

**Supplement to the Rate Requests for  
Dual Agency AFDC-FC, AAP and Kin-GAP Children  
Quarterly Statistical Report  
FC-AAP-KG 84**

DOWNLOAD REPORT FORM FROM:  
<http://www.cdss.ca.gov/dssdb/>  
E-MAIL COMPLETED REPORT FORM TO:  
[admfaap84@dss.ca.gov](mailto:admfaap84@dss.ca.gov)

COUNTY NAME	VERSION <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISED	REPORT QUARTER	REPORT YEAR		
<b>Part A. Supplement to the Rate Requests for Dual Agency AFDC-FC, AAP and KIN-GAP Children</b>			<b>AFDC-FC (A)</b>	<b>AAP (B)</b>	<b>Kin-GAP (C)</b>
1. Supplement to the rate requests carried forward from the last report quarter.....			1	2	3
a. <i>Item 5 from the last report quarter, as reported to CDSS</i> .....			4	5	6
b. <i>Adjustment (Item 1 minus 1a, positive or negative number, explain in Item 1b Explanation box if not zero)</i> .....			7	8	9
2. New supplement to the rate requests received during the report quarter, by level (Sum of Items 2a, 2b, 2c and 2d).....			10	11	12
a. Level I - \$250.....			13	14	15
b. Level II - \$500.....			16	17	18
c. Level III - \$750.....			19	20	21
d. Level IV - \$1,000.....			22	23	24
3. Total supplement to the rate requests on hand during the report quarter (Item 1 plus 2).....			25	26	27
4. Total supplement to the rate requests completed during the report quarter (Item 4a plus 4b).....			28	29	30
a. New supplement to the rate requests authorized during the report quarter, by level (Sum of Items 4a1, 4a2, 4a3 and 4a4).....			31	32	33
1) Level I - \$250.....			34	35	36
2) Level II - \$500.....			37	38	39
3) Level III - \$750.....			40	41	42
4) Level IV - \$1,000.....			43	44	45
b. Supplement to the rate requests denied during the report quarter.....			46	47	48
5. Total supplement to the rate requests pending at the end of the report quarter (Item 3 minus 4).....			49	50	51
<b>Part B. Appeals on Supplement to the Rate Requests</b>			<b>AFDC-FC (A)</b>	<b>AAP (B)</b>	<b>Kin-GAP (C)</b>
6. Appeals carried forward from the last report quarter.....			52	53	54
a. <i>Item 10 from the last report quarter, as reported to CDSS</i> .....			55	56	57
b. <i>Adjustment (Item 6 minus 6a, positive or negative number, explain in Item 6b Explanation box if not zero)</i> .....			58	59	60
7. New appeals received during the report quarter.....			61	62	63
8. Total appeals on hand during the report quarter, by type (Item 6 plus 7; also sum of Items 8a, 8b and 8c).....			64	65	66
a. Change to child's condition.....			67	68	69
b. Provider disputing county denial.....			70	71	72
c. Provider seeking change to currently authorized supplement to the rate.....			73	74	75
9. Appeals completed during the report quarter (Item 9a plus 9b).....			76	77	78
a. Appeals authorized during the report quarter, by level (Sum of Items 9a1, 9a2, 9a3 and 9a4).....			79	80	81
1) Level I - \$250.....			82	83	84
2) Level II - \$500.....			85	86	87
3) Level III - \$750.....			88	89	90
4) Level IV - \$1,000.....			91	92	93
b. Appeals on supplement to the rate requests denied during the report quarter.....			94	95	96
10. Total appeals pending at the end of the report quarter (Item 8 minus 9).....			97	98	99
COMMENTS					
ITEM 1b EXPLANATION (If Item 1b is not 0)					
ITEM 6b EXPLANATION (If Item 6b is not 0)					
REVISED REPORT EXPLANATION (If Revised is selected)					
CONTACT PERSON		TELEPHONE	EXTENSION	FAX	
TITLE/CLASSIFICATION		E-MAIL		DATE SUBMITTED	

**SUPPLEMENT TO THE RATE REQUESTS FOR DUAL AGENCY  
AFDC-FC, AAP AND KIN-GAP CHILDREN  
QUARTERLY STATISTICAL REPORT  
FC-AAP-KG 84 (1/14)**

**INSTRUCTIONS**

**CONTENT**

The Supplement to the Rate Requests for Dual Agency Aid to Families with Dependent Children-Foster Care (AFDC-FC), Adoption Assistance Program (AAP) and the Kin-GAP Program (KG) Quarterly Statistical Report (FC-AAP-KG 84) requires statistical information on the number and nature of supplement to the rate requests for dual agency AFDC-FC, AAP or Kin-GAP children, subsequent appeals regarding denied supplement to the rate requests and supplement to the rate requests changed from being denied to being authorized.

