CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS

Study Session Worksheet

Presentation Date: 10/22/2013 **Approx Start Time:** 2:30 PM **Approx Length:** 1 hour

Presentation Title: Proposed Contract for Emergency Ambulance Services

Department: Health, Housing and Human Services

Presenters: Cindy Becker, Rich Swift, David Anderson

Other Invitees: Lane Miller, Stephen Madkour, Larry MacDaniels

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

We are requesting continued Board review of the proposed contract for emergency ambulance services in the Clackamas Ambulance Service Area of Clackamas County.

EXECUTIVE SUMMARY:

In anticipation of the October 8, 2013, study session, staff placed the following documents on the county website for public review and comment:

- Request for proposals issued by the County February 4, 2013
- Electronic version of the proposal and attachments submitted by American Medical Response Northwest (AMR)
- Current contract for emergency ambulance services with AMR
- Proposed contract

At the study session on October 8th, staff was directed to prepare a list of questions received about the proposed contract and to provide answers to the questions to the Board at a study session on October 22, 2013. A list of the questions received and the answers prepared by staff are attached.

FINANCIAL IMPLICATIONS (current year and ongoing):

The financial implications are unchanged from the October 8, 2013 study session.

LEGAL/POLICY REQUIREMENTS:

The County is proceeding as set forth in its Ambulance Service Plan, which was approved by the Oregon Health Authority pursuant to ORS Chapter 682 and is set forth in Chapter 10.01 of the County Code.

PUBLIC/GOVERNMENTAL PARTICIPATION:

Public review and comment was invited when the proposed contract was placed on the County website October 8, 2013. The questions received are attached.

OPTIONS:

1. Move contract to business meeting for approval.
2. Direct staff to continue negotiations.
3. *Direct staff to proceed in another fashion.*

RECOMMENDATION:

Based on the questions received from all parties, staff continues to recommend moving the contract to a business meeting for approval.

ATTACHMENTS:

1. Questions received from the public and from the Board with responses prepared by staff

SUBMITTED BY:

Division Director/Head Approval _____

Department Director/Head Approval 

County Administrator Approval _____

For information on this issue or copies of attachments, please contact Larry MacDaniels @ 503 -655-8256

Fiscal Impact Form

RESOURCES:
Is this item in your current work plan and budget?

☐ YES
☐ NO

START-UP EXPENSES AND STAFFING (if applicable):

ONGOING OPERATING EXPENSES/SAVINGS AND STAFFING (if applicable):

ANTICIPATED RESULTS:

COSTS & BENEFITS:

Costs:

	Item	Hours	Start-up *Capital*	Other *Start-up*	Annual *Operations*	Annual *Capital*	TOTAL
Total Start-up Costs							
Ongoing Annual Costs							

Benefits/Savings:

	Item	Hours	Start-up Capital	Other Start-up	Annual Operations	Annual Capital	TOTAL
Total Start-up Benefit/Savings							
Ongoing Annual Benefit/Savings							

QUESTIONS RECEIVED CONCERNING THE PROPOSED AMBULANCE SERVICES CONTRACT

Twenty six total questions were received, 16 through public comment and 10 from the Board of County Commissioners. They are as follows:

QUESTIONS RECEIVED FROM THE PUBLIC

- Three questions were received from Kyle Gorman, Executive Officer | Community Services, Clackamas County Fire District #1, on 10/08/2013.
  1. Are there any of the proposal pages that were submitted in the original documents that are not posted on the website?
  2. In the scope of work in the RFP, the proposer was required to provide details of the relationship with subcontractors and a copy of the proposed subcontract. Did they show up during negotiations or were they part of the proposal?
  3. Section 3.1.8 requires notarized investigatory releases for the company and for all officers and key personnel. Where are they?
- Four questions were received from Jason Tuck, City Manager, City of Happy Valley, on10/09/2013.
  1. Was there a 25% reduction requirement or request in the RFP?
  2. Are the fines for not meeting the response times increased?
  3. What are the methods for an increase in transport rates?
  4. Will they be increased year by year?
- Nine questions were received from Brian Stewart, Fire Chief, Boring Fire, on 10/15/2013.

