

[illegible]

Fiscal Period: July 2024 through June 2025

[illegible]

DAAS-732A

		Service	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service
		Transportation (General)	Transportation (Medical)	In-Home Aide-Level I - Home Management	In-Home Aide-Level II - Personal Care	In-Home Aide-Level III - Personal Care	Home Delivered Meals	Adult Day Care	Respite, Group	O/N/A	O/N/A	O/N/A
		250	033	041	042	045	020	030	309			
I. Projected Revenues	\$ Grand Total	-	-	-	-	-	-	-	-	-	-	-
A. Fed/State Funding from the Div. of Aging & Adult Svcs.	\$ 1,376,520	\$ 6,607	\$ 103,522	\$ 87,828	\$ 686,659	\$ 23,953	\$ 357,921	\$ 102,421	\$ 7,709	\$ -	\$ -	\$ -
Required Minimum Match - Cash	\$ 154,141	\$ 740	\$ 11,591	\$ 9,834	\$ 76,886	\$ 2,682	\$ 40,077	\$ 11,468	\$ 863	\$ -	\$ -	\$ -
1) required match	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Required Minimum Match - Cash	\$ 154,141	\$ 740	\$ 11,591	\$ 9,834	\$ 76,886	\$ 2,682	\$ 40,077	\$ 11,468	\$ 863	\$ -	\$ -	\$ -
Required Minimum Match - In-Kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Required Minimum Match - In-Kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Total Required Minimum Match (cash + in-kind)	\$ 154,141	\$ 740	\$ 11,591	\$ 9,834	\$ 76,886	\$ 2,682	\$ 40,077	\$ 11,468	\$ 863	\$ -	\$ -	\$ -
C. Subtotal, Fed/State/Required Match Revenues	\$ 1,530,761	\$ 7,341	\$ 115,024	\$ 97,567	\$ 762,954	\$ 26,614	\$ 397,690	\$ 113,801	\$ 8,562	\$ -	\$ -	\$ -
D. NSIP cash subsidy/commodity valuation	\$ 21,618	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 21,618	\$ -	\$ -	\$ -	\$ -	\$ -
E. OAA Title V Worker Wages, Fringe Benefits and Costs Local Cash, Non-Match	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1) county general fund	\$ 349,030	\$ -	\$ 2,790	\$ 10,558	\$ 76,851	\$ 51,660	\$ -	\$ 150,883	\$ 56,288	\$ -	\$ -	\$ -
2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
F. Subtotal, Local Cash, Non-Match Other Revenues, Non-Match	\$ 349,030	\$ -	\$ 2,790	\$ 10,558	\$ 76,851	\$ 51,660	\$ -	\$ 150,883	\$ 56,288	\$ -	\$ -	\$ -
1) donations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
G. Subtotal, Other Revenues, Non-Match Local In-kind Resources (includes Volunteer Resources)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1) volunteer hours (@\$34.19/hr)	\$ 200,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200,000	\$ -	\$ -	\$ -	\$ -	\$ -
2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H. Subtotal, Local In-kind Resources, Non-Match Client Cost Sharing	\$ 200,000 \$ 5,438	\$ - \$ -	\$ - \$ 38	\$ - \$ 800	\$ - \$ -	\$ - \$ 4,800	\$ 200,000 \$ 4,800	\$ - \$ -	\$ - \$ -	\$ - \$ -	\$ - \$ -	\$ - \$ -
J. Total Projected Revenues (Sum LC,D,E,F,G,H,I & J)	\$ 2,106,847	\$ 7,341	\$ 117,812	\$ 108,745	\$ 839,805	\$ 78,274	\$ 624,108	\$ 264,684	\$ 64,854	\$ -	\$ -	\$ -