**PURPOSE**

In 2007, the California Legislature passed SB 84 (Chapter 177, Statutes of 2007), which requires the California Department of Social Services (CDSS) and the California Department of Developmental Services (DDS) to report semi-annually to the Legislature data collected on the number and nature of supplement to the rate requests. The supplement to the rate is established by Welfare & Institutions Code (W&IC) Section 11464(c)(2)(A). In 2010, the California Legislature passed AB 12 (Chapter 559, Statutes of 2010), which included Kin-GAP children as part of the dual agency program. The FC-AAP-KG 84 report provides CDSS with information about the number of requests received for a supplement to the rate under the AFDC-FC, AAP or Kin-GAP programs, including the levels of the supplement to the rate requests authorized. It also collects similar information regarding appeals on the supplement to the rate requests that were initially denied and the number of the supplement to the rate requests authorized upon appeal. This report also provides county, state and federal entities with information needed for budgeting, staffing and program planning.

**COMPLETION AND SUBMISSION**

Each county is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the county and/or outside agencies, the single contact person for each county responsible for submitting the one report to the state shall review the report for completeness and accuracy prior to submittal.

Counties that are licensed to provide adoption services will provide their AAP data to their county's single contact person to submit in the county's one report.

Counties that are not licensed to provide adoption services will receive their completed AAP paperwork from the CDSS Adoptions District Office that handles their county's adoptions. The counties will then provide the AAP data to their single contact person to submit in the county's one report.

If the county determines that a revision is needed to its previously submitted report, the county will submit a revised report for the applicable quarter(s) and provide an explanation for the revision in the Revised Report Explanation box. CDSS policy requires counties to revise current State Fiscal Year (FY) reports, and two prior FYs, if needed. Revisions involving additional fiscal years will be evaluated by CDSS and the county to determine the corrections needed.

Download an Excel version of the report form from <http://www.cdss.ca.gov/dssdb/>, complete the downloaded form, and e-mail to CDSS, Data Systems and Survey Design Bureau (DSSDB) at [admfcap84@dss.ca.gov](mailto:admfcap84@dss.ca.gov). The electronic form process contains automatic computations of some cells and easy e-mail transmission of completed forms to DSSDB. The website contains specific instructions and guidance.

If you have questions regarding the completion or submission of this report, contact DSSDB at (916) 651-8269. The statewide and county specific data is available on the CDSS, Research and Data Reports (RADR) website at <http://www.cdss.ca.gov/research/>. Counties are encouraged to review their data on the website each quarter to confirm the county's data matches the data on file at CDSS. For reference purposes, the report form, instructions and validations can be downloaded from the RADR website at <http://www.cdss.ca.gov/research/>.

## GENERAL INSTRUCTIONS

Enter in the boxes provided near the top of the form the county name, the report version (Initial or Revised) and the report quarter and year.

Enter the data required for each item. If there is nothing to report for an item, enter “0”. **Do not leave any data items blank.**

Enter in the boxes at the bottom of the form the name, job title or classification, telephone number, extension, fax number, and e-mail address of the person to contact if there are questions about the report. The contact name may or may not be the person who completed the report. Enter the date the report was submitted. This is the date when the report is e-mailed to DSSDB.

## DEFINITIONS

AAP: Adoption Assistance Program (AAP) grants are monthly, per child cash grants to assist families that have adopted a special needs child from Foster Care.

AFDC-FC: Aid to Families with Dependent Children-Foster Care (AFDC-FC) is the provision of 24-hour care and supervision to a child who has been placed in out-of-home care by the county welfare department or the probation department.

Appeals: Appeals are filed regarding denials for new supplement to the rate requests or appeals are filed regarding denials for a change request on a previously authorized supplement to the rate request.

Authorized: The authorization of a new supplement to the rate request or an authorization for a change request for an existing previously authorized supplement to the rate.

California Regional Center: A California Regional Center is an agency that provides evaluations assessments, care management and services for individuals with developmental disabilities who are residents of the State of California.

