

A Work Project, presented as part of the requirements for the Award of a Master's degree in  
Finance from the Nova School of Business and Economics.

BRIDGING THE MARKET GAP IN DISABILITY CARE:  
A BENCHMARK-BASED BUSINESS MODEL - HOW MIGHT CAPDM PROJECT  
OVERCOME FINANCIAL CHALLENGES TO EMERGE AS A SUSTAINABLE AND  
INNOVATIVE SOLUTION?

MAFALDA LOBO CRUZ MOURA TAVARES

Work project carried out under the supervision of:

José Miguel Pita

21/01/2025

## **Abstract**

*Comunidade Vida e Paz* has identified a critical and urgent gap in care for individuals experiencing social exclusion, often triggered by disabilities, homelessness or substance abuse issues. CAPDM's project (*Centro de Apoio a Pessoas com Deficiência Moderada*) arises as the solution to restore hope and dignity for individuals living with such significant and deeply entrenched challenges. Hence, this benchmark-based study proposes a comprehensive and sustainable financing plan for an innovative center that integrates residential care, clinical services, and daily activities. From vision to reality, pathways to brighter horizons are built with this project to ensure impactful and lasting change.

## **Keywords**

Agreement, Benchmark, Business Plan, Clinical Services, Daily Activities, Development, Disability, Financial Analysis, Financing Plan, Homelessness, Hospitality, Implementation, Partnerships, Pioneering, Risk Analysis, Roadmap, Social Impact, Social Security

This work used infrastructure and resources funded by Fundação para a Ciência e a Tecnologia (UID/ECO/00124/2013, UID/ECO/00124/2019 and Social Sciences DataLab, Project 22209), POR Lisboa (LISBOA-01-0145-FEDER-007722 and Social Sciences DataLab, Project 22209) and POR Norte (Social Sciences DataLab, Project 22209).

## **Table of Contents**

<b>0. Introduction</b>	<b>1</b>
<b>1. Exploring Comunidade Vida e Paz and Addressing the Problem</b>	<b>2</b>
<b>1.1. Homelessness Context in Portugal</b>	<b>2</b>
<b>1.2. Organizational Landscape Tackling Homelessness</b>	<b>3</b>
<b>1.3. Comunidade Vida e Paz In-Depth Analysis</b>	<b>7</b>
1.3.1. Strategic Pillars	7
1.3.2. Financial Analysis	10
1.3.3. SWOT Analysis	13
<b>1.4. Disability Context in Portugal</b>	<b>14</b>
<b>2. Conducting an External Analysis</b>	<b>16</b>
<b>2.1. Benchmark Methodology</b>	<b>16</b>
<b>2.2. Benchmarking Beyond CAPDM's Scope</b>	<b>17</b>
2.2.1. Hospitality and Residential Services	17
2.2.2. Clinical Services	20
2.2.3. Daily Activities	24
<b>3. Crafting the Financial Plan</b>	<b>27</b>
<b>3.1. Cost Structure</b>	<b>27</b>
3.1.1. CAPEX	27
3.1.2. OPEX	30
<b>3.2. Baseline scenario</b>	<b>36</b>
<b>3.3. Cost Saving Strategy</b>	<b>39</b>
<b>3.4. Scenario analysis</b>	<b>41</b>
<b>3.5. Financing Plan</b>	<b>42</b>
	2

3.5.1.	CAPEX	42
3.5.2.	OPEX	46
3.5.3.	Financing Solutions Comparison	48
<b>3.6.</b>	<b>Capacity Analysis</b>	<b>49</b>
<b>4.</b>	<b>Designing the Go-to-Market Strategy</b>	<b>51</b>
<b>4.1.</b>	<b>Performance Measurement</b>	<b>51</b>
<b>4.2.</b>	<b>Risk Management Framework</b>	<b>54</b>
<b>5.</b>	<b>Understanding CAPDM Impact</b>	<b>61</b>
<b>5.1.</b>	<b>Recommendations Summary</b>	<b>61</b>
<b>5.2.</b>	<b>Social Value Created</b>	<b>62</b>
<b>5.3.</b>	<b>Impact on Stakeholders</b>	<b>63</b>
5.3.1.	Internal Stakeholders	64
5.3.2.	External Stakeholders	66
<b>6.</b>	<b>Bibliography</b>	<b>68</b>
<b>7.</b>	<b>Appendix</b>	<b>85</b>

## **List of Abbreviations**

CACI: *Centro de Atividades e Capacitação para a Inclusão*

CAPDM: *Centro de Apoio a Pessoas com Incapacidade/Deficiência Moderada*

CAPEX: *Capital Expenditures*

CVPaz: *Comunidade Vida e Paz*

IPSS: *Instituições Particulares de Solidariedade Social*

ISS: *Instituto de Segurança Social*

KPIs: *Key Performance Indicators*

LR: *Lar Residencial*

OPEX: *Operational Expenditures*

PRR: *Plano de Recuperação e Resiliência*

QES: *Quinta do Espírito Santo*

SS: *Social Security*

TAP: *Permanent Monitoring & Management Technician*

## **0. Introduction**

Disability, whether physical or mental, together with homelessness, represents a significant barrier hindering social inclusion. Although several programs already address homelessness and disability, *Comunidade Vida e Paz* (CVPaz) identified a critical gap in care services for individuals with moderate disability, mental or physical, who cannot live autonomously after completing their rehabilitation programs. As a response for this organizational challenge, CVPaz intends to develop a support center for disabled individuals with limited autonomy – CAPDM (*Centro de Apoio a Pessoas com Deficiência Moderada*) – that provides high-quality care and addresses the complex needs of this minority. The challenge this study intends to address is how to create a financially sustainable business model that provides residential care, clinical services and daily activities by following the best practices of the sector to promote well-being, independence (as much as possible), and societal integration of disabled individuals.

This research aims to determine the characteristics and resources required for a future center that will support CVPaz in maximizing its social impact and value for core beneficiaries while minimizing costs. Thus, this study involves an extensive data collection effort through a benchmark analysis of current solutions, both at a national and an international level. Interviews and qualitative research were conducted to gather insights on current service outcomes, infrastructure requirements, operational processes, and cost drivers.

The final output comprises the recommended operating model of the center, the outline of relevant financing solutions and the design of the optimal Social Security (SS) agreement. Moreover, an action plan comprising implementation strategies and necessary resources was designed along with the development of relevant Key Performance Indicators (KPIs). The ultimate objective is to inform the design of a center that can help tackle the organizational challenge while optimally aligning with CVPaz's social mission and cost-efficiency goals.

## 1. Exploring Comunidade Vida e Paz and Addressing the Problem

*Who are the beneficiaries of Comunidade Vida e Paz?*

### 1.1. Homelessness Context in Portugal

In Portugal, a person in a homeless situation is someone who, regardless of their nationality, racial or ethnic origin, religion, age, sex, sexual orientation, socioeconomic condition, and physical and mental health condition, is either without a roof (living in public spaces, accommodated in emergency shelters, or with whereabouts in precarious locations) or without a home (residing in a temporary facility that provides accommodation to people who do not have access to permanent housing and promotes their reintegration) (ENIPSSA 2023). According to the most recent official data, **10,773 individuals were living in a homeless situation in 2022 in Portugal**, 5,975 were without a home, while the remaining without a roof (ENIPSSA 2022). Given the numbers reported by the 273 municipalities that participated in the data collection from December 31<sup>st</sup> 2021 to December 31<sup>st</sup> 2022, there was a 19% increase in the number of people in a homeless situation in the mainland territory. Moreover, considering the current context of the Portuguese economy, a new type of homelessness in Portugal has emerged from the increase in housing prices and inflation: socially integrated people who are now being pushed into exclusion. Given this trend, 1,099 couples were identified in a homelessness situation (Agência Lusa 2024). The 2022 Annual Report of *Estratégia Nacional Para a Integração das Pessoas em Situação Sem-Abrigo* (ENIPSSA) states that Lisboa and Porto are the most affected by the homelessness issue, concentrating the largest number of recorded cases (ENIPSSA 2022).

As the issue continues to grow, the ENIPSSA 2025-2030 was approved by the previous Government and focuses on the design of prevention actions and the creation of a risk situation alert system. The measures encompass, for example, an intervention with case managers at the local level and the increase of housing first solutions – prioritizes providing stable, permanent

housing as the initial step, rather than the final objective, being supported by policies and practices that ensure individuals experiencing homelessness, or at risk of it, can secure ordinary housing. (Housing First Europe n.d.) – and shared apartments. With a problem that impacts needs as fundamental as those at the base of the Maslow's pyramid (**Appendix I**) – such as shelter, food, and sleep (Jorge 2022) – and extends to critical needs in the realms of safety, security, love, belonging, and even self-esteem (McLeod 2024), these people are dependent on society's help and good will to guarantee their basic human rights. Hence, a coordinated effort from multiple institutions is a must to mend their situation.

These organizations, often working in partnership with government bodies and local authorities, have a strong social mission – a cause that benefits society, the economy and/or the environment in various ways (Wharton School of the University of Pennsylvania 2019) – which must start from the overall vision and values of the enterprise (Kamono 2023). The organizations operating in the previous described environment have the social mission of helping homeless people to recover their dignity and (re)build their life, gaining autonomy. To achieve this social mission, specialized care and comprehensive support services are provided, ranging from immediate housing solutions to healthcare and social reintegration.

## **1.2. Organizational Landscape Tackling Homelessness**

Such coordinated response to the homelessness issue has emerged through several Non-Governmental Organizations (NGOs) and *Instituições Particulares de Solidariedade Social* (IPSS). Having dedicated themselves to addressing the issue, such organizations either focus directly on homeless individuals or include them within a broader scope of vulnerable populations. This subchapter characterizes the **landscape in which these organizations operate**, showing their crucial role in the support system for addressing homelessness. Given the rising number of individuals in need, the expansion of institutions dedicated to this cause is not only justified but absolutely necessary. This growth is not solely in numbers, but also in the

increasing importance and relevance of these organizations.

Hence, **11 institutions** supporting homeless individuals were studied through the collection of key information from the websites and the Annual Reports and Accounts available (**Appendix 2 to Appendix 6**). To develop a comprehensive view of their positioning and contributions within the homelessness support landscape, 5 key areas were covered: Services and Activities, Focus of Intervention, Impact, Human Resources, and Financials. Firstly, under Services and Activities, 21 service offerings were examined and divided into 3 main areas: First-line Intervention, Treatment & Rehabilitation, and Reintegration; determining whether each organization offered these services. In Focus of Intervention, 12 key social issues were reviewed, such as homelessness, disabilities, and substance abuse, identifying the range of problems each organization addresses. Impact relates to the reach and effectiveness of each organization through geographical coverage, the number of people and homeless individuals supported, and food services provided. Under Human Resources, volunteer numbers, hours, and staff ratios were evaluated to assess operational capacity. Finally, Financials comprise an analysis on revenue sources, personnel expenses, and growth metrics to understand the organizations' financial health.

Firstly, *Associação CAIS (CAIS)* established in 1994, aims to promote social inclusion by supporting job market reintegration through different projects such as *Revista CAIS* and *CAIS Recicla*. CAIS has an Insertion Community, which was financed through a Social Security (SS) Agreement (€279,128) and provides food item distribution as well as health services (CAIS 2024). In this context, it was recognized that the needs being addressed pertain to essential aspects such as nourishment, a sense of belonging, personal fulfillment, and hygiene. Furthermore, *Assistência Médica Internacional (AMI)* is a private, independent, non-profit, non-political, Portuguese NGO created in 1984 to mitigate inequality and suffering in the World, with human beings as the focus of concern. AMI develops a wide range of initiatives,

both at a national and international level. The NGO provides social advocacy, employment and home support as well as night shelters and open canteens. Finally, there is a team to aid homeless people through continuous psychosocial support to tackle social exclusion (AMI 2024). Thirdly, *Santa Casa da Misericórdia de Lisboa (SCML)* commits to improving the well-being of citizens in general, but especially of the most vulnerable. SCML provides shelter houses, social canteens, accommodation centers, occupational ateliers, transition houses and therapeutical support. Additionally, SCML provides specialized assistance for individuals with disabilities, including accommodation, healthcare, and rehabilitation for children, youth, and adults, while also supporting their families (Santa Casa da Misericórdia 2024). In addition, the organization assists immigrants and those affected by domestic violence. Moreover, *Centro de Apoio ao Sem-Abrigo (CASA)* was established in 2002 to aid homeless people, families at risk and families in need. CASA activities include meals, food baskets and clothing distribution, support in social reinsertion, accommodation, psychological assistance and primary healthcare. The organization operates in 5 mainland districts (Lisboa, Porto, Faro, Coimbra and Setúbal) and Madeira (CASA 2024). Another relevant non-governmental organization is *Médicos do Mundo*, which is focused on humanitarian aid and development cooperation and based on the fundamental right of all human beings to have access to healthcare, regardless of their nationality, religion, ideology, race or economic possibilities. *Médicos do Mundo* supports homeless people through several projects: *Porto Escondido*, *Saúde a Girar*, *Centro de Alojamento Temporário Joaquim Urbano*, *Sem Abrigo* and *SOU+*. Finally, the NGO aids CVPaz in the *Unidade Integrativa para Pessoas em Situação de Sem-Abrigo (UIPSSA)* at a healthcare level (Médicos do Mundo 2024). In addition, the IPSS *Orientar* was founded in 2011 with the goal of fully integrating individuals facing social exclusion, through several programs. *Projeto Orientar* provides individual support to vulnerable people to promote their autonomy in different areas. *Residências Orientar* grants accommodation to men who are working on their

professional integration. Lastly, *Gabinete de Emprego e Formação* (GEF) aims to guide people entering the job market (Orientar 2024). *Associação Vida Autónoma* (AVA), established in 2019, is aimed at fighting social exclusion in Lisboa and Beja. The IPSS has a technical team which assists homeless people at a psychosocial level, as well as residences and shared apartments. In fact, it also supports homeless people with disability by promoting professional training and medical treatment, in Alcântara (Associação Vida Autónoma 2024). The eighth organization under analysis is **CRESCER**, created in 2001 to promote social inclusion among vulnerable populations in Lisboa. **CRESCER** works with migrants, refugees, homeless individuals and people with severe addictions and has been developing several projects. The initiatives aimed at tackling the homelessness issue comprise: *É UMA RUA*, *Espaço Ímpar*, *REACH\_U* and *É UMA CASA*. Moreover, *Emprego Primeiro* and numerous projects in the catering area, such as *É UM RESTAURANTE*, are promoting job market integration (CRESCER 2024). Additionally, **VITAE**, founded in 1995, is focused on the intervention for populations in situations of vulnerability and social risk based on the person's acceptance of their individuality. **VITAE**'s initiatives comprise welcome centers, social canteens, technical teams, sustainable laundry and shared apartments. The organization also helps refugees, immigrants and people with addictive issues (VITAE 2024). Moreover, *Associação Conversa Amiga* was created in 2007 and aims to create innovative projects and offer psychosocial support by professionals to homeless people in Lisboa. Besides providing volunteering training, the organization also implemented *Cacifos Solidários* (private lockers in the street environment, accessible 24 hours a day for homeless people to store their belongings in a safe and dignified manner) and *Correio Solidário* (allocation of individual mailboxes to homeless people, with a safe and autonomous access of 24 hours/day and 7 days/week) (Associação Conversa Amiga 2024). The last organization under analysis is **CVPaz**, which is the focus of this Work Project and deeper research is presented in Subchapter 1.3.. Overall, the analysis conducted revealed a

diverse landscape, characterized by significant variation in scope, size, and financial resources. For example, AMI, *Médicos do Mundo* and CASA are the organizations with the highest numbers of volunteers (with AMI taking the first place, with 1,035), which can be explained by the fact that these are the leaders in supporting the most homeless individuals (more than 950 each). Apart from homelessness, only AVA, CAIS and SCML aid individuals with disabilities.

### **1.3. Comunidade Vida e Paz In-Depth Analysis**

#### **1.3.1. Strategic Pillars**

Founded in 1989, CVPaz is an **IPSS** working under supervision of Lisboa's Patriarchate, dedicated to supporting and reintegrating homeless individuals and those struggling with addiction into society. Through a mission rooted in restoring dignity and helping people rebuild their lives, the organization takes a holistic approach that addresses the physical, emotional, and social needs of those in vulnerable situations. Moreover, CVPaz aims to be a leading force in creating **impactful solutions** for homelessness and social vulnerability. Guided by values such as hope, solidarity, and compassion, the IPSS works to create sustainable pathways for individuals to regain their independence. Support starts with the initial contact on the streets and extends to full reintegration into society, ensuring personalized care every step of the way. The assistance begins with the **First Line Intervention Center**, where dedicated teams engage directly with those living on the streets, offering immediate assistance, building trust, and assessing individual needs. This unit operates through 2 key teams: the volunteer street team and the technical street team. The first one is composed of around **600 volunteers** that play a vital role in creating connections with homeless individuals, offering daily support and distributing meals. The latter works closely with those identified by the volunteer team in providing tailored support plans aimed at fostering personal transformation. In addition to these teams, the First Line Intervention Center includes 3 main infrastructures: UIPSSA, *Espaço Aberto ao Diálogo* in Chelas, and *Apartamentos Partilhados de Primeira Linha*. UIPSSA offers

a residential program focusing on social inclusion and quality of life of its residents, providing a structured psychosocial support environment for up to 40 individuals and their pets. The *Espaço Aberto ao Diálogo* serves as a day center, complementing street interventions by offering services such as health care, hygiene support, legal assistance, and employment guidance, helping homeless individuals take the first steps towards reintegration. Finally, *Apartamentos Partilhados de Primeira Linha* provide immediate housing solutions, offering safe and supportive living environments for those beginning the journey of reintegration.

From there, individuals are guided through continuous care that includes **treatment and rehabilitation services** tailored to their specific circumstances. These programs address not only physical needs but also psychological, social, and emotional challenges, providing the tools necessary for personal growth and recovery. Such programs are provided by 2 Therapeutic Communities and 2 Insertion Communities. The Therapeutic Communities of *Centro de Fátima* and *Centro Quinta da Tomada* accommodate up to 135 residents, offering holistic, individualized treatment plans, supported by a diverse team of professionals. Meanwhile, the Insertion Communities of *Centro Quinta da Tomada* and *Quinta do Espírito Santo* (QES), which support up to 84 individuals, focus on equipping residents with essential personal and professional skills to promote their autonomy.

The final step is **reintegration**, where CVPaz works to equip individuals with the skills and support needed to re-enter society confidently, secure employment, and rebuild their lives. This crucial phase is facilitated through the *Unidade de Apoio À Reinserção e Pós Alta* (UAR) designed specifically for individuals who have completed their rehabilitation process and lack family support. To achieve this integration, CVPaz operates 5 *Apartamentos de Reinseção* across various locations, offering residential support to those who need it post-rehabilitation, as well as a *Residência Autônoma*, which is part of the *Cuidados Continuados Integrados de Saúde Mental* (CCISM) network. The organization also provides a program for post-discharge support

(*Projeto MAPA*), offering structured assistance in areas such as employment, housing, and psychosocial support, while also addressing relapse prevention. This holistic approach ensures that each person receives comprehensive support throughout their journey, empowering them to break the cycle of homelessness and achieve lasting change.

CVPaz operates through the combined efforts of 158 staff members and over 600 volunteers, delivering comprehensive services and care to those in need. At the top of its governance structure is the Lisboa's Patriarchate, followed by 3 key decision-making bodies: the General Council, the Fiscal Council, and the Board of Directors. Beneath these bodies, the organization is managed by a General Director and supported by a Spiritual Assistant. Operationally, CVPaz is structured into 8 core areas. The Direct Intervention area includes the First Line Intervention teams, Therapeutic Communities, Insertion Communities, and Reintegration Support. Spiritual Support is provided to promote personal well-being and dignity throughout the process. People Management focuses on overseeing human resources and volunteer coordination, while Communication and Marketing ensure public engagement and outreach. The Christmas PSSA initiative is one of the organization's key annual projects while AFAI Services – comprising administrative, financial, logistic support, and IT functions – ensure smooth internal operations. Finally, the last 2 core areas, Social Businesses and Fundraising, help CVPaz sustain its mission and operations financially. Overall, this structured approach allows CVPaz to deliver care and support efficiently, ensuring that its mission is achieved through a well-coordinated and responsive framework.

The landscape characterized in Subchapter 1.2. positions CVPaz as a key player in the homelessness support ecosystem, distinguished by its **comprehensive range of services**, particularly in **Treatment & Rehabilitation**. CVPaz excels in food service distribution and demonstrates effective volunteer engagement, leading in the ratios of volunteers and effective workers to those supported. The unique contributions and focus on marginalized populations

highlight CVPaz's critical role in mitigating social exclusion. By addressing homelessness at various critical stages, the organization can meet not only the basic needs for shelter and food, but also the psychological needs for love, belonging, and support.

### 1.3.2. Financial Analysis

Given the scale, complexity and scope of services offered, a financial analysis is essential to help ensure that CVPaz can maintain a level of independence and sustainability. Moreover, such analysis plays a pivotal role in optimizing resource allocation, ensuring that funds are efficiently directed towards areas of greatest need. It also facilitates effective risk management by identifying potential financial vulnerabilities that could impact service delivery. Furthermore, a financial analysis provides valuable insights into opportunities for expansion, allowing the organization to grow and enhance its capacity to meet increasing demands. Additionally, it helps to identify and secure new funding sources, ensuring the long-term viability and success of both current and future projects.

To understand the financial performance of CVPaz, the information of the **income statement** and the **balance sheet** was gathered for the period between 2019 and 2023 in the Annual Report and Accounts available on the website as well as from financial information sent by the organization. Moreover, a subset of 7 organizations with a similar offering and a strong support on the homelessness issue was selected from the landscape described in Subchapter 1.2. to position the financial performance of CVPaz within the industry. The aforementioned organizations comprise: CAIS, AMI, SCML, CASA, AVA, *CRESCER* and *VITAE*. Given their non-profit nature, these organizations are exempt from IRC (*Imposto sobre o Rendimento de Pessoas Coletivas*), IVA (*Imposto sobre o Valor Acrescentado*), IUC (*Imposto Único de Circulação*), ISV (*Imposto Sobre Veículos*) and IMI (*Imposto Municipal sobre Imóveis*) (Autoridade Tributária e Aduaneira 2015). Finally, different ratios and indicators were calculated, with the formulas displayed in **Appendix 7** to **Appendix 16**.

Regarding CVPaz's revenues, detailed in **Appendix 17**, there are 3 main sources: Services Provided (with *Comparticipações* being the main contributor – for instance, from the users or *Administração Regional da Saúde*), State Subsidies and Other Public Entities (where *Instituto da Segurança Social* (ISS) is the main source) and Donations and Heritages (both monetary and in kind). Sales, which has a very low representation on the total revenues (between 0.09% and 0.37% since 2019), includes sales associated with occupational activities and therapy work to train the users and enhance their skills. Regarding costs, illustrated in **Appendix 18**, Personnel Costs represent more than 50% of total costs since 2022, while Cost of Goods Sold and Materials Consumed (significantly impacted by inflation evolution) and External Supplies and Services range from 22% to 29% and 17% to 20%, respectively over the last 5 years. Given the 151 number of employees, an average cost of approximately €18,600 per worker was incurred in 2023. Furthermore, CVPaz can be analysed in terms of the ratio of subsidies to total revenues and the ratio of personnel expenses to total costs considering the landscape. Indeed, CVPaz shows a lower dependency on subsidies (33% against a peer average of 40%) and a larger staff costs burden (54% against a peer average of 46%), in 2023 (**Appendix 19**). Overall, total revenues present a compounded annual growth rate (CAGR) of approximately 6% while costs have been growing annually by 6.7% since 2019, which may rise concerns for CVPaz if this pattern remains in the future. Indeed, net income has presented a volatile evolution since 2019, as it fell from €53,139 to -€142,684 in 2022, remaining negative in 2023 (**Appendix 20**). Costs rose by 10% in 2022, due to several factors such as the higher inflation rate, a larger vehicle fleet and an expansion of the social responses which require more resources and, in turn, higher expenses. Revenues also increased, but only by 5%, thus leading to a large drop in net income in 2022. A more granular analysis can be conducted to grasp the performance of each area of CVPaz: First Line Intervention, Therapeutic Communities, Insertion Communities and Headquarters (**Appendix 21**). In 2022, CVPaz's net income became negative, mainly due to a

large loss from Headquarters caused by a sharp drop in revenues and a slight increase in costs of General Services – Alvalade. Both Communities presented a positive profit, where Therapeutic Communities dropped, and Insertion Communities displayed a slight rise. First Line Intervention registered a lower negative profit in absolute terms, as revenues increased significantly, particularly from UIPSSA and *Apartamentos Partilhados de Primeira Linha*. In 2023, CVPaz's overall profit was less negative, as both Communities displayed large increases in net income. Indeed, the profit rise in Insertion Communities was mainly driven by the performance of QES while both *Tomada* and *Fátima* contributed to the profit increase of Therapeutic Communities. Headquarters and First Line Intervention registered relatively large profit drops: Direct Intervention Team ceased to be profitable and General Services – Alvalade displayed a large rise in costs that was not compensated by an increase in revenues.

Since CVPaz is a non-profit organization, the short-term financial health is crucial to be assessed by evaluating **Net Debt (ND)**, **Net Working Capital Requirements (NWCR)** and **Net Working Capital (NWC)** over the last 5 years (*Appendix 22* and *Appendix 23*). CVPaz does not rely significantly on bank loans to finance operations, a fact underlined by the negative ND observed (i.e. Cash & Cash Equivalents – such as bank deposits – are more than enough to cover financial obligations). Moreover, the negative NWCR observed in the last 5 years seems to be a great sign of operating efficiency, since the company's operations are being funded through its payables. Indeed, the average Days Sales Outstanding are lower than Days Payables Outstanding (*Appendix 23*). When looking at NWC, the negative values observed since 2022 mean that CVPaz's current liabilities surpass current assets. Thus, part of the fixed assets is being financed by short term liabilities, implying a high financing risk and possible liquidity issues in the future.

Moreover, 3 liquidity ratios were computed and compared across the industry landscape (*Appendix 24*). Firstly, the current ratio went below 1 in 2022, well below the industry average

of 2.43. Indeed, Cash and Bank Deposits suffered a large drop while Accounts Payable rose. The quick ratio allows to understand whether CVPaz's most liquid assets are sufficient to cover its short-term obligations while the cash ratio represents the fraction of Cash & Cash Equivalents relative to current liabilities. Once again, CVPaz displays values below the industry average for both ratios, where 2020 was a year of strong performance (the cash ratio was 0.96) and 2022 registered a fall in the ratios and consequently a deterioration of CVPaz's financial health. Organizations such as AMI, SCML, CAIS and CASA present high liquidity ratios, showing stronger ability to pay for short-term obligations. On the other hand, CRESCER presents a similar short-term financial health to CVPaz.

To further assess the **capital structure** of CVPaz, the Liabilities-to-Assets and Liabilities-to-Equity were computed (**Appendix 25**). CVPaz has presented values ranging between 25% and 35% for the first ratio and between 30% and 55% for the second ratio, always below the industry average, indicating a low insolvency risk. It is important to note that CRESCER and AVA are pushing the average upwards, given their extremely high values of these leverage ratios.

### 1.3.3. SWOT Analysis

The previous external benchmarking exercise, combined with internal strategic and financial analysis, facilitated the development of a SWOT analysis for CVPaz (**Appendix 26**). **Key strengths** include its low dependency on subsidies, with only 33% of its revenue sourced from such streams, compared to a peer average of 40%, and its consistently high innovation in program development and service delivery. Furthermore, CVPaz maintains a strong reputation in its field, alongside one of the highest ratios of volunteers per people supported among peers. However, the financial analysis highlighted some **weaknesses**, such as the heavy burden of staff expenses, which account for 54% of the cost structure, exceeding the peer average of 46%. Income from self-sustaining activities remains limited, indicating underutilized revenue opportunities. Furthermore, CVPaz's liquidity position is weaker compared to larger and more

established organizations.

On the **opportunity side**, CVPaz has room to increase its self-generated revenue with sales associated with occupational activities and therapy work done by users and to address gaps in the social services market by creating more programs targeting underserved needs. Moreover, strengthening partnerships with similar organizations offers valuable opportunities for growth and knowledge-sharing.

Finally, **threats** include the risk of reduced funding availability due to increasing competition among organizations and potential changes in government policies, which could impact subsidy schemes. Broader economic challenges, such as housing crises or financial downturns, may also exert pressure on CVPaz's operations.

#### **1.4. Disability Context in Portugal**

Besides the homelessness issue, CVPaz recognizes the growing number of individuals with disabilities, often linked to alcohol dependency or drug abuse, who seek support through its services. Indeed, **disability**, whether physical or mental, constitutes another barrier hindering social inclusion. Assessing the broader scope of this issue across Portugal is relevant to better understand both its impact and the effectiveness of current responses.

In 2021, nearly 11% of the resident population in Portugal (above 5 years old) had at least 1 disability. In fact, the prevalence of severe disability in mobility and personal care has risen while the dimension related to cognition has fallen over the last decade (GEPMTSSS 2023). According to the Eurostat, in Portugal, the risk of poverty or social exclusion has remained significantly higher among people above 16 years old with disabilities: 62.3% faced the risk of poverty before social transfers, compared to only 35.5% of people without disabilities (European Survey on Living Conditions and Income 2022).

Thus, understanding the **linkage between disabilities and social exclusion**, particularly triggered by homelessness and substance abuse, is required. Indeed, homeless people are likely

to experience a ‘tri-morbidity’ of mental ill health, physical ill health, and addiction (Fitzpatrick, Bramley and Johnsen 2012). Regarding mental illness and substance abuse – the first and third morbidities – one cannot directly establish a causal or directional relationship (National Institute on Drug Abuse 2018). In fact, both can contribute to the other and there are several overlapping factors which contribute to the aforementioned issues, such as genetic and epigenetic vulnerabilities, problems with similar areas of the brain, and environmental influences. Such illnesses and disorders can be also linked with homelessness situations as there is a 25% to 50% risk of becoming homeless for single adults with a major mental illness (Bauer, et al. 2013). Furthermore, despite the lack of studies, the prevalence of mental illness among the homeless population is estimated to be around 30% in Portugal (Bastos, Bento and Caldas de Almeida 2024). Finally, works published in Portugal state that more than 50% of people in a homeless situation use drugs (Miranda and Norte 2021).

To address the challenges faced by people with disabilities, the *Sistema de Atribuição de Produtos de Apoio* (SAPA), whose budget has increased by 60.4% in 2022 (Pinto, et al. 2023), and the *Modelo de Apoio à Vida Independente* (MAVI), which provides personal assistance (Diário da República 2023), were set to support their inclusion and autonomy, respectively. Several measures under the *Estratégia Nacional para a Inclusão das Pessoas com Deficiência* (ENIPD 2021-2025) were also created, however, only 31% were implemented between 2021 and 2023 (Machado 2024).

Summing up, numerous institutions are currently committed to assisting individuals in regaining or achieving autonomy. However, significant gaps remain in addressing the needs of homeless individuals with disabilities who strive to attain a substantial degree of independence.

## 2. Conducting an External Analysis

*What are the industry best practices among CAPDM peers?*

After investigating the purpose, the objectives, and the initial plan of CAPDM, an external analysis is the next step to design a comprehensive operational framework and service delivery model for this center. Thus, Chapter 2 delves deeper into how similar associations operate in various areas and identifies the key elements that should be incorporated into this new center.

### 2.1. Benchmark Methodology

The benchmark analysis starts with an outline of **practices currently being adopted worldwide**. Hence, an extensive research was performed to identify institutions addressing the exact same challenges that CVPaz aims to tackle with the implementation of CAPDM. Indeed, only 4 international centers were identified as having very similar operations as CAPDM's proposal, located in the United States and in the United Kingdom.

Due to the lack of responses to the specific problem identified by CVPaz in Portugal and the scarcity of international organizations addressing these needs, a broader set of institutions was analyzed. Therefore Subchapter 2.2. **extends the research to worldwide organizations** with a strong focus on supporting individuals with various levels of disabilities. Some organizations address homelessness, others substance abuse, but all of them are deeply committed to social integration, offering **valuable parallels** for this thesis. A benchmark analysis of Portuguese organizations was also conducted given the importance of aligning CAPDM with the Portuguese specific legislation, particularly ISS. Hence, best practices were collected from 25 institutions were analyzed: 13 international and 12 nationals. After contacting all the institutions, 8 interviews were conducted (results and photos shown in **Appendix 27** and **Appendix 28**) using the script present on **Appendix 29**, while the remaining were studied through exploratory and descriptive investigation due to lack of response or availability for a visit and/or interview (research shown in **Appendix 30**).

## 2.2. Benchmarking Beyond CAPDM's Scope

As explained in Subchapter 2.1., the scarcity of responses targeting CAPDM's specific challenge implied an extension of the benchmark study beyond the aforementioned institutions. Thus, best practices from organizations offering similar services were collected in **3 different areas**: Hospitality and Residential Services; Clinical Services; and Daily Activities.

### 2.2.1. Hospitality and Residential Services

The hospitality and residential services area, encompassing both **accommodation and food services**, caters to residents who utilize the overnight facilities and support, benefiting from a comprehensive range of offerings. However, certain services, such as the canteen and common areas, are also accessible to ambulatory patients for 8 hours per day, during weekdays. Thus, during the interviews, **3 key sub-areas emerged** within the hospitality and residential services area: canteen, infrastructure, and specialized care.

#### 2.2.1.1. Canteen

**Canteen** services are recognized as one of the essential amenities provided by any institution. As emphasized by APCC's Director, all centers, whether residential or not, must meet the basic needs of their users, who often spend the entire day at these facilities, by providing adequate meals on-site. In general, residential users have access to **all necessary meals**, including breakfast, morning snack, lunch, afternoon snack, dinner, and a light supper. For ambulatory users, meal provision varies: most institutions offer meals from the morning snack through the afternoon snack, while others, like APCC, also provide breakfast and an early dinner, based on users' arrival and departing schedules. Meals are typically **simple yet nutritious** and healthy, with options tailored to specific dietary requirements when necessary (e.g., there are special dietary services at *Ability Beyond* and soup is made with substitutes for potato at AAJUDE).

Institutions like *CaritasCare* and *Shelter Plus Care* actively involve users in activities such as menu planning, assisting with food preparation, and learning about healthy eating habits

through nutrition workshops. However, because most users have limited capacities, their involvement in meal preparation is often minimal, making it hard for them to manage all cooking tasks. Consequently, most centers in Portugal **hire dedicated kitchen staff**, usually 1 to 2 cooks, often supported by 1 to 2 kitchen assistants.

For the initial setup, **kitchens must be equipped to meet ISS regulations**, including requirements such as stainless-steel appliances and other specified standards. Due to limited funding, different IPSS seek ways to reduce recurring food expenses by forming **partnerships with local markets, restaurants, or associations** to obtain groceries and household essentials at reduced or no cost. Some centers also collaborate with nearby schools or canteens to receive leftover meals, which facilitates operations and reduce costs.

#### **2.2.1.2. Infrastructure & Additional Services**

In terms of infrastructure, these institutions prioritize creating a comfortable, well-structured environment that feels familiar and less clinical, often resembling hotel-style accommodations, creating a welcoming environment that feels like a **true home for residents**. **Bedrooms** are a mix of private and shared spaces, typically housing from 2 to 4 beds, and, in most institutions, as *Casa de Betânia* and *Open Hands Community Care*, residents are encouraged to personalize their rooms by bringing in personal items and decor to achieve a home-like atmosphere. Rooms are furnished with regular beds and some emergency (adjustable or ergonomic) beds, which are available for patients who require additional care, since there have been examples of centers, such as QES, where patients unexpectedly and rapidly deteriorated their medical condition.

**External areas**, like those at *A Barragem* and QES, are designed to be open and welcoming, offering residents ample space to enjoy fresh air and engage in outdoor hangouts. **Inside, facilities** encompass a range of care environments, from standard nursing and residential spaces to areas that support independent living, integration, care, and transitional living services.

**Lounges and common areas** serve as central hubs for gatherings, group therapy sessions, and

recreational activities, reinforcing a sense of community. At places with more physically disabled individuals, like *CaritasCare*, electric tracking hoists were built. Infrastructure must meet the physical needs of residents, while enabling stimulation and enhancing their overall quality of life by promoting autonomy, comfort, and social connections.

Another related service that is generally available for residents is **transportation**. Most institutions encourage patients to use their own means of transportation – such as public transport or walking, based on their autonomy. For those with greater limitations, such as a lack of family support or reduced mental and physical capacity, transportation is provided by the center using a 7 to 9 seat vehicle or through partnerships with municipalities or fire departments. For instance, APCC travels around 3,500 kilometers daily to support its users. In rare cases, staff may even use personal vehicles to assist patients.

### 2.2.1.3. Specialized Care

Specialized care in the benchmarked institutions revolves around **individualized support plans** (*Plano Individual de Inclusão – PII*), tailored to each user's needs, abilities, and goals. The plan begins with a detailed assessment to identify strengths, required support, and actionable steps for achieving objectives. As mentioned on *Look Ahead Care Support and Housing's* website, the level of support per user varies from 24-hour support to a few hours per day. In Portugal, personalized care is mandatory by ISS, designed to sustain or improve residents' health and well-being, with a focus on independence and quality of life.

While institutions strive to provide comprehensive support, the level of **on-site medical staff** varies depending on demand. Nurses are typically present during the day or when patients show significant need, while direct-action assistants ensure round-the-clock care through shifts to help residents with daily routines and attend to any needs that may arise overnight. However, depending on the center's users, some organizations like *Turning Point* have 24-hour medical supervision. During the day, the ratio of staff to residents also fluctuates based on the needs and

complexity of the resident population – institutions may adjust staffing levels when dealing with more severely debilitated individuals compared to cases of residents with moderate disabilities. Thus, in Portuguese organizations, staff ratios do not necessarily follow ISS regulation. For example, the ratio of 1 assistant per 10 users is often surpassed: *Casa de Betânia* employs 16 General Service assistants for 22 users, while APPACDM-Porto operates with 13 for 33 users; APCC has 6 Direct-Action assistants for 17 users. So, as shown in **Appendix 3I**, personnel ratios vary according to the level of support needed by the residents, as well as the type of specialized staff requested by each ISS settlement.

Additionally, in centers where residents experience mental disabilities or other more severe conditions that limit their capabilities, institutions commonly take responsibility for **managing their bank accounts**. The goal is to safeguard users' funds while guaranteeing the timely payment of bills, hence ensuring residents can focus on their personal development without the added stress of financial management. Another common practice is the provision of **pocket money**, a small weekly allowance given to users for daily expenses (such as tobacco, coffee, etc.), which is withdrawn from their account. If a resident has insufficient funds in their bank account, the center may step in to cover the costs, like at QES.

### **2.2.2. Clinical Services**

Upon admission to any clinic, center, or nursing home, evaluating each individual case thoroughly and establishing a personalized plan is a standard practice, as previously mentioned. Such plans define the specific support each person will require in terms of residential and specialized care, stimulation, or other necessary therapies and treatments. **Plans are designed to be dynamic, evolving in response to the recommendations of the TAP.** In this area, the range of therapies offered and the operating models tend to be similar across organizations. Nevertheless, some exceptions exist, such as APCC, which stands out for its extensive range of in-house treatments and therapies, which go well beyond what is typically available.

### 2.2.2.1. Psychological Services

Psychological support includes **mental health consultations** that address emotional, behavioral, and psychological needs. Additionally, institutions offer **psychoeducational and recreational groups**, which are structured groups that provide a safe space for residents to learn about their conditions, manage triggers, and develop coping mechanisms to build overall well-being in a supportive environment (The Pearl 2024). **Group-based support** is a central component, especially through evidence-based meetings that connect residents facing similar struggles. This is particularly emphasized in places like *A Barragem*, where residents are on a journey to overcome substance abuse and maintain sobriety, sharing common experiences with addiction. As their psychologist noted during the interview, “They benefit greatly from the group therapy model, as they can explore each other’s life stories, substance use, family relationships, and relapses”. Indeed, this group dynamics allow users to reflect on their own experiences while **finding strength and insights in the shared journeys of their peers**. In this sense, *CaritasCare*, *Continuum of Care*, and other institutions also help users **improve their personal relationships** (i.e., friends and family).

To enable such a comprehensive support system, a **multidisciplinary team** is essential. Each institution usually has 1 dedicated psychologist full-time and access to a psychiatrist. The arrangement of psychiatric support varies by institution: in *Projecto Homem*, the psychiatrist is part of the official workforce; in APCC and CECD, psychiatrics visit the center some hours per week; in *Casa de Betânia*, psychiatric services are fully outsourced.

### 2.2.2.2. Sensitive and Cognitive Stimulation

Sensitive and cognitive stimulation are essential in the process of helping residents maintain or improve their skills and independence to achieve certain goals. In this sense, **multidisciplinary rooms** – such as Snoezelen rooms – and educational programs are big supporters of stimulation, as they provide environments that foster cognitive and sensory development. These

methodologies are also instrumental in teaching essential daily skills, like hygiene, household tasks, and maintaining education levels, which are fundamental for residents' independence.

**Regular counseling** and **workforce development** courses further support residents, preparing them for adapted labor tasks, contributing to their independence through meaningful, task-based activities. Institutions like *Casa de Betânia* and *Phoenix Rescue Mission* tailor these activities to individual capabilities, allowing even mentally impaired residents to engage in purposeful work tasks, often volunteer-based, impactful for self-esteem and sense of achievement.

**Therapies**, like **Snoezelen**, create multi-sensory environments that reduce anxiety, bring joy, allow the patient to be immersed in an environment where they feel safe and calm, and enhance cognitive development, being one of the most used methodologies for sensory rooms (Snoezelen 2024). These rooms are present in institutions like APPACDM, *CaritasCare*, and CECD, typically requiring materials such as special lighting, bubble tubes, tactile panels, aroma diffusers, projectors for calming visuals, soft seating, and sound systems. In fact, interviews conducted validated the positive effects of this setting on individuals with mental disabilities.

Furthermore, most of the benchmarked institutions invest in **occupational therapies**, which further promote engagement: in *Life Without Barriers* and *A Barragem*, residents are divided into rotating teams responsible for areas like laundry, yard cleaning, or cooking, where they develop skills through structured tasks. These activities not only promote skill development but also foster a sense of teamwork and accomplishment. *Casa de Betânia* also prioritizes having all activities provided externally (i.e., nursing and medical care, physical therapy, psychiatry, training, etc.), which encourages cognitive and social engagement and contributes to residents' overall development and well-being (Brocket Media 2023).

### 2.2.2.3. Physical Therapy

**Physical rehabilitation** is a key service aimed at enhancing strength, motor planning, balance, and safety awareness, promoting maximum independence both in-house and within the

community (World Health Organization 2024). Common therapies include physiotherapy, hydrotherapy, hydro kinesiotherapy, electrotherapy, mechanotherapy, kinesiotherapy, and thermotherapy. These services are provided according to the resources and the organizations within their communities, as they form collaborations to provide residents with access to external activities at reduced costs. For instance, *Casa de Betânia* allows residents to have hydrotherapy at *Complexo de Piscinas do Jamor* through a cooperation with the local city council.

The **staffing model** often depends on the center's needs and available resources. Most organizations outsource physiotherapists or hire them to visit the center for specific weekly hours (e.g., 12 hours/week at AAJUDE). Other centers, like CECD, employ full-time physiotherapists to meet their residents' large demand. Alternative solutions encompass setting partnerships with nearby physical therapy centers and booking treatments through the *Serviço Nacional de Saúde* (SNS), which is free of charge and hence reduces the financial burden. Up to 2 psychomotricity technicians may also be hired to supplement the rehabilitation efforts.

#### **2.2.2.4. Others**

Adding to the clinical services mentioned, institutions often provide additional services to ensure holistic care, focusing on **enhancing the overall well-being of residents**. Examples include the use of augmentative and alternative **communication systems**, as well as targeted voice and swallowing interventions (specialized tools and approaches within speech therapy). Such services, offered by *Ability Beyond* and *Life Without Barriers*, aim to address communication challenges and build confidence and safety during meals. Additionally, institutions like *Leonard Cheshire* and *Open Hands Community Care* deliver epilepsy care, rehabilitation programs, choking and dysphagia prevention, and regular monitoring of vital signs such as blood pressure, temperature, and glucose levels. Emotional well-being is equally prioritized, with outlets such as **music and art therapy** used to alleviate stress, depression, and

low moods. For more structured mental health care, cognitive-behavioral therapy offers frameworks for managing behavioral and psychological challenges and leads to significant improvement in functioning and quality of life for patients (APA 2017).