  In section 6, Medical First Responders - Integration and Support:
  1. How do first responders apply for courses/scholarships? What determines priority?
  2. Are only three paramedic scholarships offered for rural agencies? How are scholarships awarded? What determines priority?
  3. How are EMT scholarships awarded or prioritized?
  4. Why is Gladstone listed as a "rural" department?
  5. Is quarterly training provided by a live instructor? How long are the trainings? Who determines topics? Is it provided at no cost?
  6. What is the frequency of instruction and skills testing for recertification? How many sessions? How many hours? Is it provided at no cost?

7. As part of the system innovation will Boring Fire and other agencies be included in the integration of public information messaging?
8. As part of the system innovation can there be greater expansion into the intent, timeframes, and resource commitment to the Community Paramedic Specialist program?
9. Is AMR willing to commit additional personnel to developing a quality program or does the phrasing allow for AMR to implement a lesser program to minimize cost?

QUESTIONS RECEIVED FROM THE BOARD

1. Explain the difference of 19% between current contract and the proposed rate; what was changed or reduced to get to this rate?
2. Is AMR going for an IPO?
3. Is this related to the Clackamas bid?
4. How many new ambulances will there be with/without partners?
5. Explain what the Cost Savings is for and why is there a difference between the current contract amount and the proposed contract?
6. What is the staffing impact?
7. What is the financial health of AMR long term?
8. How do we know they won't be coming back and ask for a substantial increase? Does the contract speak to this?
9. Why doesn't AMR have a similar partnership/subcontract with CFD #1 as they do with LO and TVF&R?
10. How will the funds from the Franchise Fee be used?

RESPONSES TO QUESTIONS FROM THE PUBLIC

1. **Are there any of the proposal pages that were submitted in the original documents that are not posted on the website?**

   Yes. Scanned versions have been added to the website.

2. **Where are the notarized investigatory releases for all officers and key personnel?**

   They were submitted with the printed copy of the proposal and were not included in the electronic version posted on the web. They have been added to the website.

3. **Did copies of proposed subcontracts show up during negotiations or were they part of the proposal?**

The proposal contained a description, included below, of a proposed partnership with Lake Oswego Fire Department and Tualatin Valley Fire and Rescue. Subcontracts had not been negotiated and were not included in the proposal, but were provided on request during negotiations.

"Partnership Integration

We submit this proposal in partnership with the Lake Oswego Fire Department (LOFD) and Tualatin Valley Fire and Rescue (TVFR), making up the fire and EMS first responders covering the west side of the Clackamas ASA. The organizational structure of our relationship is provided below:

AMR / LOFD / TVFR Clackamas County Partnership

This partnership successfully addresses the unique challenges of the west side of the ASA, historically the most difficult region to serve. The area effectively creates a natural subdivision or "island" due to its physical separation from the east side by the Willamette River. Because of its unique geography, any proposal must demonstrate innovative solutions and extensive resource integration to achieve the Institute for Healthcare Improvement's (IHI) Triple Aim providing: 1) improved patient satisfaction, 2) improved patient outcomes and, 3) reduction of costs. Our partnership addresses all three.

The coverage challenges serving the west side are due to its: 1) relatively low call volume, 2) lack of major roads and arterials, and 3) extended time needed to replenish coverage when multiple calls occur within a short period of time. Our partnership is a vital enhancement to provide coverage for the west side, and forms the foundation for EMS system realignment to achieve IHI's Triple Aim goals.

To continue optimal coverage in the new contract term, LOFD and TVFR will deploy three ambulances in the west side (as described in Section IV.D. – Methods of Fine Tuning Deployment Plans). This partnership enables complete integration of paramedic resources; clinical data collection and analysis; clinical education and continuing medical education; public education message alignment and delivery; 911 call triage and response coding; and the foundation to align EMS with the larger healthcare transformation processes centered on community medicine.

As healthcare needs evolve and change, AMR has the vision and resources to continue to meet the transportation needs of Clackamas County and to deliver progressive medicine to the citizens of our shared community. AMR brings the future of Emergency Medical Services to Clackamas County. Together, we can look ahead to better patient outcomes, increase survival rates, and the delivery of medicine that saves lives. Information on the future of EMS is provided in Section XIV – EMS System Innovation."

4. **Was there a 25% reduction requirement or request in the RFP?**

There was no requirement for a reduction in the proposed rates.