Change Requests: Change requests are requests to change a previously authorized supplement to the rate, e.g. asking that a Level II - \$500 supplement to the rate amount be increased to a Level III - \$750 supplement to the rate amount.

Children (AFDC-FC): A child under 19 years of age who continues to attend high school or the equivalent level of vocational or technical training on a full-time basis, or is pursuing a high school equivalency certificate, and may reasonably be expected to complete their education by their 19<sup>th</sup> birthday.

Children (AAP): A child adopted from the foster care system and under 18 years of age, or under 21 years of age and has a mental or physical handicap that warrants the continuation of assistance.

Completed: A supplement to the rate request or supplement to the rate change request that has either been authorized or denied.

Denials: Denials are the supplement to the rate requests that are not authorized for any level and therefore determined not eligible for a supplement to the rate, or denials are supplement to the rate change requests that are not authorized for a different level.

**DEFINITIONS (Continued)**

Dual Agencies: The California Department of Social Services (CDSS) and the California Department of Developmental Services (DDS).

Dual Agency Children: A dual agency child is a child in a foster care home, a child in adoptive placement, or adopted from the foster care system, who receives AFDC-FC, AAP or Kin-GAP benefits and who is concurrently a consumer of California Regional Center services due to a developmental disability, as defined by the Lanterman Act, and/or children receiving services under the California Early Start Intervention Services Act. Children under three years of age are not eligible for the supplement to the rate.

Early Start Intervention Services, California: The California State Legislature passed the California Early Intervention Services Act (CEISA) in 1993 (CEISA; 14G.C. Section 95000, et seq.). CEISA established state authority to develop an early intervention service system that was congruent with federal requirements. DDS plans, develops, implements and monitors the statewide early intervention services system in collaboration with the California Department of Education (CDE) and with the advice and assistance from the State Interagency Coordinating Council (ICC). The California Department of Health Care Services (DHCS) and CDSS cooperate and coordinate with DDS and CDE in the delivery of early intervention services.

Kin-GAP: The Kinship Guardianship Assistance Payment (Kin-GAP) Program offers a subsidy to a minor or non-minor dependent that leaves the juvenile court system via guardianship with a relative caregiver who was assessed and approved as meeting the criteria in Welfare and Institutions Code Section 361.4 and lived with the relative caregiver for at least six months while a court dependent. The subsidy is 100% of the basic foster care rate, based upon age and any other rate the minor or non-minor dependent would have received while in foster care as well as a clothing allowance. Kin-GAP recipients are categorically eligible for Medi-Cal benefits when residing in California. Kin-GAP payments continue and eligibility for Medicaid is available when the recipients reside outside of California.

Lanterman Act: The Lanterman Developmental Disabilities Act (AB 846), also known as the Lanterman Act, is a California law, initially proposed by Assembly Member Frank D. Lanterman in 1973 and passed in 1977, that gives people with developmental disabilities the right to services and supports that enable them to live a more independent and normal life.

Levels: The supplement to the rate structure has four levels established in increments of \$250, \$500, \$750 and \$1,000.

Supplement to the Rate: This is a supplement to the dual agency rate, broken into four levels, not to exceed one thousand dollars (\$1,000) for dual agency children three years of age and older if it is determined the child has extraordinary care and supervision needs that cannot be met within the \$2,006 dual agency rate.

**ITEM INSTRUCTIONS**

Each item must have entries from all of the programs serving dual agency children: the AFDC-FC Program, the AAP Program, and the Kin-GAP Program. Each program has its own assigned column for data entry. At the end of each item's description the cell numbers are listed in italics and brackets.

**Part A. Supplement to the Rate Requests for Dual Agency AFDC-FC, AAP and Kin-GAP Children**

1. Supplement to the rate requests carried forward from the last report quarter: Enter the number of supplement to the rate requests carried over from the last report quarter. *[Cells 1, 2 and 3]*
  - a. Item 5 from the last report quarter, as reported to CDSS: Enter Item 5 (Cells 49, 50 and 51), Total supplement to the rate requests pending at the end of the report quarter, **from the last quarter's report.** *[Cells 4, 5 and 6]*