**Technological innovations** also significantly enhance access to services like online therapy and virtual consultations at *Ability Beyond* and *Turning Point*, reducing logistics related with trips to consultations. Partnerships with healthcare providers also play a key role; for instance, *San Juan de Dios* has several hospitals that ensure continuous care for their users at lower costs. For an effective delivery of these diverse services, each center needs the appropriate equipment. Therapy spaces must be equipped with tools for art and music activities while staff needs health monitoring devices, such as blood pressure cuffs, thermometers, and glucometers. In some institutions, the responsibility for bringing more **specialized medical equipment** is delegated to the visiting healthcare professionals – typically nurses or doctors hired on a part-time or agreement basis. Regarding medical staff, there is no standard practice: some institutions have always up to 3 in-house nurses during the day alongside general doctors available for common specialties; others have just a psychiatrist and a nurse or a general practitioner and a nurse visiting weekly. In certain cases, all medical services are **outsourced**, leveraging SNS' system, which many centers find effective in their regions, as detailed in **Appendix 31**. This arrangement provides access to specialized care for a modest fee, as maintaining an infirmary or employing in-house doctors is not legally mandated for centers in Portugal.

### **2.2.3. Daily Activities**

Daily activities aim to keep residents engaged and entertained during the day while stimulating them and supporting their progress towards achieving developmental objectives. These activities are broadly divided into competence training and occupational activities, as well as leisure and cultural activities. As the next subchapters describe, many centers capitalize on the opportunities available within their networks and local communities, finding innovative ways

to simultaneously offset financial challenges and enhance the quality of services provided.

### 2.2.3.1. Competence Training and Occupational Activities

As noted earlier in section 3.3.2.2., much of the cognitive stimulation provided by institutions occurs through **competence training and occupational therapies**. These initiatives include basic education and financial literacy classes, as done by *Phoenix Rescue Mission*, for instance. Moreover, one-on-one sessions are conducted to identify patient's individual needs, preferences, and aspirations, enabling professionals to devise personalized strategies. In these sessions, participants' potential for professional integration is also assessed, determining whether they can benefit from external or in-house training programs in adapted fields.

**Professional integration** can be promoted through adapted **external work placements** or **remote tasks**. The first channel is often facilitated by networks of partner companies and institutions, such as inclusion programs by *Jerónimo Martins* and *Fnac*, or local schools and businesses. About the second channel, compelling examples comprise *Casa de Betânia's* agreements for ironing services provided to nurseries and hotels, or *Elo Social's* collaboration with *Transportes Aéreos Portugueses*, the airline, where residents who are unable to leave the facility do the cutlery packaging for a fee. Such opportunities – volunteer or paid adapted work – combat social exclusion while keeping patients active and boosting independent living skills. Centers focus on personal and social development, cultivating communication skills, teamwork, confidence, self-expression, activities of daily living – as using public transportation, self-care routines, basic computer skills –, and practical tasks – like cleaning, meal preparation, and yard maintenance. In this sense, *Open Hands Community Care* also promotes assistive technology – systems that help disabled individuals perform tasks that might otherwise be difficult for them (Britannica 2024) – supporting autonomy by enabling greater independence. To promote social development, *CaritasCare* encourages residents to explore the local areas with kindness-focused initiatives (e.g., leaving painted stones for the community).

### 2.2.3.2. Leisure and Cultural Activities

Regarding leisure and cultural activities, some of the best practices also heavily rely on **leveraging local opportunities** through community events facilitated by municipalities or church groups and partnerships to provide available free training or programs. These community outings should further promote integration, reduce isolation, and create valuable networks, serving also as a cognitive stimulus. **Sports** are a key feature to foster physical and mental stimuli, with options tailored to residents' abilities, such as adapted swimming, dance, padel, horse riding or yoga, as done in AAJUDE, *CaritasCare*, APCC, and *Turning Point*. Moreover, **visits** to libraries, museums, concerts, and interactive exhibitions, or even community trips to destinations like Taizé, promote broader cultural and spiritual engagement. **Nature-focused activities** like gardening, animal farming, and environment protection workshops help residents connect with the environment. **Creative arts** are considered another important avenue, hence, opportunities to join musical bands, choirs, and drama classes which encourage self-expression and collaboration are common across the organizations. Creative activities are also **leveraged to alleviate the financial burden**, since users make items – decorations for festive seasons, felt and fabric crafts, gardening, woodworking, personalized jams, liqueurs, etc. – to sell to the community through either a brand (like APPACDM *Coimbra's Idem Aspas*), small church festivities (like *Casa de Betânia*), or by order (like *Elo Social*, which does carpentry, upholstery, and laundry by demand (Elo Social 2024)). For daily activities, the more basic classes happening in-house are usually taught by the direct-action assistants. Institutions like AAJUDE or *Casa de Betânia* have volunteers as workshop managers, while the majority hire sociocultural entertainer, being usually 1 per class. However, for centers with more population, as the legal ratio for workshop managers in Portugal is 1 for every 10 users, a rotational schedule was set, where in each room a different class is occurring and residents exchange from one to the other, to comply with regulation, as is the case in APCC.

### 3. Crafting the Financial Plan

*What is the envisioned cost structure for CAPDM and how can a robust financing strategy be developed?*

An **estimation of the costs entailed by CAPDM** and a **financing plan** are essential to compare against the ISS funding. The fact that **financial management is crucial for nonprofit organizations to survive and fulfill their mission** (Stühlinger 2022) also highlights the importance of the financial plan designed in Chapter 3.

#### 3.1. Cost Structure

To study the financial sustainability of CAPDM, a **breakdown of the costs** and an explanation of the assumptions behind its estimation are necessary. Firstly, costs were broken down into **CAPEX**, used to undertake new projects, and **OPEX**, used for the daily operations of a business (Fernando, James and Kvilhaug 2024). Considering the average construction time in Lisboa of 20 months (Instituto Nacional de Estatística 2023), the **first year of operation was assumed to be 2027** as the infrastructure would be built between 2025 and 2026. Costs were estimated until 2040, to provide a **15-year perspective** of the project.

##### 3.1.1. CAPEX

CAPEX comprises construction, equipment acquisition and equipment replacement costs. Starting with **construction**, according to CVPaz and the technical project developed by this IPSS, the process is estimated to cost between €8,000 and €10,000 per sqm, totaling a range of €9,331,600 to €11,664,500, after considering 1,166.45 sqm of useful area. Assuming both the final project approval and the licensing process still need to be finalized, the construction process would start in May 2025. Considering the 20-months construction period, CAPDM would be ready at the end of 2026. Thus, 40% of the costs would be deployed in 2025 (8 out of the 20 months) while the remaining 60% would be spent in 2026 (12 out of the 20 months). The **ISS agreement**, which is key for the operation of CAPDM, requires an initial payment of €336

operations permit (Segurança Social 2023). Regarding construction licenses, CVPaz does not expect to incur any additional cost given the partnership with Torres Vedras Municipality.

In terms of **equipment**, which encompasses the remaining CAPEX components, estimations were performed based on the technical project provided by CVPaz, on the recommendations from Chapter 2, and on ISS technical guidelines for a nursing home (Segurança Social 2012). Equipment prices were retrieved as of 2024, being adjusted to the expected Consumer Price Index (CPI) inflation rate to reach estimations for 2026 (O'Neill 2024).

The second component of CAPEX is **equipment acquisition**, comprising items necessary for CAPDM's spaces, lighting system, transportation vehicles, and fire security and gas requirements – totaling 29 captions. Air conditioning installation and electric infrastructure was assumed to be already incorporated in the aforementioned construction cost.

**Appendix 32** shows total costs per caption while **Appendix 33** presents a detailed list of the items considered for each area, unitary prices and quantities needed. Regarding **patients' use areas**, 27 bedrooms – each one accommodating 2 individuals – should be built, given the 54 residential users. Items prices were retrieved from *IKEA*, a global low-cost furniture brand. Furthermore, 3 types of bathrooms were considered: 27 private bathrooms – 1 per bedroom – with a shower unit and bidet included; 3 bathrooms without shower unit and bidet for the common areas; and 1 bathroom suited for people with reduced mobility. Items prices were mainly collected from *Leroy Merlin*, as it offers clients a satisfaction warranty, after sales service and minimum price guarantee (Leroy Merlin 2024). Concerning **common spaces**, both the living room and the canteen are designed to accommodate all 69 patients, either ambulatory or residential. The living room includes 1 TV, and the canteen has tables suited for 4 people each, as advised by ISS. The kitchen must obey very specific ISS requirements, such as having 2 distinct divisions for meat and fish preparations. All the items' prices were retrieved from *GGM Gastro*, leader in the European market for gastronomy equipment and kitchen accessories

(GGM Gastro n.d.). Based on the technical project, CAPDM also incorporates kitchen counters for self-service and dirty dishes, a pantry, a specific room for the fridge and freezer, a storage room and a dumpster area. Other basic equipment, such as kitchenware, was assumed to be a recurrent expense, thus included in OPEX computation, under the materials caption – will be detailed in Subchapter 3.1.2.. Furthermore, the team advises CVPaz to transform one atelier to build a gym and a laundry room which includes energy efficient washing and drying machines (graded at A and A+++, respectively). The other atelier has artistic purposes, allowing 16 people simultaneously. Concerning therapeutic rooms, the first requires office material essentially to allow for different therapies while the second is a Snoezelen room, which includes specific equipment chosen based on the benchmark conducted and research studies, with prices retrieved from *ZenSenses* store. Regarding **health-related areas**, the medical office requires office equipment, 1 articulated bed, and medical items, such as a defibrillator and blood pressure monitors. Except for the defibrillator, 3 items of each type we budgeted, as ISS guidelines suggest that quantities should correspond to 5% of the users' number. The infirmary has the same office equipment as the medical office and 2 extra examination tables. Concerning **administrative areas**, the center encompasses 3 offices – whose items' prices were collected from *IKEA* –, a meeting room – with a capacity for 8 people and a TV for presentations –, and an administrative reception. Finally, 2 areas are recommended to allow the staff to take a break, change clothing and store their belongings: the personnel room and the personnel balnearies (1 for men and 1 for women). Besides bedrooms and bathrooms, the **most expensive areas** are the living room – due to the large capacity required –, the kitchen, the medical office and the personnel office – given the expensive specific equipment, such as the dishwasher, the medicine refrigerator and the lockers (which are meant for personnel and ambulatory users). The **lighting cost** was estimated per room and according to the number of lux (i.e. the standardized unit of measurement of light level intensity) necessary per sqm for each area, as shown in **Appendix**

**34.** The calculation was based on *Gold Energy* information (Gold Energy 2024), yielding a total of 232 lamps and amounting to €1,872. Regarding **fire security**, CAPDM should have 8 units of ABF Water Fire Extinguisher 6 lts Pack (1 per 200 m<sup>2</sup>), an independent gas detector and a fireproof blanket, according to ISS regulations. To ensure the building is ready in 2027, a one-time inspection (*vistoria*) and several registration and accreditation processes are mandatory, representing a €814 total expense (República 2021). Initial **gas inspection** is also necessary in 2026 to ensure CAPDM is ready in 2027, costing €52 (Outeiro 2020). The last caption relates to the acquisition of vehicles to provide **transportation**. To allow for a comparison of different transportation services options, the lower bound assumes the acquisition of 1 vehicle and the upper bound considers the acquisition of 2. Research on second-hand diesel cars of 7 seats led to an average unitary cost of €15,000 (Costa 2024). So, total equipment acquisition cost ranges from €104,000 to €120,000, depending on the number of vehicles acquired.

Due to the limited lifespan of the aforementioned items, periodical replacement is expected to take place overtime. Thus, the third component of CAPEX is the **replacement costs of equipment**. Firstly, the different useful lives of products were retrieved considering various sources of information to enhance the rigorousness of the analysis. Secondly, the costs were calculated as the price of each item in the year required for them to be substituted, which is the last year of useful life. Since the minimum useful life is 2 years, replacement expenses are predicted to start in 2028, having an annual average of €7,350 (lower bound) and €8,700 (upper bound) between 2028 and 2040. **Appendix 35** shows the predicted annual replacement costs while **Appendix 36** displays the lifespan of each item. In 2036, replacement expenses are exceptionally higher, due to the expected acquisition of a new vehicle.

### 3.1.2. OPEX

The second type of cost is OPEX, encompassing **9 categories**, with several evolving according to the expected CPI inflation rate – assumed to be constant after 2027 (O'Neill 2024). Moreover,

the QES model was utilized to extrapolate some categories to CAPDM, given its similar capacity and users' clinical profile, hence supporting a cost estimation aligned with CVPaz reality. **Appendix 37** to **Appendix 48** show the details of the computation of all the categories of costs.

The first category is **personnel costs**, for which CVPaz provided a list of planned staff for CAPDM, split between permanent and retainer base staff. Regarding **permanent staff**, the monthly base salary per job position was retrieved from the wage table which portrays the minimum salary to be paid by law and serves as current reference for CVPaz (CNIS and FEPCES 2023). The total payroll per worker is a sum of: 14 months of the aforementioned monthly salary, insurance expense (0.7981% of the annual base salary, according to CVPaz current practices), social tax (22.3% of the annual base salary, according to ISS legislation (Segurança Social 2024)), meal subsidy (€3.5 per working day, according to the aforesaid wage table), medicine at work expense (€26.25 per worker in the first year and then every 2 years, assuming that all new workers will be below 50 years and according to CVPaz current practices) and professional training (€20.20 per worker per year, estimated based on the average cost of CVPaz in 2023). Part of the direct-action assistant workforce is predicted to be working during the night, earning 25% more than the daily salary (CNIS and FEPCES 2023). Concerning **retainer base staff**, the monthly base salary per type of job was collected either from CVPaz's wage table, or salary tables negotiated with medical (Simedicos 2024) and nursing (SEP 2024) unions. The total payroll per worker comprises only 12 months of the aforementioned base salary – since employees are part of an agreement – and the staff ratios recommended were followed to conclude the estimation.

Considering that, for each position, regardless of the type of contract, the wage may vary due to different levels and years of experience, a range of salaries was estimated. Thus, the upper bound assumes that all workers will have the highest experience, hence earning the highest

wage described in the aforesaid wage tables. The lower bound consists of the lowest levels of wages present in the legislation, given the lower experience in the area. To estimate the personnel costs for future years, the base salary was deemed to grow at the expected minimum wage growth rate, assumed to be constant after 2028 (Covita and Canas 2024). The annual costs of the meal subsidy, medicine at work and professional training were assumed to grow at the expected CPI inflation rate. Considering this approach, personnel costs are expected to amount approximately €905,000 (lower bound) to €990,000 (upper bound) in 2027. **Food supply costs** were computed in 2 different ways, considering that residential users would consume breakfast, morning snack, lunch, afternoon snack, dinner and supper for 365 days while the ambulatory users would only consume morning snack, lunch, and afternoon snack during weekdays. The first approach is based on the 2021 general diet plan from the Portuguese Association of Nutritionists (Ministério da Saúde 2021), which allowed to retrieve the ingredients and quantities required per user. Costs were computed using *Continente* as the main source of ingredients' prices, being then updated at the expected CPI inflation rate. In 2027, food supply costs are estimated to amount approximately €104,000 according to this approach. The second approach is based on a 2017 Master thesis, focused on hospital meals (Silva 2017), which allowed to retrieve meal costs per user at the end of 2016. Costs were then updated at the observed and expected CPI inflation rates. In 2027, food supply expenses are forecasted to be around €164,000 following this approach. Indeed, the first approach registers lower costs since it relies on less complex meal recipes as well as other cost-saving practices such as bulk purchasing. **Materials** comprise cleaning, hygiene and comfort; clothing; medical (general and specific to each user); recreational; and painting. All costs, except for painting, were estimated by extrapolating from current CVPaz practices in QES. Thus, the ratio per user of each type of material expense in QES in 2023 was calculated and then adjusted to CAPDM. Painting materials costs were additionally computed by collecting prices from *Continente*, since this

activity is recommended in CAPDM but is not present in QES. All CAPDM users are assumed to require cleaning, hygiene and comfort; medical (general and specific to each user); recreational and painting resources. Residential users were assumed to also use clothing materials. To guide CVPaz, a list of the required materials can be found in *Appendix 39* with the prices of 2024 from different sources. After updating the expenses at the expected CPI inflation rate, total materials costs are predicted to be approximately €20,000 in 2027. **Utilities costs** encompass electricity, gas and water expenses. The electricity expense was estimated assuming a constant 1,320 kWh average annual consumption of electricity per person (Repsol n.d.) and a €0.1559 average cost per kWh from *Iberdrola* (CVPaz supplier in QES) in 2024 (Fatela 2024). Costs were computed considering that ambulatory users only spend 8 out of 24 hours during weekdays in the center, while residential users live in CAPDM for the whole year. Other crucial assumptions are an annual cost increase of 2.1% (Suspiro 2024) and a €0.01 annual electricity tax per kWh (according to CVPaz bills). Regarding water and gas expenses, the costs incurred in QES in 2023 served as a reference. Thus, the ratio per user was computed and then extrapolated to CAPDM, with an adjustment between residential and ambulatory users considering the time spent at the center. Water prices were assumed to grow by 8.5% in 2024 (Oliveira 2023) and by 3.89% afterwards (Católica-Lisbon 2024) while gas prices are predicted to increase by 3.6% annually (Enerdata 2018). In 2027, total utilities costs are estimated to be approximately €29,500 – €13,400 of electricity, €5,400 of water and €10,700 of gas. **Maintenance costs** are divided into 2 major segments and were also estimated as a range: lower bound (if 1 vehicle is acquired), and upper bound (if 2 vehicles are acquired). The reference year for prices was 2024, being then adjusted to the expected CPI inflation rate. **Preventive maintenance** is the regular maintenance of equipment to keep them running and prevent any unplanned cost arising from its failure, hence covering 3 main areas: fire security, gas and transportation. Fire security annual inspections are mandatory (Diário da República 2008), thus

starting in 2027, while periodical gas inspections take place every 3 years, thus beginning in 2029 – considering that the first inspections occur in 2026 to ensure the building is ready. Lastly, vehicle maintenance only encompasses inspection and revision, since IPSS are exempt from IUC (Automóvel Clube de Portugal 2024). As the vehicle is expected to have more than 8 years after the date of its first license plate, inspection takes place every year (IMT n.d.). Moreover, revisions should happen every 2 years, assuming the vehicle will do short trips, thus having low millage (Norauto n.d.). Overall, the annual average cost of preventive maintenance is predicted to be €340 for the lower bound and €440 for the upper bound, between 2027 and 2040. **Corrective maintenance** accounts for the necessary repairs of equipment so that it can perform its intended function. A percentage-based estimation – ranging from 2 to 5% of the gross value added (UpKeep n.d.) – was applied to the costs per division, considering the equipment lifespan. For 2027 and 2028, corrective maintenance costs were assumed to be €0 assuming a warranty of 2 years, as all equipment is new. To calculate the annual corrective maintenance cost per area, a weighted average of the useful lives of products and their costs was used, ending up in replacement at the end of the product’s lifespan. This process yielded the Averaged Useful Life, which served as the basis for deriving the corrective maintenance cost. The percentage of corrective maintenance to be applied depends on the equipment lifespan: as the useful life of products falls, the non-predictable maintenance costs are expected to rise (**Appendix 44**). However, corrective maintenance does not apply to certain products, such as bed clothing, as these are typically replaced rather than repaired. The overall costs of corrective maintenance are incremental during the period, representing an annual average of around €2,400 for the lower bound and €2,600 for the upper bound, between 2027 and 2040. **Waste management costs** were estimated based on the fees currently charged by Torres Vedras Municipality (Torres Vedras n.d.) and assuming no change in the future. The expenses comprise a fixed fee of €3,300 as well as a variable fee that depends on the water consumption level in

cubic meters – assumed to be similar to the average consumption per user in QES in August 2024 and adjusted based on the hours spent at CAPDM of each type of user. The variable fee is estimated at approximately €320 in 2027. The upper bound consists of the aforesaid fixed and variable costs while the lower bound assumes CVPaz can negotiate an exemption of the fixed fee, as IPSS are not entitled to pay it in some cities. To compute **transportation costs**, 2 scenarios were considered: offering transportation services with CVPaz’s own car to all 69 users (upper bound) and to the 54 residential users only (lower bound). Costs of this category are variable, comprising fuel, tolls, parking and stay expenses, and depend on the type and frequency of service offered, rather than on the number of vehicles. Considering the expenses incurred in QES in 2023, a ratio per user was computed, extrapolated for each bound and updated at the expected CPI inflation rate. Thus, in 2027, transportation costs are expected to range from €9,500 (lower bound) to €12,000 (upper bound). **Administrative costs** comprise marketing and advertising costs and insurance, since legal, accounting and software costs were considered headquarters costs that do not expect a significant increment. Moreover, the EQUASS Certification, a European quality recognition (APQ n.d.), already present in QES, was not considered a current priority for CVPaz. **Marketing and advertising expenses** were assumed to equal to the ones observed in QES. **Insurance** encompasses *Ensino Seguro* and *Multirriscos*, considered to be equal to QES, and car insurance, which should be €750 per acquired car, according to CVPaz. After accounting for the expected CPI inflation rate, administrative costs range from €2,840 (lower bound – if 1 car is acquired) to €3,640 (upper bound – if 2 cars are acquired) in 2027. **Communication & technology costs** were calculated by extrapolating a ratio per user retrieved from QES expenses, assuming CAPDM would have the same practices and suppliers. Costs were then assumed to grow at the CAGR of 1.19%, which was registered from 2010 to 2022 (ANACOM 2023). Thus, communication costs are expected to be approximately €4,770 in 2027.

### 3.2. Baseline scenario

*How might CAPDM project overcome financial challenges to emerge as a sustainable and innovative solution?*

The cost estimation conducted in Subchapter 3.1. aims to understand the viability of CAPDM project and to study potential financing strategies. A cost range with 2 bounds was computed to show how different decisions regarding the type of services offered may impact CAPDM’s cost structure. Since Subchapter 3.5. focuses on the different financing sources for the center’s construction and operation, **setting a baseline scenario considering the main recommendations is required.**

Concerning **CAPEX**, baseline construction costs are predicted to be €9,000 per sqm (average of the cost interval considered) while equipment acquisition and replacement costs consider the purchase of 1 vehicle (i.e. the lower bound). **Figures 1 and 2** show the estimated CAPEX.

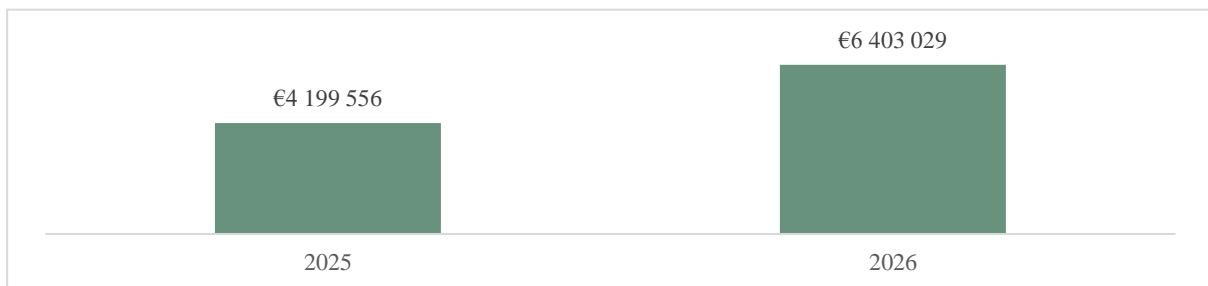


Figure 1: CAPEX in the Baseline Scenario – Construction & ISS Licensing is predicted to cost €4,199,556 and €6,298,830 in 2025 and 2026 respectively while equipment acquisition expenses are estimated to be €104,199 in 2026

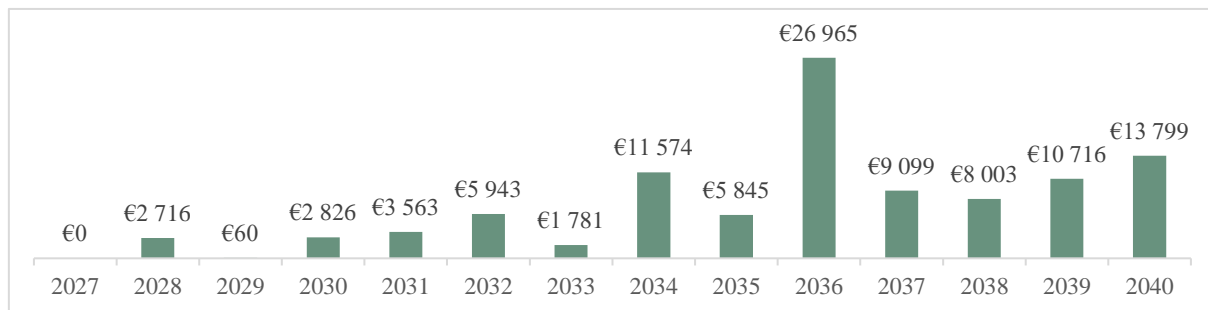


Figure 2: CAPEX in the Baseline Scenario – Equipment replacement expenses range from €60 to €27,000 from 2028 onwards

Baseline **OPEX** costs in 2027 are depicted in **Figure 3** and **Appendix 49** shows the overall evolution until 2040. Personnel and food supply expenses are estimated as the average of the lower and upper bounds calculated since having a motivated team (which implies higher salaries than just the ones of the lower bound) as well as a nutritious diet (which implies higher food supply costs than just the ones of the lower bound) is highly recommended. Materials, utilities and communication & technology costs are assumed to be the values calculated under the approaches explained in the previous subchapter. Maintenance, transportation and administrative costs are forecasted to correspond to the lower bound (due to the acquisition of only 1 vehicle) while waste management costs assume no fixed tariff exemption (i.e. the upper bound).

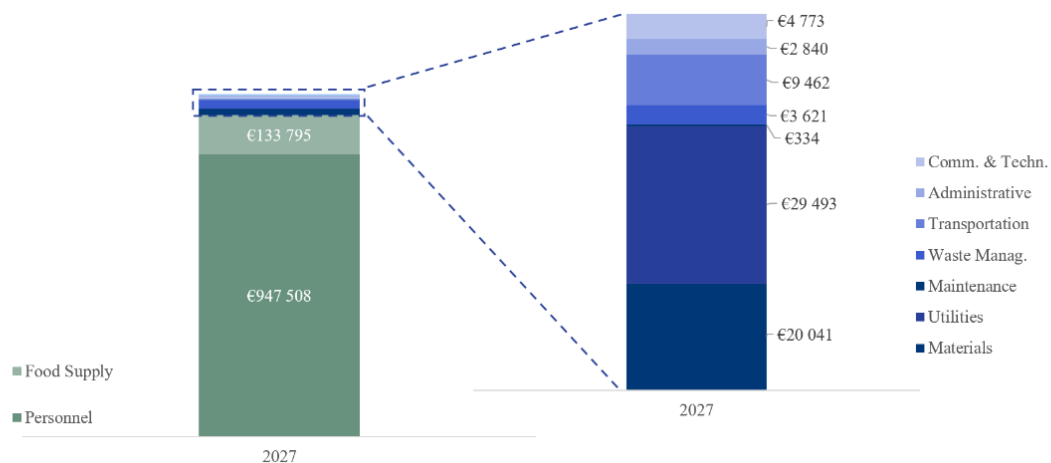


Figure 3: OPEX in the Baseline Scenario – OPEX costs are expected to amount to €1,151,868 in 2027

**Personnel expenses represent the highest burden in CAPDM’s OPEX** (approximately 82%), followed by food supply costs (approximately 12%). **Appendix 50** displays the evolution of the weight of each category over time. The proportion of personnel costs rises over time since it grows at a faster rate than all the other costs – the monthly base salary, which is the largest component of staff expenses, was assumed to grow at the expected minimum wage growth (5.61%) while the remaining costs were assumed to rise according to the predicted CPI inflation rate or other CAGR, which are significantly lower than 5.61%.

After reaching an estimation of the baseline scenario, the **cost per type of user was computed**. As suggested, the funding coming from ISS is essential to finance the operation of any organization. Since **ISS support is ruled in per capita terms**, the cost per type of user is key for the negotiation and application processes. Moreover, since ambulatory users will enjoy CAPDM only during the weekdays and for 8 out of 24 hours, **some categories of costs were allocated differently between the 2 types of users**. Clothing costs as well as personnel costs associated with night shifts and sociocultural entertainers were allocated to residential users only. Personnel costs that are not related to cooking or assistance services, and the expenses associated with recreational and painting materials and specific medical items were allocated to all users in the same proportion. All the other costs were allocated considering the aforementioned rationale of hours and days spent in CAPDM for each type of user. **Appendix 51** displays the details of the segmentation of costs between the 2 types of users while **Figure 4** plots the monthly OPEX per capita in each year.

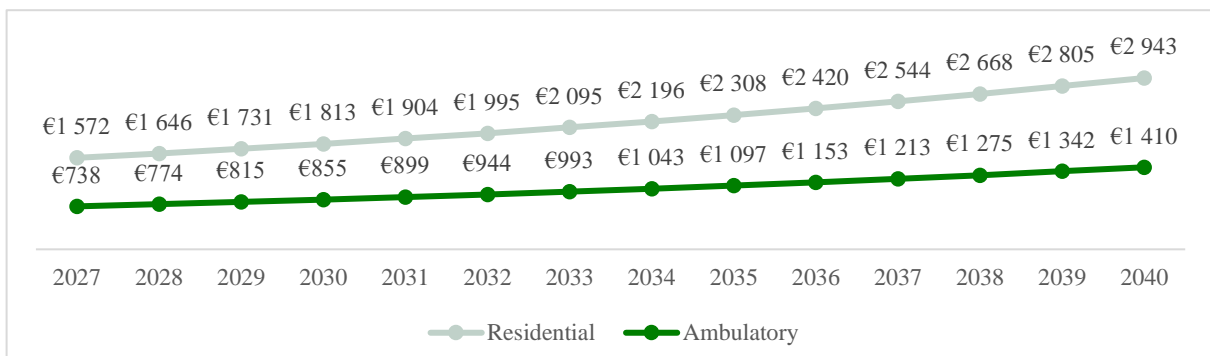


Figure 4: Monthly OPEX per type of user – an increasing trend is observed for both types of patients, starting in 2027 at €1,572 for residential users and €738 for ambulatory users

The **occupancy rate was assumed to be 100%** given the large number of target users of the center; the lack of current social responses in Portugal; and the current occupancy rate of benchmarked infrastructures, which is very close to 100% (only below 100% during the users’ regular turnover period).

### 3.3. Cost Saving Strategy

The baseline scenario estimated in the previous subchapter does not consider additional cost saving strategies which are highly recommended by this study.

During the **construction phase**, ensuring adequate thermal insulation of external walls and coverings is very important. For instance, choosing the most efficient windows by consulting the energy label for “CLASS+” windows to allow energy savings and comfort gains; introducing shading devices such as blinds to efficiently control the light and temperature; using natural landscape elements such as trees, to provide shade and protection from wind exposure. Moreover, to ensure efficient lighting system installation, the type of space, intensity and period of usage must be carefully considered. For instance, placing presence detectors in common areas and prioritizing natural light are examples of vital cost saving initiatives.

In terms of **equipment utilization**, several practices can be adopted to save costs, such as using economic programs in washing machines, avoiding cooking recipes for which the oven is used for more than 1 hour, and setting the thermostat to a temperature of 5 degrees Celsius for the refrigerator and 18 degrees Celsius for the freezer. IT equipment can also be optimized since LCD type screens are the most efficient, consuming around 10 kWh (for 4 hours of daily use) hence resulting in a negligible cost on the electricity bill (RnaE and BiORUMO ii 2018).

**Food supply costs** may be reduced by utilizing seasonal ingredients to enjoy lower costs (for instance, a basket of vegetables and fruits can be 33% cheaper if bought within the season (Eat Seasonably 2024)), setting inventory management controls (for example, by utilizing a software such as *Apibase* to optimize ordering processes and track the level of stock (Merckaert n.d.)), setting partnerships with suppliers (to allow for bulk purchasing of non-perishable ingredients and negotiate lower prices), and minimizing food spoilage (by employing a first-in, first-out (FIFO) system and embracing zero-waste cooking (Darlington 2024)). Donations and gifts may also contribute to **materials and food supply costs**' reduction – a strategy already adopted by

CVPaz. Indeed, in 2023, QES' donations corresponded to 74% of its food supply costs, 76% of its cleaning, hygiene and comfort costs, 71% of its clothing costs and 7% of its medical costs.

Within **Utilities costs** and regarding air conditioning, the regular maintenance of equipment can mean savings of around 15% in energy. Also, air conditioning systems with Energy Efficiency Index or High Coefficient of Performance ensure consumption levels around 20% to 30% lower than conventional equipment. These systems must be installed in places with good air circulation, avoiding exposure to solar radiation and dust. In terms of water expenses, periodic and careful maintenance of heating equipment can lead to savings of more than 20% in energy consumption. Furthermore, the installation of solar panels may be considered in the future, as it allows for cost savings after the upfront investment (RnaE and BiORUMO ii 2018). For instance, in QES, the Production Unit for Self-Consumption contributes to an annual reduction of around 39% in its energy consumption from the public electricity grid (coopérnico n.d.). The reference panel area required for social equipment is around 1 sqm per person while the tank that stores the heated water should be between 50 and 70 liters per person. Finally, raising awareness regarding energy efficiency can be done in CAPDM by placing reminders near equipment so that they are turned off when not being used and by presenting results that highlight the importance of everyone's contribution to save energy and minimize the negative environmental impact (RnaE and BiORUMO ii 2018).

**Maintenance** can be optimized by appointing a staff member responsible for managing energy consumption, elaborating a preventive maintenance plan and tracking maintenance procedures. By forming an agreement with *Valorsul*, **waste management costs** may be partially compensated with revenues obtained in return to the delivery of recyclable materials in the Ecocenter of Torres Vedras – similar to QES agreement with the Ecocenter in Sobral de Monte Agraço. Regarding **transportation costs**, following CVPaz current practices, negotiating fuel prices with a social discount with key suppliers is crucial.

### **3.4. Scenario analysis**

To complement the analysis, **2 additional scenarios were estimated**. The best-case scenario portrays lower costs, to show the benefits of the aforesaid cost saving strategy, while the worst-case scenario depicts higher costs to account for unexpected events.

The **best-case scenario**, regarding **CAPEX**, considers a construction cost of €8,000 per sqm. Equipment and replacement costs would have a discount of 10% relative to previous estimations, assuming CVPaz saves money with bulk purchasing and has lower needs for equipment replacement. Concerning **OPEX**, personnel costs would correspond to the lower bound, where the wages paid to employees are the minimum possible. Food supply and materials costs would decrease by 74% and 31%, respectively, relative to the baseline, assuming CAPDM receives donations similar to QES in 2023. Waste management costs would only comprise the variable fee, assuming CVPaz is eligible for a fixed tariff exemption. Utilities and maintenance costs would fall by 10% relative to the baseline, assuming the adoption of practices of energy saving and effective maintenance mentioned in Subchapter 3.3.. Transportation, administrative and communication & technology costs would drop by 10% assuming CVPaz negotiates lower fuel, insurance, and communications prices with its suppliers.

The **worst-case scenario**, concerning **CAPEX**, reflects a construction cost of €10,000 per sqm and an additional 10% of equipment and replacing costs above previous estimations. CVPaz is assumed to incur higher installation costs than expected and to have higher needs for equipment replacement. About **OPEX**, personnel and food supply costs would reach the upper bounds, thus considering the payment of the highest salaries as well as the adoption of more complex recipes. The remaining categories would rise by 10% relative to the baseline, assuming that more materials are needed than initially predicted, higher consumption levels of utilities are registered, unexpected maintenance is required, waste management tariffs increase and larger transportation, administrative and communication & technology costs end up being recorded.

It is worth noting that the **reference of 10%** was approved by CVPaz as a safety net to account for unexpected events and margins of error during the estimations performed. A scenario comparison is depicted in **Appendix 52** (CAPEX) and **Appendix 53** (OPEX).

### 3.5. Financing Plan

After estimating CAPDM costs, determining **how they can be financed both during construction and throughout the center's operation** is the next crucial step, hence being explored in this subchapter.

Regarding **CAPEX**, different financing sources may be considered, including bank loans, credit lines for social institutions, grants, social impact bonds and specific programs such as *Plano de Recuperação e Resiliência* (PRR) 2030. Concerning **OPEX**, ISS is essential – both the monthly payments and the proportion of the users' family contributions – but other sources should also be considered, such as selling services and handmade items produced in CAPDM activities and establishing an agreement with *Valorsul*. Furthermore, 2 important sources play a role in financing **CAPEX and OPEX simultaneously**: income tax contributions (*Consignação do IRS*) and current and new partnerships – CAPEX demands financial partnerships to obtain monetary or equipment donations while OPEX may fall by setting operational partnerships that provide daily activities and clinical services or donate food and materials.

#### 3.5.1. CAPEX

Starting with CAPEX, **3 financing options** were considered for the baseline cost scenario.

The **first option** consists of financing construction and ISS licensing costs with a **bank loan**, assuming an effective annual interest rate of 6.8%, straight-line amortization, and a maturity of 10 years, based on *Banco Santander* (Santander 2024). Equipment costs (acquisition and replacement) – amounting to €207,088 – would be financed with a **credit line** for social organizations from *Banco Português de Fomento*, with the capital drawdown occurring in 2026 (to cover acquisition costs) and in 2027 (to cover replacement costs). Annual interest rates with

a spread of 1.75% (Euribor Rates n.d.), a 36-month grace period, straight-line amortization, and a maturity of 10 years were assumed (Crédito Agrícola 2023). The first option implies a **large debt burden**, as total debt payments amount over €15,000,000 (debt schedule displayed in *Appendix 54*). Such a debt burden may place the financial sustainability of the whole organization at risk. Therefore, considering CVPaz context, the first option was regarded as **highly unrealistic**.

Thus, a **second option** was designed: 85% of construction and ISS licensing costs – totaling €8,923,628 – would be financed with public support from **PRR 2030** (Caixa PRR.PT2030 2024). The remaining 15% – totaling €1,574,758 – would be financed with a **bank loan** (considering the same assumptions as the first option). **Appendix 55** describes the eligibility conditions of PRR 2030 as well as the required documents and information for the application. All equipment costs (acquisition and replacement) – amounting to €207,088 – would be financed with a **credit line** for social organizations, equal to the first option. The second option implies total debt payments of almost €2,500,000 (debt schedule displayed in **Appendix 56**), which are significantly lower than the ones associated with the first option.

It is worth noting that the final repayment information (interest rates, maturity amortization schedule) and structuring commissions depend on bank negotiation.

In fact, CVPaz does not have a history of bank loans, as explained in Subchapter 1.3.2., and the cash and bank deposits presented in the financial statements cannot be allocated to CAPDM project, according to the IPSS.

Thus, a **third option** arises from the desire expressed by CVPaz to design a scenario where CAPDM construction is **exclusively funded with grants and various private sources**. Such an option would be similar to Nova SBE's financing model, implying that the start of the project might become dependent on the year when all the required funding is collected (Câmara Municipal Cascais 2018).

Indeed, PRR 2030 **grant**, which was modeled in the second financing option, is highly compelling in the third financing option. Moreover, past awards such as *Prémios Caixa Social 2024*, which provided an average of over €23,000 to each project (CGD 2024), and *Prémio BPI Fundação “La Caixa”*, which funded up to €100,000 of each winner project (BPI 2024), may open new applications in the future, hence showing potential to also support CAPDM project. The previous grants earned by CVPaz, such as *Uma Volta que Resulta* and *Há sempre uma volta a dar*, show the importance and the feasibility of this financing solution. The benchmark study conducted also confirms the viability of grants. For instance, APCC recognized in the interview that one of its social responses is 85% financed by annual awards applications; CASS project, although developed within the American context which has a different and larger scale than the Portuguese one, is being funded with an award from the State of Arizona. Regarding **international awards**, CVPaz should consider EEA grants, which allocated €20.2 million to over 400 NGOs and almost 300 projects (EEA Grants 2024). The **platform Geofundos** is also highly recommended as it allows CVPaz to receive information about tailored financing opportunities by submitting the required project details (Geofundos 2024).

Concerning **financial partnerships**, CVPaz is recommended not only to reach current partners and benefactors (both corporate and individuals) but also to find new ones, to ensure the total CAPEX amount required is reached. Thus, several examples are provided to aid CVPaz when searching for CAPEX funding sources. For instance, *Fundação Galp* prioritizes social impact that leads to community development (Fundação Galp 2024); *Fundação Santander* supports 250 institutions in fields like social inclusion (Santander 2024); *Fundação Montepio* establishes protocols and partnerships with social solidarity institutions (Fundação Montepio 2024). Moreover, *Hovione* established the Patronage Fund, a charitable initiative dedicated to supporting social good (Hovione 2024), while *Fidelidade* makes donations that support the response to urgent needs (Fidelidade 2024). *Jerónimo Martins* supports over 2000 institutions

essentially on the field of social exclusion and other social causes, having provided direct support of €87.1 million in 2023 (Jerónimo Martins 2024). *IKEA*, a potential supplier of CAPDM equipment, also shows willingness to set partnerships to promote positive social impact (IKEA 2024). *Capgemini*, which donated hundreds of thousands of personal protective materials and essential medical equipment during Covid-19 pandemic (Henriques 2020), and *Banco CTT*, which donated in favor of the reconstruction of a Psychological Support Center for war trauma in Borodyanka (CTT 2022), may also be potential partners. Finally, *Generali Tranquilidade* donated €15,000 to *Acreditar* to expand *Casa de Lisboa* infrastructure (Generali Tranquilidade n.d.), *Fundação Vieira de Almeida* contributed with full equipment for 5 different schools in Gorongosa (Fundação Vasco Vieira de Almeida n.d.) and *Tabaqueira* financed the reconstruction of CECD's Snoezelen room (mentioned in CECD's interview), showing the willingness of these firms to support projects like CAPDM. To sum up, all the aforementioned companies could support CAPDM construction with either equipment or monetary donations. Moreover, **Social Impact Bonds** (*Títulos de Impacto Social*) arise as another financing instrument. These bonds finance innovative projects aimed at reaching social results and efficiency gains in priority areas of public policy, such as Social Protection, through contractual payment for results (Portugal Inovação Social 2024). Finally, CVPaz may dedicate all the revenues obtained from the **income tax contributions** – which amounted to €66,305 in 2023 and €85,034 in 2022 (Comunidade Vida e Paz 2024) – exclusively to finance CAPEX. A special campaign that effectively shows the uniqueness and urgency of this social response should be created, potentially increasing the amount raised compared to previous years.

Summing up, an analysis of various financing options concludes that the **optimal solution** would involve covering 85% of construction and ISS licensing costs through **PRR 2030 funding** (almost €9,000,000). The remaining 15%, along with total equipment expenses (almost €1,800,000) should be financed through a **combination of financial partnerships, donations**

**and other grants** – aided by the regular review of recommended opportunities identified by *Geofundos* – and the implementation of the **income tax contributions campaign**.

### 3.5.2. OPEX

The second type of costs, **OPEX**, is expected to be mostly financed considering the **recommendation of an ISS typical cooperation agreement** which comprises a **combination of LR and CACI**. Considering the information regarding the ISS monthly contributions applicable to CACI and LR as well as the interviews conducted with institutions that simultaneously operate these social responses, the expected revenue can be computed. Residential users are expected to benefit from both services, thus, CAPDM is entitled to a sum of CACI and LR monthly payments per patient (€686 + €1,469 per user in 2024). For each ambulatory user, CAPDM is entitled to CACI monthly payments (€686 per user in 2024). Assuming contributions will be updated based on the CAGR observed since 2015 (shown in *Appendix 57*), the coverage rate of the operational costs can be calculated for each scenario. In the baseline scenario, *Figure 5* shows that ISS contributions are estimated to be more than enough to fund residential users' expenses, since those contributions result from the sum of CACI and LR payments. However, the coverage rate of ambulatory users' costs is predicted to be higher than 100% only until 2030.