5. **Are the fines for not meeting the response times increased?**

Yes. The current contract establishes response time requirements that must be met 90% of the time in each response zone each month, and in each region not covered by an agreement with a participating provider in each quarter for code 3 emergency calls. Liquidated damages are assessed in the amount of $100.00 for each 0.1% less than 90% in any zone each month and in any region not covered by an agreement with a participating provider in each quarter. For example, if the provider meets the response time requirement 89% of the time in a zone or region, liquidated damages are assessed in the amount of $1,000.00. In addition, liquidated damages of $10.00 per minute are assessed for each call that exceeds the response time requirements by an established number of minutes. For example, a response time of 13 minutes in an urban zone would be assessed liquidated damages of $10.00 and a response time of 20 minutes would be assessed liquidated damages of $80.00 up to $300.00 per call.

In the proposed contract, response time requirements are established for all 9-1-1 calls. **Liquidated damages will be assessed according to the following escalating scale when response time compliance for Priority 1, 2 or 3 responses [defined in table] falls below 90% for any Zone in a given month**:

PRIORITY	NATURE	MPDS
Priority 1	Life threatening emergency	MPDS determinants: Echo, Delta, Charlie and designated Bravo Calls without a MPDS classification
Priority 2	Non-life threatening emergency	MPDS determinants: Bravo and Alpha
Priority 3	Non-emergency	MPDS determinant: Omega
Priority 3	Emergency transport from a healthcare facility which has clinical personnel and emergency equipment available	MPDS: 33
Priority 4	Non-scheduled interfacility transport	MPDS: 33
Priority 5	Interfacility transport scheduled 4 hours or more in advance with an appointed pick up time	MPDS: 33

Compliance	Month 1	Month 2 (same Zone, any 12 month period)	Month 3 or thereafter (same Zone, any 12 month period)
89%	$7,000	$14,000	$21,000
88%	$9,000	$18,000	$27,000
87%	$10,000	$20,000	$30,000
86%	$11,000	$22,000	$33,000
85% or less	$12,000	$24,000	$36,000

Liquidated damages will be assessed according to the following escalating scale when response time compliance within each Region, for Priority 1, 2 and 3 responses combined, falls below 90% for a calendar quarter:

Compliance	Quarter 1	Quarter 2 (same Region, any 12 month period)	Quarter 3 or Quarter 4 (same Region, any 12 month period)
89%	$ 3,500	$ 7,000	$10,500
88%	$ 4,500	$ 9,000	$13,500
87%	$ 5,000	$10,000	$15,000
86%	$ 5,500	$11,000	$16,500
85% or less	$ 6,000	$12,000	$18,000

6. What are the methods for an increase in transport rates?

Patient fees (rates), for the first year of the contract, will be no greater than the amounts shown below *in the "Approved Rate" column:*

	BASE RATE	FRANCHISE FEE ADJUSTED FOR COLLECTION RATE	APPROVED RATE
BLS Non-emergency	901.31	$ 96.16	$ 997.00
BLS Emergency	901.31	$ 96.16	$ 997.00
ALS-1 Non-emergency	901.31	$ 96.16	$ 997.00
ALS-1 Emergency	901.31	$ 96.16	$ 997.00
ALS-2	901.31	$ 96.16	$ 997.00
Mileage (per patient-loaded mile)	$21.33		$21.33

Rate Adjustment.

1. Contractor acknowledges that County has the authority to determine rates for services provided under this contract and has exercised that authority by establishing the maximum rates shown above. The rates shown above shall remain in force and effect throughout the term of this contract unless modified or adjusted pursuant to the provisions of this contract.

2. Annual Rate Adjustment: The maximum rates chargeable by Contractor under this contract will be adjusted annually on the first four anniversaries after contract implementation, starting one year after contract implementation. The adjustment will be determined by the average of the percentage changes of the following consumer price indexes (CPI):

   - the US Medical Care Services index, and
   - the Portland-Salem - All Items index,
   - Modified to adjust for Contractor's ability to collect increased rates from fixed government payors, and
   - **Limited to a maximum of 5.5% increase in any single year**.

   The consumer price indexes to be used are those compiled and reported by the U.S. Department of Labor, Bureau of Labor Statistics for the most recent 12-month period, not seasonally adjusted. The H3S Department will initiate implementation of the rate changes by notifying the contractor. Notice shall be mailed on or before the end of each contract year.