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Prices Must Equal

	Grand Total	Service Transportation (General) 250	Service Transportation (Medical) 033	Service Home Aide-Level I - Home Manager 041	Service Home Aide-Level II - Personal Care Aide-Level III - Personal Care Aide-Level III - Personal Care 042	Service Home Aide-Level III - Personal Care 045	Service Home Delivered Meals 020	Service Adult Day Care 030	Service Respite, Group 300	Service 0 N/A	Service 0 N/A
II. Computation of Rates											
A. Computation of Unit Cost Rate:											
1. Total Expenses (equals line II.J)	\$ 2,105,663	\$ 7,341	\$ 117,852	\$ 108,745	\$ 839,805	\$ 78,274	\$ 624,108	\$ 264,684	\$ 64,854	\$ -	\$ -
2. Total Projected Units	550	3,251	23,544	27,022	23,544	2,104	1,855	5,312	1,855	-	-
3. Total Unit Cost Rate		\$ 13,3473	\$ 15,7136	\$ 33,4497	\$ 35,6696	\$ 37,2025	\$ 23,0963	\$ 49,8276	\$ 34,9617	\$ -	\$ -
B. Computation of Reimbursement Rate:											
1. Total Revenues (equals line I.J)	\$ 2,106,847	\$ 7,341	\$ 117,852	\$ 108,745	\$ 839,805	\$ 78,274	\$ 624,108	\$ 264,684	\$ 64,854	\$ -	\$ -
2. Less: NSIP (equals line I.D)	\$ 21,618	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Title V (equals line I.E less II.D)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non Match in Kind (equals line I.H less II.C)	\$ 200,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200,000	\$ -	\$ -	\$ -	\$ -
3. Revenues Subject to Unit Reimbursement	\$ 1,885,229	\$ 7,341	\$ 117,852	\$ 108,745	\$ 839,805	\$ 78,274	\$ 402,490	\$ 264,684	\$ 64,854	\$ -	\$ -
4. Total Projected Units (equals line III.A.2)	550	3,251	23,544	27,022	23,544	2,104	1,855	5,312	1,855	-	-
5. Total Reimbursement Rate		\$ 13,3473	\$ 15,7136	\$ 33,4497	\$ 35,6696	\$ 37,2025	\$ 14,8949	\$ 49,8276	\$ 34,9617	\$ -	\$ -
C. Units Reimbursed Through HCCBG	660	7,320	7,320	2,817	21,389	715	28,700	2,284	245	-	-
D. Units Reimbursed Through Program Income*	-	2	2	18	-	-	322	-	-	-	-
E. Units Reimbursed Through Remaining Revenues	-	178	316	316	2,155	1,389	13,427	3,028	1,610	-	-
F. Total Units Reimbursed/Total Projected Units	660	7,500	7,500	3,251	23,544	2,104	40,448	5,312	1,855	-	-

ERROR, Total Units Recor

* The Division of Aging ARMS deducts reported program income from reimbursement paid to providers. Line III.D indicates the number of units that will have to be produced in addition to those stated on line III.C in order to earn the net revenues stated on line I.C.

Certification:

I certify to the best of my knowledge and belief that the information included in the cost computation above is accurate and complies with all laws and regulations. I also understand that material deviations in reported cost information could limit funding, and also result in return of funds if the error or omission results in a higher than actual reported cost.

Authorized Signature _____

Title

Date _____

Information on this form (DAAS-732A) corresponds with
Information stated on the Provider Services Summary
(DAAS-732) as follows:

	DAAS-732A	DAAS-732
Block Grant Funding	Line I.A	Col. A
Required Local Match Cash & In-Kind	Line I.B	Col. B
Net Service Cost	Line I.C	Col. C
NSIP Subsidy	Line I.D	Col. D
Total Funding	L. I.C+D	Col. E
Projected HCCBG Reimbursed Units	Line II.C	Col. F
Total Reimbursement Rate	Line III.B.S	Col. G
Projected Total Service Units	Line III.F	Col. J

Home and Community Care Block Grant for Older Adults

Gaston DHHS
330 Dr. Martin Luther King Jr. Way
Gastonia, NC 28052

County Funding Plan

Provider Services Summary

DAAS-732

County:

Gaston

Budget Period:

July 2024

through

June 2025

Revision #:

Date:

Services	Serv. Delivery		A				B	C	D	E	F	G	H	I
	(Check One)		Block Grant Funding				Required Local Match	Net Service Cost	NSIP Subsidy	Total Funding	Projected HCCBG Units	Projected Reimburse Rate	Projected HCCBG Clients	Projected Total Units
	Direct	Purchase	Access	In-Home	Other	Total								
Transportation (General)	X		\$ 6,607	\$ -	\$ -	\$ 6,607	\$ 734	\$ 7,341	\$ -	\$ 7,341	550	\$ 13.3473	58	550
Transportation (Medical)	X		\$ 103,522	\$ -	\$ -	\$ 103,522	\$ 11,502	\$ 115,024	\$ -	\$ 115,024	7,320	\$ 15.7136	280	7,500
In-Home Aide-Level I - Home Management		X	\$ -	\$ 87,828	\$ -	\$ 87,828	\$ 9,759	\$ 97,587	\$ -	\$ 97,587	2,917	\$ 33.4497	12	3,251
In-Home Aide-Level II - Personal Care		X	\$ -	\$ 686,659	\$ -	\$ 686,659	\$ 76,295	\$ 762,954	\$ -	\$ 762,954	21,389	\$ 35.6696	175	23,544
In-Home Aide-Level III - Personal Care		X	\$ -	\$ 23,953	\$ -	\$ 23,953	\$ 2,661	\$ 26,614	\$ -	\$ 26,614	715	\$ 37.2025	30	2,104
Home Delivered Meals		X	\$ -	\$ 357,921	\$ -	\$ 357,921	\$ 39,769	\$ 397,690	\$ 21,618	\$ 419,308	26,700	\$ 14.8949	400	40,449
Adult Day Care	X		\$ -	\$ 102,421	\$ -	\$ 102,421	\$ 11,380	\$ 113,801	\$ -	\$ 113,801	2,284	\$ 49.8276	450	5,312
Respite, Group	X		\$ -	\$ 7,709	\$ -	\$ 7,709	\$ 857	\$ 8,566	\$ -	\$ 8,566	245	\$ 34.9617	51	1,855
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
0			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -		-
Total			\$ 110,129	\$ 1,266,491	\$ -	\$ 1,376,620	\$ 152,957	\$ 1,529,577	\$ 21,618	\$ 1,551,195	62,121		1,456	84,565

Certification of required minimum local match availability.
Required local match will be expended simultaneously
with Block Grant Funding.

[Signature] ^{ARAS} Administrator ^{7.3.24}
Authorized Signature, Title
Community Service Provider Date

Signature, County Finance Officer

Date

Signature, Chairman, Board of Commissioners

Date

**Home and Community Care Block Grant for Older Adults
Outreach Methodology**

July 2024 through June 2025

Outreach Methodology to Address the Service Needs of Target Population

Community Service Provider: Gaston DHHS

County: Gaston

While all older adults age 60 and over are eligible for services, sec. 305(a)(2)(E) of the Older Americans Act requires programs to target services to older individuals with the greatest economic and social need, (with particular attention to low-income older adults, including low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas). The community service provider shall specify how these service needs will be met through the services identified on the Provider Services Summary (DAAS-732). This narrative shall address outreach and service delivery methodologies that will ensure that this target population is adequately served and conform with specific objectives established by the Area Agency on Aging, for providing services to low income minority individuals. Additional pages may be used as necessary.

The Department has continued to be successful in reaching the low-income minority with services. 12% of Gaston County's 65+ population are below 100% of poverty level and an additional 24% are within 100%-199% of poverty level. According to 2022 census data, 23% of Gaston County population are age 60+ and 16% of Gaston County's population are minority. Between January 1, 2023 and December 31, 2023, the Department reached this target population as evidenced below:

	Minority	At/Below Poverty Level
Transportation	41%	24%
In-Home Aide	26%	18%
Home Delivered Meals	19%	33%
Adult Day Care	75%	25%

Gaston County's 60+ rural population is estimated to be 20%. At last count, 28% of those receiving In-Home Aide services are considered rural (living outside the city limits). In addition, 29% of Home Delivered Meal recipients, 26% of Congregate Nutrition participants and 27% of Transportation riders live outside the city limits based on 2020 accounts.

Public awareness/service access efforts are on-going. In addition, other human service professionals (home health agencies, hospital discharge planners, social work staff) are in touch with both target populations (low-income minority and rural) and consistently make these individuals aware of service availability.

July 2024 through June 2025

**Home and Community Care Block Grant for Older Adults
Community Service Provider
Standard Assurances**

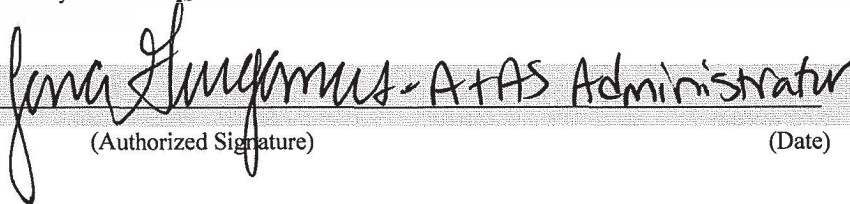
Gaston DHHS agrees to provide services through the Home and Community Care Block Grant, as specified on the Provider Services Summary (DAAS-732) in accordance with the following:

1. Services shall be provided in accordance with requirements set forth in:
 - a) The County Funding Plan;
 - b) The Division of Aging and Adult Services Home and Community Care Block Grant Procedures Manual for Community Service Providers; and
 - c) The Division of Aging and Adult Services Standards at <https://www.ncdhhs.gov/divisions/daas/monitoring>

Community service providers shall monitor any subcontracts with providers of Block Grant services and take appropriate measures to ensure that services are provided in accordance with the aforementioned documents.
2. Priority shall be given to providing services to those older persons with the greatest economic or social needs. The service needs of low-income minority elderly will be addressed in the manner specified on the Outreach Methodology to Address Service Needs of Target Population (DAAS-733).
3. The following service authorization activities will be carried out in conjunction with all services provided through the Block Grant:
 - a) Eligibility determination;
 - b) Client intake/registration;
 - c) Client assessment/reassessments and quarterly visits, as appropriate;
 - d) Determining the amount of services to be received by the client; and
 - e) Reviewing consumer contributions policies with eligible clients.
4. All licenses, permits, bonds, and insurance necessary for carrying out Block Grant Services will be maintained by the community service provider and any subcontracted providers.
5. As specified in 45 CFR 75, Subpart D-Post Federal Award Requirements, Procurement Standards, community service providers shall have procedures for settling all contractual and administrative issues arising out of procurement of services through the Block Grant. Community service providers shall have procedures governing the evaluation of bids for services and procedures through which bidders and contracted providers may appeal or dispute a decision made by the community service provider.
6. Applicant/Client appeals shall be addressed as specified in Section 7 of the Division of Aging and Adult Services Home and Community Care Block Grant Manual for Community Service Providers.
7. Community service providers are responsible for providing or arranging for the provision of required local match, as specified on the Provider Services Summary, (DAAS-732). Local match shall be expended simultaneously with Block Grant funding.
8. Community service providers agree to comply with audit and fiscal reporting requirements as specified in the Agreement for the Provision of County-Based Aging Services (DAAS-735).
9. Compliance with Equal Employment Opportunity and Americans with Disabilities Act requirements, as specified in paragraph fourteen (14) of the Agreement for the Provision of County-Based Aging Services (DAAS-735) shall be maintained.
10. Providers of In-Home Aide, Home Health, Housing and Home Improvement, and Adult Day Care or Adult Day Health Care shall sign and return the attached assurance to the area agency on aging indicating that recipients of these services have been informed of their client rights, as required in Section 314 of the 2006 Amendments to the Older Americans Act (DAAS-734 Standard Assurances Regarding In-Home Client Rights).

11. Subcontracting – All HCCBG community service providers must assure that subcontractors (for-profit and non-profit entities only) meet the following requirements:
- a. The subcontractor has not been suspended or debarred. (N.C.G.S. §143C-6-23, 09 NCAC 03M)
 - b. The subcontractor has not been barred from doing business at the federal level.
 - c. The subcontractor is able to produce a notarized "State Grant Certification of No Overdue Tax Debts."
 - d. All licenses, permits, bonds and insurance necessary for carrying out Home and Community Care Block Grant services will be maintained by both the community service provider and any subcontractors.
 - e. The subcontractor is registered as a charitable, tax-exempt (501c3) organization with the Internal Revenue Service (non-profit subcontractors only).
12. Confidentiality and Security. Per the requirements in 10A NCAC 05J and Section 6 of the Home and Community Care Block Grant Procedures Manual, client information in any format and whether recorded or not shall be kept confidential and not disclosed in a form that identifies the person without the informed consent of the person or legal representative. Community service providers, including subcontractors and vendors, must adhere to all applicable federal, state and departmental requirements for protecting the security and confidentiality of client information including but not limited to appropriately restricting access, establishing procedures to reduce the risk of accidental disclosures from data processing systems, and developing a process by which the Division of Adult Aging Services is notified of suspected or confirmed security incidents and data breaches.
13. Record Retention and Disposition. All community service providers are responsible for maintaining custody of records and documentation to support the allowable expenditure of funds, service provision, and the reimbursement of services. Service providers must adhere to the approved record retention and disposition schedule posted at <https://www.ncdhhs.gov/about/administrative-offices/office-controller/records-retention> by the NC Department of Health and Human Services Controller's Office, as well as the local government schedules posted by the NC Department of Natural and Cultural Resources at <https://archives.ncdcr.gov/government/local>

Service providers are not authorized to destroy records related to the provision of services under this Agreement except in compliance with the approved DHHS retention and disposition schedule, which allows for the proper destruction of records based on a schedule by funding source and fiscal year. The agency agrees to comply with 07 NCAC 04M .0510 when deciding on a method of record destruction. Confidential records will be destroyed in such a manner that the records cannot be practically read or reconstructed.