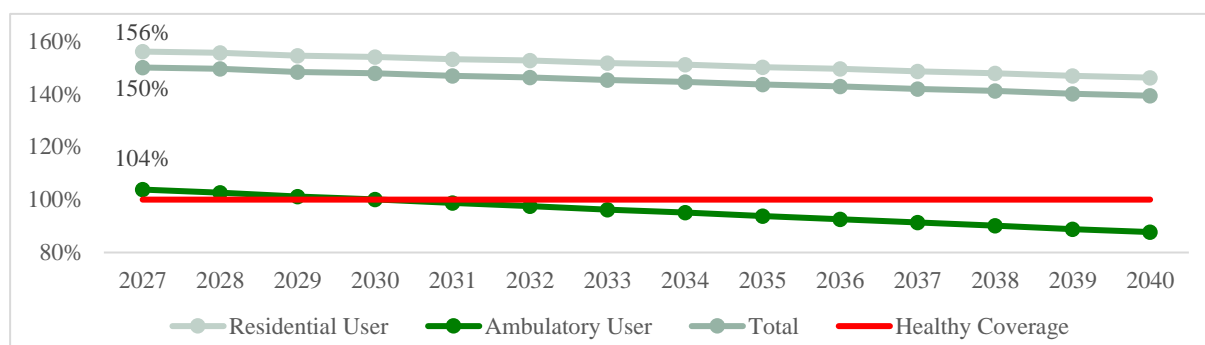


Figure 5: OPEX Coverage Rate per Type of User in the Baseline Scenario – the optimal OPEX coverage ratio should be 100%, which is verified in overall terms

Indeed, personnel costs, which represent the largest weight on total OPEX, are estimated to grow at a higher annual growth rate than ISS contributions, triggering the observed decrease in

the coverage rate over time. Nevertheless, ISS payments are more than enough to cover overall OPEX for the period under analysis.

The overall ISS coverage rate is always above 100% in all scenarios (portrayed in *Appendix 57*). Such a result is in line with AAJUDE's opinion that, with effective resource management, ISS monthly payments are more than sufficient to ensure high-quality services.

Furthermore, according to ISS legislation, CVPaz must **charge a fixed proportion of the per capita income earned by the users** – computation following ISS guidelines. To gauge the potential revenues arising from this source, the percentage to be charged and the number of users earning each type of per capita income are required.

Firstly, the proportion to be charged is **negotiated with ISS based on the current legislation**. For instance, in CECD is 45% in LR and 60% in CACI (if the user benefits from both social responses, 95% is the maximum that can be charged). Hence, the computations assumed charges of 45% (ambulatory users) and 60% (residential users).

Secondly, as CAPDM users are expected to be socially excluded and disabled individuals who are unable to work, their **per capita income is likely to be composed of pensions**. Thus, 90% of CAPDM users were assumed to be entitled to earn a pension from ISS. As a simplifying assumption, possible complements which rely on the dependence degree of each individual were not considered. Thus, users may be entitled to the *Pensão de Invalidez Absoluta* (€462 in 2024) or the *Prestação Social para a Inclusão* (€316 in 2024). QES breakdown between pensions was the basis to understand how many would earn each type, therefore, 73% of the users would receive the *Pensão de Invalidez Absoluta* while the remaining 27% would get the *Prestação Social para a Inclusão*.

Considering pensions grow at the expected CPI inflation rate, such contributions would reach over €190,000 in 2027, representing 17% of total baseline OPEX of that year – **Appendix 58**.

This number serves as a **reference for CVPaz**, since it significantly depends on the users' particular situation. Indeed, the revenues from this source would be higher if patients are entitled to additional dependence complements or more users than expected are entitled to *Pensão de Invalidez Absoluta* (the largest one) or a higher proportion is charged by CVPaz. **Appendix 59** shows a sensitivity analysis of pensions' revenues depending on the proportion charged to each user (following CECD cap) to aid CVPaz's agreement with ISS. It is worth noting that the "pocket money" was assumed to be part of each user's income, thus not an additional cost to be supported by CVPaz.

Other examples of revenue sources that may help cover OPEX are the **sale of community services and products** made within CAPDM and the **agreement with Valorsul** (recommended in Subchapter 3.3.).

**Operational partnerships** are also crucial to reduce the OPEX burden, for instance, through free services and activities, donations of materials from stationary shops or leftover meals from school canteens or restaurants. Thus, donations for food supplies and several materials were previously incorporated in the best-case scenario to understand its impact. Finally, part of the **income tax contributions**, which represented 5% of total revenues in 2023, may also help financing CAPDM's operations over time – similar to current CVPaz practices.

### **3.5.3. Financing Solutions Comparison**

To sum up, CAPDM can be financed by various sources of funds with different financial impacts, stability features, scalability opportunities, efforts required to secure them and likelihood levels of success. **Appendix 60** displays a **comprehensive table that compares all the financing options** across the aforementioned criteria. In fact, partnerships, grants and ISS revenues – contributions and pensions – require significant efforts to be secured either through negotiation or application, however, these should be CVPaz's primary focus. Despite the high potential for scalability and stability, bank loans do not represent a viable financing option due

to the large debt burden implied. Finally, revenues from handmade products and community services are less effective and stable, also given the limited potential of scalability.

### **3.6. Capacity Analysis**

After acknowledging the resources required to implement the initial CAPDM plan – designed to accommodate 54 residential users and 15 ambulatory users –, an **investigation on whether the aforementioned capacity is optimal** is highly beneficial. Thus, an analysis was conducted on **how changing the number of patients to be accommodated impacts CAPEX and OPEX**. In fact, CVPaz expressed concerns regarding the relatively large upfront investment required especially during the construction process, given the lack of viability of a bank loan as a financing solution (explained in Subchapter 3.5.1.). Thus, if the necessary funding is not fully gathered, less bedrooms and bathrooms would be built, as its construction and equipment acquisition expenses represent a relatively large portion of CAPEX. Consequently, the number of residential users to be accommodated would decrease accordingly. *Appendix 61* shows the estimated construction and equipment acquisition costs for different capacity levels, to aid CVPaz's decision-making process if the total CAPEX needed is not reached. Indeed, other spaces (e.g. the living room and the canteen) also require less equipment if the number of residential users to be accommodated falls, potentially leading to larger savings than the ones estimated. However, these were excluded from the analysis for simplification purposes, given their small burden on the overall cost structure.

To understand how changing the number of users impacts **OPEX per user**, it is important to differentiate between permanent staff costs – contingent on specific staff ratios – and the remaining cost categories – most captions are directly linked to CAPDM capacity, thus not significantly impacting OPEX per patient. Indeed, within personnel expenses, the retainer base workers do not obey any required ratio (except for the psychologist, which is always 1). Hence, payroll varies according to the time required at CAPDM (depending on the number of users)

and OPEX per patient is not significantly impacted. On the other hand, the permanent staff hinges upon specific ratios, thus, the personnel cost per user, and consequently OPEX per user, significantly fluctuates with the number of patients. For instance, 1 general services assistant is required for every 10 users, therefore, total personnel expenses, and consequently OPEX, would not change if the number of patients is lower or equal to 10. However, 11 users would demand an additional assistant, causing a spike in OPEX. *Appendix 62* illustrates whether CVPaz planned capacity is optimal by showing that the permanent personnel cost per user decreases as the number of patients rises for both types of users. The personnel cost per user tends to be lower when the number of patients, either residential or ambulatory, is a multiple of 10 or 15. Also, when the number of residential users exceeds 25, permanent personnel costs per capita fall when the number of residential patients is a multiple of 3, mainly due to the direct-action assistants' ratio required in LR (1 for every 3 users). With this said, the analysis reveals that CVPaz planned capacity already corresponds to an optimal level, since 15 and 54 are local minimums of each respective function of annual permanent personnel cost per user.

All in all, the main goal of Subchapter 3.6. was showing whether the planned CAPDM capacity is optimal from a cost per user perspective, by analyzing the impact of staff ratios and consequent dilution effects. Moreover, this study aimed to support CVPaz in case the necessary funding is not collected, and the number of users requires a downwards adjustment.

#### 4. Designing the Go-to-Market Strategy

*How can CAPDM ensure a seamless transition to operational readiness?*

##### 4.1. Performance Measurement

KPIs are **financial and non-financial indicators used to estimate and strengthen success**, aimed at achieving previously established long-lasting goals (Parmenter 2012). Several KPIs were developed to assist CVPaz when aligning CAPDM's operations to strategic objectives, support stakeholder engagement by demonstrating the center's progress and aid the application for PRR 2030 grant. To ensure the usefulness of this tool, the metrics were defined based on the benchmark study conducted as well as critical thinking. Afterwards, KPIs were presented to CVPaz to guarantee that all metrics and targets are in line with the projects' context and the IPSS reality. KPIs were developed in **8 areas**, comprising users, financial sustainability, partnerships, operations, satisfaction, staff, maintenance, and sustainability.

CAPDM's focus is the patients' care and positive evolution, so, **users KPIs** are aimed at measuring participation, engagement and success of the different activities. Thus, such metrics encompass: User participation in recreational activities (Percentage of participants engaging in recreational activities); User participation in therapeutical treatment (Percentage of participants engaging in therapeutical activities); User participation in competency training activities (Percentage of participants engaging in competency training activities); User participation in space maintenance activities (Percentage of participants engaging in space maintenance activities). All these KPIs have a goal of 50 to 60%, which is aligned with CVPaz's experience, as it depends on the initial assessment of CAPDMs users. Regarding activities implementation and organization, KPIs are Activities implementation rate (Percentage of activities planned and budgeted that took place), aiming 100%, and Community activities organization (Number of activities which engage with the local community), targeting 1 per month. Finally, the most important KPIs, according to CVPaz General Director, concern the success of users treatment:

Clinical plan success rate (Percentage of participants who complete their assigned objectives in the individualized clinical plan), aiming 50 to 60%, although depending on each user's case, and Life quality improvement rate (Percentage improvement of the life quality perception of each user – in physical, social and emotional terms – between each assessment conducted), targeting an increase of 20% to 30%.

With the goal of ensuring the financial health of CAPDM's project development, **financial sustainability** KPIs were defined: ISS coverage of OPEX (Percentage of operational costs covered by ISS financing), targeting 100%; Grants applications to CAPEX (Number of applications to grants to finance CAPEX), aiming 5 to 6 for both 2025 and 2026; Financing approval of CAPEX (Percentage of successful applications to finance CAPEX), targeting 60%; Users pension access rate (Percentage of users that have access to pension funds), targeting 90%; Cost saving strategy implementation (Percentage of cost reduction achieved by adopting cost saving measures relative to the baseline scenario), pointing to 10%.

Establishing **partnerships** has been highly recommended in this thesis, thus, to help ensure collaboration between CVPaz and other institutions, KPIs encompass: Partner retention rate (Percentage of partners that continue collaboration after the first year), targeting 80%; Daily activities partnerships (Number of formalized agreements), aiming 4; Clinical services partnerships (Number of formalized agreements), pointing to 3, including SNS; Partnerships diversification (Number of partnerships established to ensure diversification and avoid large dependency on a few partners), targeting 10.

To ensure smooth running of **operations**, the following KPIs should be tracked: Number of non-compliance incidents (Number of regulatory or accreditation breaches reported per year), ideally targeting 0; Supply chain delay rate (Percentage of delayed supplies affecting operations), aiming a maximum of 10% in the first year, and the following years should report lower values than the previous year ones – to ensure continuous efforts towards improvement.

To guarantee the **satisfaction** of all CAPDM's stakeholders, quarterly surveys should be conducted to measure the opinion of not only the users, but also partners and employees. Then, the subsequent KPIs are crucial to be monitored: Partners satisfaction score (Gauges partners engagement and gratification); Employee satisfaction score (Gauges staff morale and workplace happiness); Customer Satisfaction Score – CSAT (Gauges user satisfaction with the service being provided), all targeting 80%; Net Promoter Score – NPS (Measure of user loyalty by asking how likely customers are to recommend CVPaz services), aiming 8. Additionally, Survey response rate (Percentage of users completing the satisfaction surveys), ideally targeting 100%; Feedback implementation (Percentage of actionable suggestions emerging from users' feedback which are implemented), pointing to 70%.

Moreover, guaranteeing workforce development through the creation of a supportive and engaging work environment is crucial. Thus, KPIs in the **staff** area encompass: Staff retention rate (Percentage of employees retained each year), targeting 75% (Randstad n.d.); Professional training requirements (Number of hours of training provided and attended by each employee), which should be 40 hours, according to current legislation (Diário da República n.d.); Professional training completion rate (Percentage of workers participating and complying with training requirements), ideally targeting 100%; Users satisfaction with staff performance (Evaluates staff skills and performance in the users' treatment process), pointing to 80%; Staff coverage rate (Percentage of shifts filled as scheduled), targeting 100%.

Furthermore, the maximum operational capacity of equipment and infrastructure should be safeguarded by effective **maintenance** to minimize damaging risks. Thus, tracking the following KPIs is crucial: Preventive maintenance compliance (Percentage of preventive maintenance initiatives conducted as scheduled) and Corrective maintenance compliance (Percentage of scheduled maintenance completed on time), both aiming 100%; Cleaning and hygiene plans compliance (Number of internal and external complaints), ideally below 8.

The last pillar is **sustainability**, given the importance of searching for an environmentally friendly approach and fulfilling with SDGs. Such pillar can be enhanced through donations which promote a circular economy, hence, the KPI is Food donations achievements (Donations to CAPDM as a percentage of food supply costs), targeting 75%.

#### **4.2. Risk Management Framework**

A risk management framework was developed to **identify key risks** in CAPDM construction and operation processes, and hence **assist CVPaz** meeting organizational and compliance requirements and preparing for unexpected events. Risk management is highly recommended as it enhances the decision-making process by making it faster and more appropriate, accurate, and effective. Besides diminishing the probability of potential costly ‘surprises’, this framework helps prepare for challenging situations and promotes overall resilience. CVPaz stakeholders’ confidence is also enhanced due to a clear definition of accountability and responsibility and the ability to focus on CAPDM core development (NSW n.d.).

To build the risk management framework, 3 steps were required. Firstly, key risks were identified in different areas. Then, all risks were analyzed, either in a quantitative or qualitative manner, to understand the impact on CVPaz. Finally, measures aimed at risk minimization were collected and a contingency plan was built to help CVPaz adapt to unforeseen events, always connecting with the aforementioned KPIs to ensure an effective monitoring. To guarantee the rigorousness and applicability of the risk management framework in the context of CVPaz, the recommendations are based on both the benchmark analysis conducted and the interviews with other organizations and CVPaz’s members.

Risks were identified in **4 main areas**: reputational, financial, operational and stakeholder.

**Reputational risks** comprise “Quality concerns”, “Compliance failures”, and “Community relations deterioration”. “Quality concerns” is the risk that program outcomes do not meet expectations and satisfaction levels of users, partners and staff fall. CAPDM’s reputation may

be impacted if the center is perceived to not fulfill its purpose, hence potentially weakening stakeholders' collaboration. To minimize such risk probability, CVPaz is advised to conduct regular surveys, implement feedback and continuously track satisfaction KPIs. In case this risk materializes, CVPaz should focus on the feedback provided and improve CAPDM services accordingly. "Compliance failures" is the inadequate adherence to accreditation or regulatory standards, which might damage credibility of both CAPDM project and CVPaz and in turn cause a loss in support from partners. As prevention, CVPaz is advised to remain constantly updated in the legislation by scheduling regular meetings with ISS and nominating 1 person in charge of ensuring required compliance. Number of non-compliance incidents is a crucial KPI, and, in case there is a failure, CVPaz should conduct an immediate audit, identify the failure, rectify the non-compliance and communicate transparently to stakeholders. "Community relations deterioration" portrays the negative perceptions from the local community due to poor engagement, which could undermine CAPDM's integration efforts, decrease the potential development of social skills of patients and lead to a loss of community partnerships. The KPI which would be impacted is the Number of community activities organized, thus, continuously searching for initiatives within the community and ensuring a successful engagement is crucial. Otherwise, CVPaz would need to promote activities with other local communities.

**Financial risks** encompass "ISS Inflexibility", "Insufficient ISS Funding Updates", "Delayed ISS payments", "Rising inflation rate", "Rising wage growth", "Rising maintenance requirements", "Unanticipated deterioration in users' conditions", "Overreliance on grant funding" and "Rising CAPEX requirements". "ISS Inflexibility" is the risk that ISS does not accept the typical cooperation agreement for CAPDM project, which may result in a lack of ISS funding to cover OPEX. To mitigate this, CVPaz is advised to thoroughly analyze the relevant legislation, schedule recurring meetings with ISS, and explore alternative agreement options. In case the risk materializes, the KPI ISS coverage of OPEX should be used to assess

and evaluate the viability and performance of these alternative agreements. “Insufficient ISS funding updates” refers to the risk that ISS payments do not get sufficiently updated according to costs evolution, impacting CAPDM’s financial sustainability and reducing available resources. Also, “Delayed ISS payments”, meaning the late disbursement of funds from ISS, may reduce net working capital, impacting the center's ability to manage day-to-day expenses and provide high-quality services. If ISS does not fully cover OPEX, CVPaz may not be able to provide high-quality services to each user. Therefore, both risks can be minimized by reaching a clear agreement with ISS and designing a payments calendar. In case such risks materialize, CVPaz must find alternative funding sources through partnerships and donations to ensure the smooth running of CAPDM operations. Moreover, “Rising inflation rate” consists of the risk of rising costs of goods, services, and healthcare, which may strain the budget and hinder service provision. A sensitivity analysis considering different values of CPI inflation rate from 2027 onwards shows that if inflation suddenly spikes to 8%, total OPEX would rise, for instance, by 4% in 2030, since some cost categories were assumed to grow according to such variable (*Appendix 63*). Moreover, total equipment acquisition would increase to over €110,000 in 2026 if inflation abruptly jumps to 8% in that year (*Appendix 64*). To prevent such consequences, CVPaz is advised to establish effective operational partnerships with suppliers (restaurants, canteens, supermarkets, etc.) to have access to a stable and fixed price. If inflation starts rising, negotiating bulk purchases and discounted prices may help minimize the negative financial impact. Similarly, “Rising wage growth” is the risk of unanticipated increases in the minimum wage growth rate due to labor market conditions or union negotiations. **Appendix 65** shows that payroll expenses fluctuate widely with this variable, hence, exploring operational partnerships or shared services with other care providers is essential to minimize the risk. If wages start accelerating, CVPaz may need to outsource clinical services with local clinics that may offer discounts, or even free services. “Rising maintenance requirements” is the risk of an

unexpected increase in costs related to maintaining infrastructure, healthcare equipment, or housing facilities. Such a rise could strain the budget, however, given that maintenance costs only represent an average of 0.17% of total costs, the consequences would be relatively less impactful. To minimize the probability of the risk, raising awareness for the importance of equipment maintenance is crucial to reduce repair costs and disruptions. The contingency plan encompasses setting partnerships and agreements with suppliers to enjoy discounted prices. “Unanticipated deterioration in users’ conditions” is the risk that users require more assistance than expected due to degrading health conditions. Such issue could result in service quality issues, inadequate staffing levels, misalignment between staff skills and program needs, or even burnout among employees. For instance, APCC mentioned in an interview that, since users demand a high level of support, they often require more direct-action assistants than the ratios mandated. **Appendix 66** shows the impact on personnel costs from a rise in the number of nurses and direct-action assistants. For instance, having 5 extra direct-action assistants – applying APCC current ratio – and 2 extra nurses may increase personnel expenses by 25%. More adjustable beds may also be required, raising the equipment acquisition costs, as displayed in **Appendix 67**. To minimize such risk, CVPaz should accurately plan and regularly update staffing allocations and equipment acquisition requirements, based on the users’ quality of life assessments. In case the risk materializes, CVPaz is recommended to explore more partnerships or shared services with other care providers, adjust staffing levels and reorganize treatment plans. In an extreme case, users requiring more complex treatments may need to be integrated in other social responses. Indeed, all the aforementioned financial risks can be monitored through the KPI ISS coverage of OPEX. “Overreliance on grant funding” means a heavy dependence on external grants that may jeopardize financial stability if these sources are reduced, discontinued or if CVPaz is not able to win them. To minimize such risks, CVPaz should find alternative funds in *Geofundos* and with financial partners, to ensure that other

stable financing sources are in place in case CAPDM cannot earn the expected grants. Important KPIs to be tracked encompass Grants applications to CAPEX and Financing approval of CAPEX. Finally, “Rising CAPEX requirements” is the risk that construction costs surpass expectations in 2025 and 2026. Such an event could raise concerns about the viability of CAPDM project, as the anticipated funding may not be sufficient. Thus, CVPaz is recommended to conduct accurate construction planning and budgeting that allows for a safety margin as well as establish financial partnerships and agreements with suppliers during the construction phase. In case CAPEX starts rising suddenly, CVPaz should search for more funds and applications in *Geofundos* or look for a credit line for social organizations.

Regarding **operational risks**, “Service interruptions and infrastructure failures” and “Unmotivated and less qualified staff” should be considered. The first risk is related to disruptions caused by staff shortages, strikes, or supply chain issues (e.g., delays in medical supplies) as well as facility breakdowns or inadequate infrastructure maintenance. Care delivery and the quality and safety of accommodations and services may be impacted, and operational costs may rise due to emergency repairs or compensation claims. To minimize this risk, CVPaz should diversify supply chain sources, foster healthy labor relations through engagement and regular communication, perform regular inspections, and account for a contingency budget for unexpected repairs. Important KPIs associated with this risk comprise Staff coverage rate, Supply chain delay rate, and Maintenance compliance rate. As a contingency plan, CVPaz should hire additional workers, contact other suppliers, maintain a safety stock of critical materials to buffer against supply chain delays, and establish a rapid response team for urgent infrastructure repairs. The second operational risk consists of a decrease in the motivation of workers or a lower level of qualifications than expected, which may result in lower effectiveness and quality of the service provided and high turnover rates. To minimize the risk, promoting an organizational culture focused on inclusiveness and growth and tracking relevant

KPIs, such as Employee satisfaction score and Training completion rate, are crucial. In case of risk materialization, CVPaz should further acknowledge and cherish CAPDM achievements, implement feedback to improve operations and raise investment on staff training.

Regarding **stakeholders' risks**, “Lack of partner engagement” and “Dependency on specific partners” should be considered. The first risk means that current or potential partners may be unwilling to collaborate or invest due to conflicting priorities, which may lead to financial issues. Designing an effective stakeholder engagement strategy where regular communication is maintained, inviting partners to events and updating stakeholders through a regular newsletter may help minimize such risk. In case this situation happens, CVPaz should look for alternative partners and diversify the funding base. Relevant KPIs comprise Partnership retention rate and Number of active partners. The last risk is related to the overreliance on a small number of partners for critical services or funding, which could expose CAPDM to vulnerabilities if those partnerships falter, resulting in operational or financial instability. To minimize such vulnerability, a partner diversification strategy and a regular review and renegotiation of partnerships are crucial, along with tracking the KPI Number of partnerships. If the risk materializes, a contingency fund is required to cover temporary gaps in funding or services.

Finally, **risks were organized in a matrix** depending on the likelihood of happening and the potential consequences to classify them into “Extreme”, “High”, “Medium” and “Low”.

*Appendix 68* shows the risk matrix as well as the criteria applied in the analysis. In fact, “Rising CAPEX requirements”, due to its critical consequences and “Insufficient ISS funding updates”, due to its high likelihood, present a high-risk level. “Quality concerns”, “ISS inflexibility” and “Rising wage growth” were also classified as high risks. While “Delayed ISS payments” presents critical impact, it appears to have a low likelihood according to CVPaz experience, being classified as a medium level risk. “Rising maintenance requirements” is the only risk that presents a low risk level. All the remaining risks present a medium level of concern.

After analyzing the different risks that CAPDM project is subject to, developing a risk treatment plan and communicating it to key stakeholders are the final steps. Indeed, different strategies may be adopted to minimize the impact in case an unexpected event occurs. Choosing to apply such strategies must weigh implementation costs against benefits, considering the required financial resources, the impact on CVPaz's values, and the feasibility and effectiveness of the measures. For the risk management framework to be effective and successful, regular risk assessment, monitoring, and rating are crucial.

## 5. Understanding CAPDM Impact

*How does CAPDM generate and measure its impact on stakeholders?*

The last chapter aims to **summarize the key recommendations** provided throughout this thesis to **assess the impact** of CAPDM project on its main stakeholders.

### 5.1. Recommendations Summary

To aid the decision-making and project execution processes, a matrix was developed to compare the monetary costs and speed of implementation of each key recommendation. *Figure 6* portrays **12 measures** suggested in different chapters, where **half should be applied before CAPDM begins operations**.

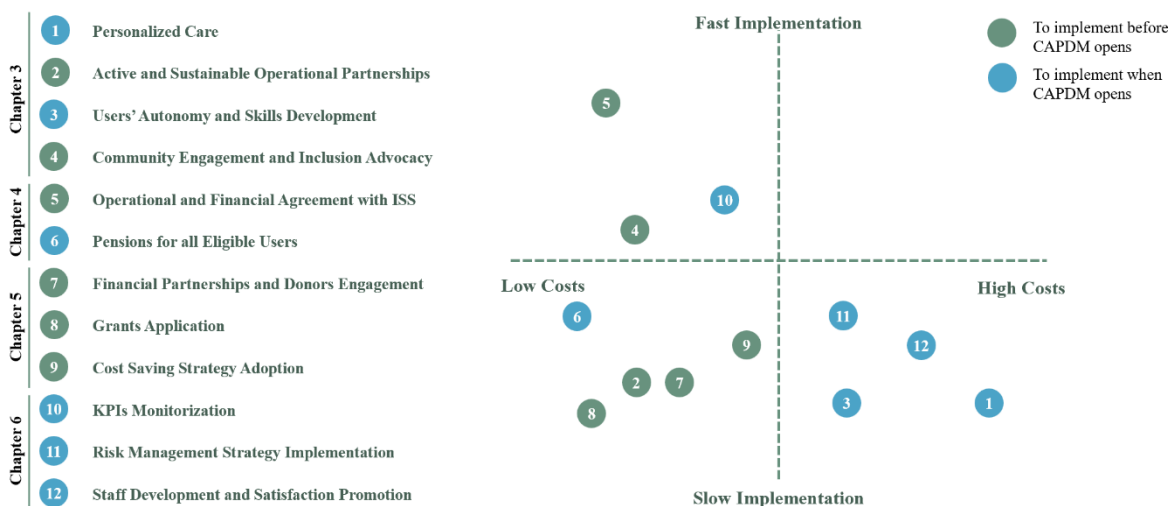


Figure 6: Recommendations Matrix - The cost vs. speed of implementation matrix aims to support the execution plan of CAPDM

In fact, all the aforementioned recommendations should be implemented in CAPDM, regardless of their speed and cost of execution. The **matrix aims to support the opening plan** of the center by highlighting the recommendations that require more time and/or financial resources. Indeed, all suggestions to be implemented before the opening of the center demand relatively low costs. Establishing partnerships (both financial and operational), actively engaging with the community, setting up the ISS agreement and applying for grants must be undergone in advance. Regarding the cost-saving strategy, not all measures require the same effort and/or time: installing solar panels and energy-efficient equipment is more costly than establishing an

agreement with *Valorsul* or negotiating a fuel price discount, for instance. Conversely, most initiatives planned for implementation once CAPDM opens involve higher costs and longer timelines for implementation. For instance, personalized care and staff development require substantial financial resources and extended execution periods due to their tailored and complex nature. Initiatives such as fostering user autonomy and implementing risk management strategies, while moderately costly, also demand careful planning and gradual integration. Even lower-cost measures, like obtaining pensions for eligible users, rely on administrative processes, hence the longer implementation timelines.

## 5.2. Social Value Created

By adopting the aforementioned recommendations in CAPDM, a positive and lasting impact is expected to be generated on the users and the broader community. To fully realize and communicate this impact, assessing the **social value created by CAPDM** is essential – not only to **demonstrate to stakeholders the tangible impact of the project** but also to **support the application to grants** (e.g., PRR 2030). Thus, leveraging social impact metrics, both quantitative and qualitative, ensures accountability and alignment with CVPaz long-term goals. From a **quantitative perspective**, both the **Social Return on Investment (SROI)** and the **number of individuals supported** are valuable metrics. The first measure goes beyond financial returns by capturing social, health, environmental, and economic benefits, assigning financial values to outcomes defined by beneficiaries and calculating a ratio of benefits to costs (UNDP n.d.). Thus, CVPaz is advised to apply the SROI methodology when CAPDM starts its operations to allow for a complete understanding of its social value and continuously aid strategic decision-making – similar to the study conducted on Street Teams (Comunidade Vida e Paz 2015). Regarding the second measure, CVPaz prioritizes providing comprehensive and high-quality care to all users above maximizing the number of individuals supported. Hence, this metric should serve as a reference to measure social value created.

From a **qualitative perspective**, different frameworks can be adopted to measure the social value created, such as the Sustainable Development Goals (SDGs) and Corporate Social Responsibility (CSR). Firstly, **SDGs** were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity (United Nations Development Programme n.d.). As **Appendix 69** illustrates, CAPDM is expected to promote “No Poverty” (SDG 1), by providing a safe and stable home for individuals facing social exclusion, offering them a place to rebuild their lives when they otherwise have no suitable options. Moreover, the center makes “Good Health and Wellbeing” accessible for its users (SDG 2), as it ensures access to healthcare (including physical therapy, mental health support, and other wellness initiatives) and to a stable environment with community support. “Reduced Inequalities” (SDG 10) is also present on the roots of CAPDM, since one of its major goals is promoting the inclusion of people with disabilities in the community. Finally, “Sustainable Cities and Communities” (SDG 11) is enhanced by the center since providing access to adequate, safe and affordable housing and basic services should help reducing the number of homeless people (United Nations Department of Economic and Social Affairs n.d.). Lastly, partners, either operational or financial, can embrace CSR by collaborating with CAPDM. **CSR** is a business model in which companies integrate social and environmental concerns into their business operations and interactions with their stakeholders instead of only considering economic profits (HEC Paris n.d.). Within CAPDM context, partners show their CSR in the philanthropic field by donating a portion of their earnings to charities and nonprofits aiming to exert a positive impact on society (Stobierski 2023).

### **5.3. Impact on Stakeholders**

After realizing how the social value created by CAPDM can be measured, identifying the social impact generated across various stakeholders – both internal and external – is crucial. **Social impact** refers to the changes brought about by an organization in the well-being of individuals

or communities, manifested across different dimensions (Comunidade Vida e Paz 2015).

### 5.3.1. Internal Stakeholders

#### 5.3.1.1. CVPaz

CAPDM's development represents a **transformative project for CVPaz**, both in financial and organizational terms. From a **financial perspective**, the various scenarios and financing options examined in this study are expected to exert different impacts on CVPaz. In the baseline scenario, regarding CAPEX, CVPaz needs to raise around €4,199,556 in 2025 and €6,298,830 in 2026 to build CAPDM infrastructure and establish an ISS agreement. Moreover, €104,000 are required to acquire equipment in 2026 and, from 2028 onwards, an annual average of €7,350 was estimated as replacement expenses. The first financing option presented would imply a debt burden of over €15,000,000 on an IPSS that does not have a history of bank loans. The second option includes an application to PRR 2030 which could alleviate such a burden; however, it may still raise financing concerns as the debt burden still amounts to almost €2,500,000. Thus, the ideal option comprises a combination of PRR 2030 – which would cover almost €9,000,000 – and other grants, financial partnerships and income tax contributions – which would account for almost €1,800,000. Despite the larger effort to secure such funding sources, CVPaz's financial sustainability would not be placed at a high risk, as no bank loans are raised. Concerning OPEX, in 2027, the baseline scenario points to an average monthly cost of €1,572 per residential users and €738 per ambulatory user. Overall, ISS monthly contributions are predicted to be sufficient to cover CAPDM operations as long as the recommended agreement is reached. Still, other significant revenue sources should be considered, including users' pensions and income tax contributions. CVPaz's dependence on subsidies as a revenue source should rise with CAPDM project, requiring a careful monitoring of the funding stability. From an **organizational perspective**, CAPDM seamlessly integrates into CVPaz's structure and aligns deeply with its mission of empowering individuals facing

social vulnerability or exclusion to rebuild their lives. Additionally, the project supports CVPaz's vision of creating tailored responses that address the unique needs of the populations it serves. By addressing a critical gap in long-term care, CAPDM contributes to a more holistic approach, ensuring that the IPSS can provide continuous and comprehensive support to its users. Moreover, CAPDM embodies CVPaz's core values of compassion, community, and solidarity, reflecting the organization's commitment to dignity and equity for all individuals. The 7-S Framework, detailed in **Appendix 70**, explains in a more detailed manner how this integration is achieved (McKinsey and Company 2008).

#### **5.3.1.2. Board Members**

The development of CAPDM represents a significant strategic initiative for CVPaz, with direct implications for its board members, who are responsible for the strategic direction and governance of CVPaz. The board plays a crucial role in **overseeing the project's implementation**, ensuring it **aligns with the organization's mission and long-term strategic objectives**. However, the project's scale and novelty bring **additional challenges** that require strategic vision and decision-making from the board. These include securing funding, navigating regulatory frameworks, and mitigating risks associated with CAPEX and OPEX scenarios. Successfully addressing these challenges would position CVPaz as a leader in advancing innovative care solutions and reinforcing its role as a key player in the social sector.

#### **5.3.1.3. Staff and Volunteers**

For **contracted staff**, CAPDM creates **new roles and opportunities** for specialization in long-term care focused on individuals with moderate disabilities, alongside valuable training and skill development to enhance their expertise. For **volunteers**, the center provides meaningful opportunities to further contribute to the organization's mission, fostering a **sense of purpose and connection** while improving their understanding of social care and community support.

### 5.3.2. External Stakeholders

#### 5.3.2.1. Users

CAPDM positively impacts its users by providing **continuous support, specialized care, and engaging activities** that address their unique needs and foster greater autonomy. Additionally, by introducing this new form of care into CVPaz's services, CAPDM streamlines the placement process, ensuring that users are placed in the most appropriate settings. The new center, in turn, **frees up valuable spaces at other facilities**, such as QES, which had previously been occupied by individuals in indefinite stays due to a lack of more suitable options. By offering long-term solutions for individuals who no longer fit other care models, CAPDM not only enhances the quality of care for its users, but also expands CVPaz's ability to meet the needs of a broader community, creating more space and opportunities for those in urgent need.

#### 5.3.2.2. Donors and Partners

CAPDM's successful operation relies on the aid of donors and partners who support its mission by funding operations or providing essential resources and services. These partnerships enable CAPDM to deliver specialized care while offering these stakeholders the opportunity to make a tangible difference. By collaborating with CAPDM, they can further **strengthen their own social impact** and contribute to building a more inclusive and supportive community.

#### 5.3.2.3. Government Agencies

Government agencies, particularly ISS and local authorities, are crucial external stakeholders in the development of CAPDM. For **ISS**, CAPDM represents an **innovative solution that complements its mission** to support vulnerable populations, particularly those with disabilities. By funding and regulating the center, ISS strengthens its role in addressing long-term care gaps and gains a model for future collaborations with similar initiatives. **Local authorities** benefit from CAPDM's **alignment with community welfare goals**, as the center reduces the pressure

on municipal services and enhances the authorities' contribution to social inclusion.

#### **5.3.2.4. Torres Vedras Community**

Locally, CAPDM has a direct and positive impact on the community of Torres Vedras. By providing accessible and specialized care options, including tailored day services, the center supports individuals who may otherwise face significant barriers in the community. Additionally, CAPDM plays a key role in fostering social inclusion and challenging societal perceptions regarding individuals with disabilities. By encouraging community engagement and showcasing the rising autonomy of its users, the center helps **shifting societal mindsets and promoting greater acceptance and integration** within the community.

#### **5.3.2.5. Similar Organizations**

As a pioneering initiative filling a crucial gap in the market, CAPDM serves as a **model that other institutions may replicate or draw inspiration from**. Its innovative framework has the potential to influence how similar organizations approach care for individuals with disabilities, inspiring the creation of more centers and expanding the reach of services to a larger segment of the population in need. **Opportunities for collaboration** with other organization may also arise, facilitating knowledge exchange, improving the user journey between care facilities, enhancing service delivery, and fostering a more integrated and effective care network.

The development of CAPDM and the potential role model the center might foster will position CVPaz as an innovative association continuously seeking to promote social inclusion and tackle poverty. The construction of this center will certainly pave the way for a more inclusive and open society: one brick at a time, CVPaz brings hope and dignity while combating the stigma surrounding a population experiencing severe social exclusion.

## 6. Bibliography

- A Casa de Betânia. 2024. "Página Inicial." *Acasadebetania.org*. Accessed October 6, 2024. <https://www.acasadebetania.org>.
- AAJUDE. 2024. "AAJUDE - Associação de Apoio à Juventude Deficiente." Accessed October 4, 2024. <https://www.aajude.pt/>.
- Ability Beyond. 2024. Accessed October 3, 2024. <https://abilitybeyond.org>.
- Agência Lusa. 2024. "Preço mediano da habitação sobe 5% no primeiro trimestre para 1.644 euros por m2." *Observador*. July 16. <https://observador.pt/2024/07/16/preco-mediano-da-habitacao-sobe-5-no-primeiro-trimestre-para-1-644-euros-por-m2/>.
- Americans with Disabilities Act. n.d. "What is Disability?" Accessed December 11, 2024. <https://disabilityphilanthropy.org/resource/what-is-disability/>.
- AMI. 2024. *A AMI*. Accessed September 20, 2024. <https://ami.org.pt>.
- ANACOM. 2023. "Evolução dos preços das telecomunicações - fevereiro de 2023". February. <https://www.anacom.pt/render.jsp?contentId=1740581>.
- APA. 2017. "What is Cognitive Behavioral Therapy?" *Society of Clinical Psychology*. <https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral>.
- APCC. 2024. *Associação da Paralisia Cerebral de Coimbra*. Accessed October 7, 2024. <https://www.apc-coimbra.org.pt>.
- APPACDM. 2024. "Um gesto, mil sorrisos." *APPACDM-Coimbra*. Accessed October 7, 2024. <https://www.appacdmcoimbra.pt>.
- APPDA. 2024. "Ao serviço da cidadania ." *APPDA / Coimbra*. Accessed October 7, 2024. <https://appdacoimbra.pt>.
- APQ. n.d. "Certificação EQUASS." Accessed October 21, 2024. <https://apq.pt/certificacao-equass/certificacao/>.
- Associação Conversa Amiga. 2024. *ACA*. Accessed October 6, 2024. <https://conversa.pt>.

- Associação Vida Autónoma. 2024. "Sobre nós." Accessed October 6, 2024. <https://associacaovidaautonoma.pt>.
- Automóvel Clube de Portugal. 2024. "Isenção do IUC: Saiba se tem direito." <https://www.acp.pt/veiculos/conductor-em-dia/o-que-saber-sobre-carros/isencao-do-iuc-saiba-se-tem-direito>.
- Autoridade Tributária e Aduaneira. 2015. "Setor Social e Solidário — Direitos e Deveres Fiscais." September. <https://www.seg-social.pt/documents/10152/2ccc8eeb-febb-4f7d-9e45-cd501b165e5c>.
- Banco Alimentar. 2024. "Bancoalimentar contra a fome - Alimente esta ideia." *Federação Portuguesa dos Bancos Alimentares Contra a Fome*. Accessed October 13, 2024. <https://www.bancoalimentar.pt/media/1063/brochura-do-banco-alimentar.pdf>.
- Bastos, Joana Pereira, Helena Bento, and Jose Miguel Caldas de Almeida. 2024. "'A minha doença mental piorou muito na rua, houve alturas em que acordei de noite com miúdos de 15 anos a bater e regar-me com gasolina'." *Sic Notícias*. March 28. <https://sicnoticias.pt/podcasts/que-voz-e-esta-/2024-03-28-A-minha-doenca-mental-piorou-muito-na-rua-houve-alturas-em-que-acordei-de-noite-com-miudos-de-15-anos-a-bater-e-regar-me-com-gasolina-6d16f514>.
- Bauer, L K, T P Baggett, T A Stern, J J O'Connell, and D Shtasel. 2013. "Caring for homeless persons with serious mental illness in general hospitals. 54(1), 14-21." *Psychosomatics*. <https://doi.org/10.1016/j.psych.2012.10.004>.
- Bechervaise, Chantal. 2021. "How Your Living Space Affects Your Mental Health." *Take it Personally*. September 17. <https://takeitpersonally.com/2021/09/17/how-your-living-space-affects-your-mental-health/>.
- Boster, Jamie B, Alyson M Spitzley, W Taylor Castle, Abby R Jewell, Christina L Corso, and John W McCarthy. 2020. "Music Improves Social and Participation Outcomes for

- Individuals With Communication Disorders: A Systematic Review." *Journal of Music Therapy*. September 26. <https://academic.oup.com/jmt/article-abstract/58/1/12/5911954>.
- BPI. 2024. "Premios BPI - Fundação "la Caixa"." *Fundação "la Caixa"*. Accessed November 15, 2024. <https://fundacaolacaixa.pt/pt/premios-bpi-fundacao-la-caixa-descricao>.
- Britannica. 2024. "Assistive Technology." October 23. <https://www.britannica.com/science/assistive-technology>.
- Brocket Media. 2023. "The Importance of Social Engagement in Nursing Homes: Enhancing Quality of Life for Seniors." *Central Island Healthcare*. June 28. <https://www.centralislandhealthcare.com/the-importance-of-social-engagement-in-nursing-homes-enhancing-quality-of-life-for-seniors>.
- Cais. 2024. *Quem Somos*. Accessed October 5, 2024. <https://www.cais.pt>.
- Caixa PRR.PT2030. 2024. "Infraestruturas e Equipamentos Sociais e de Saúde." Accessed November 15, 2024. <https://caixaprrpt2030.pt/apoios-setor-publico/infraestruturas-e-equipamentos-sociais-e-de-saude/>.
- Câmara Municipal Cascais. 2018. *Nova SBE - Um campus construído com campanhas de fundraising*. September 28. <https://www.cascais.pt/noticia/nova-sbe-um-campus-construido-com-campanhas-de-fundraising>.
- Caritas Care. 2024. "Creating Chances, Choices & Opportunities For 90 Years and Counting!" Accessed October 4, 2024. <https://www.caritascare.org.uk>.
- CaritasCare. 2024. Accessed October 4, 2024. <https://www.caritascare.org.uk>.
- Carpenter, Aaron. n.d. "What is a good Net Promoter Score?" *qualtrics.XM*. Accessed November 15, 2024. <https://www.qualtrics.com/experience-management/customer/good-net-promoter-score/>.
- Casa. 2024. *O Casa*. Accessed September 20, 2024. <https://www.casa-apoioaosemabrigo.org>.

- CASS. 2024. *Central Arizona Shelter Services*. Accessed October 5, 2024.  
<https://www.cassaz.org>.
- Católica-Lisbon. 2024. "Water prices must rise by 25% by 2030 to maintain urban consumption." June 19. <https://clsbe.lisboa.ucp.pt/news/water-prices-must-rise-25-2030-maintain-urban-consumption/amp>.
- CGD. 2024. "Prémios Caixa Social 2024." Accessed October 21, 2024.  
<https://www.cgd.pt/Sustentabilidade/Responsabilidade-Social/Pages/Premios-Caixa-Social-2024.aspx>.
- Choudhari, Sonali G. 2022. "Role of Art Therapy in the Promotion of Mental Health: A Critical Review." *Cureus* (Cureus).
- Clearinghouse for Sport. 2024. "Benefits of Sport."
- CNIS and FEPCES. 2023. "Contrato coletivo entre a Confederação Nacional das Instituições de Solidariedade - CNIS e a FEPCES - Federação Portuguesa dos Sindicatos do Comércio, Escritórios e Serviços e outros - Alteração salarial e outras e texto consolidado."
- Comunidade Vida e Paz. 2023. "Plano de Atividades e Orçamento Geral." December 5.  
<https://www.cvidaepaz.pt/wp-content/uploads/2024/02/Plano-de-Atividades-2024.pdf>.
- . 2024. "O Que Fazemos." Accessed September 8, 2024.  
[https://www.cvidaepaz.pt/?doing\\_wp\\_cron=1732267865.3570330142974853515625](https://www.cvidaepaz.pt/?doing_wp_cron=1732267865.3570330142974853515625).
- . 2024. "Relatório de Atividades e Contas 2023." May 23. <https://www.cvidaepaz.pt/wp-content/uploads/2024/06/Relatorio-de-Atividades-e-Contas-2023.pdf>.
- . 2015. "Relatório de Avaliação de Impacto Social." April. [https://www.cvidaepaz.pt/wp-content/uploads/2017/05/SROI-Prospetivo-das-Equipas-de-Rua\\_-Relatório-2015-.pdf](https://www.cvidaepaz.pt/wp-content/uploads/2017/05/SROI-Prospetivo-das-Equipas-de-Rua_-Relatório-2015-.pdf).
- . 2024. "Sobre." Accessed September 6, 2024.  
[https://www.cvidaepaz.pt/?doing\\_wp\\_cron=1727890344.3400239944458007812500](https://www.cvidaepaz.pt/?doing_wp_cron=1727890344.3400239944458007812500).