EXAMPLE: WEIGHTED CPI CALCULATION	
2.9%	*US Medical Care Services*
2.3%	*Portland-Salem, OR-WA - All Items*
5.2%	SUM
2.6%	**AVE**

EXAMPLE: CPI ADJUSTED FOR GOVERNMENT PAYORS					
	Contractor Payor Mix	Allowed Inflator	Source	Percent of CPI (Allowed Inflator x Weighted CPI Increase)	Weighted Net Collections
Medicare	54.3%	0.8%	CMS AIF	30.8%	16.7%
Medicaid	12.3%	0.0%		0.0%	0.0%
Insurance & Self Pay	33.4%	2.6%	Weighted CPI Increase	100.0%	33.4%
Potential collection of user fee increase (sum of Weighted Net Collections):					50.1%
Weighted CPI Increase					2.6%
Adjusted Allowable Annual Rate Increase (Weighted CPI Increase + Sum of Weighted Net Collections):					**5.2%**

The annual rate adjustment will be applied to the approved rates and mileage, and rates will be adjusted accordingly.

After the four annual rate adjustments of the rates using the CPI as set forth above, the County may, in its sole discretion, approve new baseline rates as set forth below, or may continue to apply the CPI adjustment. County may determine in its sole discretion each year thereafter whether to approve new baseline rates; provided however that if a new baseline rate is approved by County, the CPI annual adjustment will be applied in each of the following four years. In the event that County requires Contractor to justify new baseline rates, and County does not approve the proposed new baseline rates, County may determine whether or not to allow a rate adjustment on any other basis.

3. Rate Adjustments Due to Substantial Changes: The County may require or allow changes that reduce or increase rates if there have been any of the following circumstances since the last rate adjustment 1) substantial changes in required operational performance, 2) substantial changes in Medicare or Medicaid reimbursement rates, or 3) substantial changes in market conditions. "Substantial change in market conditions" includes circumstances where the change in the consumer price index as adjusted for collection rates from government payors exceeds the cap on annual rate adjustments for two or more years.

   Decisions to require or allow adjustments due to substantial changes by will be entirely at County's discretion.

4. Establishment of New Baseline Rates. After the fourth anniversary of the implementation of the contract, County may require the Contractor to propose and justify

new baseline rates. **County may in its sole discretion approve new baseline rates, or may continue to apply the CPI adjustments described above**. County may determine each year thereafter whether to require Contractor to propose and justify new baseline rates. If a new baseline rate is approved by County, the CPI annual adjustment will be applied in each of the following four years. Contractor will not be required to propose new baseline rates more often than once every 5 years. In the event that County requires Contractor to justify new baseline rates, and County does not approve the proposed new baseline rates, County may determine whether or not to allow a rate adjustment on any other basis. The process for proposing, justifying and reviewing new baseline rates is as described in Appendix 3 to the Request for Proposals.

7. **Will rates be increased year by year?**

   Approved rates will be determined by the County annually based on the adjusted CPI (capped at 5.5%), substantial changes, or new baseline rates. They may increase, decrease or remain unchanged.

8. **How do first responders apply for courses/scholarships? What determines priority?**

   Requests may be made by email. AMR is planning on first come, first served, but wants to spread this opportunity evenly among agencies if possible.

9. **Are only three paramedic scholarships available for rural agencies? How are scholarships awarded? What determines priority?**

   Yes, but don't have to be all first year. First come, first served. No formal application process has been prepared. One per agency provided there are three or more agencies requesting a scholarship

10. **How are EMT scholarships awarded or prioritized?**

    Same as for paramedic scholarships.

11. **Why is Gladstone listed as a "rural" department?**

    The intent is to provide these scholarships for rural or volunteer departments so Gladstone has been included.

12. **Is quarterly training provided by a live instructor? How long are the trainings? Who determines topics? Is it provided at no cost?**

    May be offered video or live. Depending on the topic, 2-3 hours. Tina Beeler and the fire agency training officer. Provided at no cost to fire agencies.

13. **What is the frequency of instruction and skills testing for recertification? How many sessions? How many hours? Is it provided at no cost?**

    During the recertification years, one session per fire agency per recertification cycle. Provided at no cost to fire agencies.

14. **As part of the system innovation will Boring Fire and other agencies be included in the integration of public information messaging?**

    Yes. AMR would like all County EMS aligned on public information and education.