**ITEM INSTRUCTIONS (Continued)**

- b. Adjustment (Item 1 minus 1a, positive or negative number, explain in Item 1b Explanation box if not 0): ***This item is automatically calculated.*** An adjustment is the difference between this quarter's beginning balance (Item 1) and last quarter's ending balance (Item 1a). If an adjustment has been calculated (either a positive or negative number), explain in the Item 1b Explanation box in the Comments section the reason(s) for the adjustment. An adjustment is only calculated when last quarter's Item 5 is not exactly the same number as this quarter's Item 1. If there is no adjustment, a zero will display in the cell and no explanation is required.  
[Cells 7, 8 and 9]
2. New supplement to the rate requests received during the report quarter, by level (Sum of Items 2a, 2b, 2c and 2d): ***This item is automatically calculated.*** This is the total number of new supplement to the rate requests received during the report quarter. [Cells 10, 11 and 12]
- a. Level I - \$250: Enter the number of new \$250 supplement to the rate requests received.  
[Cells 13, 14 and 15]
- b. Level II - \$500: Enter the number of new \$500 supplement to the rate requests received.  
[Cells 16, 17 and 18]
- c. Level III - \$750: Enter the number of new \$750 supplement to the rate requests received.  
[Cells 19, 20 and 21]
- d. Level IV - \$1,000: Enter the number of new \$1,000 supplement to the rate requests received.  
[Cells 22, 23 and 24]
3. Total supplement to the rate requests on hand during the report quarter (Item 1 plus 2): ***This item is automatically calculated.*** This is the number of supplement to the rate requests on hand during the report quarter. This is the sum of Items 1 plus 2 (Cells 1 plus 10, Cells 2 plus 11, and Cells 3 plus 12). [Cells 25, 26 and 27]
4. Total supplement to the rate requests completed during the report quarter (Item 4a plus 4b): ***This item is automatically calculated.*** This is the sum of Items 4a plus 4b (Cells 31 plus 46, Cells 32 plus 47, and Cells 33 plus 48). [Cells 28, 29 and 30]
- a. New supplement to the rate requests authorized during the report quarter, by level (Sum of Items 4a1, 4a2, 4a3 and 4a4): ***This item is automatically calculated.*** This is the total number of new supplement to the rate requests authorized during the report quarter by summing the four levels in each category (Cells 34, 37, 40 and 43, Cells 35, 38, 41, and 44 and Cells 36, 39, 42 and 45). [Cells 31, 32 and 33]
- 1) Level I - \$250: Enter the number of new \$250 supplement to the rate requests authorized.  
[Cells 34, 35 and 36]
- 2) Level II - \$500: Enter the number of new \$500 supplement to the rate requests authorized.  
[Cells 37, 38 and 39]
- 3) Level III - \$750: Enter the number of new \$750 supplement to the rate requests authorized.  
[Cells 40, 41 and 42]
- 4) Level IV - \$1,000: Enter the number of new \$1,000 supplement to the rate requests authorized.  
[Cells 43, 44 and 45]
- b. Supplement to the rate requests denied during the report quarter: Enter the total number of supplement to the rate requests denied during the report quarter. [Cells 46, 47 and 48]
5. Total supplement to the rate requests pending at the end of the report quarter (Item 3 minus 4): ***This item is automatically calculated.*** This is the total number of supplement to the rate requests remaining at the end of the quarter (Cell 25 minus 28, Cell 26 minus 29, and Cell 27 minus 30). [Cells 49, 50 and 51]