 - A+AS Administrator 7.3.24
(Authorized Signature) (Date)

**Standard Assurance To Comply with Older Americans Act
Requirements Regarding Clients Rights
For
Agencies Providing In-Home Services through the
Home and Community Care Block Grant for Older Adults**

As a provider of one or more of the services listed below, our agency agrees to notify all Home and Community Care Block Grant clients receiving any of the below listed services provided by this agency of their rights as a service recipient. Services in this assurance include:

- In-Home Aide
- Home Care (home health)
- Housing and Home Improvement
- Adult Day Care or Adult Day Health Care

Notification will include, at a minimum, an oral review of the information outlined below as well as providing each service recipient with a copy of the information in written form. In addition, providers of in-home services will establish a procedure to document that client rights information has been discussed with in-home services clients (e.g. copy of signed Client Bill of Rights statement).

Clients Rights information to be communicated to service recipients will include, at a minimum, the right to:

- be fully informed, in advance, about each in-home service to be provided and any change in service(s) that may affect the wellbeing of the participant;
- participate in planning and changing any in-home service provided unless the client is adjudicated incompetent;
- voice a grievance with respect to service that is or fails to be provided, without discrimination or reprisal as a result of voicing a grievance;
- confidentiality of records relating to the individual;
- have property treated with respect; and
- be fully informed both orally and in writing, in advance of receiving an in-home service, of the individual's rights and obligations.

Client Rights will be distributed to, and discussed with, each new client receiving one or more of the above listed services prior to the onset of service. For all existing clients, the above information will be provided no later than the next regularly scheduled service reassessment.

Agency Name: Gaston DHHS

Name of Agency Administrator: Lara Gurganus

Signature: 

(Please return this form to your Area Agency on Aging and retain a copy for your files.)

CLIENT/PATIENT RIGHTS

1. You have the right to be fully informed of all your rights and responsibilities as a client/patient of the program.
2. You have the right to appropriate and professional care relating to your needs.
3. You have the right to be fully informed in advance about the care to be provided by the program.
4. You have the right to be fully informed in advance of any changes in the care that you may be receiving and to give informed consent to the provision of the amended care.
5. You have the right to participate in determining the care that you will receive and in altering the nature of the care as your needs change.
6. You have the right to voice your grievances with respect to care that is provided and to expect that there will be no reprisal for the grievance expressed.
7. You have the right to expect that the information you share with the agency will be respected and held in strict confidence, to be shared only with your written consent and as it relates to the obtaining of other needed community services.
8. You have the right to expect the preservation of your privacy and respect for your property.
9. You have the right to receive a timely response to your request for service.
10. You shall be admitted for service only if the agency has the ability to provide safe and professional care at the level of intensity needed.
11. You have the right to be informed of agency policies, changes, and costs for services.
12. If you are denied service solely on your inability to pay, you have the right to be referred elsewhere.
13. You have the right to honest, accurate information regarding the industry, agency and of the program in particular.
14. You have the right to be fully informed about other services provided by this agency.

Internal Consistency Checks

Review of Local Match Comparison Input Sheet vs. 732A Cash and In-Kind Totals

		Difference
Transportation (General)	Match Totals Do Not Match Difference Is--->	(6)
Transportation (Medical)	Match Totals Do Not Match Difference Is--->	(89)
In-Home Aide-Level I - Home Management	Match Totals Do Not Match Difference Is--->	(75)
In-Home Aide-Level II - Personal Care	Match Totals Do Not Match Difference Is--->	(591)
In-Home Aide-Level III - Personal Care	Match Totals Do Not Match Difference Is--->	(21)
Home Delivered Meals	Match Totals Do Not Match Difference Is--->	(308)
Adult Day Care	Match Totals Do Not Match Difference Is--->	(88)
Respite, Group	Match Totals Do Not Match Difference Is--->	(6)
0 OK		-
0 OK		-
0 OK		-
0 OK		-
0 OK		-
0 OK		-

732A1 Labor Distribution Schedule Comparison of Assignable Salary To Overall Salary Entered

Total Assignable Salary and Cumulative Salary total for Se	0 \$	-
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