15. **As part of the system innovation can there be greater expansion into the intent, timeframes, and resource commitment to the Community Paramedic Specialist program?**

    Various systems are trying versions of this. AMR believes there are existing resources in place between fire agencies and AMR.

16. **Is AMR willing to commit additional personnel to developing a quality program?**

    If reimbursement is available for this type of resource it could be implemented.

RESPONSES TO QUESTIONS FROM THE BOARD OF COUNTY COMMISSIONERS

1. **Explain the difference of 19% between current contract and the proposed rate; what was changed or reduced to get to this rate?**

    AMR proposed a rate for service that is approximately $233 per transport (19%) less than their rates today based on the following:

    - A price proposal with a 0% operating margin (no profit) allowing an estimated reduction of $125 per transport.
    - Agreement by employees and management to forego a 2013 cost-of-living increase allowing an estimated reduction of $30 per transport.
    - Calculation of the value of cost savings from ALS first response of $363,737, a reduction of $296,302 from the current contract, allowing an estimated reduction of $78 per transport.

2. **Is AMR going for an IPO?**

   Envision Healthcare Holdings, Inc. released their initial public offering (IPO) August 14, 2013 (NYSE: EVHC). Through Envision Healthcare Corporation, the company operates American Medical Response, Inc. AMR, with more than 12,000 paramedics and emergency medical technicians, is a provider and manager of community-based medical transportation services, including emergency ("911"), non-emergency, managed transportation, fixed-wing air ambulance and disaster response. The company is headquartered in Greenwood Village, Colorado.

   AMR's Clackamas County operation is not affected by this change. AMR's Clackamas County operation relies on the ability of its parent to fund capital investments and to cover operating losses. EVHC has a strong financial basis.

3. **Is this related to the Clackamas bid?**

   No.

4. **How many new ambulances will there be with/without partners?**

   AMR has committed to providing an all new fleet of ambulances within the first contract year:

   - Three four wheel drive ambulances for their Reach and Treat Teams operating in the Mt. Hood Area
   - 18 type-3 ambulances if the 8-minute urban response time standard is required
   - 16 type-3 ambulances if ALS first response agreements are in place requiring a 10-minute urban response time standard

5. **Explain what the Cost Savings is for and why is there a difference between the current contract amount and the proposed contract?**

   The cost savings are the result of contractual agreements between the County and American Medical Response Northwest (AMR), Clackamas County Fire District #1 (CCFD), Lake Oswego Fire Department (LOFD) and Tualatin Valley Fire and Rescue (TVFR).

   CCFD, LOFD and TVFR provide advanced life support (ALS) response within their jurisdictions under contract with the County. Because they meet the 8 minute, 90%, urban response time requirement, AMR is required to meet a 10 minute, 90%, urban response time requirement in the urban zones. In addition, CCFD, LOFD and TVFR meet the region response time requirements and AMR is not required to meet them.

   As a result of these agreements, beginning in 2004, AMR initially reduced their staffed ambulances by two 24-hour units, 12 staff working 24 hour shifts with 48 hours off between

shifts. The cost savings, currently $857,568 annually, which resulted from the reduction, were shared among the agencies according to an agreed upon formula:

- 15% is retained by AMR
- 5% is available to AMR for uncompensated care
- 36% is paid to CCFD
- 11% is paid to LOFD
- 13% is paid to TVFR
- 20% is set aside for system enhancements

The RFP required that at minimum proposers must agree to participate with the current practices in place with the Fire Department ALS Consortium (participating providers). Proposers were required to submit their proposed compensation to the participating providers together with the rationale, based on contractor cost savings used to calculate the proposed compensation. This compensation proposed was submitted with the sealed financial proposal. To avoid potential conflicts with state and federal regulations, proposers were required to assure that the proposed reimbursement is estimated to be equal to, or less than projected savings generated by participation.

After the reduction of two 24 hour units, AMR determined the workload required the adoption of 12 hour units requiring more personnel. The original "cost savings" was double the actual value realized once the ALS first response savings were determined.

6. **What is the staffing impact?**

AMR must provide enough staffed ambulances to meet the response time requirements of the contract. A longer response time requirement will require fewer staffed ambulances.

7. ***What is the financial health of AMR long term?***

The financial information provided in the AMR proposal indicates that the long term financial health is good.