**ITEM INSTRUCTIONS (Continued)****Part B. Appeals on Supplement to the Rate Requests**

6. Appeals carried forward from the last report quarter: Enter the number of appeals carried forward from the last report quarter. [Cells 52, 53 and 54]
- a. Item 10 from the last report quarter, as reported to CDSS: Enter Item 10 (Cells 97, 98 and 99) Total appeals pending at the end of the report quarter **from last quarter's report**. [Cells 55, 56 and 57]
- b. Adjustment (Item 6 minus 6a, positive or negative number, explain in Item 6b Explanation box if not 0): **This item is automatically calculated**. An adjustment is the difference between this quarter's beginning balance (Item 6) and last quarter's ending balance (Item 6a). If an adjustment has been calculated (either a positive or negative number), explain in the Item 6b Explanation box in the Comments section the reason(s) for the adjustment. An adjustment is only calculated when last quarter's Item 10 is not exactly the same number as this quarter's Item 6. If there is no adjustment, a zero will display in this cell and no explanation is required in the comments section. [Cells 58, 59 and 60]
7. New appeals received during the report quarter: Enter the total number of new appeals received during the report quarter. [Cells 61, 62 and 63]
8. Total appeals on hand during the report quarter, by type (Item 6 plus 7; also sum of Items 8a, 8b and 8c): **This item is automatically calculated**. This is the sum of Items 6 plus 7. This is the total number of appeals on hand by type during the report quarter by summing the appeals in each category (Cells 67, 70, and 73, Cells 68, 71 and 74, and Cells 69, 72 and 75). [Cells 64, 65 and 66]
- a. Change to child's condition: Enter the number of appeals based on changes to a child's condition. [Cells 67, 68 and 69]
- b. Provider disputing county denial: Enter the number of appeals by providers disputing a county denial. [Cells 70, 71 and 72]
- c. Provider seeking change to currently authorized supplement to the rate: Enter the number of appeals by providers seeking to change an existing supplement to the rate. [Cells 73, 74 and 75]
9. Appeals completed during the report quarter (Items 9a plus 9b): **This item is automatically calculated**. This is the total number of appeals completed during the report quarter by adding Items 9a plus 9b (Cells 79 plus 94, Cells 80 plus 95, and Cells 81 plus 96). [Cells 76, 77 and 78]
- a. Appeals authorized during the report quarter, by level (Sum of Items 9a1, 9a2, 9a3 and 9a4): **This item is automatically calculated**. This is the total number of appeals authorized during the report quarter by summing the four levels in each category (Cells 82, 85, 88 and 91, Cells 83, 86, 89 and 92, and Cells 84, 87, 90 and 93). [Cells 79, 80 and 81]
- 1) Level I - \$250: Enter the number of appeals authorized for \$250. [Cells 82, 83 and 84]
- 2) Level II - \$500: Enter the number of appeals authorized for \$500. [Cells 85, 86 and 87]
- 3) Level III - \$750: Enter the number of appeals authorized for \$750. [Cells 88, 89 and 90]
- 4) Level IV - \$1,000: Enter the number of appeals authorized for \$1,000. [Cells 91, 92 and 93]
- b. Appeals on supplement to the rate requests denied during the report quarter: Enter the number of appeals on supplement to the rate requests denied during the report quarter. [Cells 94, 95 and 96]
10. Total appeals pending at the end of the report quarter (Item 8 minus Item 9): **This item is automatically calculated**. This is the total number of appeals pending at the end of the report quarter (Cell 64 minus 76, Cell 65 minus 77, and Cell 66 minus 78). [Cells 97, 98 and 99]

**ITEM INSTRUCTIONS (Continued)**

**COMMENTS**

Use the Comments section to:

- Explain any major fluctuations in data in the Comments box.
- Provide any comments the county determines necessary, including major changes in procedures, programming or staffing that have affected the data, in the Comments box.
- Explain Item 1b adjustments in the Item 1b Explanation box.
- Explain Item 6b adjustments in the Item 6b Explanation box.
- Explain the reason for a revised report in the Revised Report Explanation box.

# Supplement to the Rate Requests for Dual Agency AFDC-FC, AAP and Kin-GAP Children Quarterly Statistical Report FC-AAP-KG 84

## VALIDATION RULES AND EDITS

**CELLS 1 – 99:** Data cells in this report must be greater than or equal to 0, except the adjustment entries (Item 1b's Cells 7, 8, 9 and Item 6b's Cells 58, 59 and 60) may be either a positive or negative number. No data cells in any column should be left blank.

Initial reports: If Initial is selected, the Revised Report Explanation box must be left blank.

Revised reports: If Revised is selected, enter the reasons for the revision in the Revised Report Explanation box.

### PART A. Supplement to the Rate Requests for Dual Agency AFDC-FC, AAP and Kin-GAP Children

#### Item 1a must be equal to Item 5 from the previous quarter's report, as reported to CDSS

**CELL 4** Cell 4 must be equal to Cell 49 from the previous quarter's report, as reported to CDSS  
**CELL 5** Cell 5 must be equal to Cell 50 from the previous quarter's report, as reported to CDSS  
**CELL 6** Cell 6 must be equal to Cell 51 from the previous quarter's report, as reported to CDSS

#### Item 1b must be equal to (Item 1 minus Item 1a)

**CELL 7** Cell 7 must be equal to (Cell 1 minus Cell 4)  
**CELL 8** Cell 8 must be equal to (Cell 2 minus Cell 5)  
**CELL 9** Cell 9 must be equal to (Cell 3 minus Cell 6)