- Continente. 2024. Accessed November 10, 2024. [https://www.continente.pt/?\\_gl=1\\*1cqkc5f\\*\\_up\\*MQ..&gclid=CjwKCAiAudG5BhAREiwAWMLsJG7Vp9x2ioqM6z3A4jPzwY8v7pE4NwhdWJHjo5q8SzB1JAIPnFgmBhoCNw4QAvD\\_BwE](https://www.continente.pt/?_gl=1*1cqkc5f*_up*MQ..&gclid=CjwKCAiAudG5BhAREiwAWMLsJG7Vp9x2ioqM6z3A4jPzwY8v7pE4NwhdWJHjo5q8SzB1JAIPnFgmBhoCNw4QAvD_BwE).
- Continuum. 2024. *Continuum - Rebuilding lives*. Accessed October 4, 2024. <https://www.continuumct.org>.
- Coopérnico. n.d. "Quinta Espírito Santo." *Coopérnico – Quinta do Espírito Santo*. Accessed September 19, 2024. <https://www.coopernico.org/projeto/42>.
- Costa, José. 2024. "Renault Espace 1.6 dCi 7 Lugares." December 10. <https://www.olx.pt/d/anuncio/renault-espace-1-6-dci-7-lugares-IDICNA5.html>.
- Covita, Sónia, and Magda Canas. 2024. "Salário mínimo aumenta para 870 euros em 2025." *Deco ProTeste*. October 2. <https://www.deco.proteste.pt/dinheiro/emprego/noticias/salario-minimo-aumenta-870-euros-2025>.
- Crédito Agrícola. 2023. "Linha de Financiamento ao Setor Social." April 28. <https://www.creditoagricola.pt/-/media/84ea9e82312e4293be48c2513aa0d471.pdf>.
- Crescer. 2024. "A Associação." Accessed September 19, 2024. <https://crescer.org>.
- CTT. 2022. "CTT entregam donativo a Centro de Reabilitação Psicológica no âmbito da venda de selo solidário." December 21. <https://www.ctt.pt/grupo-ctt/media/noticias/ctt-entregam-donativo-a-centro-de-reabilitacao-psicologica-no-ambito-da-venda-de-selo-solidario?srsItd=AfmBOopdOk11uIQnXPlkrKQGwbfJ5brRrFebqFb2Of4UzdubgmkH1itJ>.
- CVPaz, Comunidade Vida e Paz, interview by Joana Alvarinho, Ana Margarida Cuiça, Francisca Caldas, Mafalda Tavares and Maria Magalhaes. 2024. *Reunião Kick-Off* (September 17).

- Darlington, Nick. 2024. "The Ultimate Guide to Restaurant Costs." *7shifts*. August 18. <https://www.7shifts.com/blog/restaurant-costs/#difference-between-fixed-and-variable-costs>.
- Eat Seasonably. 2024. Accessed November 20, 2024. <https://eatseasonably.co.uk>.
- EEA Grants. 2024. "Active Citizen Funds." *Iceland Liechtenstein Norway Grants*. Accessed December 3, 2024. <https://www.eeagrants.gov.pt/en/programmes/active-citizens-fund/>.
- Elo Social. 2024. Accessed November 10, 2024. <https://www.elosocial.org>.
- Enerdata. 2018. "Asian and European gas prices will converge by 2030." April. <https://www.enerdata.net/publications/executive-briefing/gas-prices-estimates-convergence-asia-europe.pdf>.
- ENIPSSA. 2022. "Inquérito Caracterização das Pessoas em Situação de Sem-Abrigo." *Grupo de Trabalho para a Monitorização e Avaliação da ENIPSSA*. December 31. <https://www.enipssa.pt/documents/10180/11876/Inquérito+Caracterização+das+Pessoas+em+Situação+de+Sem-Abrigo+-+31+de+dezembro+2022+-+Quadros/b40f70be-40c0-478d-af46-f84b035dd57b>.
- . 2022. "Inquérito de Caracterização das Pessoas em Situação de Sem-Abrigo." <https://expresso.pt/sustentabilidade/2024-04-02-Pessoas.-Sem-Abrigo-b2f9f089>.
- . 2023. *Conceito de Pessoa Em Situação de Sem-Abrigo*. <https://www.enipssa.pt/conceito-de-pessoa-em-situacao-de-sem-abrigo>.
- Euribor rates - all information on Euribor*. (n.d.). Accessed November 14, 2024. [euribor-rates.eu](https://www.euribor-rates.eu/en/). <https://www.euribor-rates.eu/en/>
- Fatela, Nuno. 2024. "Preços kWh - Descubra como calcular e os melhores preços kWh." *compara+*. September 3. <https://www.comparamais.pt/luz-e-gas/tarifas/preco-kWh/>.
- Fernando, Jason, Margaret James, and Suzanne Kvilhaug. 2024. "Capital Expenditure (CapEx) Definition, Formula, and Examples." *Investopedia*. June 18.

- <https://www.investopedia.com/terms/c/capitalexpenditure.asp>.
- Fidelidade. 2024. "Donativos e Apoios Especiais." Accessed November 22, 2024.  
<https://www.fidelidade.pt/PT/a-fidelidade/comunidade/donativos-e-apoio-especiais/Paginas/default.aspx>.
- Fitzpatrick, S, G Bramley, and S Johnsen . 2012. "Pathways into multiple exclusion homelessness in seven UK cities." *Urban Stud.* 10.1177/0042098012452329 (. Urban Stud. 2012;50(1):148–68. 10.1177/0042098012452329) 50(1):148–68.
- Fundação Galp. 2024. *Galp Support for the Local Community*. Accessed November 22, 2024.  
[https://donations-galp-com.translate.goog/pt/?\\_x\\_tr\\_sl=pt&\\_x\\_tr\\_tl=en&\\_x\\_tr\\_hl=en&\\_x\\_tr\\_pto=sc](https://donations-galp-com.translate.goog/pt/?_x_tr_sl=pt&_x_tr_tl=en&_x_tr_hl=en&_x_tr_pto=sc).
- Fundação Montepio. 2024. *Fundação Montepio*. Accessed November 22, 2024.  
<https://www.montepio.org/institucional/fundacao-montepio/#contactos>.
- Fundação Vasco Vieira de Almeida. n.d. *Projetos em Curso*. Accessed November 22, 2024.  
<https://www.fundacaovva.org/projetos-em-curso/educacao-para-a-cidadania/63/>.
- Fundación San Juan de Dios. 2024. Accessed October 10, 2024.  
<https://www.fundacionsjd.org/es/>.
- Generali Tranquilidade. n.d. *Tranquilidade entrega donativo de 5.000 euros à Acreditar*. Accessed November 22, 2024. <https://www.generalitranquilidade.pt/generalitranquilidade/institucional/responsabilidade-social/tranquilidade-entrega-donativo-a-acreditar>.
- Geofundos. 2024. Accessed October 21, 2024. <https://www.geofundos.org>.
- Georgia Department of Community Affairs. 2024. "GHFA Permanent Supportive Housing." Accessed October 3, 2024. <https://dca.georgia.gov/affordable-housing/homelessness-assistance/ghfa-permanent-supportive-housing>.
- GEPMTSSS. 2023. "Indicadores sobre a Deficiência e Incapacidade." *Gabinete de Estratégia*

*e Planeamento do Ministério do Trabalho, Solidariedade e Segurança Social.*

November 27.

<https://www.gep.mtsss.gov.pt/documents/10182/80545/Indicadores+sobre+a+Deficiênc+e+Incapacidade+-+Contributo+para+a+ENIPD+2021-2025.pdf/1926e031-1574-4cd8-826e-e064cf80e973>.

GGM Gastro. n.d. *GGM Gastro International GmbH*. Accessed November 1, 2024.

<https://www.gmgastro.com/en-pt-eur/about-us>

Gold Energy. 2024. Accessed November 21, 2024.

<https://goldenergy.pt/blog/poupanca/quantos-lumens-por-m2/>.

HEC Paris. n.d. "WHAT IS CORPORATE SOCIAL RESPONSABILITY (CSR)?" Accessed

December 6, 2024. [https://www.hec.edu/en/faculty-research/centers/sustainability-](https://www.hec.edu/en/faculty-research/centers/sustainability-organizations-institute/think/so-institute-executive-factsheets/what-corporate-social-responsability-csr#:~:text=Corporate%20Social%20Responsibility%20(CSR)%20is,of%20only%20c)

[organizations-institute/think/so-institute-executive-factsheets/what-corporate-social-responsability-](https://www.hec.edu/en/faculty-research/centers/sustainability-organizations-institute/think/so-institute-executive-factsheets/what-corporate-social-responsability-csr#:~:text=Corporate%20Social%20Responsibility%20(CSR)%20is,of%20only%20c)

[csr#:~:text=Corporate%20Social%20Responsibility%20\(CSR\)%20is,of%20only%20c](https://www.hec.edu/en/faculty-research/centers/sustainability-organizations-institute/think/so-institute-executive-factsheets/what-corporate-social-responsability-csr#:~:text=Corporate%20Social%20Responsibility%20(CSR)%20is,of%20only%20c)  
[onsidering%20econ.](https://www.hec.edu/en/faculty-research/centers/sustainability-organizations-institute/think/so-institute-executive-factsheets/what-corporate-social-responsability-csr#:~:text=Corporate%20Social%20Responsibility%20(CSR)%20is,of%20only%20c)

Henriques, Vanessa. 2020. "Capgemini reforça empenho na luta contra a COVID-19 à escala

mundial." *RH Magazine*. May 8. [https://rhmagazine.pt/capgemini-reforca-empenho-na-](https://rhmagazine.pt/capgemini-reforca-empenho-na-luta-contra-a-covid-19-a-escala-mundial/)

[luta-contra-a-covid-19-a-escala-mundial/](https://rhmagazine.pt/capgemini-reforca-empenho-na-luta-contra-a-covid-19-a-escala-mundial/).

Hostetter, Martha, and Sarah Klein. 2018. *Creating Better Systems of Care for Adults with*

*Disabilities: Lessons for Policy and Practice*. Case Study, The Commonwealth Fund.

Housing First Europe. n.d. *What is Housing First?* Accessed September 11, 2024.

<https://housingfirsteurope.eu/what-is-hf/>.

Hovione. 2024. "A Hovione está empenhada em devolver à sociedade enquanto conduz o seu

negócio de maneira responsável." Accessed November 22, 2024.

<https://www.hovione.pt/inovacao-e-qualidade/actuacao->

responsavel/sustentabilidade/social.

IESE. n.d. "The power of face-to-face conversations." Accessed November 26, 2024.

<https://www.iese.edu/standout/face-to-face-conversations-power/>.

IKEA. 2024. *Impacto social*. Accessed November 22, 2024. <https://www.ikea.com/pt/pt/this-is-ikea/community-engagement/>.

IMT. n.d. "Quando devo levar o meu veículo à inspecção periódica obrigatória?" Accessed

November 6, 2024. [https://www.imt-](https://www.imt-ip.pt/sites/IMTT/Portugues/PerguntasFrequentes/Veiculos/Paginas/Questao1.aspx)

[ip.pt/sites/IMTT/Portugues/PerguntasFrequentes/Veiculos/Paginas/Questao1.aspx](https://www.imt-ip.pt/sites/IMTT/Portugues/PerguntasFrequentes/Veiculos/Paginas/Questao1.aspx).

INR. 2024. "Instituto Nacional para a Reabilitação." Accessed December 6, 2024.

<https://www.inr.pt/inicio>.

Instituto Nacional de Estatística. 2023. "Estatísticas da Construção e Habitação - 2022."

[https://www.ine.pt/ngt\\_server/attachfileu.jsp?look\\_parentBoui=620424852&att\\_display=n&att\\_download=y](https://www.ine.pt/ngt_server/attachfileu.jsp?look_parentBoui=620424852&att_display=n&att_download=y).

Jerónimo Martins. 2024. *Envolvimento e Compromisso*. Accessed November 22, 2024.

<https://www.jeronimomartins.com/pt/responsabilidade/apoiar-comunidades-envolventes/apoios-directos-e-indirectos/>.

Jorge, Patrícia. 2022. "Determinantes do adoecimento mental na população sem-abrigo."

*Revista Portuguesa de Medicina Geral e Familiar* 488-494.

Kamono, Zenedius. 2023. *Defining the Social Mission: A Social Enterprises Perspective*. Asian

Journal of Social Science and Management Technology.

Khan, Sarah. 2021. "Challenges of proper nutrition in homeless population." *Project Downtown*

*Orlando*. September 27. <https://pdorlando.org/challenges-of-proper-nutrition-in-homeless-population/>.

Koh, Katherine A, Monica Bharel, and David C Henderson. 2015. "Nutrition for homeless populations: shelters and soup kitchens as opportunities for intervention." *Cambridge*

- University Press*. October 5. <https://www.cambridge.org/core/journals/public-health-nutrition/article/nutrition-for-homeless-populations-shelters-and-soup-kitchens-as-opportunities-for-intervention/1182ECF96F026D6DE3B1529907E12FB8>.
- Larcom, Alexandra Black. 2021. "New Report: Exercise Plays Key Role in Mental Health & Well-being." *Health & Fitness Association*. July 14. <https://www.healthandfitness.org/improve-your-club/new-report-exercise-plays-key-role-in-mental-health-well-being/>.
- Leonard Cheshire. 2024. "Show us you care." Accessed October 4, 2024. <https://www.leonardcheshire.org>.
- Leroy Merlin. 2024. *Garantias*. Accessed November 20, 2024. <https://www.leroymerlin.pt/servicos/servicos-pos-venda/garantias.html>.
- Lewer, D, R W Aldridge, and D Menezes. 2019. "Health-related quality of life and prevalence of six chronic diseases in homeless and housed people: a cross-sectional study in London and Birmingham, England." *BMJ Open* 9(4):e025192. 10.1136/bmjopen-2018-0251.
- Life Without Barriers. 2024. Accessed October 3, 2024. <https://www.lwb.org.au>.
- Look Ahead. 2024. "Look Ahead Care Support and Housing." Accessed October 4, 2024. <https://www.lookahead.org.uk>.
- Machado, Delfim. 2024. "Portugal falhou em 70% das metas de apoio às pessoas com deficiência." *Jornal de Notícias*. June 13. <https://www.jn.pt/5646399270/portugal-falhou-em-70-das-metas-de-apoio-as-pessoas-com-deficiencia/>.
- March of Dimes. 2024. "Healthy moms. Strong babies." Accessed October 4, 2024. <https://www.marchofdimes.org>.
- McKinsey and Company. 2008. "Enduring Ideas: The 7-S Framework." *McKinsey Quarterly*. March 1. <https://www.mckinsey.com/capabilities/strategy-and-corporate-finance/our->

insights/enduring-ideas-the-7-s-framework.

McLeod, Saul. 2024. "Maslow's Hierarchy Of Needs." *Simply Psychology*. January 24.

[https://www.simplypsychology.org/maslow.html?ez\\_vid=2cae626a2fe896279da43d587baa3eb663083817](https://www.simplypsychology.org/maslow.html?ez_vid=2cae626a2fe896279da43d587baa3eb663083817).

Médicos do Mundo. 2024. *Sobre nós*. Accessed November 19, 2024.

<https://www.medicosdomundo.pt>.

Merckaert, Geert. n.d. "7 Ways to Reduce Food Cost Without Compromising Quality."

*apicbase*. Accessed November 13, 2024. <https://get.apicbase.com/reduce-food-cost/>.

Ministério da Saúde. 2021. "Manual de Dietas Hospitalares: Programa nacional para a

promoção da alimentação saudável." August.

[https://www.apn.org.pt/images/noticias/2021/DietasHospitalares\\_V20.pdf](https://www.apn.org.pt/images/noticias/2021/DietasHospitalares_V20.pdf).

Miranda, Filipe Costa, and Norte Vida. 2019. "Integrating Harm Reduction in Homeless

Services." *HR4Homelessness*. Accessed November 8, 2024.

[https://www.feantsa.org/download/hr4h-country-report-portugal-\\_final-draft6324747639529277514.pdf](https://www.feantsa.org/download/hr4h-country-report-portugal-_final-draft6324747639529277514.pdf).

Miranda, Filipe Costa, and Vida Norte. 2021. "Integrating Harm Reduction in Homeless

Services." *HR4Homelessness*. August. [https://www.feantsa.org/download/hr4h-](https://www.feantsa.org/download/hr4h-country-report-portugal-_final-draft6324747639529277514.pdf)

[country-report-portugal-\\_final-draft6324747639529277514.pdf](https://www.feantsa.org/download/hr4h-country-report-portugal-_final-draft6324747639529277514.pdf).

Murgeira, Raquel. 2024. "Leroy Merlin aposta em desenvolvimento humano, habitat positivo e

circularidade." *Distribuição Hoje*. May 10.

<https://www.distribuicao hoje.com/retalho/leroy-merlin-relatorio/>.

National Institute on Drug Abuse. 2018. *Common Comorbidities with Substance Use Disorders*

*Research Report: Why is there comorbidity between substance use disorders and mental*

*illnesses?* February. [https://nida.nih.gov/publications/research-reports/common-](https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/why-there-comorbidity-between-substance-)

[comorbidities-substance-use-disorders/why-there-comorbidity-between-substance-](https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/why-there-comorbidity-between-substance-)

use-disorders-mental-illnesses.

NIH. 2018. "Gardening for health: a regular dose of gardening." *National Library of Medicine*.

June 18. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6334070/> .

Njoku, Ihuoma. 2022. "What is Mental Illness?" Accessed December 11, 2024.

<https://www.psychiatry.org/patients-families/what-is-mental-illness>.

Norauto. n.d. "Revisão Automóvel: quando fazer?" *Norauto Sobre Rodas*. Accessed November

10, 2024. <https://norauto-sobre-rodas.pt/revisao-automovel-quando-fazer/>.

Nova SBE. n.d. *Inclusive Community Forum*. Accessed November 29, 2024.

<https://www.novasbe.unl.pt/pt/comunidade/labs-foruns/inclusive-community-forum/apresentacao>.

NSW. n.d. "Risk Management for Non-Profit Organizations." Accessed November 20, 2024.

[https://www.nsw.gov.au/sites/default/files/2023-06/Risk\\_Management\\_Resource\\_FINAL.pdf](https://www.nsw.gov.au/sites/default/files/2023-06/Risk_Management_Resource_FINAL.pdf).

O'Neill, Aaron. 2024. "Portugal: Inflation rate from 1989 to 2029." *Statista*. November 14.

<https://www.statista.com/statistics/372347/inflation-rate-in-portugal/>.

Oliveira, Ana Batalha de. 2023. "Preço da água deve subir em média 8,5% em 2024." *Sapo*.

December 29. <https://eco.sapo.pt/2023/12/29/preco-da-agua-deve-subir-em-media-85-em-2024/>.

Open Hands Community Care. 2024. "Welcome." Accessed October 3, 2024.

<https://www.openhandscommunitycare.org.au>.

Orientar. 2024. *Sobre nós*. Accessed November 5, 2024. [https://assoc-](https://assoc-orientar.wixsite.com/orientar)

[orientar.wixsite.com/orientar](https://assoc-orientar.wixsite.com/orientar).

Outeiro, Rafael. 2020. "Inspeção de Gás." June 22. Accessed November 2, 2024.

<https://www.comparaja.pt/blog/inspecao-de-gas>.

Parmenter, David. 2012. "Key Performance Indicators for Government and Non Profit

Agencies." [https://books.google.pt/books?hl=pt-PT&lr=&id=ITBcOCY1MwgC&oi=fnd&pg=PR13&dq=the+importance+of+kpis+for+a+non+profit+organization&ots=apimyV5v0f&sig=gcNAKzAswWdmNpZLC5hYecEp06Q&redir\\_esc=y#v=onepage&q=the%20importance%20of%20kpis%20for%20a%20non%20profit%](https://books.google.pt/books?hl=pt-PT&lr=&id=ITBcOCY1MwgC&oi=fnd&pg=PR13&dq=the+importance+of+kpis+for+a+non+profit+organization&ots=apimyV5v0f&sig=gcNAKzAswWdmNpZLC5hYecEp06Q&redir_esc=y#v=onepage&q=the%20importance%20of%20kpis%20for%20a%20non%20profit%20).

Phoenix Rescue Mission. 2024. "The journey to transformation starts here." Accessed October 4, 2024. <https://phoenixrescuemission.org>.

Physiopedia. 2021. "Sports for Individuals with a Physical Disability." [https://www.physiopedia.com/Sports\\_for\\_Individuals\\_with\\_a\\_Physical\\_Disability](https://www.physiopedia.com/Sports_for_Individuals_with_a_Physical_Disability).

Pingo Doce. 2024. "Em 2023 o Pingo Doce doou 5,3 mil toneladas de alimentos." May 14. <https://www.pingodoce.pt/pingo-doce-doou-toneladas-alimentos/#:~:text=Em%202023%2C%20o%20Pingo%20Doce,mais%20de%20100%20mil%20pessoas>.

Pinto, Campos Paula. 2017. "From Rights to Reality: Of Crisis, Coalitions, and the Challenge of Implementing Disability Rights in Portugal." *Cambridge University Press*. October 26. <https://www.cambridge.org/core/journals/social-policy-and-society/article/from-rights-to-reality-of-crisis-coalitions-and-the-challenge-of-implementing-disability-rights-in-portugal/99851CAB57B130D348391C8E499EFF94>.

Pinto, Paula Campos, Sofia Bento, Teresa Janela Pinto, and Patricia Neca. 2023. "Pessoas com Deficiência em Portugal: Indicadores de Direitos Humanos 2023." *Observatório da Deficiência e Direitos Humanos, Instituto Superior das Ciências Sociais e Políticas - ISCSP*. December. [https://pessoas2030.gov.pt/wp-content/uploads/sites/19/2023/12/RELATORIO\\_ODDH2023-14dez.pdf](https://pessoas2030.gov.pt/wp-content/uploads/sites/19/2023/12/RELATORIO_ODDH2023-14dez.pdf).

Portugal Inovação Social. 2024. "Títulos de Impacto Social." <https://inovacaosocial.portugal2020.pt/financiamento/titulos-de-impacto-social/>.

- Portuguese Public Finance Council. 2023. "Economic and Fiscal Outlook 2023-2027 (update)." September 21. <https://www.cfp.pt/en/publications/economic-and-fiscal-outlook/economic-and-fiscal-outlook-2023-2027-update>.
- Projecto Homem. 2024. *Projecto Homem*. Accessed September 19, 2024. <https://www.projectohomem-braga.pt>.
- Repsol. n.d. "Quantos kWh consome uma família portuguesa." Accessed October 18, 2024. <https://www.repsol.pt/particulares/assessoramento/quantos-kwh-consome-uma-familia/>.
- RnaE and BiORUMO ii. 2018. *Manual de Eficiência Energética*. [https://www.erse.pt/media/1ajf3xas/manual-eficiencia-energetica-piee-ipss\\_rnae\\_ppec2017-2018.pdf](https://www.erse.pt/media/1ajf3xas/manual-eficiencia-energetica-piee-ipss_rnae_ppec2017-2018.pdf).
- Santa Casa da Misericórdia de Lisboa. 2024. <https://scml.pt>.
- Santander. 2024. *Projetos Sociais e Ambientais*. <https://www.fundacaosantanderportugal.pt/projetos-sociais-e-ambientais/>.
- . 2024. *Soluções de Crédito Habitação*. <https://www.santander.pt/credito-habitacao>.
- Segurança Social. 2012. "RECOMENDAÇÕES TÉCNICAS PARA EQUIPAMENTOS SOCIAIS."
- . 2015. *Compromisso de Cooperação para o Setor Social e Solidário*. <https://www.seg-social.pt/documents/10152/453857/Protocolo+de+Coopera%C3%A7%C3%A3o+2015-2016/4fd04477-2532-4dca-9204-b1eb94092f68/4fd04477-2532-4dca-9204-b1eb94092f68>.
- . 2023. *Autorização de funcionamento de estabelecimentos de apoio social*. October 24. <https://www.seg-social.pt/pedido-de-licenciamento>.
- . 2023. "Pessoas em situação de sem abrigo." November 20. <https://www.seg-social.pt/pessoas-em-situacao-sem-abrigo>.

- . 2023. *Programa de Alargamento da Rede de Equipamentos Sociais 3ª Geração (PARES 3.0)*. February 20. <https://www.seg-social.pt/programa-de-alargamento-da-rede-de-equipamentos-sociais-3-geracao-pares-3.0->.
- . 2024. *Cálculo das Contribuições*. August 14. <https://www.seg-social.pt/calculo-das-contribicoes1>.
- . 2024. *Instituto da Segurança Social, I.P.* Accessed October 10, 2024. <https://www.seg-social.pt/iss-ip-instituto-da-seguranca-social-ip>.
- . 2024. Accessed October 3, 2024. <https://www.seg-social.pt/inicio>.
- SEP. 2024. "Tabela Salarial Enfermagem 2024." *Sindicato dos Enfermeiros Portugueses*. January 12. [https://www.sep.org.pt/files/uploads/2024/01/sep-16012024-TS\\_2024-enfermeiros.pdf](https://www.sep.org.pt/files/uploads/2024/01/sep-16012024-TS_2024-enfermeiros.pdf).
- Silva, Márcia Daniela Correia da. 2017. "A análise de custos e da qualidade nutricional no fornecimento de refeições hospitalares: Estudo de caso." *Instituto Politécnico de Bragança*. October. [http://repositorio.ipvc.pt/bitstream/20.500.11960/2072/1/Marcia\\_Silva.pdf](http://repositorio.ipvc.pt/bitstream/20.500.11960/2072/1/Marcia_Silva.pdf).
- Simedicos. 2024. "Regimes de Trabalho - Acordo 2024." [https://www.simedicos.pt/fotos/editor2/ficheiros/Tabela\\_Salarial\\_Versao\\_Site\\_1\\_22\\_02\\_2024.pdf](https://www.simedicos.pt/fotos/editor2/ficheiros/Tabela_Salarial_Versao_Site_1_22_02_2024.pdf).
- Snoezelen. 2024. Accessed October 16, 2024. <https://snoezelen.info>.
- Stobierski, Tim. 2023. *Types of corporate social responsibility*. August 8. <https://online.hbs.edu/blog/post/types-of-corporate-social-responsibility>.
- Stühlinger, Sara. 2022. "The Importance of Planning: How Financial Management Competencies Affect the Performance of Nonprofit Organizations." *Sage Journals*. September 1. <https://journals.sagepub.com/doi/abs/10.37808/paq.46.3.2>.
- Suspiro, Ana. 2024. "Preço da eletricidade aumenta 2,1% no mercado regulado em 2025, mas

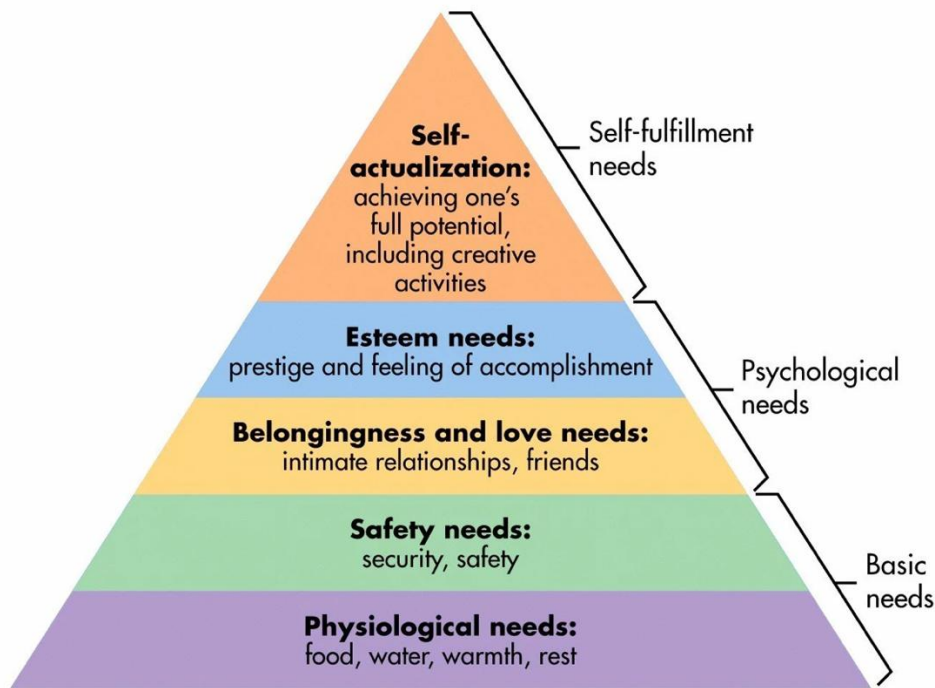
- fatura final vai cair com IVA reduzido." *Observador*. October 15. <https://observador.pt/2024/10/15/preco-da-eletricidade-aumenta-21-no-mercado-regulado-em-2025/>.
- The Pearl. 2024. "Features of Psychoeducational Groups." <https://www.thepearlrecoverycenter.com/psychoeducational/>.
- TMLT. n.d. "De-escalation techniques and resources." Accessed November 10, 2024. <https://hub.tmlt.org/tmlt-blog/de-escalation-techniques-and-resources>.
- Torres Vedras. n.d. *Editais N.º 78/2020 - SMAS - Tarifa de Recolha de Resíduos Sólidos Urbanos (RU) - 2020*. <https://www.cm-tvedras.pt/documentos/editaisatas/editaiscm?id=1912>.
- . 2021. *Inquérito concelhio à deficiêndia e incapacidade na idade adulta*. July. <https://www.cm-tvedras.pt/assets/upload/paginas/2022/01/12/estudo-deficienciarelatoriopara-publicacao01julho21/estudo-deficienciarelatoriopara-publicacao01julho21.pdf>.
- . 2024. *Oficinas do Saber*. Accessed October 10, 2024. <https://www.cm-tvedras.pt/agenda/programa/116>.
- . 2024. *Orçamento Participativo 2024*. <https://op.cm-tvedras.pt>.
- Turning Point. 2024. Accessed 2024. <https://www.turningpoint.org.au>.
- UNDP. n.d. *Appendix: Social Return on Investment (SROI) methodology and sensitivity analysis of the case studies*. Accessed November 28, 2024. [https://www.undp.org/sites/g/files/zskgke326/files/migration/eurasia/Appendix-SROI-methodology\\_ENG.pdf](https://www.undp.org/sites/g/files/zskgke326/files/migration/eurasia/Appendix-SROI-methodology_ENG.pdf)
- United Nations Department of Economic and Social Affairs. n.d. *Sustainable Development Goals*. Accessed December 6, 2024. <https://sdgs.un.org/goals>.
- United Nations Development Programme. n.d. *Sustainable Development Goals*. Accessed December 6, 2024. <https://www.undp.org/sustainable-development-goals>.

- UpKeep. n.d. *How much should I budget for maintenance for my equipment?* Accessed November 7, 2024. <https://upkeep.com/learning/budget-for-equipment-maintenance/#maintenance-as-a-percent-of-rav>.
- Vitae. 2024. *Vitae*. Accessed October 20, 2024. <https://www.assoc-vitae.org/pt/home>.
- Vitasek, Kate. 2023. "Outcome-Based Management: What It Is, Why It Matters And How To Make It Happen." *Forbes*. January 12. <https://www.forbes.com/sites/katevitasek/2023/01/12/outcome-based-management-what-it-is-why-it-matters-and-how-to-make-it-happen/>.
- Wharton School of the University of Pennsylvania. 2019. *Incorporating a Social Mission Into Your Company*. December 18. Accessed November 15, 2024. <https://online.wharton.upenn.edu/uncategorized/incorporating-a-social-mission-into-your-company/>.
- . 2024. *WHOQOL: Measuring Quality of Life*. <https://www.who.int/tools/whoqol>.
- World Health Organization. 2024. "Rehabilitation." April 22. <https://www.who.int/news-room/fact-sheets/detail/rehabilitation>.

## 7. Appendix

### Appendix 1: Maslow's hierarchy of needs












*The pyramid is based on the idea that certain basic needs (at the base) must be met before individuals can progress up the hierarchy to more complex needs*



*Source: McLeod, 2024*

## Appendix 2: Benchmark analysis - Services and activities offered









*All but 3 organizations provide service offering along the 3 identified key areas*

SERVICES AND ACTIVITIES OFFERED				
Organizations	Logo	First Line Intervention	Treatment and Rehabilitation	Reintegration
Comunidade Vida e Paz		✓	✓	✓
Associação CAIS		✓	✓	✓
Assistência Médica Internacional (AMI)		✓	✓	✓
Santa Casa da Misericórdia de Lisboa (SCML)		✓	✓	✓
Centro de Apoio ao Sem-Abrigo (CASA)		✓	✓	✓
Médicos do Mundo		✓	✓	✗
Orientar		✗	✓	✓
Associação Vida Autônoma		✓	✓	✓
CRESCER		✓	✓	✓
VITAE		✓	✓	✓
Associação Conversa Amiga		✓	✗	✗

*Source: Organizations' Websites*

### Appendix 3: Benchmark Analysis - Focus of intervention












*Legend: All organizations analyzed address homelessness while also supporting various vulnerable populations*

FOCUS OF INTERVENTION													
Organization	Logo	Homeless	Disabilities	Substance use	Domestic Violence	STDs	Sex Workers	Refugees	Immigrants	Elderly	Children (at risk)	Families in poverty	LT unemployment
Comunidade Vida e Paz		✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
Associação CAIS		✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓
Assistência Médica Internacional (AMI)		✓	✗	✗	✓	✗	✗	✗	✓	✓	✓	✓	✓
Santa Casa da Misericórdia de Lisboa (SCML)		✓	✓	✗	✓	✗	✗	✗	✓	✓	✗	✓	✗
Centro de Apoio ao Sem-Abrigo (CASA)		✓	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗
Médicos do Mundo		✓	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗
Orientar		✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓
Associação Vida Autónoma		✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
CRESCER		✓	✗	✓	✗	✗	✓	✓	✓	✗	✗	✗	✗
VITAE		✓	✗	✓	✗	✗	✗	✓	✓	✗	✓	✓	✗
Associação Conversa Amiga		✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

*Sources: Organizations' Websites and Annual Reports*

## Appendix 4: Benchmark analysis – Impact












*Organizations differ in their geographical reach and the societal impact they generate through the number of individuals they support*

IMPACT						
Organizations	Logo	Geographical Coverage - Portugal (districts/regions)	Geographical Coverage - Portugal (# districts/ regions)	# People Supported - Homeless	# People Supported - Total	Food Service
Comunidade Vida e Paz		Lisboa	1	383	894	3200 (EAD Amadora) + 4030 (Christmas) + 157040 (street) meals
Associação CAIS		Porto and Lisboa	2	123	777	355 baskets + 10000 breakfasts
Assistência Médica Internacional (AMI)		Lisboa, Porto, Coimbra, Madeira and Açores	5	1350	11138	171619 meals + 1562 Christmas baskets
Santa Casa da Misericórdia de Lisboa (SCML)		Lisboa	1	<i>No information</i>	<i>No information</i>	918 people in social canteen
Centro de Apoio ao Sem-Abrigo (CASA)		Lisboa, Porto, Faro, Coimbra, Setúbal and Madeira	6	2218	6599	471369 meals + 18527 baskets
Médicos do Mundo		Lisboa, Porto, Leiria, Braga	4	965	4142	<i>No information</i>
Orientar		Lisboa	1	<i>No information</i>	120	7431 meals
Associação Vida Autónoma		Lisboa and Beja	2	494	672	<i>No information</i>
CRESCER		Lisboa	1	833	2200	<i>No information</i>
VITAE		Lisboa	1	<i>No information</i>	560	31 places in the canteen
Associação Conversa Amiga		Lisboa	1	<i>No information</i>	<i>No information</i>	<i>No information</i>
<b>Industry average</b>		<i>Not applicable</i>	2,27	909,43	3011,33	<i>Not applicable</i>

*Sources: Organizations' Websites and Annual Reports*

## Appendix 5: Benchmark analysis - Human Resources












*Organizations vary in their reliance on effective workers versus volunteers to support their operations*

HUMAN RESOURCES						
Organizations	Logo	# Volunteers	# Volunteering Hours	Volunteers Ratio	# Effective Workers	Effective Workers Ratio
Comunidade Vida e Paz		619	No information	0,69	151	0,17
Associação CAIS		268	9 784,5	0,34	19	0,02
Assistência Médica Internacional (AMI)		1 035	1 411	0,09	246	0,02
Santa Casa da Misericórdia de Lisboa (SCML)		410	17 508	No information	6080	No information
Centro de Apoio ao Sem-Abrigo (CASA)		922	No information	0,14	48	0,01
Médicos do Mundo		530	799	0,13	71	0,02
Orientar		No information	No information	No information	No information	No information
Associação Vida Autônoma		No information	No information	No information	No information	No information
CRESCER		10	No information	No information	100	0,05
VITAE		No information	No information	No information	No information	No information
Associação Conversa Amiga		No information	No information	No information	No information	No information
<b>Industry average</b>		542	7376	0,28	959,29	0,05

*Source: Organizations' Websites and Annual Reports*

## Appendix 6: Benchmark analysis - Financial performance

*Organizations vary significantly in financial health, with subsidies often representing a large share of revenues and personnel expenses comprising a substantial portion of costs*

FINANCIALS									
Organizations	Logo	Total Revenues	Donations and Heritages (as a % of Revenues)	IRS Contrib. + IVA Deduct. (as a % of Revenues)	Subsidies (as a % of Revenues)	Sales and Services (as a % of Revenues)	Personnel Expenses (as a % of Costs)	Revenue Growth	Net Income Growth
Comunidade Vida e Paz		5 105 577 €	29,25%	1,40%	32,78%	32,03%	53,66%	6,00%	Remained negative
Associação CAIS		790 088,92 €	23,66%	2,91%	61,43%	10,93%	56,59%	14,80%	446,50%
Assistência Médica Internacional (AMI)		9 867 173,73 €	14,25%	1,30%	27,95%	31,67%	38,39%	-1,00%	Remained negative
Santa Casa da Misericórdia de Lisboa (SCML)		268 787 236,00 €	<i>No information</i>	0,00%	0,65%	13,95%	52,50%	15,54%	Remained negative
Centro de Apoio ao Sem-Abrigo (CASA)		4 620 503,00 €	80,87%	2,36%	15,42%	0,22%	18,71%	-1,00%	-90,68%
Médicos do Mundo		1 326 268,31 €	57,49%	<i>No information</i>	31,32%	0,11%	58,71%	3,11%	Became negative
Orientar		237 216,00 €	n/a	0,00%	98,97%	0,27%	62,44%	2,25%	85,20%
Associação Vida Autónoma		562 937,30 €	5,73%	0,00%	64,62%	29,65%	52,80%	52,02%	Remained negative
CRESCER		3 358 978,37 €	<i>No information</i>	<i>No information</i>	69,06%	21,49%	44,73%	16,77%	594,92%
VITAE		4 989 520,69 €	<i>No information</i>	<i>No information</i>	<i>No information</i>	<i>No information</i>	56,14%	23,68%	17642,60%
Associação Conversa Amiga		<i>No information</i>	<i>No information</i>	<i>No information</i>	<i>No information</i>	<i>No information</i>	<i>No information</i>	<i>No information</i>	<i>No information</i>
<b>Industry average</b>		41 853 776,86 €	31%	1%	40%	18%	46%	17%	Not applicable

*Sources: Organizations' Websites and Annual Reports*

### **Appendix 7: Net Working Capital - Liquidity Formula 1**

Net Working Capital = Current Assets – Current Liabilities

### **Appendix 8: Current Ratio - Liquidity Formula 2**

$$\text{Current Ratio} = \frac{\text{Current Assets}}{\text{Current Liabilities}}$$

### **Appendix 9: Quick Ratio - Liquidity Formula 3**

$$\text{Quick Ratio} = \frac{\text{Current Assets} - \text{Inventories} - \text{Prepaid Expenses}}{\text{Current Liabilities}}$$

### **Appendix 10: Cash Ratio - Liquidity Formula 4**

$$\text{Cash Ratio} = \frac{\text{Cash and Bank Deposits}}{\text{Current Liabilities}}$$

### **Appendix 11: Days Sales Outstanding - Liquidity Formula 5**

$$\text{Days Sales Outstanding} = \frac{\text{Total Accounts Receivable}}{\text{Total Revenues} \times 1,23} \times 365 \text{ days}$$

### **Appendix 12: Days Payable Outstanding - Liquidity Formula 6**

$$\text{Days Payable Outstanding} = \frac{\text{Total Accounts Payables}}{(\text{COGS} + \text{External Suppliers and Services}) \times 1,23} \times 365 \text{ days}$$

### **Appendix 13: Net Working Capital Requirements – Capital Structure Formula 1**

Net Working Capital Requirements = Operating Assets – Operating Liabilities

### **Appendix 14: Net Debt - Capital Structure Formula 2**

Net Debt = Financial Liabilities – Financial Assets

### **Appendix 15: Liabilities-to-Assets Ratio - Leverage Formula 1**

$$\text{Liabilities – to – Assets Ratio} = \frac{\text{Total Liabilities}}{\text{Total Assets}}$$

### **Appendix 16: Liabilities-to-Equity Ratio - Leverage Formula 2**

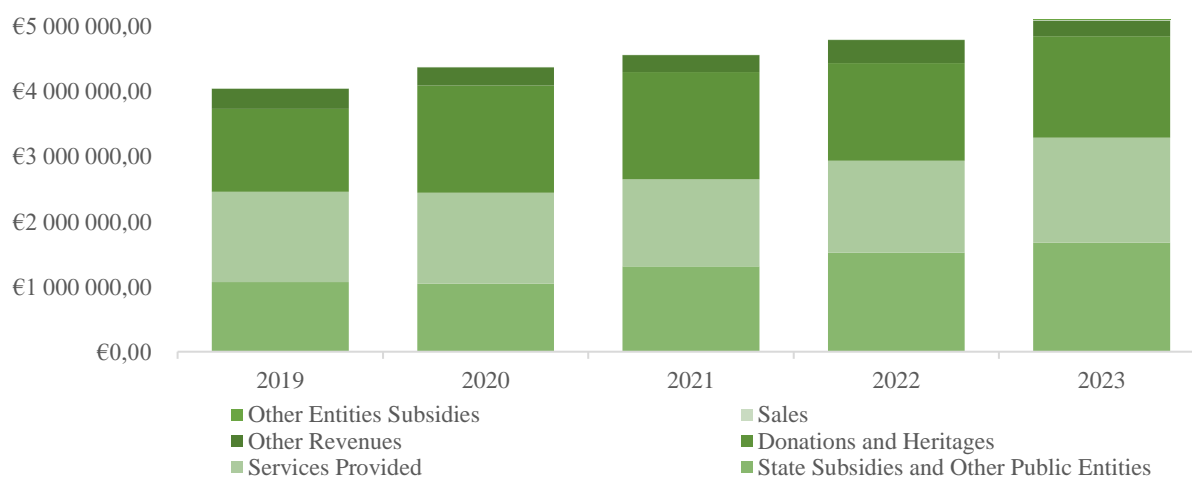
$$\text{Liabilities – to – Equity Ratio} = \frac{\text{Total Liabilities}}{\text{Total Equity}}$$

