnesota.

The proposal suggests a satisfactory resolution to chronic program deficiencies affecting one major concentration of potential rehabilitants.

The Project will, in the course of its operation, demonstrate convincingly the economy and wisdom of projecting services from administratively and technically sound workshops and facilities already in existence as opposed to the evolution of a never-ending series of new workshops and facilities. Problems of staffing, technology, cost and contract procurement efficiency argue against such duplication.

Further budget breakdowns, program description, or documentation will be provided upon request.
Total "Project 40" Budget
15 Month Period
January 1, 1969 - March 31, 1970

Salary
Project Director 6,250.00
Project Supervisor 14,625.00
Vocational Counselor 9,750.00
social Worker 9,750.00
Evaluator-Trainee 9,750.00
Contract Procurement-Placement 10,500.00
Production Supervisor 8,700.00
Shop Foreman 6,500.00
Shop Foreman 6,500.00
Bookeeper 6,500.00
Typist 5,250.00

Staff: 15 month; 5% Increment 2nd year 5,159.00 97,014.00

Fringe costs
Workmen's Compensation 4,250.00
Health Insurance Liability and Other Insurances 5,100.00
5,750.00
1,800.00
Total Fringe Costs, 15 months: 12,900.00

Expenses
Telephone 650.00
5,500.00

Travel
Office Supplies 1,800.00
720.00
5,500.00
Shop Supplies 600.00
Building and Maintenance Supplies 400.00
Building and Equipment Repairs 550.00
Vehicles Operating Expense 1,800.00
Shop Replacement and Additional Equipment 1,500.00
Staff Training and Recruitment 1,500.00

Dues and Memberships 500.00
Public Relations 500.00
Consultant Services 650.00
Miscellaneous 2,000.00

'1 Other Expenses, 15 months: 16,470.00

Initial Shop and Office Equipment and Installation
Office Furniture and Equipment 9,305.00
*Detailed in Appendix C-1
Shop Equipment, Machinery 25,795.00 35,100.00
Detailed in Appendix C-1
Alterations

Preliminary 15,000.00

Total 15 Month Budget for "Project 40": 176,484.00