#### Item 2 must be equal to (Item 2a plus Item 2b plus Item 2c plus Item 2d)

**CELL 10** Cell 10 must be equal to (Cell 13 plus Cell 16 plus Cell 19 plus Cell 22)  
**CELL 11** Cell 11 must be equal to (Cell 14 plus Cell 17 plus Cell 20 plus Cell 23)  
**CELL 12** Cell 12 must be equal to (Cell 15 plus Cell 18 plus Cell 21 plus Cell 24)

#### Item 3 must be equal to (Item 1 plus Item 2)

**CELL 25** Cell 25 must be equal to (Cell 1 plus Cell 10)  
**CELL 26** Cell 26 must be equal to (Cell 2 plus Cell 11)  
**CELL 27** Cell 27 must be equal to (Cell 3 plus Cell 12)

#### Item 4 must be equal to (Item 4a plus Item 4b)

**CELL 28** Cell 28 must be equal to (Cell 31 plus Cell 46)  
**CELL 29** Cell 29 must be equal to (Cell 32 plus Cell 47)  
**CELL 30** Cell 30 must be equal to (Cell 33 plus Cell 48)

#### Item 4a must be equal to (Item 4a1 plus Item 4a2 plus Item 4a3 plus Item 4a4)

**CELL 31** Cell 31 must be equal to (Cell 34 plus Cell 37 plus Cell 40 plus Cell 43)  
**CELL 32** Cell 32 must be equal to (Cell 35 plus Cell 38 plus Cell 41 plus Cell 44)  
**CELL 33** Cell 33 must be equal to (Cell 36 plus Cell 39 plus Cell 42 plus Cell 45)



**Item 5 must be equal to (Item 3 minus Item 4)**

CELL 49            Cell 49 must be equal to (Cell 25 minus Cell 28)  
 CELL 50            Cell 50 must be equal to (Cell 26 minus Cell 29)  
 CELL 51            Cell 51 must be equal to (Cell 27 minus Cell 30)

**PART B. Appeals on Supplement to the Rate Requests****Item 6a must be equal to Item 10 from the previous quarter's report, as reported to CDSS**

CELL 55            Cell 55 must be equal to Cell 97 from the previous quarter's report, as reported to CDSS  
 CELL 56            Cell 56 must be equal to Cell 98 from the previous quarter's report, as reported to CDSS  
 CELL 57            Cell 57 must be equal to Cell 99 from the previous quarter's report, as reported to CDSS

**Item 6b must be equal to (Item 6 minus Item 6a)**

CELL 58            Cell 58 must be equal to (Cell 52 minus Cell 55)  
 CELL 59            Cell 59 must be equal to (Cell 53 minus Cell 56)  
 CELL 60            Cell 60 must be equal to (Cell 54 minus Cell 57)

**Item 8 must be equal to (Item 6 plus Item 7)**

CELL 64            Cell 64 must be equal to (Cell 52 plus Cell 61)  
 CELL 65            Cell 65 must be equal to (Cell 53 plus Cell 62)  
 CELL 66            Cell 66 must be equal to (Cell 54 plus Cell 63)

**Item 8 must be equal to (Item 8a plus Item 8b plus Item 8c)**

CELL 64            Cell 64 must be equal to (Cell 67 plus Cell 70 plus Cell 73)  
 CELL 65            Cell 65 must be equal to (Cell 68 plus Cell 71 plus Cell 74)  
 CELL 66            Cell 66 must be equal to (Cell 69 plus Cell 72 plus Cell 75)

**Item 9 must be equal to (Item 9a plus Item 9b)**

CELL 76            Cell 76 must be equal to (Cell 79 plus Cell 94)  
 CELL 77            Cell 77 must be equal to (Cell 80 plus Cell 95)  
 CELL 78            Cell 78 must be equal to (Cell 81 plus Cell 96)

**Item 9a must be equal to (Item 9a1 plus Item 9a2 plus Item 9a3 plus Item 9a4)**

CELL 79            Cell 79 must be equal to (Cell 82 plus Cell 85 plus Cell 88 plus Cell 91)  
 CELL 80            Cell 80 must be equal to (Cell 83 plus Cell 86 plus Cell 89 plus Cell 92)  
 CELL 81            Cell 81 must be equal to (Cell 84 plus Cell 87 plus Cell 90 plus Cell 93)

**Item 10 must be equal to (Item 8 minus Item 9)**

CELL 97            Cell 97 must be equal to (Cell 64 minus Cell 76)  
 CELL 98            Cell 98 must be equal to (Cell 65 minus Cell 77)  
 CELL 99            Cell 99 must be equal to (Cell 66 minus Cell 78)