*Source: Investopedia*

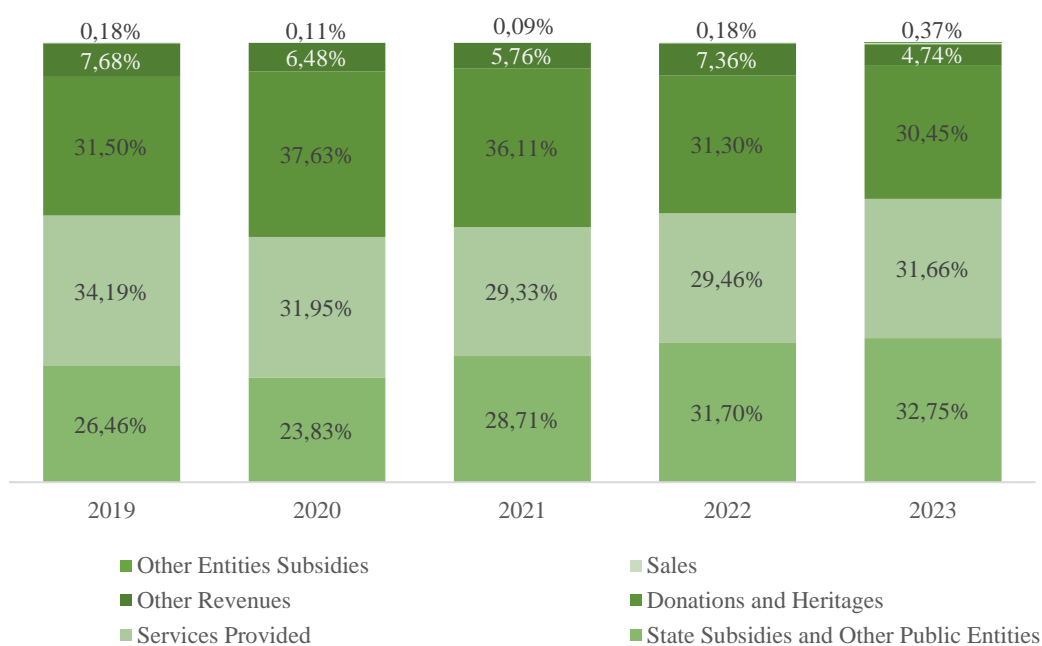
## Appendix 17: Revenues historical evolution and breakdown (2019-2023)

Revenues have been steadily increasing and the main sources comprise State Subsidies and Other Public Entities, Services Provided and Donations and Heritages

### Appendix 17.1: Revenues historical evolution



### Appendix 17.2: Revenues breakdown

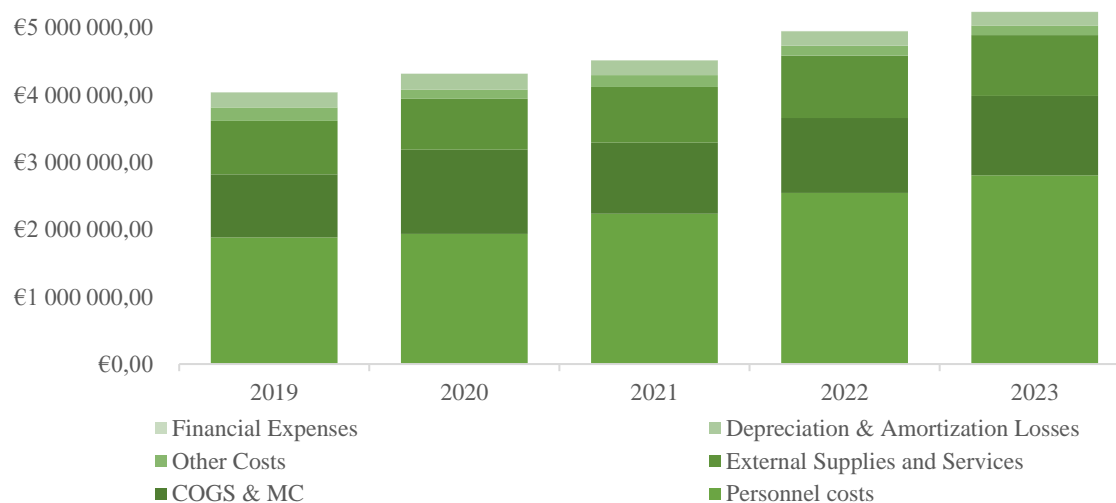


Source: CVPaz Annual Reports

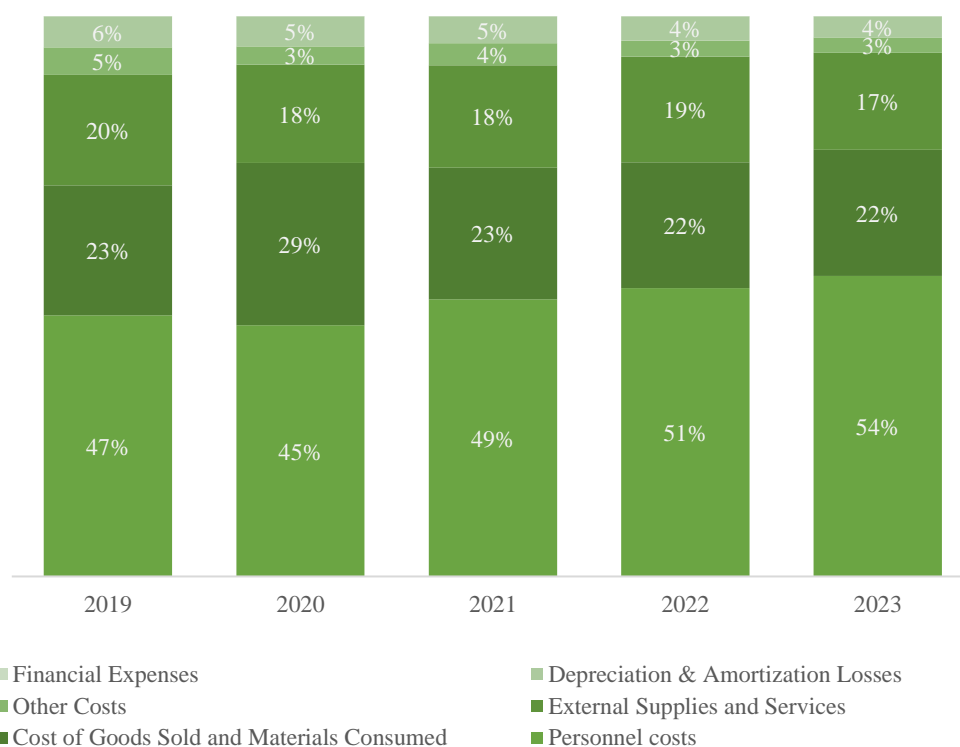
## Appendix 18: Costs historical evolution and breakdown (2019-2023)

Costs have been steadily increasing and the personnel costs represent the highest burden

### Appendix 18.1: Costs historical evolution



### Appendix 18.2: Costs breakdown



Source: CVPaz Annual Reports

## Appendix 19: Benchmark analysis of subsidies' dependence and of the share of personnel costs

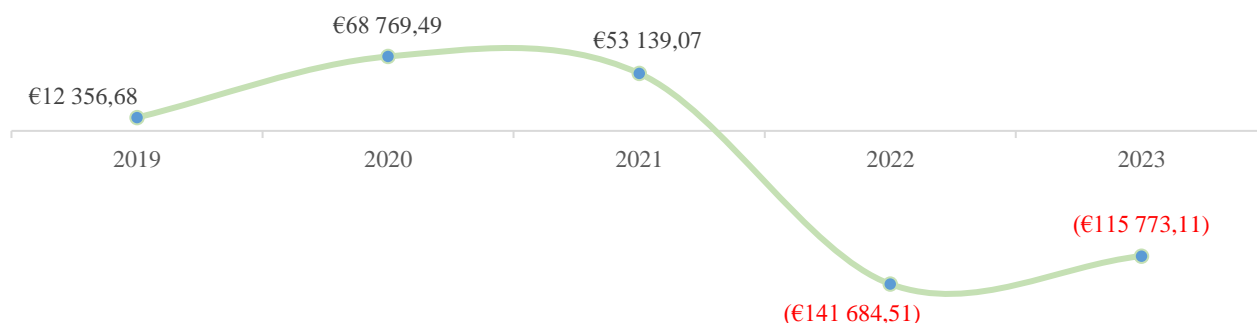
Compared to its peers, CVPaz presents a lower dependence on subsidies but a higher share of personnel costs on total costs

	Subsidies (as a % of revenues)	Personnel Costs (as a % of costs)
<u>Associação CAIS</u>	61,43%	56,59%
<u>AMI</u>	27,95%	38,39%
<u>SCML</u>	0,65%	52,50%
<u>CASA</u>	15,42%	18,71%
<u>Associação Vida Autónoma</u>	64,62%	52,80%
<u>CRESCER</u>	69,06%	44,73%
<u>VITAE</u>	No information	56,14%
<b>Average</b>	<b>39,86%</b>	<b>45,69%</b>

Source: Organizations' Latest Available Annual Reports

## Appendix 20: Net Income historical evolution (2019-2023)

Net Income has presented a volatile evolution, becoming negative in 2022

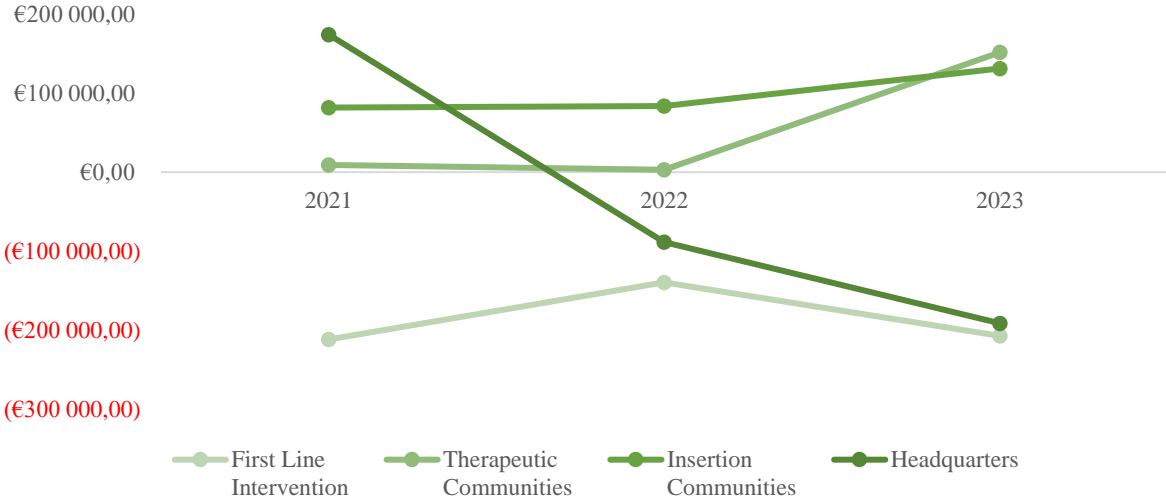


Source: CVPaz Annual Reports

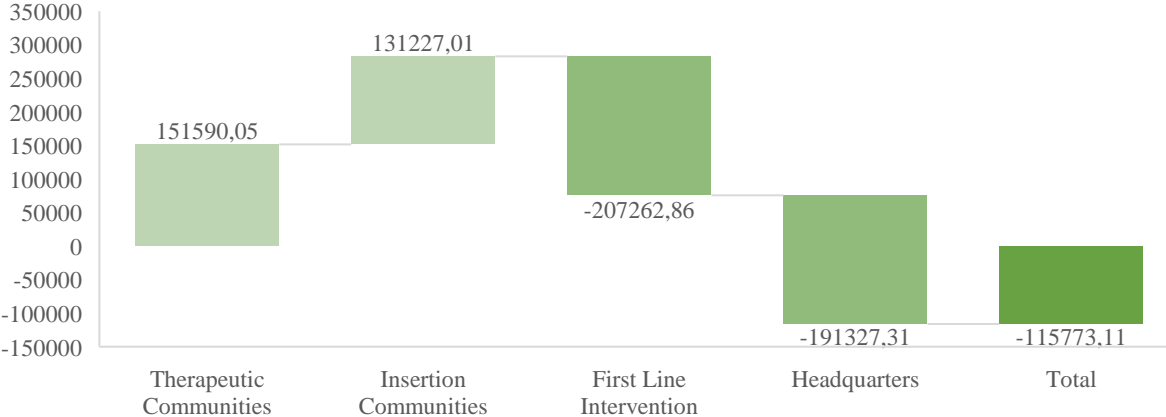
**Appendix 21: Net Income historical evolution and breakdown per area**

*Sede and CIPL are the contributors to the loss displayed since 2022*

**Appendix 21.1: Net Income historical evolution per area**



**Appendix 21.2: Net Income breakdown per area - 2023**



*Source: CVPaz Annual Reports*

## Appendix 22: Restructured Balance Sheet

*CVPaz has presented negative values for both the Net Debt and the NWCR*

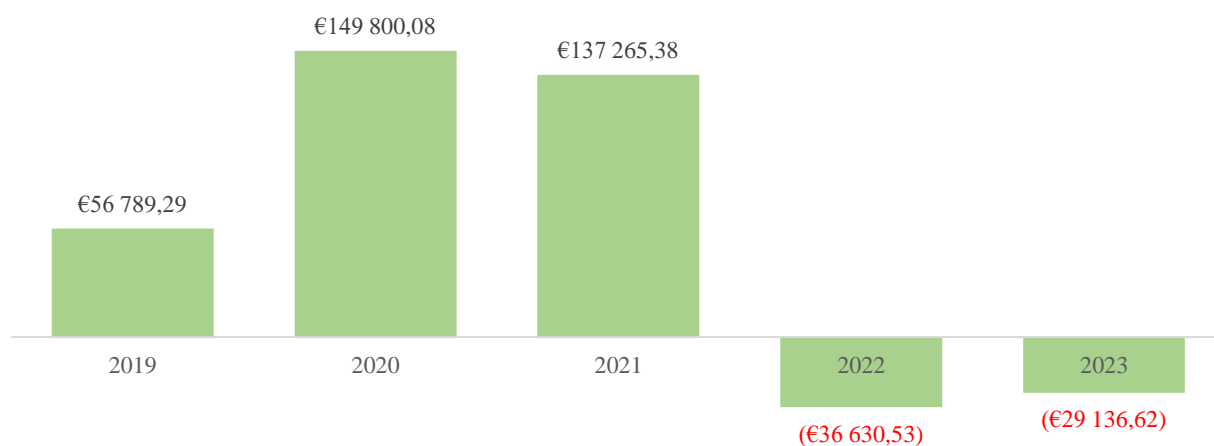
€	2019	2020	2021	2022	2023
<b>Fixed Assets</b>					
Tangible Fixed Assets	1 953 344 €	1 861 342 €	1 817 487 €	1 706 939 €	1 584 401 €
Intangible Assets	18 482 €	0 €	0 €	0 €	3 306 €
Financial Investments	8 744 €	12 445 €	17 218 €	24 717 €	22 695 €
<b>Total Fixed Assets</b>	<b>1 980 570 €</b>	<b>1 873 787 €</b>	<b>1 834 704 €</b>	<b>1 731 656 €</b>	<b>1 610 402 €</b>
<b>NWCR</b>					
<b>Operating Assets</b>					
Inventories	4 080 €	4 073 €	4 046 €	6 560 €	20 487 €
Accounts Receivable/ Customers	110 079 €	105 230 €	119 353 €	102 125 €	172 840 €
State and other public entities	5 959 €	7 247 €	8 208 €	12 585 €	8 600 €
Other Accounts Receivables	110 315 €	52 781 €	57 754 €	183 209 €	234 968 €
Prepaid Expenses	30 024 €	15 041 €	16 328 €	17 905 €	20 204 €
<b>Operating Liabilities</b>					
Accounts Payable/ Suppliers	104 779 €	71 588 €	68 604 €	96 353 €	105 208 €
State and other public entities	58 464 €	57 102 €	65 424 €	78 090 €	74 940 €
Unearned Revenues	135 277 €	359 051 €	142 882 €	84 112 €	129 396 €
Other Accounts Payable	378 456 €	423 359 €	457 745 €	454 993 €	529 740 €
<b>NWCR = Oper. Assets - Oper. Liab.</b>	<b>-416 518 €</b>	<b>-726 729 €</b>	<b>-528 967 €</b>	<b>-391 163 €</b>	<b>-382 186 €</b>
<b>NET DEBT</b>					
<b>Financial Liabilities</b>					
Bank Loans	10 105 €	163 €	853 €	5 253 €	1 959 €
Other Financial Liabilities	0 €	0 €	0 €	0 €	0 €
<b>Financial Assets</b>					
Cash and bank deposits	483 413 €	876 692 €	567 085 €	359 785 €	355 008 €
Other Financial Assets	0 €	0 €	100 000 €	0 €	0 €
<b>Net Debt = Fin. Liab. - Fin. Assets</b>	<b>-473 308 €</b>	<b>-876 529 €</b>	<b>-666 232 €</b>	<b>-354 533 €</b>	<b>-353 049 €</b>
<b>Equity</b>					
Fund	13 128 €	13 128 €	13 128 €	13 128 €	13 128 €
Retained Earnings	248 783 €	261 139 €	329 909 €	383 048 €	324 430 €
Other changes in the endowment funds	1 763 092 €	1 680 550 €	1 575 794 €	1 440 534 €	1 359 481 €
Net results for the period	12 357 €	68 769 €	53 139 €	-141 685 €	-115 773 €
<b>Total Equity</b>	<b>2 037 359 €</b>	<b>2 023 587 €</b>	<b>1 971 970 €</b>	<b>1 695 026 €</b>	<b>1 581 265 €</b>

*Source: CVPaz Annual Reports*

## Appendix 23: NWC, DSO and DPO historical evolution

*The negative NWC observed since 2022 implies that CVPaz's current liabilities surpass its current assets, and DPO are always higher than DSP*

### Appendix 23.1: NWC historical evolution



### Appendix 23.2: DSO and DPO historical evolution

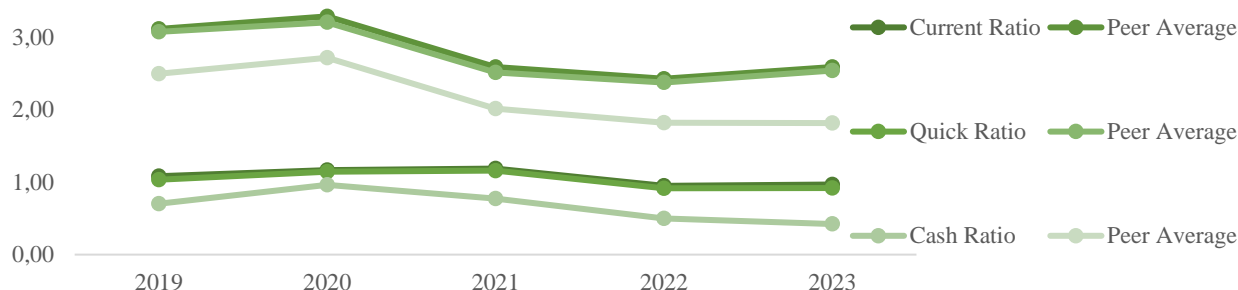
	2019	2020	2021	2022	2023
Days Sales Outstanding (DSO)	47,04	33,43	39,20	59,59	74,01
Days Payables Outstanding (DPO)	82,83	73,34	83,07	80,23	90,56

*Source: CVPaz Annual Reports*

## Appendix 24: Liquidity ratios historical evolution and benchmark analysis

All liquidity ratios have displayed a downward trend, always below the peer average

### Appendix 24.1: Liquidity ratios historical evolution



### Appendix 24.2: Liquidity ratios benchmark analysis

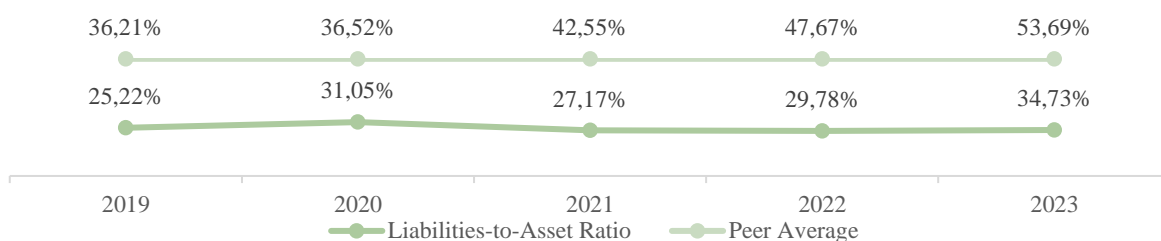
Liquidity Ratios Benchmark analysis	Current Ratio				
	2019	2020	2021	2022	2023
Associação CAIS	3,77	3,13	3,62	3,18	3,93
AMI	3,10	6,19	2,79	3,85	2,79
SCML	4,31	3,51	2,55	1,84	No info.
CASA	4,49	3,80	3,01	4,62	3,36
Associação Vida Autónoma	No info.	No info.	No info.	1,07	1,46
CRESCER	1,09	0,97	0,99	0,87	0,92
VITAE	1,91	2,12	2,56	1,57	3,06
<b>Average</b>	3,11	3,29	2,59	2,43	2,59
	Quick Ratio				
	2019	2020	2021	2022	2023
Associação CAIS	3,75	3,09	3,59	3,15	3,89
AMI	3,01	5,83	2,48	3,68	2,71
SCML	4,29	3,47	2,51	1,79	No info.
CASA	4,40	3,76	2,99	4,52	3,22
Associação Vida Autónoma	No info.	No info.	No info.	1,07	1,46
CRESCER	1,08	0,96	0,99	0,85	0,91
VITAE	1,91	2,11	2,53	1,55	3,06
<b>Average</b>	3,07	3,20	2,51	2,37	2,54
	Cash Ratio				
	2019	2020	2021	2022	2023
Associação CAIS	3,19	2,90	3,34	2,86	3,61
AMI	2,70	5,02	2,29	3,07	2,17
SCML	3,37	2,55	1,57	0,85	No info.
CASA	3,98	3,59	2,08	3,33	2,30
Associação Vida Autónoma	No info.	No info.	No info.	0,93	0,35
CRESCER	0,84	0,95	0,97	0,82	0,88
VITAE	0,88	1,27	1,86	0,87	1,58
<b>Average</b>	2,49	2,71	2,02	1,82	1,81

Sources: CVPaz and Benchmark Organizations' Annual Reports

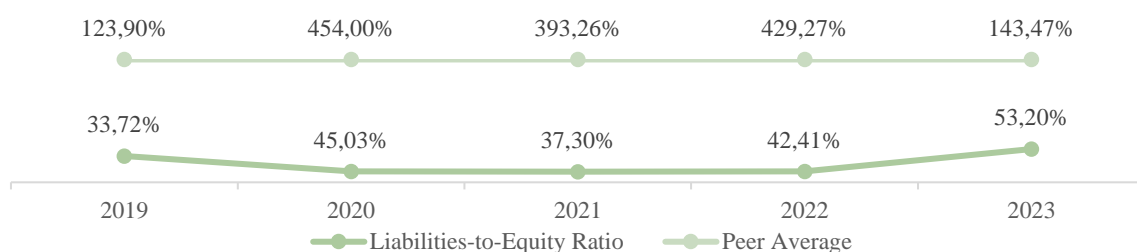
## Appendix 25: Leverage ratios historical evolution and benchmark analysis

All leverage ratios have been below the industry average, indicating a low insolvency risk

### Appendix 25.1: Liability-to-Asset ratios historical evolution



### Appendix 25.2: Liability-to-Equity ratios historical evolution



### Appendix 25.3: Liability-to-Equity and Liability-to-Asset ratios benchmark analysis

#### Liabilities-to-Assets Ratio

Leverage Ratios	Liabilities-to-Assets Ratio				
Benchmark analysis	2019	2020	2021	2022	2023
Associação CAIS	20,07%	25,24%	21,90%	25,59%	19,88%
AMI	43,51%	20,12%	44,88%	30,97%	35,87%
SCML	9,93%	10,57%	10,85%	10,91%	No info.
CASA	9,96%	18,12%	27,04%	24,02%	10,37%
Associação Vida Autónoma	No info.	No Info.	No info.	90,42%	119,29%
CRESCER	85,72%	96,24%	95,57%	94,86%	93,15%
VITAE	48,09%	48,86%	55,07%	56,89%	43,58%
<b>Average</b>	<b>36,21%</b>	<b>36,52%</b>	<b>42,55%</b>	<b>47,67%</b>	<b>53,69%</b>

#### Liabilities-to-Equity Ratio

	2019	2020	2021	2022	2023
Associação CAIS	25,10%	33,76%	28,05%	34,39%	24,81%
AMI	3,32%	4,33%	4,19%	5,27%	5,61%
SCML	11,02%	11,81%	12,17%	12,24%	No info.
CASA	11,06%	22,13%	37,06%	31,61%	11,57%
Associação Vida Autónoma	No Info,	No Info.	No Info.	943,74%	-618,47%
CRESCER	600,27%	2556,42%	2155,51%	1845,68%	1360,09%
VITAE	92,63%	95,54%	122,58%	131,98%	77,23%
<b>Average</b>	<b>123,90%</b>	<b>454,00%</b>	<b>393,26%</b>	<b>429,27%</b>	<b>143,47%</b>

Sources: CVPaz and Benchmark Organizations' Annual Reports

## Appendix 26: SWOT analysis

*CVPaz strengths are important for its success, however the institution should also be aware of the opportunities and threats it faces*

 Strengths	 Weaknesses	 Opportunities	 Threats
<ul style="list-style-type: none"> <li>• <b>Low dependency on subsidies</b> as a revenue source (33% of total revenues against a peer average of 40%)</li> <li>• <b>Negative net debt</b> due to high cash levels</li> <li>• One of the <b>highest ratios of volunteers</b> per person supported in Portugal</li> <li>• <b>Constant search for innovation</b> and help (e.g: identification of the gap and solution search)</li> <li>• Established <b>reputation</b></li> <li>• Really strong <b>first line intervention</b> area, treatment and reinsertion</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Staff expenses</b> represent a relatively large <b>burden on CVPaz's cost structure</b> (54% comparing against the peer average of 46%)</li> <li>• <b>Negative net income</b></li> <li>• <b>Has a low level of self-generated revenues</b> (the sales of occupational activities like therapy work to train the users and enhance their skills have a very <b>low representation</b>)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase <b>self-generated revenues from occupational activities</b></li> <li>• There are still <b>gaps</b> in the market to be covered, meaning that there are <b>still people to be supported</b></li> <li>• <b>Creation of a social business</b>, as organizations can manage business where they employ homeless people</li> <li>• Possibility of <b>gathering know-how</b> by the development of more <b>partnerships</b> with other organizations (such as the one already established with <i>Médicos do Mundo</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>The recent rise of the number of organizations</b> may lead to a scarcer access to funds and subsidies</li> <li>• <b>Possible change of Government policies</b> regarding funding and subsidies</li> <li>• <b>Housing crises and economic downturns may cause a spike in demand</b> that may overwhelm the organizations</li> </ul>

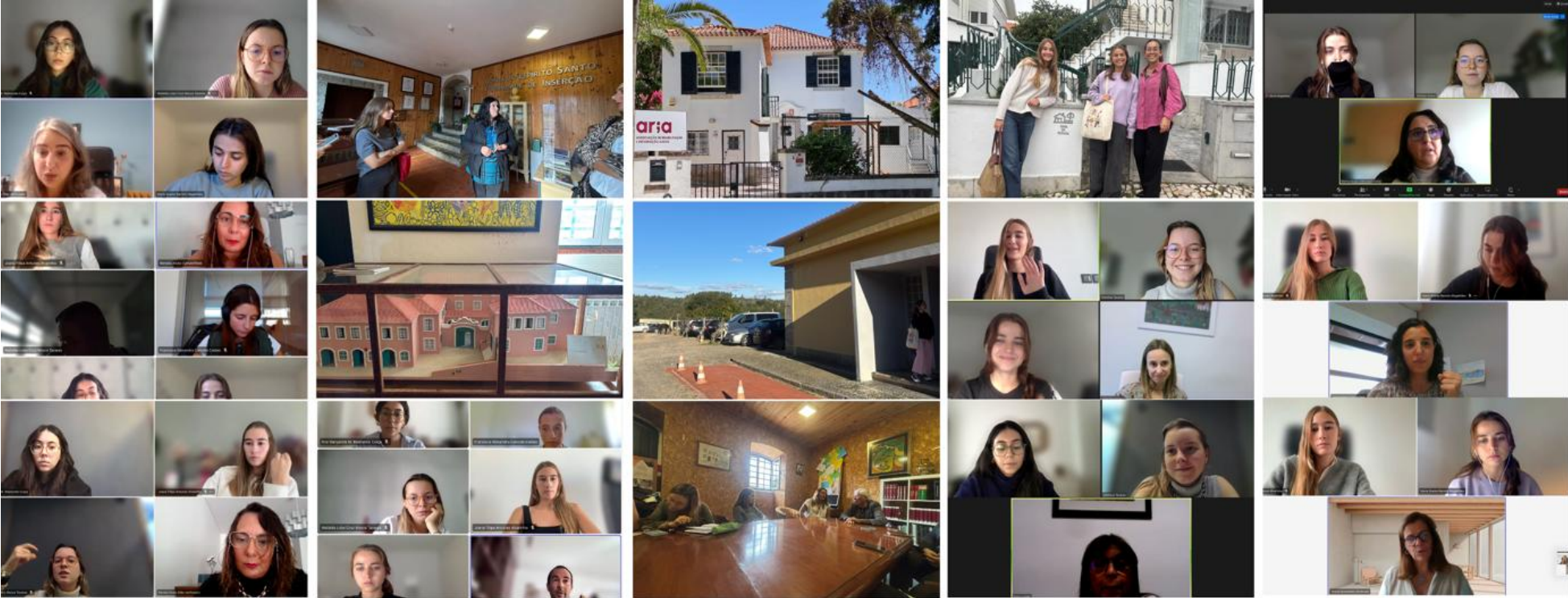
## Appendix 27: Interviews

### Results and conclusions from conducted interviews with 8 different Portuguese institutions

	Government and SS Support	Prises and Funds	Corporate Partners	Donors	Users Contribution	Snoezelen / Sensorial	Therapeutical and Activity Rooms	Medical Equipment	Therapies and Treatments InHouse	Treatments Outsourced	Occupational Activities	Transportation	Canteen
<b>APPACDM</b>	Act as co-payments: €1,400/month for Lar Residencial and around €600/month for CACI	BPI capacitor helped build the snoezelen room	Partnership with the City Council, allowing them to operate rent-free, and universities for interns	Receive support from companies and individuals totaling around €100,000 annually, but it's insufficient	They follow Social Security legislation, which is based on the family income	Heated water mattress with lights, sound, tactile materials, aroma kits, and a musical floor box in a darkened room to stimulate the senses	2 workshop types: assembly work (with 15 companies) and occupational therapy (users create products for a store, assistants ensure quality); users also make Christmas trees for companies	No infirmary or doctors, as it's not required by law	Snoezelen	hydrotherapy and hippotherapy	Professional training, hippotherapy, workshops, sports (golf, swimming, football, etc.), hydrotherapy, museum visits, theater outings, and trips to the City Park	Vans	A centralized kitchen serves the 4 residential homes; it lowers costs but reduces quality
<b>Casa Betânia</b>	Agreement as <i>Lar Residencial para Pessoa com Deficiência</i>	No information	Continente, Banco Alimentar, and SNS	Rely on crowdfunding, members, and benefactors	It is based on the individual income of each user, who contributes a percentage, with a maximum contribution cap of €900	None	No information	No information	Occupational therapy	Psy clinical service is outsourced	Professional coaching, daily tasks, basic education, cinema, gym, arts and crafts, bingo, catholic school, music	Partner with the municipality for trips and the fire department for transporting non-autonomous patients; autonomous patients use the bus	2 separate kitchens, one for each home; not according to current ISS legislations due to being pre-existing
<b>APCC</b>	2 atypical agreements transitioned to CACI. Operates 24 patients above limit, receives over €500/patient	Primarily seek grants for staff training to improve user support and learn new techniques, occasionally using them for service expansion projects	Biggest partner is SNS	No information	Based on the family income or individual pension; each user pays 40% of their income as agreed with Social Security	3 water columns with balls, light-up mat, water mattress, sound and light system, and image projector	Workshops (sewing, weaving, arts, occupational therapy, sculpture, painting) with each user having a schedule to rotate between rooms, limited to 10 users per room	Contracted doctors bring equipment	Nursing, occupational therapy, physiotherapy, psychology, and rehabilitation medicine (neurology, dermatology, nutrition)	None	Music, theater, arts, sculpture, sewing, pottery, and agriculture	A large fleet of vans serves the entire APCC, picking up and dropping off all users	Two cooks and two kitchen assistants
<b>AAJUDE</b>	€1,200/user in Lar Residencial and €600-700/user in CACI (double funding if enrolled in both)	Caixa Social (€25k), BPI (€75k), and an international foundation (€100k+) fund Community Center; PRR (€820k) funds Polo II	Partnerships with City Councils, a padel club for discounts, and the National Institute for Rehabilitation (IRN)	Not significant for operational funding; donations are mostly in the form of gifts during Christmas	Family co-payments are lower than SS agreements, as SS funding covers operations well	Don't have it yet but will include it in Polo II, currently under construction	No information	No infirmary or doctors, as it's not required by law	Physiotherapy, occupational therapy (e.g., gardening), and music therapy	Hippotherapy	Weaving, dramatic expression, swimming, padel, golf, and handicrafts	Transport for activities is included in costs and covered by the institution; transportation between the center and home is covered by caregivers	No information
<b>Barragem</b>	Management agreement + building provided by SS	None	None	Receive clothes from the parish, but it's not enough to meet their needs	Users pay a fee based on income and on if they came via SNS or private	None	None	None	Psychology (6 psychologists; 1 for each 7-9 users)	Hospital and health center appointments managed by users	Users manage the house, rotating tasks like laundry and kitchen, working throughout the day between therapy sessions	One 9-seat van, but once users reach a certain level of autonomy in the rehabilitation program, they are responsible for their own outings	They have a cafeteria, but no cook, as the users cook their own meals
<b>ABRAÇO</b>	Atypical agreement for CAAP; previously had agreements with DGS	No information	Pharmaceutical companies	No information	Family co-payments + user pensions	None	No information	No information	Psychology, dentistry, nutrition, and nursing (for home and residential care)	Psychiatry and clinical treatment	No information	No information	Social Cafeteria
<b>CECD</b>	Financiamento da SS para 2 CACI e Lar Residencial	Various national and international projects, such as Fundação Montepio (donated an adapted van), BPI, INR, and PRR	Tobacco company funded the renovation of the Snoezelen room, universities, municipality office, SNS	Receive donations, the specific amounts were not specified	Family co-payments: CACI is 60% of per capita income, Lar Residencial is 45%, and users in both pay up to 95%	2 rooms (dark and light) with heated water mattress, light effects, fiber optics, water columns, a rocking chair, ball pit, foam, and music	Ceramics and handmade workshops	No information	Psychiatry, psychology, and physiotherapy	General health services through partnerships with the local health center and Casa de Saúde do Telhal	Gardening, ceramics, and handicrafts	Vans	No information
<b>ARIA</b>	4 <i>Foruns Sociais</i> , 2 <i>Residências de Treino de Autonomia</i> , 1 <i>Equipa de Apoio Domiciliário</i>	No information	Partnerships with entities (e.g., DGS, SS, IFP, municipality, hospitals, Fundação La Caixa)	Receive donations, the specific amounts were not specified	Users pay a fee based on income	None	No information	No information	Psychology	No information	No information	No information	No information

**Appendix 28: Pictures**

*Photographs taken during the conducted visits, interviews, and meetings*



## **Appendix 29: Interview Guide**

### *Interview guide used for benchmark purposes*

#### Introduction:

“Thank you for taking the time to participate in this interview. We are conducting a benchmark study about support centers for disabled individuals. We aim to understand the sector best practices and the main challenges of such centers. Thus, your experience will be invaluable to this study. All the information provided will remain confidential and will be used solely for research purposes. The interview should take approximately [estimated time].”

#### 1. About the Organization

- Can you tell us about the mission and core services of your organization?

*The first question is for introductory purposes only, since a research of each organization is conducted before the interview*

#### 2. The most effective approaches to provide residential care, clinical services and daily activities

- What types of accommodation are provided (e.g., shared or individual rooms)?
- Which clinical services are provided in-house?
- Which occupational activities do you offer?
- What kinds of skills training or competency maintenance activities are provided?
- Do you have a Snoezelen room or similar cognitive stimulation activity?
- What is a typical day like for users at the center?
- Which equipment is necessary to provide all the activities offered?
- How is the admission process of users? How much time do they stay at your organization?

#### 3. Financing solutions

- What are the main sources of revenues of the organization (e.g. donations, ISS contributions, partnerships, etc)?
- What type of agreement do you have with Social Security? Is it enough to cover for the operational expenses?
- Are the users of your organization eligible for social pensions? If yes, how much is it charged to each user per month?
- Do you have partnerships with local hospitals or clinics for clinical care?
- Do any of users' activities generate products or services that can be commercialized? If so, how are these processes managed?

#### 4. Resource allocation

- Which and how professionals work at the organization?
- Do you follow the Social Security guidelines or do you employ more than the minimum required in the legislation?

#### 5. Operational challenges

- What are the main challenges faced when managing and working at your organization?
- How do you address these challenges and ensure that the individuals in your care receive consistent and effective support?

#### 6. Best practices and advice

- If you were to create a new center to help non-autonomous, disabled and socially excluded individuals, which advice would you give? What would be your priorities to ensure high-quality and personalized services?

Conclusion:

“Thank you again for your time and insights. The information you’ve shared will be extremely helpful for our project. We appreciate your time and contribution to this research.”

## Appendix 30: Research on comparable institutions

### Appendix 30.1: Research on comparable institutions – analysis

*Findings from descriptive research on institutions comparable to CAPDM divided by the 3 main areas of action the center aims to serve*

Institution	Hospitality	Clinical Services	Daily Activities
<i>Projecto Homem</i>	<i>No information</i>	Treatment for psychoactive substance dependence: general program for illicit substances, specific programs for alcohol and dual diagnoses. External partners offer psychology, psychiatry, social services, general medicine, and nursing	Empowering users for socio-professional and family reintegration; therapeutic, cultural, recreational, and sports activities
<i>San Juan de Dios</i>	24/7 support; Shared rooms	Individualized care plans based on the best scientific evidence, addressing all dimensions of the person with high technical and perceived quality standards. Includes hospital partnerships and social support	In-house training and volunteering for personal and social development, fostering autonomy in daily activities and enabling personal, professional, and entrepreneurial goals
<i>Open Hands Community Care</i>	Mobility and transfer assistance, overnight care, secure customized accommodations, and support for transitioning into stable living arrangements. Modern, fully furnished homes in South-East Queensland (3-4 bedrooms, 2 bathrooms), nutritious meals, and assisted transport services	Support coordination, psychosocial recovery coaching, and community nursing. Services include medication management, well-being checks, wound care, personal care, diabetes management, showering, appointment support, 24-hour nursing, palliative care, rehabilitation, health monitoring, emotional support, and counseling	Community participation and integration, assistive technology support, skill development for independence, educational, recreational, and vocational opportunities, capacity building, and disability employment support
<i>Ability Beyond</i>	Special dietary services;	Promote physical and cognitive health; 24/7 nursing care; psychological and behavioral support; speech, physical, and occupational therapies; palliative and rehabilitative care tailored to individual needs; specialized medical residences; behavioral clinic; wheelchair and podiatry services; telehealth access	Opportunities for social, recreational, and volunteer engagement to build life, soft, and work skills; community involvement activities; programs promoting self-expression, independence, and employability; job coaching, training, and long-term counseling; sports technology education; independent living training
<i>Caritas Care</i>	Staffed 24/7; Stimulating and friendly environment; Diet: healthy foods including preparing and cooking meals; Modern accessible equipment and facilities; Electric profile beds; electric tracking hoists	Individual support plan and identify their main goals; Individual advice and guidance on a wide range of issues; Gives support with personal relationships and friendships; Access to a registered Nurse; Learning about our bodies and how they work; Support people by using a wide range of communication tools; Medical support from a full-time nurse; Music therapy; Sensory stories	Residents help with daily tasks like menu planning and food prep. Activities include gardening, cooking, fishing, and learning life skills such as money management and independent living. The program offers a variety of educational and recreational activities, including drama, dance, science, and art. Residents also explore local areas and participate in outings, with a focus on developing independence, self-confidence, and kindness
<i>Leonard Cheshire</i>	<i>No information</i>	Occupational and physiotherapy; complex medication management; tissue viability; epilepsy management; rehabilitation programs; nursing care; choking and dysphagia prevention; CPAP and enteral feeding; tracheostomy care; positive behavior support	Internal and external activities promoting health and wellbeing; Skill training (budgeting and organizing, cooking, IT skills, decision making, socializing, visiting new places);
<i>Life Without Barriers</i>	Shared housing with other people or on your own with assisted living support; 24/7 support and day-to-day assistance;	Health, communication, and swallowing assessments; psychometric and adaptive evaluations; behavioral analysis and psychological assessments; therapeutic counseling; physiotherapy and psychological therapy. Activities focus on developing mental, physical, and social skills, such as	Using local facilities and services, checking out social activities, going to events, and diving into community life. It's about getting out there, making connections, and trying new things

		problem-solving, meal preparation, and writing, along with group-based development	
<b>March of Dimes</b>	Attendants will provide physical assistance with activities of daily living such as personal grooming, transferring, dressing, bathing, meals, ventilator, tracheotomy services, and more. Provide services in over 42 assisted/supportive living settings across Canada, in addition to private homes and institutions	<i>No information</i>	<i>No information</i>
<b>Look Ahead Care Support and Housing</b>	The level of support varies dependent on people's needs – we can offer everything from 24-hour support to a few hours a day	Psychologically Informed Environments, that take into account the psychological needs of the individuals who live there; Flexible personalised support, treating each person with genuine empathy, care and compassion	<i>No information</i>
<b>Shelter Plus Care</b>	Permanent housing in connection with supportive services; this program has several houses spread across the state of Georgia; Some programs allow residents to prepare their own meals with assistance, while others may offer communal dining facilities	<i>No information</i>	<i>No information</i>
<b>Phoenix Rescue Mission</b>	<i>No Information</i>	Referrals and transportation for medical issues, including detox; Access to necessary medication; Provides a proven path to recovery, wholeness and freedom from addiction; Rr; Marriage and premarital counseling; Case management sessions	Mandatory classroom component for young people; Workforce development, financial literacy, and everyday life skills
<b>CASS (Central Arizona Shelter Services)</b>	Operating 24/7 under the Housing First model	Case management model that delivers different levels of services and support depending on need	<i>No information</i>
<b>Turning Point</b>	Community meals and a recovery lounge for mental health are provided. Homes, typically rented under tenancy agreements, offer long-term living options with individualized care to sustain or improve well-being. Support is available 24/7 on-site or through a hybrid of on-site and visiting services	Drug and alcohol support includes comprehensive assessments, individualized plans, group therapy, and 24/7 medical supervision. Services offer emotional support, evidence-based meetings, CBT, DBT, and MI. One-on-one sessions focus on coping strategies and mental health improvement for those experiencing low mood, depression, anxiety, or stress. Remote therapy connects individuals with skilled counselors	Recreational activities; Holistic activities such as meditation, yoga, and acupuncture to help promote overall well-being; Group activities provide creative and bonding opportunities as well as skills development
<b>Continuum of Care</b>	Provides food, a warm and safe place to sleep, and a range of support services; Basic needs (food, shelter, a bed, a warm shower, laundry, and clothing); 24-hour staffing; Intensive case management; Agency-operated facilities	Staff trained for trauma informed care, verbal de-escalation, and other evidence-based methods; Help with medical health, mental health, financial situation, social connections, and more; mental health treatment and recovery-based programs; Psychoeducational groups; Treatment collaboration with area providers; Screenings for suicide risk, violence, and complete risk assessments and planning when needed; Group therapy; Family therapy	Daily skill building & recreational activities; Individualized & group programming; Focus on health & wellness; Education & vocational supports

<p><b>APPACDM - Coimbra</b></p>	<p>Users can spend between 5 to 7 days a week at the center, depending on the family support they have. Services include assistance with household hygiene, meal support, and laundry care</p>	<p>Personal hygiene and comfort care; assistance with healthcare provision following the guidance of qualified health professionals. Services include psychology, social support, speech therapy, occupational therapy, physiotherapy, hydrotherapy, hydromassage, Snoezelen, music therapy, Soundbeam, hippotherapy, psychomotricity, and sports activities. Individualized support tailored to each person's needs and characteristics; training in various areas such as electrotherapy, mechanotherapy, kinesiotherapy, thermotherapy, hydro-kinesiotherapy, and ADL (Activities of Daily Living) training</p>	<p>Animation and socialization services; academic activities using technology and performing arts; mediation between people with disabilities and employers; adaptation to job functions and workplaces. Includes agriculture, crafts, ceramics, gastronomy, and the production of items for sale, such as seasonal decorations, personalized items (bags, planners), wedding favors, chocolates, jams, liqueurs, biscuits, fruits, and nuts</p>
<p><b>APPDA - Coimbra</b></p>	<p><i>No Information</i></p>	<p><i>No Information</i></p>	<p>Empowerment in autonomy, communication, and interpersonal relationships; Pre-professional training workshops; Preparation and guidance for professional training; Sports activities (adapted swimming, padel, musical band)</p>
<p><b>APCC</b></p>	<p>Provide accommodation that closely resembles, as much as possible, a family environment; Support in the areas of hygiene, nutrition, health maintenance, and personal care; Assistance with domestic management; Support with transportation</p>	<p>Diagnosis and family guidance on prognosis; Encouraging interaction and sharing; Identifying and addressing issues like sensory deficits, developmental disorders, or epilepsy; Preventing and treating secondary conditions (e.g., orthopedic, nutritional, psychiatric); Monitoring health and adjusting therapy plans; Consultations in various specialties (neurology, pediatrics, psychiatry, physiotherapy, speech therapy, etc.); Hospital support for additional needs; Snoezelen therapy</p>	<p>Therapeutic horse riding; Agriculture; Handicrafts; IT; Gardening; Livestock farming; Almalaguês weaving; Cooking; Daily living skills training; Visual arts; Drama; Music; ICT; Toy workshop; Adventure farm; Sports (camping, adapted motor activities, Boccia, walking, physical education, powerchair football, swimming, slalom, tricycling, aquatic adaptation); Vocational development; Sensory development; Socially useful activities (Selective Urban Waste Collection, Urban Cleaning, Gardening Activities, Task Execution for Companies)</p>

*Source: Ability Beyond 2024, APCC 2024, APPACDM-Coimbra 2024, APPDA-Coimbra 2024, Caritas Care 2024, CASS 2024, Continuum of Care 2024, Georgia Department of Community Affairs 2024, Leonard Cheshire 2024, Life Without Barriers 2024, Look Ahead 2024, March of Dimes 2024, Open Hands Community Care 2024, San Juan de Dios 2024, Phoenix Rescue Mission 2024, Projecto Homem 2024, Turning Point 2024*

## **Appendix 30.2: Research on comparable institutions – brief Descriptions**

*Brief summaries of the comparable benchmarked institutions show that, although these are not directly focused on the same persona as CAPDM, the majority offer residential and clinical solutions for disabled and/or homeless people and all aim to tackle social exclusion*

### International Institutions

- *Ability Beyond*: Based in Connecticut and New York, supports individuals with disabilities (individuals 18+ years with Developmental Disabilities, Autism, Brain Injuries, Neurological Disorders and Intellectual Disabilities) by providing comprehensive services. Its offerings include group homes and support living options to foster independence, alongside clinical services such as mental health support, therapy, and health management tailored to individual needs. For daily activities, it focuses on skill-building, employment training, recreational programs, and community engagement opportunities.
- *Leonard Cheshire*: A UK-based organization focused on supporting individuals with disabilities. It provides residential care through accessible housing and supported living arrangements, alongside clinical services like health management, rehabilitation, and therapy; accompanying with intricate medication regimes, tissue viability management, complex epilepsy management, step down and rehabilitation programs, and internal and external activities promoting health and wellbeing. The organization also offers daily activities aimed at enhancing skills, promoting social inclusion, and fostering independence through education, employment support, and recreational programs.
- *Life Without Barriers*: This Australian organization supports individuals with disabilities, children and families in crisis, older adults, and people facing social disadvantage. It offers residential services, including supported independent living and group homes, along with clinical

services such as therapy, mental health support, and specialized health care. Daily activities focus on skill development, community engagement, education, and recreational opportunities to promote independence and well-being.