8. **How do we know they won't be coming back and ask for a substantial increase? Does the contract speak to this?**

The County may require or allow changes that reduce or increase rates if there have been any of the following circumstances since the last rate adjustment 1) substantial changes in required operational performance, 2) substantial changes in Medicare or Medicaid reimbursement rates, or 3) substantial changes in market conditions. "Substantial change in market conditions" includes circumstances where the change in the consumer price index as adjusted for collection rates from government payors exceeds the cap on annual rate

adjustments for two or more years. **Decisions to require or allow adjustments due to substantial changes will be entirely at County's discretion**.

9. **Why doesn't AMR have a similar partnership/subcontract with CFD #1 as they do with LO and TVF&R? How do we work with CFD#1?**

   The partnership developed by AMR with LOFD and TVFR addresses the challenges posed by the west side of the ASA, historically the most difficult region to serve. The area is physically separated from the east side by the Willamette River, has relatively low call volume and a lack of major roads and arterials.

   CCFD separately prepared a menu of services it could provide to any bidder responding to the RFP. AMR met with CCFD and learned they were prepared to offer services that would mostly benefit non-incumbent ambulance providers such as fleet maintenance, dispatch and limited ambulance back-up. As the incumbent provider, AMR already has those services in place and would not benefit from contracting them out to CCFD. CCFD indicated that they were prepared to staff two to three ambulances in its district; however CCFD's district is the least difficult for AMR to serve.

   AMR is planning to partner with CCFD on a pilot project centered on alternative triage and disposition of lower acuity patients in collaboration with HealthShare of Oregon. That pilot is set to begin November 4, 2013.

   From "Pilot Program Aims to Cut Down On Needless Emergency Room Visits" by Kelly House, :

   People who call 9-1-1 with low-level medical complaints might have the option of avoiding the emergency room if an experimental program in Clackamas and Multnomah counties succeeds.

   County health officer Justin Denny believes doing so could cut down on the 15 percent of patients who visit the emergency room without need for an ER doctor. On top of that, up to 35 percent of patients fall into a hazy category, he said, in which the emergency room could care for them but other health care providers would be more appropriate.

   Though the pilot program will only include up to 100 volunteer patients, Health Share and its partners could consider expanding the program if the pilot goes well.

10. **How will the funds from the Franchise Fee be used?**

    A proposed budget is attached.

EMERGENCY MEDICAL SERVICES COORDINATION
Program Number 08170

Regular Full Time	79,896
Fringe Benefits	44,046
Total Personnel	**123,942**

Workers Compensation	814
General Office Supplies	450
Computer Hardware/Software-Non	2,000
Professional Services	-
Health Officer Program	17,500
Legal Fees	15,160
Physician Services [Schmidt - EMS Director $67,500, Sahni $17,000 & Warden $15,000]	99,500
Contracted Services [OHSU EMS $26,543]	26,543
Telephone	468
Clerical Support Expense	-
Printing & Duplicating Service	-
Casualty Insurance	1,079
Office Rental	1,685
Copier Rental	-
Training & Staff Development	1,000
Program Expense	-
Program Materials & Supplies [Protocol printing]	4,442
Program Materials & Supplies [C800 Radio]	15,000
Cellular Mobile Phone	36
PH Admin	15,156
H3S Admin	34,000
Total M&S	**234,833**

DHS INDIRECT COSTS	2,058
ADMIN INDIRECT	-
FINANCE ALLOCATION	1,240
INFORMATION SERVICES ALLOCATION	4,872
BUILDING MAINTENANCE ALLOCATION	2,951
RECORDS MANAGEMENT ALLOCATION	360
PURCHASING SERVICES ALLOCATION	403
COUNTY COURIER ALLOCATION	32
COMM & LEGISLATIVE AFFAIRS ALLOCATION	-
PERSONNEL SERVICES ALLOCATION	1,473
COUNTY ADMINISTRATION ALLOCATION	487
MAILROOM	57
ELECTRIC UTILITY ALLOC	421
NATURAL GAS UTILITY ALLOC	163
WATER UTILITY ALLOC	116
TRASH REMOVAL ALLOC	92
Total Indirects & Allocations	**14,725**

FY 13-14 Personnel	123,942
FY 13-14 M&S	234,833
FY 13-14 Indirects & Allocations	14,725
TOTAL	**373,500**

Estimated FY 14-15 Revenue	**373,500**