- *Look Ahead Care Support and Housing*: Based in the UK, supports individuals with complex needs, including those experiencing homelessness, mental health challenges, learning disabilities, and domestic abuse survivors. It offers supported housing and accommodation services, alongside clinical support such as mental health care, addiction recovery, and behavioral therapy. Daily activities focus on life skills development, education, employment support, and community integration to promote independence and stability.
- *March of Dimes*: Based in Canada, focuses on supporting individuals with disabilities and those recovering from strokes or acquired brain injuries. It provides residential services, including accessible housing and assisted living, along with clinical services such as rehabilitation, therapy, and health management. Daily activities emphasize skill-building, vocational training, recreational opportunities, and community engagement to enhance independence and quality of life.
- *Open Hands Community Care*: From the UK, focuses on supporting individuals with disabilities, mental health challenges, and those facing social exclusion. The organization offers residential services, including supported living arrangements and care homes, as well as clinical services such as mental health support, therapy, and personal care. Daily activities include skill development, educational programs, employment support, and recreational opportunities, all aimed at promoting independence, inclusion, and overall well-being.
- *San Juan de Dios*: This international organization has a strong presence in Spain and Latin America. It focuses on supporting individuals with disabilities, mental health challenges, and those in vulnerable situations such as homelessness. The organization offers residential services

including long-term care homes and supported living options. Clinical services encompass medical care, rehabilitation, therapy, and mental health support. Daily activities provided by San Juan de Dios include skill-building programs, social inclusion initiatives, vocational training, and recreational activities to promote independence and improve quality of life for its residents.

- *Phoenix Rescue Mission*: From Arizona, USA, this organization primarily targets individuals experiencing homelessness, addiction, and those in need of rehabilitation. The organization provides emergency shelter, transitional housing, and long-term recovery programs. Its clinical services include addiction recovery, mental health support, medical care, and life skills training. Daily activities focus on personal development, vocational training, spiritual support, and community engagement, aimed at helping individuals regain independence and reintegrate society.
- *Turning Point*: Based in the UK, supports individuals experiencing homelessness, mental health challenges, substance abuse, and those in need of rehabilitation. The organization offers a range of residential services, including supported housing and rehabilitation centers. Clinical services focus on mental health treatment, addiction recovery, therapy, and general healthcare. Daily activities provided include life skills development, employment support, social inclusion programs, and recreational opportunities, all designed to foster independence, recovery, and community integration.

#### Portuguese Institutions

- *APCC*: Born in Coimbra, supports individuals with intellectual disabilities and developmental disorders. The organization provides residential services, including group homes and supported living options tailored to the needs of its residents. Clinical services offered include specialized therapies, psychological support, and health management. Daily activities focus on skill development, education, vocational training, and

recreational programs, aiming to enhance independence, social inclusion, and the overall well-being of individuals with disabilities.

- *APPACDM-Coimbra*: This is a branch from the Portuguese organization APPACDM located in the region of Coimbra. It is dedicated to supporting individuals with intellectual disabilities and developmental disorders. The organization offers residential services, including group homes and supported living, designed to provide a safe and nurturing environment. Clinical services include specialized therapies, psychological support, and medical care. Daily activities focus on promoting independence and personal development through educational programs, vocational training, social integration, and recreational activities, ensuring that individuals with disabilities have the opportunity to participate fully in society.
- *APPDA-Coimbra*: Also from Coimbra, this center focuses on supporting individuals with autism spectrum disorders (ASD). The organization provides residential services, including supported living options, to ensure a stable and secure environment for individuals with ASD. Clinical services offered include specialized therapies, psychological support, and individualized interventions to address the specific needs of each person. Daily activities at APPDA-Coimbra emphasize social skills development, education, vocational training, and recreational programs to enhance independence, social inclusion, and quality of life for individuals with autism.
- *Casa de Betânia*: Based in Queijas, Lisboa, this care home supports individuals with mental health challenges, particularly those dealing with light to medium mental disabilities. The organization offers residential services, including housing for individuals who need a structured and supportive environment. Clinical services provided by Casa de Betânia include psychological support, therapy, and mental health treatment. Daily activities focus on personal development, skill-building, vocational training, and recreational programs, aiming to foster independence,

emotional well-being, and social integration for its residents.

- *Projecto Homem*: Based in Braga, it focuses on supporting individuals struggling with addiction, particularly those facing substance abuse and related challenges. The organization offers residential services, including detoxification centers and long-term rehabilitation programs, to help individuals recover in a safe environment. Clinical services include addiction recovery treatment, mental health support, therapy, and counseling. Daily activities focus on personal development, life skills training, vocational support, and social reintegration programs to help individuals rebuild their lives and achieve long-term recovery and independence.

*Source: Ability Beyond 2024, APCC 2024, APPACDM-Coimbra 2024, APPDA-Coimbra 2024, Casa de Betânia 2024, Leonard Cheshire 2024, Life Without Barriers 2024, Look Ahead 2024, March of Dimes 2024, Open Hands Community Care 2024, San Juan de Dios 2024, Phoenix Rescue Mission 2024, Projecto Homem 2024, Turning Point 2024*

## Appendix 31: Benchmarked Staff Ratios

Staff ratios from institutions interviewed show a balance between complying with their ISS settlement obligations, and the specific needs of support of their center's resident population

	<i>Casa Betânia</i>	<i>AAJUDE</i>	<i>Projecto Homem</i>	<i>APCC</i>	<i>A Barragem</i>	<i>ARIA</i>	<i>CECD</i>	<i>APPACDM - Porto</i>
<b>General Practitioner</b>	Outsourced	6h/month	1	-	-	-	-	-
<b>Psychiatrist</b>	Outsourced	-	1	1 day/week	1 day/week	-	1 day/week	-
<b>Psychologist</b>	1	1	9	2	6	1	2	-
<b>Physiotherapist</b>	Outsourced	12h/week	-	4	-	-	2	-
<b>Psychomotricity Technician</b>	Outsourced	-	-	-	-	-	-	2
<b>Nurse</b>	Outsourced	-	3	2	Outsourced	-	-	-
<b>Cook</b>	2	1	1	2	Users cook	-	No information	At headquarters
<b>Kitchen Assistant</b>	-	1	-	2	-	-	No information	At headquarters
<b>General Services Assistant</b>	8	2,5	No information	No information	3	-	No information	13
<b>Administrative Officer</b>	-	-	No information	No information	No information	-	-	-
<b>Receptionist</b>	-	-	No information	No information	-	-	-	-
<b>Driver</b>	-	-	No information	No information	-	-	-	-
<b>Technical Director</b>	1	1	No information	No information	No information	1	1	1
<b>Psychosocial Rehabilitation Technician</b>	5	-	4	-	-	2	3	-
<b>Direct Action Assistant</b>	8	7	No information	1/10 users	2	1	No information	-
<b>Direct Action Assistant - Weekend and Holiday</b>	No information	1	No information	No information	1(+ psychologist on standby)	-	No information	-
<b>Workshop Manager</b>	Volunteers	1	8	1/10 users	-	-	-	-
<b>Occupational Therapist</b>	-	1	No information	3	-	-	4	-
<b>Sociocultural Entertainer</b>	1	-	1	-	-	1	-	1
<b>Users</b>	22	54	114	204	42	No information	176	33

## Appendix 32: Equipment costs per area

*Besides transport, the divisions which imply higher unit costs are the living room, kitchen, medical office and personnel room*

### Equipment Cost per area - 2026

Area	Total Cost	Cost Per Area
Bedrooms and their hallways	20 625,38 €	763,90 €
Transport	15 613,65 €	15 613,65 €
Bathrooms with shower unit	9 194,13 €	340,52 €
Living Room	8 473,00 €	8 473,00 €
Kitchen	7 995,06 €	7 995,06 €
Medical Office	6 387,02 €	6 387,02 €
Personnel Room	5 115,03 €	5 115,03 €
Laundry Room	4 135,29 €	4 135,29 €
Canteen	3 962,74 €	3 962,74 €
Cold Cabinet	3 342,36 €	3 342,36 €
Personnel Balneary	3 077,66 €	3 077,66 €
Pantry	2 523,10 €	2 523,10 €
Lighting	1 871,56 €	1 871,56 €
Offices	1 789,15 €	596,38 €
Meeting Room	1 289,89 €	1 289,89 €
Disabled Bathroom	1 189,14 €	1 189,14 €
Therapeutic Room 2	1 079,25 €	1 079,25 €
Bathrooms without shower unit	896,86 €	298,95 €
Fire Security	814,11 €	814,11 €
Infirmary	777,56 €	777,56 €
Storage Room	744,04 €	744,04 €
Reception	674,31 €	674,31 €
Atelier	636,00 €	636,00 €
Gym	592,28 €	592,28 €
Therapeutic Room 1	443,43 €	443,43 €
Self Service Pantry	428,83 €	428,83 €
Dirty Pantry	292,49 €	292,49 €
Dumpsters Area	183,16 €	183,16 €
Gas	52,05 €	52,05 €
Total - Lower bound	104 198,50 €	0,00 €
Total - Upper bound	119 812,15 €	0,00 €

## Appendix 33: Items list and cost per division

*Different stores were chosen to provide a low-cost budget, while assuring the quality of items through online reviews, nevertheless, electronic items and machinery tend to be more expensive*

Division cost and items list		Unitary price		Number of units	Total Cost		Source
Area	Item	2024	2026		2024	2026	
Cold Cabinet	Freezer	499,00 €	519,41 €	1	499,00 €	519,41 €	FORMIFRI
Cold Cabinet	Fridge	1 356,00 €	1 411,47 €	2	2 712,00 €	2 822,95 €	GGM Castro
Atelier	Chairs	25,00 €	26,02 €	16	400,00 €	416,36 €	IKEA
Atelier	Tables	39,00 €	40,60 €	4	156,00 €	162,38 €	IKEA
Atelier	Shelves	55,00 €	57,25 €	1	55,00 €	57,25 €	IKEA
Personnel Balneary	Shower Faucet	17,49 €	18,21 €	2	34,98 €	36,41 €	LEROY MERLIN
Personnel Balneary	Faucet	11,99 €	12,48 €	2	23,98 €	24,96 €	LEROY MERLIN
Personnel Balneary	Bench with Hangers	609,00 €	633,91 €	4	2 436,00 €	2 535,66 €	LEROY MERLIN
Personnel Balneary	Shower	34,99 €	36,42 €	2	69,98 €	72,84 €	LEROY MERLIN
Personnel Balneary	Sink	45,99 €	47,87 €	2	91,98 €	95,74 €	LEROY MERLIN
Personnel Balneary	Mirror	30,89 €	32,15 €	2	61,78 €	64,31 €	LEROY MERLIN
Personnel Balneary	Toilet	119,00 €	123,87 €	2	238,00 €	247,74 €	LEROY MERLIN
Bedrooms and their hallways	Bed Side Lamps	3,99 €	4,15 €	54	215,46 €	224,27 €	IKEA
Bedrooms and their hallways	Bed side tables	39,00 €	40,60 €	54	2 106,00 €	2 192,16 €	IKEA
Bedrooms and their hallways	Beds	79,00 €	82,23 €	54	4 266,00 €	4 440,52 €	IKEA
Bedrooms and their hallways	Mattress	79,00 €	82,23 €	54	4 266,00 €	4 440,52 €	IKEA
Bedrooms and their hallways	Mirror	18,00 €	18,74 €	27	486,00 €	505,88 €	IKEA
Bedrooms and their hallways	Bottom Sheet	3,99 €	4,15 €	108	430,92 €	448,55 €	IKEA
Bedrooms and their hallways	Upper Sheet	7,99 €	8,32 €	108	862,92 €	898,22 €	IKEA
Bedrooms and their hallways	Mattress Protector	3,99 €	4,15 €	54	215,46 €	224,27 €	IKEA
Bedrooms and their hallways	Duvet	15,00 €	15,61 €	108	1 620,00 €	1 686,27 €	IKEA
Bedrooms and their hallways	Wardrobes	99,00 €	103,05 €	54	5 346,00 €	5 564,70 €	IKEA
Canteen	Chairs	45,00 €	46,84 €	69	3 105,00 €	3 232,03 €	IKEA
Canteen	Tables for 4 People	39,00 €	40,60 €	18	702,00 €	730,72 €	IKEA
Self Service Pantry	Self Service Dishes Cou	205,99 €	214,42 €	2	411,98 €	428,83 €	GGM Castro
Dirty Pantry	Dirty Dishes Area	280,99 €	292,49 €	1	280,99 €	292,49 €	GGM Castro
Pantry	Dishes Cabinet	791,99 €	824,39 €	2	1 583,98 €	1 648,78 €	GGM Castro
Pantry	Food Shelves	209,99 €	218,58 €	4	839,96 €	874,32 €	GGM Castro
Medical Office	Chair	15,00 €	15,61 €	1	15,00 €	15,61 €	IKEA
Medical Office	Desk Chair	59,00 €	61,41 €	1	59,00 €	61,41 €	IKEA
Medical Office	Table	90,00 €	93,68 €	1	90,00 €	93,68 €	IKEA
Medical Office	Cabinets	52,85 €	55,01 €	2	105,70 €	110,02 €	MAKRO
Medical Office	Computer	139,00 €	144,69 €	1	139,00 €	144,69 €	WORTEN
Medical Office	Adjustable Bed	419,00 €	436,14 €	1	419,00 €	436,14 €	Gerialife
Medical Office	Mattress	205,00 €	213,39 €	1	205,00 €	213,39 €	Gerialife
Medical Office	Medicine Refrigerator	1 890,00 €	1 967,32 €	1	1 890,00 €	1 967,32 €	Avei Médica
Medical Office	blood pressure monitor	17,99 €	18,73 €	3	53,97 €	56,18 €	Worten
Medical Office	Stethoscopes	9,95 €	10,36 €	3	29,85 €	31,07 €	Avei Médica
Medical Office	Thermometers	4,49 €	4,67 €	3	13,47 €	14,02 €	Wells
Medical Office	Foil blankets	1,89 €	1,97 €	3	5,67 €	5,90 €	Quirumed
Medical Office	Oximeter	29,99 €	31,22 €	3	89,97 €	93,65 €	Wells
Medical Office	Tweezer	4,76 €	4,95 €	3	14,28 €	14,86 €	A Farmácia Online
Medical Office	Hypodermic needles (10)	2,50 €	2,60 €	3	7,50 €	7,81 €	PMH
Medical Office	Scissors	9,00 €	9,37 €	3	27,00 €	28,10 €	Avei Médica
Medical Office	Defibrillation	2 458,77 €	2 559,36 €	1	2 458,77 €	2 559,36 €	Desfibrilhador Shop
Medical Office	Ophthalmoscopes	116,99 €	121,78 €	3	350,97 €	365,33 €	Quirumed
Medical Office	Otosopes	53,95 €	56,16 €	3	161,85 €	168,47 €	Quirumed
Infirmary	Chair	15,00 €	15,61 €	1	15,00 €	15,61 €	IKEA
Infirmary	Desk Chair	59,00 €	61,41 €	1	59,00 €	61,41 €	IKEA
Infirmary	Table	90,00 €	93,68 €	1	90,00 €	93,68 €	IKEA
Infirmary	Examination Tables	222,00 €	231,08 €	2	444,00 €	462,16 €	RICARDO E VAZ
Infirmary	Computer	139,00 €	144,69 €	1	139,00 €	144,69 €	WORTEN
Offices	Desk Chair	59,00 €	61,41 €	3	177,00 €	184,24 €	IKEA
Offices	Chairs	55,00 €	57,25 €	6	330,00 €	343,50 €	IKEA
Offices	Computers	139,00 €	144,69 €	3	417,00 €	434,06 €	WORTEN
Offices	Shelves	24,00 €	24,98 €	3	72,00 €	74,95 €	IKEA
Offices	Printer	275,83 €	287,11 €	1	275,83 €	287,11 €	WORTEN
Offices	Desk	149,00 €	155,10 €	3	447,00 €	465,29 €	IKEA
Disabled Bathroom	Disability Toilet Bar	262,91 €	273,67 €	2	525,82 €	547,33 €	Cipriano Antunes
Disabled Bathroom	Flush Toilet	115,68 €	120,41 €	1	115,68 €	120,41 €	Cipriano Antunes
Disabled Bathroom	Disability Toilet	213,03 €	221,75 €	1	213,03 €	221,75 €	Cipriano Antunes
Disabled Bathroom	Disability Sink	144,57 €	150,48 €	1	144,57 €	150,48 €	Cipriano Antunes
Disabled Bathroom	Adjustable Bath Seat for	48,31 €	50,29 €	1	48,31 €	50,29 €	LEROY MERLIN
Disabled Bathroom	Bathtub	94,99 €	98,88 €	1	94,99 €	98,88 €	LEROY MERLIN
Bathrooms with shower Unit	Shower Faucet	17,49 €	18,21 €	27	472,23 €	491,55 €	LEROY MERLIN
Bathrooms with shower Unit	Shower	34,99 €	36,42 €	27	944,73 €	983,38 €	LEROY MERLIN
Bathrooms with shower Unit	Bidet	66,79 €	69,52 €	27	1 803,33 €	1 877,10 €	LEROY MERLIN
Bathrooms with shower Unit	Faucet	11,99 €	12,48 €	27	323,73 €	336,97 €	LEROY MERLIN
Bathrooms with shower Unit	Sink	45,99 €	47,87 €	27	1 241,73 €	1 292,53 €	LEROY MERLIN
Bathrooms with shower Unit	Mirror	30,89 €	32,15 €	27	834,03 €	868,15 €	LEROY MERLIN
Bathrooms with shower Unit	Toilet	119,00 €	123,87 €	27	3 213,00 €	3 344,44 €	LEROY MERLIN
Bathrooms without shower unit	Faucet	11,99 €	12,48 €	3	35,97 €	37,44 €	LEROY MERLIN
Bathrooms without shower unit	Sink	45,99 €	47,87 €	3	137,97 €	143,61 €	LEROY MERLIN
Bathrooms without shower unit	Mirror	30,89 €	32,15 €	3	92,67 €	96,46 €	LEROY MERLIN
Bathrooms without shower unit	Toilet	119,00 €	123,87 €	5	595,00 €	619,34 €	LEROY MERLIN

Division cost and items list		Unitary price		Number of units	Total Cost		Source
Area	Item	2024	2026		2024	2026	
Kitchen	Cabinets	498,99 €	519,40 €	1	498,99 €	519,40 €	GGM Castro
Kitchen	Fish Preparation Area	393,99 €	410,11 €	1	393,99 €	410,11 €	GGM Castro
Kitchen	Meat Preparation Area	393,99 €	410,11 €	1	393,99 €	410,11 €	GGM Castro
Kitchen	Faucets	123,99 €	129,06 €	2	247,98 €	258,12 €	GGM Castro
Kitchen	Countertop	469,99 €	489,22 €	1	469,99 €	489,22 €	GGM Castro
Kitchen	Dishwasher	1 090,99 €	1 135,62 €	2	2 181,98 €	2 271,24 €	GGM Castro
Kitchen	Extractor Fan	515,99 €	537,10 €	1	515,99 €	537,10 €	GGM Castro
Kitchen	Oven	394,99 €	411,15 €	2	789,98 €	822,30 €	GGM Castro
Kitchen	Stove	981,99 €	1 022,16 €	1	981,99 €	1 022,16 €	GGM Castro
Kitchen	Sink	396,99 €	413,23 €	2	793,98 €	826,46 €	GGM Castro
Kitchen	Preparation Area	205,99 €	214,42 €	2	411,98 €	428,83 €	GGM Castro
Laundry Room	Drying Machine	989,07 €	1 029,53 €	1	989,07 €	1 029,53 €	LG
Laundry Room	Iron	23,99 €	24,97 €	1	23,99 €	24,97 €	WORTEN
Laundry Room	Sewing Machine	158,70 €	165,19 €	1	158,70 €	165,19 €	WORTEN
Laundry Room	Table	25,00 €	26,02 €	1	25,00 €	26,02 €	IKEA
Laundry Room	Cabinets	79,00 €	82,23 €	2	158,00 €	164,46 €	IKEA
Laundry Room	Shelves	174,50 €	181,64 €	2	349,00 €	363,28 €	IKEA
Laundry Room	Ironing Board	20,00 €	20,82 €	1	20,00 €	20,82 €	CONTINENTE
Laundry Room	Dirty Laundry Basket	17,00 €	17,70 €	3	51,00 €	53,09 €	IKEA
Laundry Room	Washing Machine	1 099,00 €	1 143,96 €	2	2 198,00 €	2 287,92 €	LG
Living Room	Arm Chair	100,00 €	104,09 €	26	2 600,00 €	2 706,37 €	IKEA
Living Room	Chairs	25,00 €	26,02 €	28	700,00 €	728,64 €	IKEA
Living Room	Sofa	829,00 €	862,91 €	5	4 145,00 €	4 314,57 €	IKEA
Living Room	Table (4 to 6 people)	39,00 €	40,60 €	5	195,00 €	202,98 €	IKEA
Living Room	TV	499,99 €	520,44 €	1	499,99 €	520,44 €	WORTEN
Dumpsters Area	Bin	43,99 €	45,79 €	4	175,96 €	183,16 €	BERRIO
Meeting Room	TV	399,99 €	416,35 €	1	399,99 €	416,35 €	WORTEN
Meeting Room	Chairs	25,00 €	26,02 €	8	200,00 €	208,18 €	IKEA
Meeting Room	Table	639,20 €	665,35 €	1	639,20 €	665,35 €	LAREDOUTE
Reception	Telephone	26,99 €	28,09 €	2	53,98 €	56,19 €	WORTEN
Reception	Computers	139,00 €	144,69 €	1	139,00 €	144,69 €	WORTEN
Reception	Desk Chair	59,00 €	61,41 €	1	59,00 €	61,41 €	IKEA
Reception	Printer	275,83 €	287,11 €	1	275,83 €	287,11 €	WORTEN
Reception	Chairs	15,00 €	15,61 €	2	30,00 €	31,23 €	WORTEN
Reception	Table	90,00 €	93,68 €	1	90,00 €	93,68 €	IKEA
Storage Room	Archive Cabinet	295,40 €	307,48 €	2	590,80 €	614,97 €	RICARDO E VAZ
Storage Room	Storage Box	6,00 €	6,25 €	4	24,00 €	24,98 €	IKEA
Storage Room	Shelves	50,00 €	52,05 €	2	100,00 €	104,09 €	IKEA
Gym	Bycicle	96,80 €	100,76 €	1	96,80 €	100,76 €	DECATHLON
Gym	Rugs	21,90 €	22,80 €	8	175,20 €	182,37 €	DECATHLON
Gym	Pillates Bowl	24,00 €	24,98 €	2	48,00 €	49,96 €	DECATHLON
Gym	Treadmill	249,00 €	259,19 €	1	249,00 €	259,19 €	WORTEN
Personnel Room	6 Lockers	359,00 €	373,69 €	12	4 308,00 €	4 484,24 €	LERROY MERLIN
Personnel Room	Chairs	25,00 €	26,02 €	10	250,00 €	260,23 €	IKEA
Personnel Room	Sofa	139,00 €	144,69 €	2	278,00 €	289,37 €	IKEA
Personnel Room	Table	39,00 €	40,60 €	2	78,00 €	81,19 €	IKEA
Therapeutic Room 2	BookShelves	55,00 €	57,25 €	1	55,00 €	57,25 €	IKEA
Therapeutic Room 2	Storage Box	3,99 €	4,15 €	4	15,96 €	16,61 €	IKEA
Therapeutic Room 2	Chairs	25,00 €	26,02 €	16	400,00 €	416,36 €	IKEA
Therapeutic Room 2	Tables	39,00 €	40,60 €	4	156,00 €	162,38 €	IKEA
Therapeutic Room 2	Tactile Kit	186,96 €	194,61 €	1	186,96 €	194,61 €	Zensenses
Therapeutic Room 2	Memory Game Tactile	26,99 €	28,09 €	1	26,99 €	28,09 €	Gericare
Therapeutic Room 2	Scent Balls	6,95 €	7,23 €	1	6,95 €	7,23 €	Zensenses
Therapeutic Room 2	Proprioceptive kit	145,00 €	150,93 €	1	145,00 €	150,93 €	Zensenses
Therapeutic Room 2	Mini light domes Pack of	14,99 €	15,60 €	2	29,98 €	31,21 €	Zensenses
Therapeutic Room 2	Organza UV	13,99 €	14,56 €	1	13,99 €	14,56 €	Zensenses
Therapeutic Room 1	Shelves	24,00 €	24,98 €	1	24,00 €	24,98 €	IKEA
Therapeutic Room 1	Chair	55,00 €	57,25 €	1	55,00 €	57,25 €	IKEA
Therapeutic Room 1	Desk Chair	59,00 €	61,41 €	1	59,00 €	61,41 €	IKEA
Therapeutic Room 1	Computer	139,00 €	144,69 €	1	139,00 €	144,69 €	WORTEN
Therapeutic Room 1	Desk	149,00 €	155,10 €	1	149,00 €	155,10 €	IKEA
Fire Security	Independent gas detector	57,95 €	60,32 €	1	57,95 €	60,32 €	Mundo Extintor
Fire Security	Fireproof Blanket	11,68 €	12,16 €	1	11,68 €	12,16 €	Extintores Portugal
Fire Security	ABF Water Fire Extingu	28,29 €	29,45 €	8	226,32 €	235,58 €	A Loja do Extintor
Fire Security	Vistoria	0,22 €	0,23 €	1166,45	256,62 €	267,12 €	Diário da República
Fire Security	Registration of technician	57,39 €	59,74 €	1	57,39 €	59,74 €	ProCiv
Fire Security	Accreditation of entities	114,76 €	119,45 €	1	114,76 €	119,45 €	ProCiv
Fire Security	Registration of SCIE equ	57,39 €	59,74 €	1	57,39 €	59,74 €	ProCiv
Gas	Initial Inspection	50,00 €	52,05 €	1	50,00 €	52,05 €	Compara Já
Lighting	Lamps	7,75 €	8,07 €	232	1 798,00 €	1 871,56 €	Castro Eletrónica
Transport	Vehicle	15 000,00 €	15 613,65 €	1	15 000,00 €	15 613,65 €	
<b>Total</b>							
<b>Lower Bound</b>					100 103,28 €	104 198,50 €	
<b>Upper Bound</b>					115 103,28 €	119 812,15 €	

Source: IKEA, Leroy Merlin, Worten, among others.

## Appendix 34: Lighting required per area

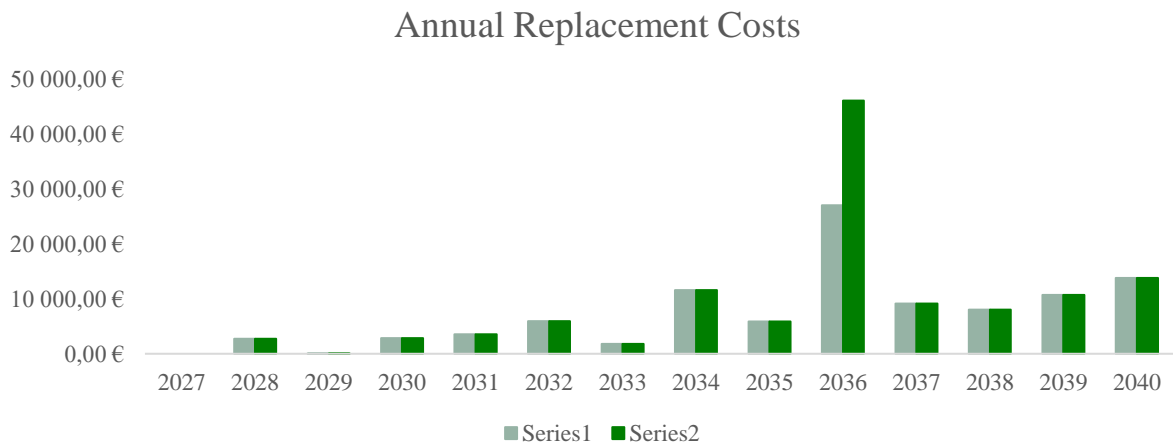
*Lighting required differs across rooms as the intensity of light depends on the precision necessary for the tasks developed in each area*

Areas	sqm	Lux/sqm	Lumens	Lumens per lamp	Nr. of lamps per area	Nr. of areas	Total nr. of lamps
Cold Cabinet	7	100	675	1600	1	1	1
Atelier	23	800	18184	1600	12	1	12
Personnel Balneary	11	200	2280	1600	2	1	2
Bedrooms and their hallway	25	150	3705	1600	3	27	81
Canteen	113	200	22616	1600	15	1	15
Dirty Pantry	8	500	3835	1600	3	1	3
Pantry	13	100	1290	1600	1	1	1
Medical Office	12	500	5950	1600	4	1	4
Offices	12	500	6000	1600	4	3	12
Bathrooms	4	200	800	1600	1	34	34
Kitchen	28	500	14135	1600	9	1	9
Laundry Room	8	300	2362	1600	2	1	2
Living Room	31	400	12460	1600	8	1	8
Dumpsters Area	4	100	416	1600	1	1	1
Meeting Room	12	500	6000	1600	4	1	4
Reception	16	300	4830	1600	4	1	4
Storage Area	4	100	381	1600	1	1	1
Gym	16	400	6299	1600	4	1	4
Personnel Room	16	300	4830	1600	4	1	4
Therapeutic Room 2	13	800	10720	1600	7	1	7
Therapeutic Room 1	13	500	6600	1600	5	1	5
Hallways	31	100	3122	1600	2	1	2
Infirmary	23	500	11410	1600	8	1	8
Self Service Pantry	23	500	11625	1600	8	1	8
<b>Total</b>							<b>232</b>

Source: Gold Energy 2023

## Appendix 35: Annual replacement costs per bound

*Annual replacement costs present a volatile evolution given the different expected lifespan of all items*



## Appendix 36: Expected lifespan of each item

*Useful lives differ between items, based on their utilization and materials' features, e.g., Snoezelen material has a smaller lifespan than bedroom items*

<b>Item</b>	<b>Useful Life (Years)</b>
Adjustable Bed	10
Mattress Adjustable Bed	10
Medicine Refrigerator	13
Blood pressure monitor	3
Stethoscopes	2
Thermometers	6
Foil blankets	5
Oximeters	6
Tweezers	5
Hypodermic needles	5
Scissors	7
Defibrillator	9
Ophthalmoscopes	8
Otoscopes	8
Examination Tables	15
Bycicle	8
Rugs	2
Pillates Bowls	2
Treadmill	8
Shower Faucets	15
Showers	15
Bidets	8
Faucets	20
Sinks	20
Bathroom Mirrors	12
Toilets	15
Disability Toilet Bars	15
Disability Flush Toilet	15
Disability Toilet	15
Disability Sink and Faucet	20
Adjustable Bath Seat for Disabled	7
Bathtub	15
Printers	5
Telephones	7
6 Lockers	20
Bench with Hangers	10
Archive Cabinet	20
Storage Boxes	20
Trash Bins	10
Tactile Kit	2
Memory Game Tactile	2
Scent Balls	2
Proprioceptive kit	2
Mini light domes Pack of 4	2
Organza UV	2
Lamps	6
Vehicle	10

<b>Item</b>	<b>Useful Life (Years)</b>
Bed Side Lamps	20
Bed Side Tables	25
Beds	14
Bottom Sheets	2
Upper Sheets	2
Mattress Protectors	2
Duvets	5
Mattresses	8
Mirrors	20
Wardrobes	20
Arm Chairs	11
Chairs	20
Sofas	11
Tables	25
TVs	5
Freezer	15
Fridge	13
Self Service Dishes Counter	25
Dirty Dishes Area	25
Dishes Cabinet	25
Food Shelves	25
Kitchen Cabinets	20
Fish Preparation Area	20
Meat Preparation Area	20
Kitchen Faucets	20
Countertop	20
Dishwasher	9
Extractor Fan	15
Oven	14
Stove	14
Kitchen Sink	20
Preparation Area	20
Drying Machine	13
Iron	8
Sewing Machine	13
Shelves	20
Ironing Board	20
Dirty Laundry Basket	20
Washing Machine	13
Desk Chairs	7
Desks	25
Cabinets	20
Computers	7

*Sources: Aura Modern Home, Specialty Stainless, Kings Office Furniture, among others.*

### Appendix 37: Summary of annual personnel costs

*Direct Action Assistants and Psychosocial Rehabilitation Technicians represent the largest burden in personnel costs given the large number of staff required*

Monthly base salary per position	2024
<hr/>	
Technical Director	1 269 €
Lower Bound	
Upper Bound	
<hr/>	
Psychosocial Rehabilitation Technician	
Lower Bound	1 020 €
Upper Bound	1 183 €
<hr/>	
Direct Action Assistant	
Lower Bound	727 €
Upper Bound	770 €
<hr/>	
Cook	
Lower Bound	727 €
Upper Bound	770 €
<hr/>	
Kitchen Assistant	
Lower Bound	713 €
Upper Bound	717 €
<hr/>	
General Services Assistant	
Lower Bound	705 €
Upper Bound	709 €
<hr/>	
Administrative Officer	
Lower Bound	727 €
Upper Bound	770 €
<hr/>	
Receptionist	
Lower Bound	713 €
Upper Bound	727 €
<hr/>	
Driver	
Lower Bound	727 €
Upper Bound	737 €
<hr/>	
Workshop Manager	
Lower Bound	752 €
Upper Bound	798 €
<hr/>	
Occupational Therapist	
Lower Bound	1 020 €
Upper Bound	1 183 €
<hr/>	
Sociocultural Entertainer	798 €
Lower Bound	
Upper Bound	
<hr/>	

*Source: Boletim do Trabalho e Emprego 2023*

	<b>Hourly wage</b>	<b>Monthly Base Salary</b>
Salary per position	2024	2024
<b>General Practitioner</b>		
Lower Bound	9,91 €	1 503 €
Upper Bound	11,52 €	1 747 €
<b>Psychiatrist</b>		
Lower Bound	17,99 €	2 729 €
Upper Bound	22,36 €	3 391 €
<b>Nurse</b>		
Lower Bound	8,79 €	1 333 €
Upper Bound	20,54 €	3 115 €
<b>Psychologist</b>		
Lower Bound		1 020 €
Upper Bound		1 183 €
<b>Physiotherapist</b>		
Lower Bound		798 €
Upper Bound		899 €
<b>Psychomotricity Technician</b>		
Lower Bound		1 020 €
Upper Bound		1 183 €

*Source: Simedicos and SEP (2024)*

<b>Total Payroll Costs Per Position - Daily Staff</b>														
	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
Technical Director	26 816 €	28 258 €	29 838 €	31 447 €	33 206 €	35 000 €	36 958 €	38 961 €	41 141 €	43 375 €	45 803 €	48 295 €	50 998 €	53 779 €
Psychosocial Rehabilitation Technician														
Lower Bound	130 430 €	137 371 €	145 048 €	152 794 €	161 336 €	169 979 €	179 483 €	189 128 €	199 705 €	210 467 €	222 239 €	234 247 €	247 351 €	260 749 €
Upper Bound	150 374 €	158 434 €	167 292 €	176 286 €	186 144 €	196 179 €	207 152 €	218 349 €	230 564 €	243 057 €	256 657 €	270 595 €	285 737 €	301 288 €
Direct Action Assistant														
Lower Bound	220 684 €	232 190 €	245 149 €	257 992 €	272 396 €	286 729 €	302 742 €	318 739 €	336 545 €	354 397 €	374 200 €	394 123 €	416 150 €	438 382 €
Upper Bound	232 961 €	245 155 €	258 841 €	272 451 €	287 666 €	302 856 €	319 774 €	336 726 €	355 540 €	374 458 €	395 385 €	416 496 €	439 778 €	463 336 €
Cook														
Lower Bound	15 763 €	16 585 €	17 511 €	18 428 €	19 457 €	20 481 €	21 624 €	22 767 €	24 039 €	25 314 €	26 729 €	28 152 €	29 725 €	31 313 €
Upper Bound	16 640 €	17 511 €	18 489 €	19 461 €	20 548 €	21 633 €	22 841 €	24 052 €	25 396 €	26 747 €	28 242 €	29 750 €	31 413 €	33 095 €
Kitchen Assistant														
Lower Bound	15 478 €	16 283 €	17 192 €	18 092 €	19 102 €	20 106 €	21 228 €	22 349 €	23 597 €	24 848 €	26 236 €	27 631 €	29 176 €	30 733 €
Upper Bound	15 559 €	16 370 €	17 283 €	18 188 €	19 203 €	20 213 €	21 342 €	22 468 €	23 723 €	24 981 €	26 377 €	27 780 €	29 333 €	30 899 €
General Services Assistant														
Lower Bound	107 202 €	112 778 €	119 072 €	125 297 €	132 291 €	139 239 €	147 014 €	154 768 €	163 413 €	172 067 €	181 680 €	191 338 €	202 031 €	212 808 €
Upper Bound	107 773 €	113 381 €	119 709 €	125 969 €	133 002 €	139 989 €	147 806 €	155 605 €	164 297 €	173 000 €	182 666 €	192 379 €	203 130 €	213 968 €
Administrative Officer														
Lower Bound	15 763 €	16 585 €	17 511 €	18 428 €	19 457 €	20 481 €	21 624 €	22 767 €	24 039 €	25 314 €	26 729 €	28 152 €	29 725 €	31 313 €
Upper Bound	16 640 €	17 511 €	18 489 €	19 461 €	20 548 €	21 633 €	22 841 €	24 052 €	25 396 €	26 747 €	28 242 €	29 750 €	31 413 €	33 095 €
Receptionist														
Lower Bound	15 478 €	16 283 €	17 192 €	18 092 €	19 102 €	20 106 €	21 228 €	22 349 €	23 597 €	24 848 €	26 236 €	27 631 €	29 176 €	30 733 €
Upper Bound	15 763 €	16 585 €	17 511 €	18 428 €	19 457 €	20 481 €	21 624 €	22 767 €	24 039 €	25 314 €	26 729 €	28 152 €	29 725 €	31 313 €
Driver	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €	0 €
Workshop Manager														
Lower Bound	113 911 €	119 864 €	126 555 €	133 199 €	140 637 €	148 053 €	156 322 €	164 598 €	173 794 €	183 030 €	193 259 €	203 565 €	214 944 €	226 445 €
Upper Bound	120 477 €	126 798 €	133 879 €	140 934 €	148 805 €	156 679 €	165 432 €	174 219 €	183 955 €	193 760 €	204 590 €	215 533 €	227 582 €	239 792 €
Occupational Therapist														
Lower Bound	21 738 €	22 895 €	24 175 €	25 466 €	26 889 €	28 330 €	29 914 €	31 521 €	33 284 €	35 078 €	37 040 €	39 041 €	41 225 €	43 458 €
Upper Bound	25 062 €	26 406 €	27 882 €	29 381 €	31 024 €	32 697 €	34 525 €	36 392 €	38 427 €	40 509 €	42 776 €	45 099 €	47 623 €	50 215 €
Sociocultural Entertainer	34 422 €	36 228 €	38 251 €	40 267 €	42 516 €	44 765 €	47 266 €	49 777 €	52 558 €	55 360 €	58 454 €	61 581 €	65 023 €	68 512 €
<b>Total</b>														
Lower Bound	717 684 €	755 320 €	797 494 €	839 500 €	886 387 €	933 268 €	985 406 €	1 037 725 €	1 095 713 €	1 154 098 €	1 218 603 €	1 283 756 €	1 355 524 €	1 428 225 €
Upper Bound	762 487 €	802 636 €	847 463 €	892 272 €	942 118 €	992 124 €	1 047 563 €	1 103 367 €	1 165 036 €	1 227 309 €	1 295 920 €	1 365 409 €	1 441 755 €	1 519 293 €
<b>Total Payroll Costs Per Position - Night Staff</b>														
	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
Direct Action Assistant														
Lower Bound	118 224 €	124 387 €	131 330 €	138 210 €	145 926 €	153 605 €	162 183 €	170 753 €	180 292 €	189 856 €	200 464 €	211 137 €	222 938 €	234 848 €
Upper Bound	124 800 €	131 333 €	138 665 €	145 956 €	154 107 €	162 244 €	171 307 €	180 389 €	190 468 €	200 602 €	211 814 €	223 123 €	235 596 €	248 216 €
<b>Total Payroll Costs Per Position - Medical Staff</b>														
	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040 Source
General Practitioner														Sindicato Independente dos Médicos
Lower Bound	2 134 €	2 254 €	2 380 €	2 514 €	2 655 €	2 804 €	2 961 €	3 127 €	3 302 €	3 487 €	3 683 €	3 889 €	4 107 €	4 338 €
Upper Bound	2 481 €	2 620 €	2 767 €	2 922 €	3 086 €	3 259 €	3 441 €	3 634 €	3 838 €	4 053 €	4 281 €	4 521 €	4 774 €	5 042 €
Psychiatrist														
Lower Bound	7 749 €	8 184 €	8 643 €	9 127 €	9 639 €	10 180 €	10 751 €	11 354 €	11 990 €	12 663 €	13 373 €	14 123 €	14 915 €	15 751 €
Upper Bound	9 632 €	10 172 €	10 742 €	11 345 €	11 981 €	12 653 €	13 362 €	14 111 €	14 903 €	15 739 €	16 621 €	17 553 €	18 538 €	19 577 €
Nurse														
Lower Bound	18 933 €	19 995 €	21 116 €	22 300 €	23 551 €	24 872 €	26 267 €	27 740 €	29 295 €	30 938 €	32 673 €	34 505 €	36 440 €	38 484 €
Upper Bound	44 232 €	46 712 €	49 332 €	52 098 €	55 020 €	58 106 €	61 364 €	64 805 €	68 440 €	72 278 €	76 331 €	80 612 €	85 132 €	89 906 €
Psychologist														
Lower Bound	14 484 €	15 296 €	16 154 €	17 060 €	18 016 €	19 027 €	20 094 €	21 221 €	22 411 €	23 667 €	24 995 €	26 396 €	27 877 €	29 440 €
Upper Bound	16 798 €	17 740 €	18 735 €	19 786 €	20 895 €	22 067 €	23 305 €	24 612 €	25 992 €	27 449 €	28 989 €	30 614 €	32 331 €	34 144 €
Physiotherapist														
Lower Bound	11 331 €	11 967 €	12 638 €	13 347 €	14 095 €	14 886 €	15 720 €	16 602 €	17 533 €	18 516 €	19 555 €	20 651 €	21 809 €	23 032 €
Upper Bound	12 766 €	13 481 €	14 237 €	15 036 €	15 879 €	16 770 €	17 710 €	18 703 €	19 752 €	20 860 €	22 030 €	23 265 €	24 570 €	25 947 €
Psychomotricity Technician														
Lower Bound	14 484 €	15 296 €	16 154 €	17 060 €	18 016 €	19 027 €	20 094 €	21 221 €	22 411 €	23 667 €	24 995 €	26 396 €	27 877 €	29 440 €
Upper Bound	16 798 €	17 740 €	18 735 €	19 786 €	20 895 €	22 067 €	23 305 €	24 612 €	25 992 €	27 449 €	28 989 €	30 614 €	32 331 €	34 144 €
<b>Total</b>	<b>0 €</b>	<b>0 €</b>	<b>0 €</b>	<b>0 €</b>	<b>0 €</b>	<b>0 €</b>	<b>0 €</b>	<b>0 €</b>	<b>0 €</b>	<b>0 €</b>	<b>0 €</b>	<b>0 €</b>	<b>0 €</b>	<b>0 €</b>
Lower Bound	69 115 €	72 991 €	77 085 €	81 407 €	85 973 €	90 794 €	95 886 €	101 263 €	106 942 €	112 939 €	119 272 €	125 961 €	133 025 €	140 485 €
Upper Bound	102 706 €	108 466 €	114 548 €	120 972 €	127 756 €	134 921 €	142 487 €	150 478 €	158 916 €	167 828 €	177 240 €	187 180 €	197 676 €	208 762 €

## Appendix 38: Summary of annual food supply costs

The first approach presents a total cost of over €100,000 while the second approach presents a total cost of over €160,000 (in 2027)

### Appendix 38.1: Summary of annual food supply costs – Approach 1

APPROACH 1	# Meals per day	2024		2025		2026		2027		2028	
		Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual
Breakfast	54	0,30 €	5 930,49 €	0,31 €	6 052,07 €	0,31 €	6 173,11 €	0,32 €	6 297,19 €	0,33 €	6 423,76 €
Morning Snack	69	0,19 €	4 509,42 €	0,19 €	4 601,87 €	0,20 €	4 693,90 €	0,20 €	4 788,25 €	0,21 €	4 884,49 €
Lunch	69	1,76 €	41 554,72 €	1,79 €	42 406,59 €	1,83 €	43 254,72 €	1,87 €	44 124,14 €	1,91 €	45 011,04 €
Afternoon snack	69	0,30 €	7 108,47 €	0,31 €	7 254,19 €	0,31 €	7 399,27 €	0,32 €	7 548,00 €	0,33 €	7 699,71 €
Dinner	54	1,76 €	34 668,51 €	1,79 €	35 379,21 €	1,83 €	36 086,80 €	1,87 €	36 812,14 €	1,91 €	37 552,07 €
Supper	54	0,19 €	3 762,15 €	0,19 €	3 839,27 €	0,20 €	3 916,06 €	0,20 €	3 994,77 €	0,21 €	4 075,06 €
<b>Total</b>		4,50 €	97 533,75 €	4,59 €	99 533,20 €	4,69 €	101 523,86 €	4,78 €	103 564,49 €	4,88 €	105 646,14 €

2029		2030		2031		2032		2033		2034	
Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual
0,33 €	6 552,88 €	0,34 €	6 684,59 €	0,35 €	6 818,95 €	0,35 €	6 956,01 €	0,36 €	7 095,83 €	0,37 €	7 238,46 €
0,21 €	4 982,67 €	0,22 €	5 082,82 €	0,22 €	5 184,99 €	0,22 €	5 289,21 €	0,23 €	5 395,52 €	0,23 €	5 503,97 €
1,94 €	45 915,76 €	1,98 €	46 838,67 €	2,02 €	47 780,12 €	2,06 €	48 740,50 €	2,10 €	49 720,19 €	2,15 €	50 719,56 €
0,33 €	7 854,48 €	0,34 €	8 012,35 €	0,35 €	8 173,40 €	0,35 €	8 337,69 €	0,36 €	8 505,28 €	0,37 €	8 676,23 €
1,94 €	38 306,86 €	1,98 €	39 076,83 €	2,02 €	39 862,27 €	2,06 €	40 663,51 €	2,10 €	41 480,84 €	2,15 €	42 314,61 €
0,21 €	4 156,97 €	0,22 €	4 240,53 €	0,22 €	4 325,76 €	0,22 €	4 412,71 €	0,23 €	4 501,40 €	0,23 €	4 591,88 €
4,97 €	107 769,62 €	5,07 €	109 935,79 €	5,18 €	112 145,50 €	5,28 €	114 399,63 €	5,39 €	116 699,06 €	5,49 €	119 044,71 €

2035		2036		2037		2038		2039		2040	
Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual
0,37 €	7 383,95 €	0,38 €	7 532,37 €	0,39 €	7 683,77 €	0,40 €	7 838,21 €	0,41 €	7 995,76 €	0,41 €	8 156,47 €
0,24 €	5 614,60 €	0,24 €	5 727,45 €	0,25 €	5 842,57 €	0,25 €	5 960,01 €	0,26 €	6 079,81 €	0,26 €	6 202,01 €
2,19 €	51 739,03 €	2,23 €	52 778,98 €	2,28 €	53 839,84 €	2,32 €	54 922,02 €	2,37 €	56 025,95 €	2,42 €	57 152,07 €
0,37 €	8 850,62 €	0,38 €	9 028,52 €	0,39 €	9 209,99 €	0,40 €	9 395,12 €	0,41 €	9 583,96 €	0,41 €	9 776,59 €
2,19 €	43 165,13 €	2,23 €	44 032,75 €	2,28 €	44 917,81 €	2,32 €	45 820,66 €	2,37 €	46 741,65 €	2,42 €	47 681,16 €
0,24 €	4 684,18 €	0,24 €	4 778,33 €	0,25 €	4 874,38 €	0,25 €	4 972,35 €	0,26 €	5 072,30 €	0,26 €	5 174,25 €
5,60 €	121 437,51 €	5,72 €	123 878,40 €	5,83 €	126 368,36 €	5,95 €	128 908,36 €	6,07 €	131 499,42 €	6,19 €	134 142,56 €

Source: Ministério da Saúde 2021

## Appendix 38.2: Summary of annual food supply costs – Approach 2

APPROACH 2	2016	# Meals per day	2024		2025		2026		2027		2028	
			Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual
Breakfast	0,51 €	54	0,62 €	12 191,76 €	0,63 €	12 441,69 €	0,64 €	12 690,53 €	0,66 €	12 945,61 €	0,67 €	13 205,82 €
Morning Snack	0,22 €	69	0,27 €	6 303,83 €	0,27 €	6 433,05 €	0,28 €	6 561,72 €	0,28 €	6 693,61 €	0,29 €	6 828,15 €
Lunch	1,94 €	69	2,35 €	55 588,29 €	2,40 €	56 727,85 €	2,45 €	57 862,40 €	2,50 €	59 025,44 €	2,55 €	60 211,85 €
Afternoon snack	0,82 €	69	0,99 €	23 496,08 €	1,01 €	23 977,75 €	1,04 €	24 457,30 €	1,06 €	24 948,90 €	1,08 €	25 450,37 €
Dinner	2,16 €	54	2,62 €	51 635,71 €	2,67 €	52 694,24 €	2,73 €	53 748,12 €	2,78 €	54 828,46 €	2,84 €	55 930,51 €
Supper	0,22 €	54	0,27 €	5 259,19 €	0,27 €	5 367,01 €	0,28 €	5 474,35 €	0,28 €	5 584,38 €	0,29 €	5 696,63 €
<b>Total</b>			7,12 €	154 474,85 €	7,27 €	157 641,59 €	7,41 €	160 794,42 €	7,56 €	164 026,39 €	7,71 €	167 323,32 €

2029		2030		2031		2032		2033		2034	
Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual
0,68 €	13 471,25 €	0,70 €	13 742,02 €	0,71 €	14 018,24 €	0,73 €	14 300,01 €	0,74 €	14 587,44 €	0,75 €	14 880,64 €
0,29 €	6 965,39 €	0,30 €	7 105,40 €	0,31 €	7 248,22 €	0,31 €	7 393,91 €	0,32 €	7 542,52 €	0,33 €	7 694,13 €
2,60 €	61 422,11 €	2,65 €	62 656,69 €	2,71 €	63 916,09 €	2,76 €	65 200,80 €	2,82 €	66 511,34 €	2,87 €	67 848,22 €
1,10 €	25 961,92 €	1,12 €	26 483,76 €	1,14 €	27 016,08 €	1,17 €	27 559,10 €	1,19 €	28 113,04 €	1,21 €	28 678,11 €
2,89 €	57 054,71 €	2,95 €	58 201,51 €	3,01 €	59 371,36 €	3,07 €	60 564,73 €	3,13 €	61 782,08 €	3,20 €	63 023,90 €
0,29 €	5 811,13 €	0,30 €	5 927,93 €	0,31 €	6 047,08 €	0,31 €	6 168,63 €	0,32 €	6 292,62 €	0,33 €	6 419,10 €
7,87 €	170 686,52 €	8,02 €	174 117,32 €	8,19 €	177 617,07 €	8,35 €	181 187,18 €	8,52 €	184 829,04 €	8,69 €	188 544,10 €

2035		2036		2037		2038		2039		2040	
Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual	Per user per day	Total annual
0,77 €	15 179,74 €	0,79 €	15 484,86 €	0,80 €	15 796,10 €	0,82 €	16 113,60 €	0,83 €	16 437,49 €	0,85 €	16 767,88 €
0,33 €	7 848,78 €	0,34 €	8 006,54 €	0,35 €	8 167,47 €	0,35 €	8 331,64 €	0,36 €	8 499,10 €	0,37 €	8 669,94 €
2,93 €	69 211,97 €	2,99 €	70 603,13 €	3,05 €	72 022,25 €	3,11 €	73 469,90 €	3,17 €	74 946,64 €	3,24 €	76 453,07 €
1,24 €	29 254,54 €	1,26 €	29 842,56 €	1,29 €	30 442,39 €	1,31 €	31 054,29 €	1,34 €	31 678,48 €	1,37 €	32 315,22 €
3,26 €	64 290,68 €	3,33 €	65 582,92 €	3,39 €	66 901,14 €	3,46 €	68 245,85 €	3,53 €	69 617,59 €	3,60 €	71 016,91 €
0,33 €	6 548,12 €	0,34 €	6 679,74 €	0,35 €	6 814,00 €	0,35 €	6 950,97 €	0,36 €	7 090,68 €	0,37 €	7 233,20 €
8,86 €	192 333,84 €	9,04 €	196 199,75 €	9,22 €	200 143,36 €	9,41 €	204 166,25 €	9,60 €	208 269,99 €	9,79 €	212 456,21 €

Source: Silva 2017

## Appendix 39: Summary of annual material costs

“Apoio farmacêutico” represent the largest burden on material costs, as it represents the costs with specific medicine of each user

### Appendix 39.1: Summary of annual material costs – QES

<b>DATA FROM QUINTA ESPÍRITO SANTO - MATERIALS (2023)</b>	<b>Total purchase cost</b>	<b>Per user</b>	<b>Donations</b>	<b>Per user</b>	<b>% Donation</b>	<b>Total Expense</b>	<b>Per user</b>
Limpeza, Higiene e Conforto	1 206,24 €	18,56 €	3 918,15 €	60,28 €	76%	5 124,39 €	78,84 €
Vestuário e Rouparia	77,01 €	1,18 €	184,50 €	2,84 €	71%	261,51 €	4,02 €
Medicamentos	2 377,87 €	36,58 €	180,09 €	2,77 €	7%	2 557,96 €	39,35 €
Material Didático	948,85 €	14,60 €	- €	- €	0%	948,85 €	14,60 €
Apoio farmacêutico	7 337,84 €	112,89 €	- €	- €	0%	7 337,84 €	112,89 €

Source: CVPaz

## Appendix 39.2: Summary of annual material costs – CAPDM computation

TOTAL AVERAGE COSTS -		Number of users	2023	2024	2025	2026	2027	2028	2029
Per user	MATERIALS								
Cleaning, Hygiene and Comfort	78,84 €	69	5 439,74 €	5 575,73 €	5 690,03 €	5 803,83 €	5 920,49 €	6 039,49 €	6 160,89 €
Clothing	4,02 €	54	217,25 €	222,69 €	227,25 €	231,80 €	236,45 €	241,21 €	246,06 €
Medical	39,35 €	69	2 715,37 €	2 783,26 €	2 840,31 €	2 897,12 €	2 955,35 €	3 014,76 €	3 075,35 €
Recreational	14,60 €	69	1 007,24 €	1 032,42 €	1 053,59 €	1 074,66 €	1 096,26 €	1 118,29 €	1 140,77 €
Extra Medical (Individual)	112,89 €	69	7 789,40 €	7 984,13 €	8 147,81 €	8 310,77 €	8 477,81 €	8 648,22 €	8 822,04 €
Painting	18,49 €	69	Not Applicable	1 275,81 €	1 301,96 €	1 328,00 €	1 354,70 €	1 381,93 €	1 409,70 €
<b>Total</b>			<b>17 169,00 €</b>	<b>18 874,04 €</b>	<b>19 260,96 €</b>	<b>19 646,18 €</b>	<b>20 041,06 €</b>	<b>20 443,89 €</b>	<b>20 854,81 €</b>

2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
6 284,72 €	6 411,04 €	6 539,91 €	6 671,36 €	6 805,45 €	6 942,24 €	7 081,78 €	7 224,12 €	7 369,33 €	7 517,45 €	7 668,55 €
251,00 €	256,05 €	261,19 €	266,44 €	271,80 €	277,26 €	282,84 €	288,52 €	294,32 €	300,24 €	306,27 €
3 137,17 €	3 200,22 €	3 264,55 €	3 330,17 €	3 397,10 €	3 465,38 €	3 535,04 €	3 606,09 €	3 678,57 €	3 752,51 €	3 827,94 €
1 163,70 €	1 187,09 €	1 210,95 €	1 235,29 €	1 260,12 €	1 285,45 €	1 311,29 €	1 337,64 €	1 364,53 €	1 391,96 €	1 419,94 €
8 999,37 €	9 180,26 €	9 364,78 €	9 553,01 €	9 745,03 €	9 940,90 €	10 140,71 €	10 344,54 €	10 552,47 €	10 764,57 €	10 980,94 €
1 438,04 €	1 466,94 €	1 496,43 €	1 526,51 €	1 557,19 €	1 588,49 €	1 620,42 €	1 652,99 €	1 686,21 €	1 720,10 €	1 754,68 €
<b>21 273,99 €</b>	<b>21 701,60 €</b>	<b>22 137,80 €</b>	<b>22 582,77 €</b>	<b>23 036,69 €</b>	<b>23 499,72 €</b>	<b>23 972,07 €</b>	<b>24 453,91 €</b>	<b>24 945,43 €</b>	<b>25 446,83 €</b>	<b>25 958,32 €</b>

### Appendix 39.3: Summary of annual material costs – Painting materials computation

RESEARCH ON PAINTING MATERIALS COSTS	2024 Price	Unit of measure	Source	Quantity per user per month	Quantity per user per year	Annual cost per user	Number of people
Watercolors	5,24 €	Package with 24 + 1	<u>Continente</u>	0,083	1	5,24 €	69
Brushes	1,49 €	Package with 3	<u>Continente</u>	0,083	1	1,49 €	69
Gouache	11,76 €	Kit with 12 + 6 brushes	<u>Continente</u>	0,083	1	11,76 €	69
<b>Total</b>						<b>18,49 €</b>	

Total Cost								
2024	2025	2026	2027	2028	2029	2030	2031	2032
361,56 €	368,97 €	376,35 €	383,92 €	391,63 €	399,50 €	407,53 €	415,73 €	424,08 €
102,81 €	104,92 €	107,02 €	109,17 €	111,36 €	113,60 €	115,88 €	118,21 €	120,59 €
811,44 €	828,07 €	844,64 €	861,61 €	878,93 €	896,60 €	914,62 €	933,00 €	951,76 €
<b>1 275,81 €</b>	<b>1 301,96 €</b>	<b>1 328,00 €</b>	<b>1 354,70 €</b>	<b>1 381,93 €</b>	<b>1 409,70 €</b>	<b>1 438,04 €</b>	<b>1 466,94 €</b>	<b>1 496,43 €</b>

Total Cost							
2033	2034	2035	2036	2037	2038	2039	2040
432,61 €	441,30 €	450,17 €	459,22 €	468,45 €	477,87 €	487,47 €	497,27 €
123,01 €	125,48 €	128,01 €	130,58 €	133,20 €	135,88 €	138,61 €	141,40 €
970,89 €	990,40 €	1 010,31 €	1 030,62 €	1 051,33 €	1 072,46 €	1 094,02 €	1 116,01 €
<b>1 526,51 €</b>	<b>1 557,19 €</b>	<b>1 588,49 €</b>	<b>1 620,42 €</b>	<b>1 652,99 €</b>	<b>1 686,21 €</b>	<b>1 720,10 €</b>	<b>1 754,68 €</b>

Source: *Continente 2024*

### Appendix 39.4: Summary of annual material costs – Materials list and prices

#### RESEARCH ON CLEANING

<b>&amp; HYGIENE MATERIALS</b>	<b>2024 Price</b>	<b>Unit of measure</b>	<b>Source</b>
<b>COSTS</b>			
Toilet paper	0,19 €	Unit (1 roll)	<u>Continente</u>
Hand soap	1,78 €	liter	<u>Continente</u>
Shower gel	1,05 €	liter	<u>Continente</u>
Shampoo	4,23 €	liter	<u>Continente</u>
Tissues	0,89 €	Package with 150	<u>Continente</u>
Tooth paste	1,39 €	Unit (125ml)	<u>Continente</u>
Tooth brush	0,36 €	Unit	<u>Continente</u>
Napkins	0,65 €	Package with 100	<u>Continente</u>
Kitchen paper	0,46 €	Unit (1 roll)	<u>Continente</u>
Dishwasher tablets	0,06 €	Unit (1 dose)	<u>Continente</u>
Versatile rinsing detergent	0,36 €	liter	<u>Continente</u>
Window cleaning detergent	2,39 €	liter	<u>Continente</u>
Dish detergent	0,75 €	liter	<u>Continente</u>
Wood detergent	1,33 €	liter	<u>Continente</u>
Clothing Detergent	0,07 €	Unit (1 dose)	<u>Continente</u>
Bleach	0,35 €	liter	<u>Continente</u>
Cleaning cloth	0,04 €	Unit	<u>Continente</u>

#### RESEARCH ON MEDICAL EXPENSES

	<b>2024 Price</b>	<b>Unit of measure</b>	<b>Source</b>
Face masks	2,49 €	50 masks package	<u>Wells</u>
Oxygen masks	2,49 €	10 masks package	<u>Wells</u>
Antiseptic wipes	0,99 €	15 units package	<u>Wells</u>
Cotton wool pads and swabs	0,89 €	300 units package	<u>Continente</u>
Disposable gloves	3,99 €	100 units package	<u>Wells</u>
Bandages	0,49 €	30 units package	<u>Wells</u>
Adhesive Tape	1,25 €	4m x 10 cm unit	<u>Wells</u>
Gauze Pads	1,15 €	10 units package	<u>Wells</u>
Hydrogen peroxide	0,65 €	500ml package	<u>Wells</u>
Ethyl alcohol	0,95 €	250ml package	<u>Wells</u>
Antihistamine cream	9,99 €	30g package	<u>Wells</u>
Brufen	7,90 €	20un x 400mg packa	<u>Farmácias Portuguesas</u>
Ben-u-ron	3,20 €	10un x 500mg packa	<u>Farmácias Portuguesas</u>
Bepantene	10,49 €	100g package	<u>Wells</u>

Source: *Continente, Wells and Farmácias Portuguesas*

## Appendix 40: Summary of annual electricity costs

*Electricity costs were computed based on the annual average consumption and were segregated between the 2 types of users depending on the time spent at CAPDM*

### Appendix 40.1: Summary of annual electricity costs – Assumptions

<b>ASSUMPTIONS</b>	2024	2025	2026	<b>2027</b>	2028	2029	2030	2031	
<b>Individual average annual consumption of electricity per type of user - kWh</b>									
Residential Users	1320	1320	1320	1320	1320	1320	1320	1320	
Ambulatory Users	315	315	315	315	315	315	315	315	
<b>Average electricity cost per kWh</b>	<b>0,1559 €</b>	<b>0,1592 €</b>	<b>0,1625 €</b>	<b>0,1659 €</b>	<b>0,1694 €</b>	<b>0,1730 €</b>	<b>0,1766 €</b>	<b>0,1803 €</b>	
	2032	2033	2034	2035	2036	2037	2038	2039	2040
	1320	1320	1320	1320	1320	1320	1320	1320	1320
	315	315	315	315	315	315	315	315	315
	<b>0,1841 €</b>	<b>0,1880 €</b>	<b>0,1919 €</b>	<b>0,1959 €</b>	<b>0,2001 €</b>	<b>0,2043 €</b>	<b>0,2085 €</b>	<b>0,2129 €</b>	<b>0,2174 €</b>

*Source: Repsol n.d. and Fatela 2024*

## Appendix 40.2: Summary of annual electricity costs – CAPDM computations

<b>TOTAL AVERAGE COSTS - ELECTRICITY</b>	2024	2025	2026	2027	2028	2029	2030	2031
<b>Individual average annual cost of electricity per type of user</b>								
Residential Users	205,79 €	210,11 €	214,52 €	219,03 €	223,63 €	228,32 €	233,12 €	238,01 €
Ambulatory Users	49,05 €	50,08 €	51,13 €	52,21 €	53,30 €	54,42 €	55,56 €	56,73 €
<b>Total average annual cost of electricity per type of user</b>								
Residential Users	11 112,55 €	11 345,92 €	11 584,18 €	11 827,45 €	12 075,82 €	12 329,42 €	12 588,33 €	12 852,69 €
Ambulatory Users	735,76 €	751,21 €	766,99 €	783,10 €	799,54 €	816,33 €	833,47 €	850,98 €
Energy per kWh	0,01 €	0,01 €	0,01 €	0,01 €	0,01 €	0,01 €	0,01 €	0,01 €
<b>Total Annual Tax - IEC</b>								
<b>Electricity: Real Energy per type of user</b>								
Residential Users	712,80 €	712,80 €	712,80 €	712,80 €	712,80 €	712,80 €	712,80 €	712,80 €
Ambulatory Users	47,19 €	47,19 €	47,19 €	47,19 €	47,19 €	47,19 €	47,19 €	47,19 €
<b>contribution</b>	34,20 €	34,20 €	34,20 €	34,20 €	34,20 €	34,20 €	34,20 €	34,20 €
VAT reduction	2,05 €	2,05 €	2,05 €	2,05 €	2,05 €	2,05 €	2,05 €	2,05 €
<b>Total</b>	<b>12 640,46 €</b>	<b>12 889,27 €</b>	<b>13 143,31 €</b>	<b>13 402,69 €</b>	<b>13 667,51 €</b>	<b>13 937,89 €</b>	<b>14 213,95 €</b>	<b>14 495,81 €</b>
Residential Users	11 857,50 €	12 090,86 €	12 329,13 €	12 572,40 €	12 820,77 €	13 074,36 €	13 333,28 €	13 597,64 €
Ambulatory Users	782,96 €	798,41 €	814,18 €	830,29 €	846,74 €	863,53 €	880,67 €	898,17 €

2032	2033	2034	2035	2036	2037	2038	2039	2040
243,01 €	248,11 €	253,32 €	258,64 €	264,08 €	269,62 €	275,28 €	281,06 €	286,97 €
57,92 €	59,14 €	60,38 €	61,65 €	62,94 €	64,27 €	65,62 €	66,99 €	68,40 €
13 122,60 €	13 398,17 €	13 679,53 €	13 966,80 €	14 260,10 €	14 559,57 €	14 865,32 €	15 177,49 €	15 496,22 €
868,85 €	887,09 €	905,72 €	924,74 €	944,16 €	963,99 €	984,23 €	1 004,90 €	1 026,01 €
0,01 €	0,01 €	0,01 €	0,01 €	0,01 €	0,01 €	0,01 €	0,01 €	0,01 €
712,80 €	712,80 €	712,80 €	712,80 €	712,80 €	712,80 €	712,80 €	712,80 €	712,80 €
47,19 €	47,19 €	47,19 €	47,19 €	47,19 €	47,19 €	47,19 €	47,19 €	47,19 €
34,20 €	34,20 €	34,20 €	34,20 €	34,20 €	34,20 €	34,20 €	34,20 €	34,20 €
2,05 €	2,05 €	2,05 €	2,05 €	2,05 €	2,05 €	2,05 €	2,05 €	2,05 €
<b>14 783,59 €</b>	<b>15 077,41 €</b>	<b>15 377,40 €</b>	<b>15 683,69 €</b>	<b>15 996,41 €</b>	<b>16 315,70 €</b>	<b>16 641,69 €</b>	<b>16 974,53 €</b>	<b>17 314,36 €</b>
13 867,54 €	14 143,12 €	14 424,48 €	14 711,75 €	15 005,05 €	15 304,51 €	15 610,27 €	15 922,44 €	16 241,16 €
916,04 €	934,29 €	952,92 €	971,94 €	991,36 €	1 011,18 €	1 031,43 €	1 052,10 €	1 073,20 €

## Appendix 41: Summary of annual water costs

Water costs were computed based on QES bill and were segregated between the 2 types of users depending on the time spent at CAPDM

### Appendix 41.1 Summary of annual water costs - QES

#### DATA FROM QUINTA

#### ESPIRITO SANTO - WATER Cost Per user (2023)

Water bill	5 014,93 €	77,15 €
------------	------------	---------

Source: CVPaz

### Appendix 41.2: Summary of annual water costs – CAPDM Computation

TOTAL AVERAGE COSTS - WATER	2023	2024	2025	2026	2027	2028	2029	2030	2031
<b>Individual cost of water per type of user</b>									
Residential Users	77,15 €	83,71 €	86,96 €	90,34 €	93,85 €	97,50 €	101,29 €	105,22 €	109,31 €
Ambulatory Users	18,39 €	19,95 €	20,73 €	21,53 €	22,37 €	23,24 €	24,14 €	25,08 €	26,06 €
<b>Total average annual cost of water per type of user</b>									
Residential Users	4 166,25 €	4 520,38 €	4 696,03 €	4 878,51 €	5 068,07 €	5 265,00 €	5 469,59 €	5 682,12 €	5 902,91 €
Ambulatory Users	275,85 €	299,29 €	310,92 €	323,01 €	335,56 €	348,60 €	362,14 €	376,21 €	390,83 €
<b>Total</b>	<b>4 442,10 €</b>	<b>4 819,68 €</b>	<b>5 006,95 €</b>	<b>5 201,51 €</b>	<b>5 403,63 €</b>	<b>5 613,60 €</b>	<b>5 831,73 €</b>	<b>6 058,33 €</b>	<b>6 293,74 €</b>
	2032	2033	2034	2035	2036	2037	2038	2039	2040
	113,56 €	117,97 €	122,56 €	127,32 €	132,27 €	137,41 €	142,75 €	148,29 €	154,05 €
	27,07 €	28,12 €	29,21 €	30,35 €	31,53 €	32,75 €	34,02 €	35,35 €	36,72 €
	6 132,28 €	6 370,56 €	6 618,11 €	6 875,27 €	7 142,42 €	7 419,96 €	7 708,28 €	8 007,80 €	8 318,96 €
	406,02 €	421,80 €	438,19 €	455,21 €	472,90 €	491,28 €	510,37 €	530,20 €	550,80 €
<b>Total</b>	<b>6 538,30 €</b>	<b>6 792,36 €</b>	<b>7 056,29 €</b>	<b>7 330,48 €</b>	<b>7 615,32 €</b>	<b>7 911,23 €</b>	<b>8 218,64 €</b>	<b>8 538,00 €</b>	<b>8 869,76 €</b>

## Appendix 42: Annual gas costs – QES

Gas costs were computed based QES bill and were segregated between the 2 types of users depending on the time spent at CAPDM

### Appendix 42.1: Summary of annual gas costs – QES

#### DATA FROM QUINTA

**ESPIRITO SANTO - GAS**      **Cost**                      **Per user**

Gas bill	10 473,70 €	161,13 €
----------	-------------	----------

Source: CVPaz

### Appendix 42.2: Annual gas costs – CAPDM computation

TOTAL AVERAGE COSTS - GAS	2023	2024	2025	2026	2027	2028	2029	2030	2031
<b>Individual cost of gas per type of user</b>									
Residential Users	161,13 €	166,93 €	172,94 €	179,17 €	185,62 €	192,30 €	199,23 €	206,40 €	213,83 €
Ambulatory Users	38,41 €	39,79 €	41,22 €	42,71 €	44,24 €	45,84 €	47,49 €	49,20 €	50,97 €
<b>Total average annual cost of gas per type of user</b>									
Residential Users	8 701,23 €	9 014,47 €	9 338,99 €	9 675,20 €	10 023,50 €	10 384,35 €	10 758,19 €	11 145,48 €	11 546,72 €
Ambulatory Users	576,11 €	596,85 €	618,34 €	640,60 €	663,66 €	687,55 €	712,30 €	737,94 €	764,51 €
<b>Total</b>	<b>9 277,34 €</b>	<b>9 611,32 €</b>	<b>9 957,33 €</b>	<b>10 315,79 €</b>	<b>10 687,16 €</b>	<b>11 071,90 €</b>	<b>11 470,49 €</b>	<b>11 883,42 €</b>	<b>12 311,23 €</b>
	2032	2033	2034	2035	2036	2037	2038	2039	2040
	221,53 €	229,50 €	237,76 €	246,32 €	255,19 €	264,38 €	273,89 €	283,75 €	293,97 €
	52,80 €	54,70 €	56,67 €	58,71 €	60,83 €	63,02 €	65,28 €	67,63 €	70,07 €
	11 962,40 €	12 393,05 €	12 839,20 €	13 301,41 €	13 780,26 €	14 276,35 €	14 790,30 €	15 322,75 €	15 874,37 €
	792,03 €	820,54 €	850,08 €	880,69 €	912,39 €	945,24 €	979,27 €	1 014,52 €	1 051,04 €
<b>Total</b>	<b>12 754,43 €</b>	<b>13 213,59 €</b>	<b>13 689,28 €</b>	<b>14 182,09 €</b>	<b>14 692,65 €</b>	<b>15 221,59 €</b>	<b>15 769,56 €</b>	<b>16 337,27 €</b>	<b>16 925,41 €</b>

#### Appendix 43: Summary of preventive maintenance costs

*Preventive maintenance includes fire security, gas and vehicle maintenance where fire security represents the largest expense*

	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>	<b>2031</b>	<b>2032</b>		
Fire Security	198,17 €	202,16 €	206,22 €	210,36 €	214,59 €	218,91 €		
Gas	0,00 €	0,00 €	55,25 €	0,00 €	0,00 €	58,65 €		
Vehicle	135,80 €	38,88 €	141,31 €	40,45 €	147,05 €	42,10 €		
<b>Total Replacement Cost</b>								
<b>Lower Bound</b>	<b>333,97 €</b>	<b>241,03 €</b>	<b>402,78 €</b>	<b>250,82 €</b>	<b>361,64 €</b>	<b>319,65 €</b>		
<b>Upper Bound</b>	<b>469,77 €</b>	<b>279,91 €</b>	<b>544,09 €</b>	<b>291,27 €</b>	<b>508,69 €</b>	<b>361,74 €</b>		
	<b>2033</b>	<b>2034</b>	<b>2035</b>	<b>2036</b>	<b>2037</b>	<b>2038</b>	<b>2039</b>	<b>2040</b>
	223,31 €	227,79 €	232,37 €	237,04 €	241,81 €	246,67 €	251,63 €	256,68 €
	0,00 €	0,00 €	62,25 €	0,00 €	0,00 €	66,08 €	0,00 €	0,00 €
	153,02 €	43,81 €	159,23 €	45,58 €	165,70 €	47,44 €	172,43 €	49,36 €
	<b>376,33 €</b>	<b>271,60 €</b>	<b>453,86 €</b>	<b>282,63 €</b>	<b>407,51 €</b>	<b>360,19 €</b>	<b>424,05 €</b>	<b>306,04 €</b>
	<b>529,35 €</b>	<b>315,40 €</b>	<b>613,09 €</b>	<b>328,21 €</b>	<b>573,21 €</b>	<b>407,62 €</b>	<b>596,48 €</b>	<b>355,41 €</b>

*Source: Compara Mais, Diário da República, EDP, Controlauto and Norauto*

#### Appendix 44: Summary of annual corrective maintenance costs

*The corrective maintenance (in % of asset value) needed is expected to increase as the useful life of items decreases*

##### Appendix 44.1: Summary of annual corrective maintenance costs – Percentage rationale

<b>Years of Useful Life</b>	<b>% Corrective Maintenance</b>
0 - 5	5%
0 - 7.5	4%
7.5 - 10	3%
> 10	2%

*Source: UpKeep*

##### Appendix 44.2: Summary of annual corrective maintenance costs – CAPDM estimation

<b>Corrective Maintenance Costs</b>										
<b>Total Corrective Maintenance Costs</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>	<b>2031</b>	<b>2032</b>	<b>2033</b>	<b>2034</b>	<b>2035</b>	
<b>Lower Bound</b>	0,00 €	0,00 €	1 931,37 €	1 996,79 €	2 239,29 €	2 421,23 €	2 743,87 €	2 878,16 €	3 004,79 €	
<b>Upper Bound</b>	0,00 €	0,00 €	2 087,50 €	2 152,93 €	2 395,43 €	2 577,36 €	2 900,00 €	3 034,30 €	3 160,92 €	
	<b>2036</b>	<b>2037</b>	<b>2038</b>	<b>2039</b>	<b>2040</b>	<b>2041</b>	<b>2042</b>	<b>2043</b>	<b>2044</b>	<b>2045</b>
	3 077,43 €	3 360,89 €	3 378,70 €	3 581,92 €	3 378,88 €	3 270,39 €	3 279,75 €	3 871,43 €	3 992,68 €	4 027,72 €
	3 267,95 €	3 551,41 €	3 569,21 €	3 772,43 €	3 569,39 €	3 460,91 €	3 470,27 €	4 061,94 €	4 183,20 €	4 218,23 €

## Appendix 45: Annual waste management costs

*Waste management expenses comprise fixed and variable fees, with the fixed fee representing the largest burden*

<b>RESEARCH ON WASTE MANAGEMENT</b>	<b>Annual Cost</b>	<b>Source</b>	<b>Notes</b>
Removal services ( <i>RSU</i> )		<a href="#">CM Torres Vedras</a>	<i>Assuming no change for future</i>
Fixed	3 300 €		
Variable	321,11 €		
per m3 of water consumed	0,13 €		<i>Assuming the same daily average water consumption of QES</i>
total annual m3 consumed	2 470,07		
Bio waste disposal	0 €	<a href="#">CM Torres Vedras</a>	
Recycling programs	0 €	<a href="#">CM Torres Vedras</a>	
Medical waste disposal	<i>No Specific Info</i>	<a href="#">CM Torres Vedras</a>	<i>Obligated to fill in a "Waste registration map", in accordance with the European Waste Catalog (CER), and to send it to the Regional Directorate for the Environment of the area of the unit in question, must send a copy of the said map to the Municipal Council from Torres Vedras</i>
<b>Total</b>			
Lower Bound	321,11 €		<i>Assuming the cost will remain constant over time as there was no update since 2020</i>
Upper Bound	3 621,11 €		

<b>ASSUMPTIONS</b>	<b>Daily Consumption</b>	<b>Per user</b>	<b>Notes</b>
Average Consumption (m3 per day)	7,64	0,118	
Residential Users	6,35	0,118	<i>Users that spend 24h at CAPDM</i>
Ambulatory Users	0,42	0,028	<i>Users that spend 8h at CAPDM</i>

## Appendix 46: Annual transportation costs

Transportation expenses were computed based on QES, where fuel represents the largest burden

TOTAL AVERAGE COSTS - TRANSPORTATION	2024		2025		2026		2027		2028		2029	
	Per user	Total annual	Per user	Total annual	Per user	Total annual	Per user	Total annual	Per user	Total annual	Per user	Total annual
Fuel	151,08 €		154,18 €		157,26 €		160,42 €		163,65 €		166,94 €	
Lower Bound		8 158,36 €		8 325,61 €		8 492,12 €		8 662,81 €		8 836,93 €		9 014,56 €
Upper Bound		10 424,57 €		10 638,27 €		10 851,04 €		11 069,15 €		11 291,64 €		11 518,60 €
Stay (meals)	0,47 €		0,48 €		0,49 €		0,50 €		0,51 €		0,52 €	
Lower Bound		25,25 €		25,77 €		26,28 €		26,81 €		27,35 €		27,90 €
Upper Bound		32,26 €		32,92 €		33,58 €		34,26 €		34,94 €		35,65 €
Tolls and parking	13,47 €		13,75 €		14,02 €		14,30 €		14,59 €		14,88 €	
Lower Bound		727,42 €		742,33 €		757,18 €		772,40 €		787,92 €		803,76 €
Upper Bound		929,48 €		948,53 €		967,50 €		986,95 €		1 006,79 €		1 027,02 €
<b>Total</b>	<b>165,02 €</b>	<b>168,40 €</b>	<b>171,77 €</b>	<b>175,22 €</b>	<b>178,74 €</b>	<b>182,34 €</b>						
Lower Bound		8 911,03 €		9 093,70 €		9 275,58 €		9 462,02 €		9 652,20 €		9 846,21 €
Upper Bound		11 386,31 €		11 619,73 €		11 852,13 €		12 090,35 €		12 333,37 €		12 581,27 €
	<b>2030</b>	<b>2031</b>	<b>2032</b>	<b>2033</b>	<b>2034</b>	<b>2035</b>						
	Per user	Total annual	Per user	Total annual	Per user	Total annual	Per user	Total annual	Per user	Total annual	Per user	Total annual
	170,29 €		173,71 €		177,21 €		180,77 €		184,40 €		188,11 €	
		9 195,75 €		9 380,58 €		9 569,13 €		9 761,47 €		9 957,68 €		10 157,83 €
		11 750,12 €		11 986,30 €		12 227,22 €		12 472,99 €		12 723,70 €		12 979,44 €
	0,53 €		0,54 €		0,55 €		0,56 €		0,57 €		0,58 €	
		28,46 €		29,03 €		29,61 €		30,21 €		30,82 €		31,44 €
		36,36 €		37,09 €		37,84 €		38,60 €		39,38 €		40,17 €
	15,18 €		15,49 €		15,80 €		16,12 €		16,44 €		16,77 €	
		819,91 €		836,39 €		853,21 €		870,36 €		887,85 €		905,70 €
		1 047,67 €		1 068,73 €		1 090,21 €		1 112,12 €		1 134,47 €		1 157,28 €
<b>186,00 €</b>	<b>189,74 €</b>	<b>193,55 €</b>	<b>197,45 €</b>	<b>201,41 €</b>	<b>205,46 €</b>							
	10 044,12 €		10 246,01 €		10 451,95 €		10 662,04 €		10 876,34 €		11 094,96 €	
	12 834,15 €		13 092,12 €		13 355,27 €		13 623,71 €		13 897,55 €		14 176,89 €	

2036		2037		2038		2039		2040	
Per user	Total annual	Per user	Total annual	Per user	Total annual	Per user	Total annual	Per user	Total annual
191,89 €		195,75 €		199,68 €		203,69 €		207,79 €	
	10 362,00 €		10 570,27 €		10 782,74 €		10 999,47 €		11 220,56 €
	13 240,33 €		13 506,46 €		13 777,94 €		14 054,88 €		14 337,38 €
0,59 €		0,61 €		0,62 €		0,63 €		0,64 €	
	32,07 €		32,71 €		33,37 €		34,04 €		34,72 €
	40,98 €		41,80 €		42,64 €		43,50 €		44,37 €
17,11 €		17,45 €		17,80 €		18,16 €		18,53 €	
	923,90 €		942,47 €		961,41 €		980,74 €		1 000,45 €
	1 180,54 €		1 204,27 €		1 228,47 €		1 253,17 €		1 278,35 €
<b>€</b>	<b>213,80 €</b>		<b>218,10 €</b>		<b>222,49 €</b>		<b>226,96 €</b>		
	11 317,97 €		11 545,46 €		11 777,52 €		12 014,25 €		12 255,74 €
	14 461,85 €		14 752,53 €		15 049,05 €		15 351,54 €		15 660,11 €

Source: CVPaz

## Appendix 47: Annual administrative costs

*Administrative expenses were computed based on QES, where insurance represents the largest burden*

<b>TOTAL AVERAGE COSTS - /</b>	2023	2024	2025	2026	<b>2027</b>	2028	2029	2030	2031
Marketing and advertising	143 €	146,22 €	149,21 €	152,20 €	155,26 €	158,38 €	161,56 €	164,81 €	168,12 €
Insurance									
Ensino seguro	251 €	257,24 €	262,52 €	267,77 €	273,15 €	278,64 €	284,24 €	289,95 €	295,78 €
Multi Riscos	1 483 €	1 520,31 €	1 551,48 €	1 582,51 €	1 614,32 €	1 646,76 €	1 679,86 €	1 713,63 €	1 748,07 €
Car									
Lower Bound		750,00 €	765,38 €	781,07 €	797,08 €	813,42 €	830,09 €	847,11 €	864,47 €
Upper Bound		1 500,00 €	1 530,75 €	1 562,13 €	1 594,15 €	1 626,83 €	1 660,18 €	1 694,22 €	1 728,95 €
<b>Total</b>									
<b>Lower Bound</b>		<b>2 673,77 €</b>	<b>2 728,58 €</b>	<b>2 783,54 €</b>	<b>2 839,80 €</b>	<b>2 897,20 €</b>	<b>2 955,76 €</b>	<b>3 015,50 €</b>	<b>3 076,45 €</b>
<b>Upper Bound</b>		<b>3 423,77 €</b>	<b>3 493,96 €</b>	<b>3 564,60 €</b>	<b>3 636,88 €</b>	<b>3 710,62 €</b>	<b>3 785,85 €</b>	<b>3 862,61 €</b>	<b>3 940,93 €</b>
	2032	2033	2034	2035	2036	2037	2038	2039	2040
	171,50 €	174,95 €	178,46 €	182,05 €	185,71 €	189,44 €	193,25 €	197,14 €	201,10 €
	301,73 €	307,79 €	313,98 €	320,29 €	326,73 €	333,30 €	339,99 €	346,83 €	353,80 €
	1 783,21 €	1 819,05 €	1 855,61 €	1 892,91 €	1 930,96 €	1 969,77 €	2 009,36 €	2 049,75 €	2 090,95 €
	882,20 €	900,28 €	918,74 €	937,57 €	956,79 €	976,41 €	996,42 €	1 016,85 €	1 037,69 €
	1 764,39 €	1 800,56 €	1 837,47 €	1 875,14 €	1 913,58 €	1 952,81 €	1 992,84 €	2 033,70 €	2 075,39 €
	<b>3 138,63 €</b>	<b>3 202,07 €</b>	<b>3 266,79 €</b>	<b>3 332,82 €</b>	<b>3 400,19 €</b>	<b>3 468,92 €</b>	<b>3 539,03 €</b>	<b>3 610,56 €</b>	<b>3 683,54 €</b>
	<b>4 020,83 €</b>	<b>4 102,35 €</b>	<b>4 185,53 €</b>	<b>4 270,40 €</b>	<b>4 356,98 €</b>	<b>4 445,32 €</b>	<b>4 535,45 €</b>	<b>4 627,41 €</b>	<b>4 721,24 €</b>

*Source: CVPaz*

**Appendix 48: Annual communication & technology costs**

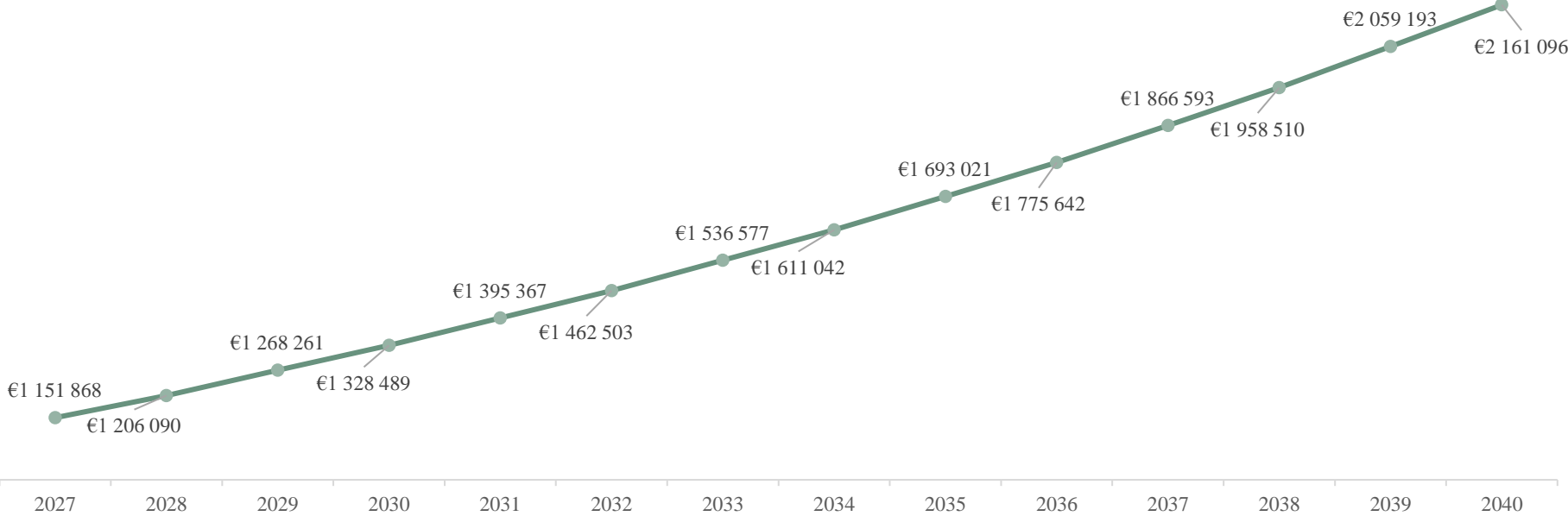
*Communication & technology expenses were computed based on QES, amounting to over €4,500 in 2027*

<b>TOTAL AVERAGE COSTS - COMMUNICATION</b>	<b>Per User</b>	2023	2024	2025	2026	
<b>Total Communication bill</b>	<b>65,97 €</b>	<b>4 551,75 €</b>	<b>4 606,07 €</b>	<b>4 661,04 €</b>	<b>4 716,67 €</b>	
<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>	<b>2031</b>	<b>2032</b>	<b>2033</b>
<b>4 772,96 €</b>	<b>4 829,93 €</b>	<b>4 887,57 €</b>	<b>4 945,90 €</b>	<b>5 004,93 €</b>	<b>5 064,66 €</b>	<b>5 125,11 €</b>
<b>2034</b>	<b>2035</b>	<b>2036</b>	<b>2037</b>	<b>2038</b>	<b>2039</b>	<b>2040</b>
<b>5 186,27 €</b>	<b>5 248,17 €</b>	<b>5 310,80 €</b>	<b>5 374,18 €</b>	<b>5 438,32 €</b>	<b>5 503,23 €</b>	<b>5 568,91 €</b>

*Source: CVPaz*

**Appendix 49: Total OPEX in the baseline scenario**

*Total OPEX is predicted to grow over time, starting at €1,151,868 in 2027*



## Appendix 50: Annual breakdown of each category as a % of total OPEX

*Personnel represents the largest burden, with its weight showing an increasing trend*

	2027	2028	2029	2030	2031	2032
Personnel Costs	82,26%	82,71%	83,05%	83,49%	83,93%	84,34%
Food Supplies Costs	11,62%	11,32%	10,98%	10,69%	10,38%	10,11%
Materials Costs	1,74%	1,70%	1,64%	1,60%	1,56%	1,51%
Utilities Costs	2,56%	2,52%	2,46%	2,42%	2,37%	2,33%
Maintenance Costs	0,03%	0,02%	0,18%	0,17%	0,19%	0,19%
Waste Management Costs	0,31%	0,30%	0,29%	0,27%	0,26%	0,25%
Transportation Costs	0,82%	0,80%	0,78%	0,76%	0,73%	0,71%
Administrative Costs	0,25%	0,24%	0,23%	0,23%	0,22%	0,21%
Communication & Technology Costs	0,41%	0,40%	0,39%	0,37%	0,36%	0,35%

	2033	2034	2035	2036	2037	2038	2039	2040
	84,76%	85,16%	85,57%	85,96%	86,34%	86,71%	87,09%	87,45%
	9,81%	9,55%	9,27%	9,01%	8,75%	8,50%	8,25%	8,02%
	1,47%	1,43%	1,39%	1,35%	1,31%	1,27%	1,24%	1,20%
	2,28%	2,24%	2,20%	2,16%	2,11%	2,07%	2,03%	1,99%
	0,20%	0,20%	0,20%	0,19%	0,20%	0,19%	0,19%	0,17%
	0,24%	0,22%	0,21%	0,20%	0,19%	0,18%	0,18%	0,17%
	0,69%	0,68%	0,66%	0,64%	0,62%	0,60%	0,58%	0,57%
	0,21%	0,20%	0,20%	0,19%	0,19%	0,18%	0,18%	0,17%
	0,33%	0,32%	0,31%	0,30%	0,29%	0,28%	0,27%	0,26%

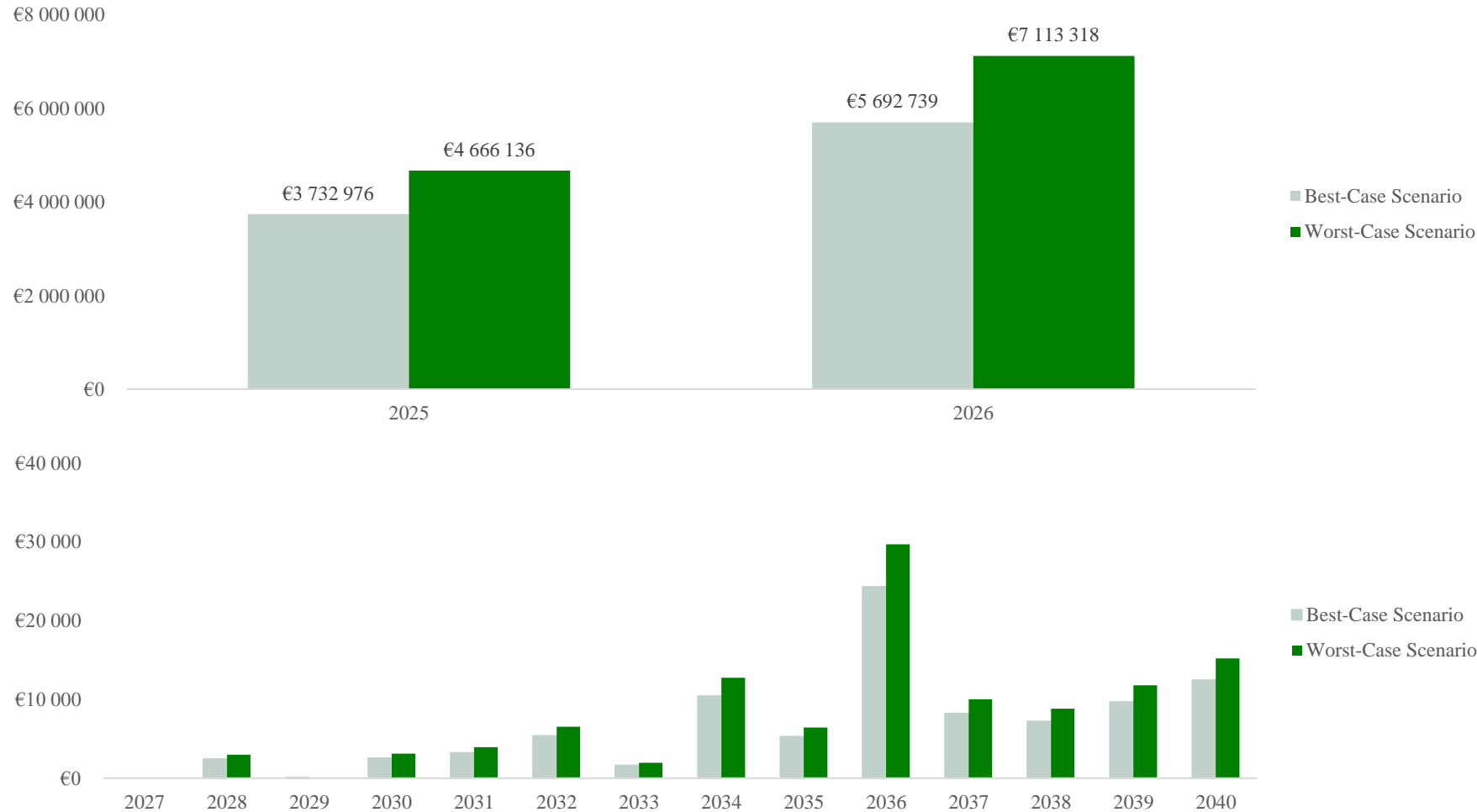
## Appendix 51: Annual breakdown of OPEX per type of user

OPEX allocation was performed based on the hours spent in CAPDM to segregate between residential and ambulatory users

RESIDENTIAL USERS ONLY	BASELINE SCENARIO	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
Personnel Costs	Average	0€	0€	499 234€	525 299€	554 621€	583 714€	616 307€	648 777€	685 013€	721 251€	761 545€	801 987€	846 802€	891 934€	941 787€	992 149€
Food Supplies Costs	Average	0€	0€	121 605€	124 049€	126 542€	129 086€	131 681€	134 327€	137 027€	139 782€	142 591€	145 457€	148 381€	151 363€	154 406€	157 509€
Materials Costs	Best Guess	0€	0€	8 561€	8 733€	8 909€	9 088€	9 270€	9 457€	9 647€	9 841€	10 039€	10 240€	10 446€	10 656€	10 870€	11 089€
Utilities Costs	Best Guess	0€	0€	27 664€	28 470€	29 302€	30 161€	31 047€	31 962€	32 907€	33 882€	34 888€	35 928€	37 001€	38 109€	39 253€	40 434€
Maintenance Costs	Lower Bound	0€	0€	313€	226€	2 189€	2 108€	2 439€	2 571€	2 926€	2 954€	3 244€	3 151€	3 534€	3 507€	3 757€	3 456€
Waste Management Costs	Upper Bound	0€	0€	3 396€	3 396€	3 396€	3 396€	3 396€	3 396€	3 396€	3 396€	3 396€	3 396€	3 396€	3 396€	3 396€	3 396€
Transportation Costs	Lower Bound	0€	0€	9 462€	9 652€	9 846€	10 044€	10 246€	10 452€	10 662€	10 876€	11 095€	11 318€	11 545€	11 778€	12 014€	12 256€
Administrative Costs	Lower Bound	0€	0€	2 663€	2 717€	2 772€	2 828€	2 885€	2 944€	3 003€	3 064€	3 126€	3 189€	3 254€	3 319€	3 386€	3 455€
Communication & Technology Costs	Best Guess	0€	0€	4 477€	4 530€	4 584€	4 639€	4 694€	4 750€	4 807€	4 864€	4 922€	4 981€	5 040€	5 101€	5 161€	5 223€
<b>Total</b>		<b>0€</b>	<b>0€</b>	<b>677 375€</b>	<b>707 073€</b>	<b>742 162€</b>	<b>775 064€</b>	<b>811 966€</b>	<b>848 636€</b>	<b>889 388€</b>	<b>929 910€</b>	<b>974 846€</b>	<b>1 019 648€</b>	<b>1 069 400€</b>	<b>1 119 162€</b>	<b>1 174 031€</b>	<b>1 228 967€</b>
<b>Per User</b>		<b>0€</b>	<b>0€</b>	<b>12 544€</b>	<b>13 094€</b>	<b>13 744€</b>	<b>14 353€</b>	<b>15 036€</b>	<b>15 715€</b>	<b>16 470€</b>	<b>17 221€</b>	<b>18 053€</b>	<b>18 882€</b>	<b>19 804€</b>	<b>20 725€</b>	<b>21 741€</b>	<b>22 759€</b>
<b>AMBULATORY USERS ONLY</b>	<b>BASELINE SCENARIO</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>	<b>2031</b>	<b>2032</b>	<b>2033</b>	<b>2034</b>	<b>2035</b>	<b>2036</b>	<b>2037</b>	<b>2038</b>	<b>2039</b>	<b>2040</b>
Personnel Costs	Average	0€	0€	22 730€	23 916€	25 251€	26 574€	28 058€	29 535€	31 185€	32 834€	34 668€	36 508€	38 548€	40 602€	42 871€	45 162€
Food Supplies Costs	Average	0€	0€	12 191€	12 436€	12 686€	12 941€	13 201€	13 466€	13 737€	14 013€	14 294€	14 582€	14 875€	15 174€	15 479€	15 790€
Materials Costs	Best Guess	0€	0€	551€	562€	574€	585€	597€	609€	621€	634€	646€	659€	673€	686€	700€	714€
Utilities Costs	Best Guess	0€	0€	1 830€	1 883€	1 938€	1 995€	2 054€	2 114€	2 177€	2 241€	2 308€	2 377€	2 448€	2 521€	2 597€	2 675€
Maintenance Costs	Lower Bound	0€	0€	21€	15€	145€	140€	162€	170€	194€	196€	215€	209€	234€	232€	249€	229€
Waste Management Costs	Upper Bound	0€	0€	225€	225€	225€	225€	225€	225€	225€	225€	225€	225€	225€	225€	225€	225€
Transportation Costs	Lower Bound	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€
Administrative Costs	Lower Bound	0€	0€	176€	180€	184€	187€	191€	195€	199€	203€	207€	211€	215€	220€	224€	229€
Communication & Technology Costs	Best Guess	0€	0€	296€	300€	304€	307€	311€	315€	318€	322€	326€	330€	334€	338€	342€	346€
<b>Total</b>		<b>0€</b>	<b>0€</b>	<b>38 020€</b>	<b>39 516€</b>	<b>41 305€</b>	<b>42 954€</b>	<b>44 797€</b>	<b>46 629€</b>	<b>48 655€</b>	<b>50 667€</b>	<b>52 889€</b>	<b>55 100€</b>	<b>57 551€</b>	<b>59 997€</b>	<b>62 686€</b>	<b>65 369€</b>
<b>Per User</b>		<b>0€</b>	<b>0€</b>	<b>2 535€</b>	<b>2 634€</b>	<b>2 754€</b>	<b>2 864€</b>	<b>2 986€</b>	<b>3 109€</b>	<b>3 244€</b>	<b>3 378€</b>	<b>3 526€</b>	<b>3 673€</b>	<b>3 837€</b>	<b>4 000€</b>	<b>4 179€</b>	<b>4 358€</b>
<b>ALL USERS ENJOY IN THE SAME PROPORTION</b>	<b>BASELINE SCENARIO</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>	<b>2031</b>	<b>2032</b>	<b>2033</b>	<b>2034</b>	<b>2035</b>	<b>2036</b>	<b>2037</b>	<b>2038</b>	<b>2039</b>	<b>2040</b>
Personnel Costs	Average	0€	0€	425 545€	448 352€	473 421€	498 871€	526 769€	555 166€	586 219€	617 903€	652 470€	687 821€	726 306€	765 748€	808 600€	852 603€
Food Supplies Costs	Average	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€
Materials Costs	Best Guess	0€	0€	10 929€	11 148€	11 373€	11 601€	11 834€	12 072€	12 315€	12 562€	12 815€	13 072€	13 335€	13 603€	13 877€	14 156€
Utilities Costs	Best Guess	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€
Maintenance Costs	Lower Bound	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€
Waste Management Costs	Upper Bound	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€
Transportation Costs	Lower Bound	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€
Administrative Costs	Lower Bound	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€
Communication & Technology Costs	Best Guess	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€	0€
<b>Total</b>		<b>0€</b>	<b>0€</b>	<b>436 474€</b>	<b>459 501€</b>	<b>484 794€</b>	<b>510 472€</b>	<b>538 604€</b>	<b>567 238€</b>	<b>598 533€</b>	<b>630 465€</b>	<b>665 285€</b>	<b>700 894€</b>	<b>739 642€</b>	<b>779 351€</b>	<b>822 476€</b>	<b>866 759€</b>
<b>Per User</b>		<b>0€</b>	<b>0€</b>	<b>6 326€</b>	<b>6 659€</b>	<b>7 026€</b>	<b>7 398€</b>	<b>7 806€</b>	<b>8 221€</b>	<b>8 674€</b>	<b>9 137€</b>	<b>9 642€</b>	<b>10 158€</b>	<b>10 719€</b>	<b>11 295€</b>	<b>11 920€</b>	<b>12 562€</b>

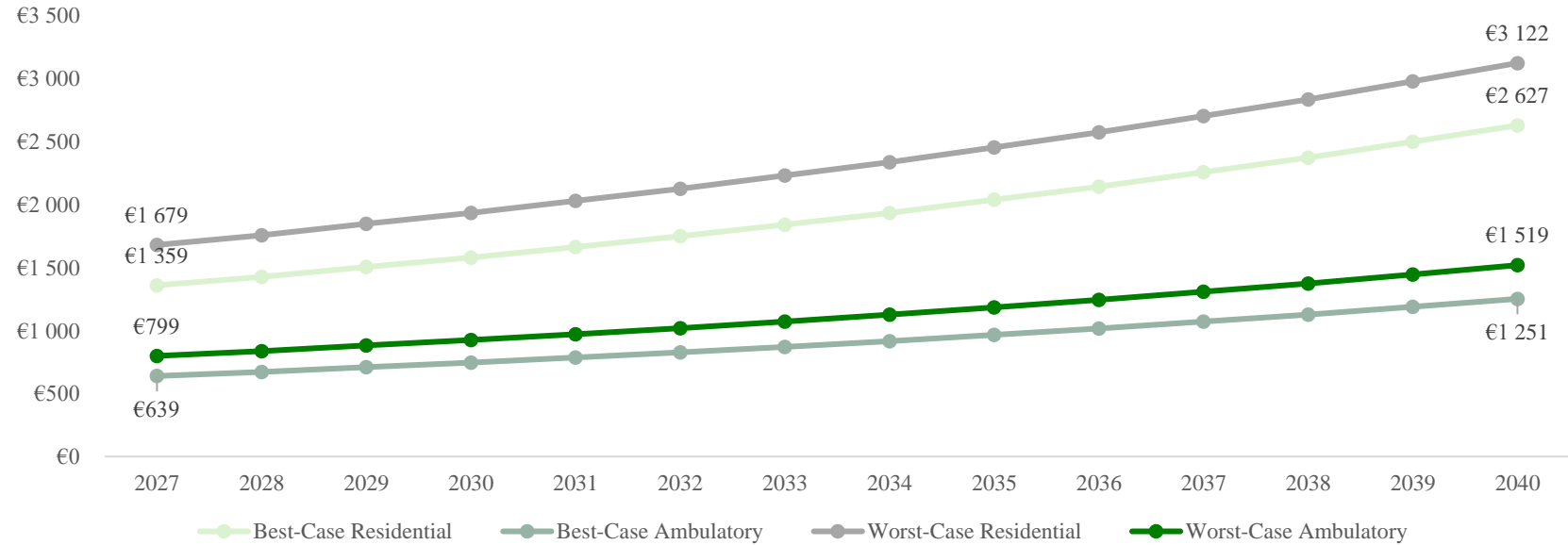
**Appendix 52: Annual CAPEX costs per scenario**

*Different CAPEX scenarios were computed based on the interval provided for the construction cost per sqm and a 10% margin*



**Appendix 53: Monthly OPEX costs per scenario**

*Different OPEX scenarios were computed by varying the assumptions utilized when estimating each category*



## Appendix 54: Summary of first CAPEX financing option

The first financing option comprises a bank loan to finance construction and ISS licensing costs and a credit line to finance equipment expenses

### Appendix 54.1: Summary of first CAPEX financing option – assumptions

<b>Aggregate cost</b>	<b>Financing solution</b>
Construction & ISS Licensing	Bank loan
Equipment	Credit line for social organizations

<b>ASSUMPTIONS - BANK LOAN</b>	<b>Notes</b>
Leverage	<b>10 498 386 €</b>
Maturity	10
Interest	<u>6.80%</u> For 10-year bank loan

<b>ASSUMPTIONS - CREDIT LINE</b>	<b>Notes</b>
Credit Max	1 500 000 € <a href="#">Linha de Financiamento ao Setor Social</a>
Leverage	<b>207 088 €</b>
Grace Period (in years)	3
Maturity (in years)	10
Euribor	<u>3,08%</u>
Spread:	
3y	1%
3y-6y	1,25%
6y-8y	1,50%
>8y	1,75%
Interest Rate	<b>4,83%</b>

Source: Santander 2024 and Crédito Agrícola 2023

## Appendix 54.2: Summary of first CAPEX financing options – bank loan schedule

<b>Capital Needs</b>	2025		2026				
Construction cost	-	4 199 556 € -		6 298 830 €			
<b>Bank loan</b>	2025		2026		2027		
<i>Period</i>	<i>0</i>		<i>1</i>		<i>2</i>		
					2028		
					2029		
Opening Balance	10 498 386 €	10 498 386 €	9 731 331 €	8 912 116 €	8 037 195 €		
Amortization	-	767 055 € -	819 215 € -	874 921 € -	934 416 €		
<i>Amortization Schedule</i>		<i>7,31%</i>	<i>7,80%</i>	<i>8,33%</i>	<i>8,90%</i>		
Due Amount	10 498 386 €	9 731 331 €	8 912 116 €	8 037 195 €	7 102 779 €		
Interest	-	713 890 € -	661 731 € -	606 024 € -	546 529 €		
<b>Debt Payments</b>	- € -	<b>1 480 945 € -</b>	<b>1 480 945 € -</b>	<b>1 480 945 € -</b>	<b>1 480 945 € -</b>		
	2030	2031	2032	2033	2034	2035	<b>Total</b>
	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	
	7 102 779 €	6 104 823 €	5 039 006 €	3 900 713 €	2 685 017 €	1 386 653 €	
-	997 956 € -	1 065 817 € -	1 138 293 € -	1 215 697 € -	1 298 364 € -	1 386 653 € -	10 498 386 €
	<i>9,51%</i>	<i>10,15%</i>	<i>10,84%</i>	<i>11,58%</i>	<i>12,37%</i>	<i>13,21%</i>	<i>100,00%</i>
	6 104 823 €	5 039 006 €	3 900 713 €	2 685 017 €	1 386 653 €	- €	
-	482 989 € -	415 128 € -	342 652 € -	265 249 € -	182 581 € -	94 292 € -	4 311 065 €
-	<b>1 480 945 € -</b>	<b>1 480 945 € -</b>	<b>1 480 945 € -</b>	<b>1 480 945 € -</b>	<b>1 480 945 € -</b>	<b>1 480 945 € -</b>	<b>14 809 451 €</b>

### Appendix 54.3: Summary of first CAPEX financing option – credit line schedule

<b>Capital Needs</b>	2025	2026	2027	2028	2029	2030	2031
Equipment acquisition	- € -	104 199 €	- €	- €	- €	- €	- €
Equipment replacement	- €	- €	- € -	2 716 € -	60 € -	2 826 € -	3 563 €

<b>Credit line schedule</b>	<i>No Capital Needed</i>						
	2025	2026	2027	2028	2029	2030	2031
<i>Period</i>	0	1	2	3	4	5	6
Opening Balance	- €	- € -	104 199 € -	207 088 € -	207 088 € -	190 495 € -	173 099 €
Capital Drawdown	- € -	104 199 € -	102 889 €	- €	- €	- €	- €
Amortization	- €	- €	- €	-	16 593 € -	17 395 € -	18 236 €
<i>Amortization Schedule</i>			<i>Grace Period</i>		8,01%	8,40%	8,81%
Due Amount	- € -	104 199 € -	207 088 € -	207 088 € -	190 495 € -	173 099 € -	154 864 €
Interest	- €	- €	- €	- € -	10 009 € -	9 207 € -	8 366 €
<b>Debt Payments</b>	<b>- €</b>	<b>- €</b>	<b>- €</b>	<b>- € -</b>	<b>26 602 € -</b>	<b>26 602 € -</b>	<b>26 602 €</b>

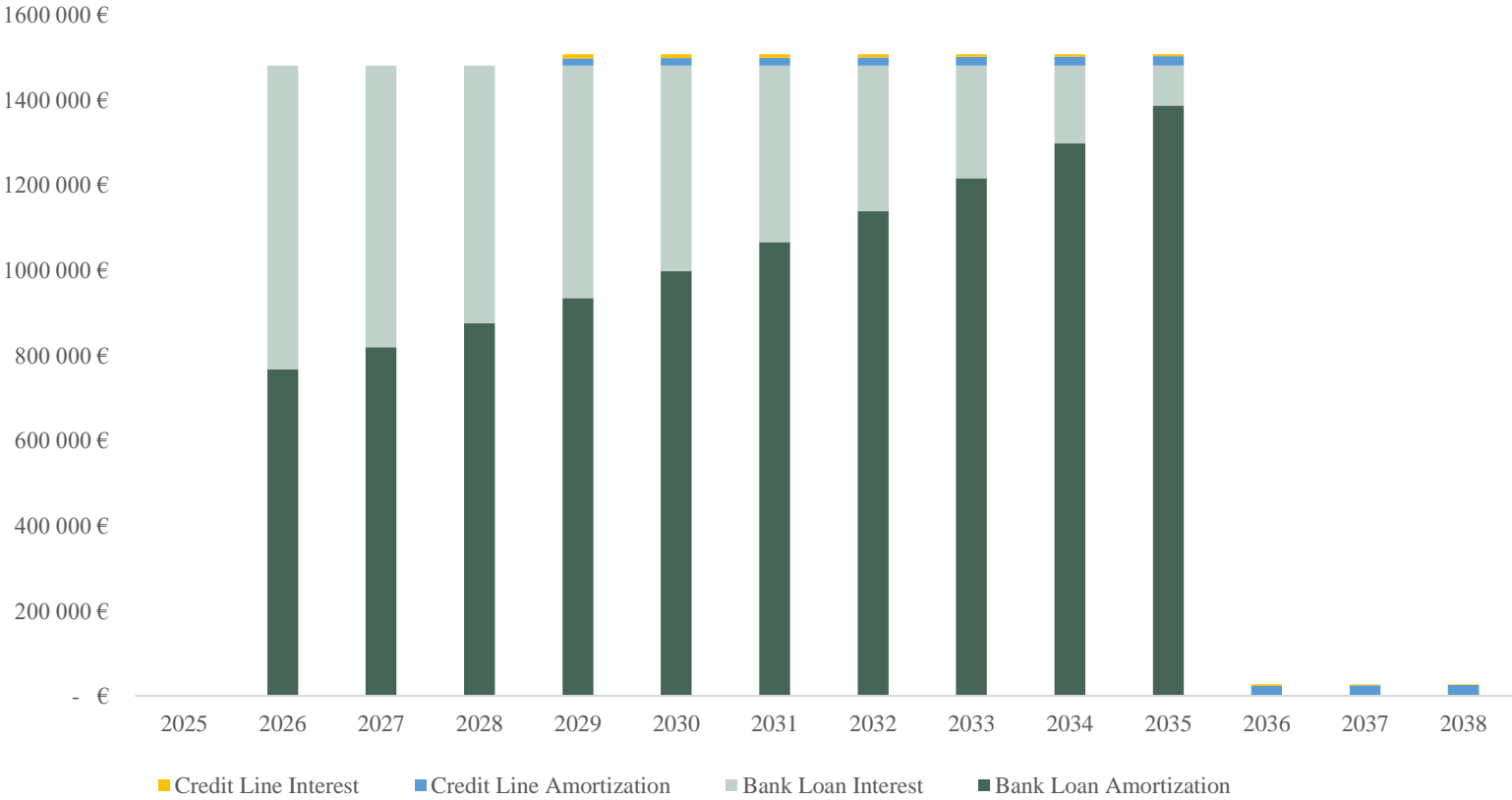
  

	2032	2033	2034	2035	2036	2037	2038
	- €	- €	- €	- €	- €	- €	- €
-	5 943 € -	1 781 € -	11 574 € -	5 845 € -	26 965 € -	9 099 € -	8 003 €



	2032	2033	2034	2035	2036	2037	2038
	7	8	9	10	11	12	13
-	154 864 € -	135 746 € -	115 705 € -	94 696 € -	72 670 € -	49 581 € -	25 375 €
	- €	- €	- €	- €	- €	- €	- €
-	19 117 € -	20 041 € -	21 010 € -	22 025 € -	23 090 € -	24 206 € -	25 375 €
	9,23%	9,68%	10,15%	10,64%	11,15%	11,69%	12,25%
-	135 746 € -	115 705 € -	94 696 € -	72 670 € -	49 581 € -	25 375 €	- €
-	7 485 € -	6 561 € -	5 592 € -	4 577 € -	3 512 € -	2 396 € -	1 226 €
<b>-</b>	<b>26 602 € -</b>	<b>26 602 € -</b>	<b>26 602 € -</b>	<b>26 602 € -</b>	<b>26 602 € -</b>	<b>26 602 € -</b>	<b>26 602 €</b>

**Appendix 54.4: Summary of first CAPEX financing option – annual debt payments**



## Appendix 55: PRR 2030 conditions

*CVPAz application to PRR 2030 implies the delivery of different documents, with this thesis presenting a significant contribution to the process*

	DESCRIPTION	STATUS
<p><b>SCOPE</b></p> 	<p><b>Construction</b>, reconversion, expansion, remodeling and adaptation of <b>physical spaces</b> and <b>acquisition of equipment from the social equipment network</b>, as well as the equipping and/or replacement of mobile equipment that meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Promote the conversion of social facilities with a view to adapting them to territorial needs within the scope of social responses;</li> <li>• Aim to remodel and adapt infrastructure to guarantee access to all citizens, regardless of their motor skills;</li> <li>• Aim at modernizing and adjusting infrastructure to current and future needs;</li> <li>• Promote the requalification of infrastructures and their network according to the changes in social realities verified and that are justified</li> </ul>	<p><b>CAPDM IS IN LINE WITH THE FINANCING SCOPE</b></p>
<p><b>BENEFICIARY ELIGIBILITY CONDITIONS</b></p> 	<ul style="list-style-type: none"> <li>• Be <b>legally constituted</b></li> <li>• Have their <b>situation regularized</b> with the tax administration, social security and those responsible for the ESI Funds (European Structural and Investment Funds)</li> <li>• <b>Legal ability to carry out</b> the activities</li> <li>• Ability to secure, the <b>technical, physical, financial, and human resources</b> necessary to carry out the operation</li> <li>• Present a <b>balanced economic-financial situation</b> or demonstrate the capacity to finance the operation</li> <li>• Not having submitted the same application, for which the decision process is still ongoing</li> <li>• Do not hold or have held capital in a percentage exceeding 50%, by themselves or their spouse, or by their ascendants and descendants up to the 1st degree, as well as by anyone who lives with them in conditions <u>similar to</u> those of their spouses, in a company that has not complied with notification to return support within the scope of an operation supported by European funds</li> </ul>	<p><b>CVPAZ OBEYS TO ALL ELIGIBILITY CONDITIONS</b></p>

## DESCRIPTION


## STATUS


### APPLICABLE ELIGIBLE EXPENSES




- Studies, projects, preparatory activities, and consultancy related to operations
- **Construction work necessary** for the building, expansion, and upgrading of social equipment infrastructure
- **Works to enhance the efficiency and effectiveness** of social equipment infrastructure;
- **Fitting-out works**, including the purchase of mobile equipment to improve social support services and its facilities
- **Acquisition of equipment**, monitoring systems, information systems, technology, materials, and software
- **Price adjustments** in line with applicable legislation and contract terms, up to 5% of the actual contract work value
- **Project coordination and management**, supervision, safety coordination, and technical assistance
- Necessary **informational and promotional activities** to support the operation's objectives
- Other expenses necessary for carrying out the operation, which must be itemized, justified, and approved by the managing authority
- In the case of subcontracting, financed operations do not allow contracts through intermediaries or consultants where payment is based on a percentage of the funding or eligible operation expenses;
- **Costs related to purchasing second-hand equipment**, provided that the equipment has not been acquired through grants; the price of the equipment does not exceed its market value and is less than the cost of new, similar equipment; the equipment meets the necessary technical specifications for the operation and complies with applicable standards.
- **Costs related to the depreciation of equipment** directly linked to the operation's implementation are eligible, provided that no grants were used to purchase these assets or equipment; the depreciation is in line with applicable accounting rules; the depreciation exclusively refers to the period of the operation in question.
- Costs associated with guarantees provided by banks or other institutions, as required by national or European legislation
- Non-eligible expenses: Cash payments, except in cases where cash is the most common payment method, limited to 250 euros; Expenses related to the operation, maintenance, or repair linked to the exploitation of infrastructure; Renovations that alter the use of co-financed equipment less than ten years old.

### CAPDM EXPENSES ARE IN LINE WITH THE REQUIRED ELIGIBILITY

	DESCRIPTION	STATUS
<p><b>PROJECT ELIGIBILITY CONDITIONS</b></p> 	<ul style="list-style-type: none"> <li>• Demonstrate an adequate <b>degree of maturity</b></li> <li>• <b>Justify the need</b> and opportunity to carry out the operation</li> <li>• Present a <b>technical characterization</b> and a justification of the investment costs and the physical and financial implementation schedule;</li> <li>• Demonstrate the <b>sustainability of the operation</b> after the investment has been made</li> <li>• Include <b>performance and result indicators</b> that allow evaluating the contribution of the operation to the respective objectives, as well as monitoring the degree of execution of the operation and compliance with the expected results</li> <li>• Present a <b>communication plan</b> to be developed during the implementation of the operation and at its conclusion, which allows information and dissemination of the operation's result indicators to potential beneficiaries or users and the general public</li> <li>• <b>Comply with the technical guidelines and standards</b> applicable to the type of operation</li> <li>• Reconversion interventions that change the use of equipment financed by European funds for less than 10 years are not eligible</li> <li>• Support for social and health infrastructures is conditioned on mapping intervention needs</li> </ul>	<p><b>CVPAZ STILL NEEDS TO FINISH ALL THE REQUIRED DOCUMENTS</b></p>

	INCENTIVES
	<ul style="list-style-type: none"> <li>• Non-reimbursable incentive; reimbursement of eligible costs actually incurred and paid</li> <li>• <b>85% financing rate</b></li> </ul>

	SELECTION CRITERIA
	<ul style="list-style-type: none"> <li>• Effectiveness and impact on results</li> <li>• Efficiency, quality, and innovation</li> <li>• Complementarity and synergies</li> <li>• Strategic alignment</li> </ul>

NEXT STEPS	STATUS
<ul style="list-style-type: none"> <li>• Carefully evaluate and show interest on financing solution to cover construction costs</li> <li>• <b>Technical characterization</b> and a justification of the investment costs</li> <li>• Physical and financial <b>implementation schedule</b></li> <li>• Demonstration of the <b>sustainability of the operation</b> after the investment has been made</li> <li>• Performance and result <b>indicators</b></li> <li>• <b>Communication plan</b> to be developed during the implementation of the operation and at its conclusion</li> </ul>	<p><b>TO DO</b></p> <p><b>IN PROGRESS</b></p> <p><b>IN PROGRESS</b></p> <p><b>IN PROGRESS</b></p> <p><b>IN PROGRESS</b></p> <p><b>IN PROGRESS</b></p>

DEVELOPED IN THIS THESIS

## Appendix 56: Summary of second CAPEX financing option

The second financing option comprises PRR 2030, a bank loan and a credit line, however, CVPaz does not usually rely on bank loans to finance its operations

### Appendix 56.1: Summary of second CAPEX financing option – assumptions

#### ASSUMPTIONS - PRR FINANCING

Coverage rate	85%	<u>Caixa PRR PT 2030</u>
<b>PRR financing</b>	<b>2025</b>	<b>2026</b>
Construction & ISS Licensing	- 3 569 622,60 € -	5 354 005,50 €
CF	3 569 622,60 €	5 354 005,50 €

#### ASSUMPTIONS - BANK LOAN

#### Notes

Leverage	<b>1 574 758 €</b>
Maturity	10
Interest	<u>6,80%</u> For 10-year bank loan

#### ASSUMPTIONS - CREDIT LINE

#### Source

Credit Max	1 500 000 €	<u>Linha de Financiamento ao Setor Social</u>
Leverage	<b>207 088 €</b>	
Grace Period (in months)	36	
Maturity (in years)	15	
Euribor	<u>3,08%</u>	
Spread:		
3y	1%	
3y-6y	1,25%	
6y-8y	1,50%	
>8y	1,75%	
Interest Rate	<b>4,83%</b>	

Source: PRR 2030, Santander 2024 and Crédito Agrícola 2023

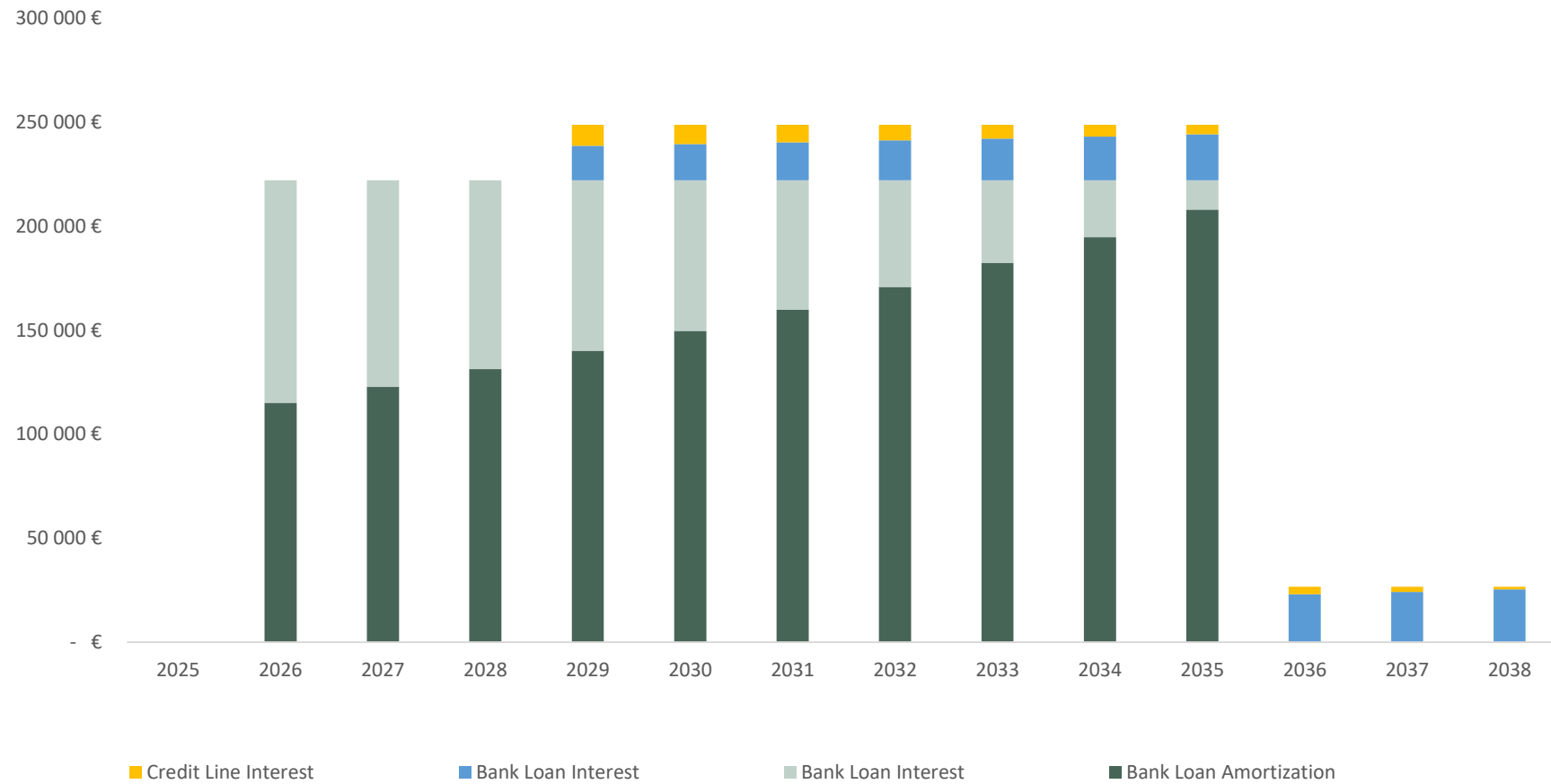
## Appendix 56.2: Summary of second CAPEX financing option – bank loan schedule

<b>Capital Needs</b>	2025		2026				
Remaining construction cost	-	629 933 € -	944 825 €				
<b>Bank loan</b>	2025	2026	<b>2027</b>	2028	2029		
<i>Period</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>		
Opening Balance	1 574 758 €	1 574 758 €	1 459 700 €	1 336 817 €	1 205 579 €		
Amortization	-	115 058 € -	122 882 € -	131 238 € -	140 162 €		
<i>Amortization Schedule</i>		<i>7,31%</i>	<i>7,80%</i>	<i>8,33%</i>	<i>8,90%</i>		
Due Amount	1 574 758 €	1 459 700 €	1 336 817 €	1 205 579 €	1 065 417 €		
Interest	-	107 084 € -	99 260 € -	90 904 € -	81 979 €		
<b>Debt Payments</b>	- € -	<b>222 142 € -</b>	<b>222 142 € -</b>	<b>222 142 € -</b>	<b>222 142 €</b>		
	2030	2031	2032	2033	2034	2035	<b>Total</b>
	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	
	1 065 417 €	915 723 €	755 851 €	585 107 €	402 753 €	207 998 €	
-	149 693 € - <i>9,51%</i>	159 873 € - <i>10,15%</i>	170 744 € - <i>10,84%</i>	182 354 € - <i>11,58%</i>	194 755 € - <i>12,37%</i>	207 998 € - <i>13,21%</i>	1 574 758 €
	915 723 €	755 851 €	585 107 €	402 753 €	207 998 €	- €	
-	72 448 € -	62 269 € -	51 398 € -	39 787 € -	27 387 € -	14 144 € -	646 660 €
-	<b>222 142 € -</b>	<b>222 142 € -</b>	<b>222 142 € -</b>	<b>222 142 € -</b>	<b>222 142 € -</b>	<b>222 142 € -</b>	<b>2 221 418 €</b>

### Appendix 56.3: Summary of second CAPEX financing option – credit line schedule

Credit Line	<i>No Capital Needed</i>						
	2025	2026	2027	2028	2029	2030	2031
<i>Period</i>	0	1	2	3	4	5	6
Opening Balance	- €	- € -	104 199 € -	207 088 € -	207 088 € -	190 495 € -	173 099 €
Capital Drawdown	- € -	104 199 € -	102 889 €	- €	- €	- €	- €
Amortization	- €	- €	- €	- € -	16 593 € -	17 395 € -	18 236 €
<i>Amortization Schedule</i>			<i>Grace Period</i>		8,01%	8,40%	8,81%
Due Amount	- € -	104 199 € -	207 088 € -	207 088 € -	190 495 € -	173 099 € -	154 864 €
Interest	- €	- €	- €	- € -	10 009 € -	9 207 € -	8 366 €
<b>Debt Payments</b>	<b>- €</b>	<b>- €</b>	<b>- €</b>	<b>- € -</b>	<b>26 602 € -</b>	<b>26 602 € -</b>	<b>26 602 €</b>
	2032	2033	2034	2035	2036	2037	2038
	7	8	9	10	11	12	13
-	154 864 € -	135 746 € -	115 705 € -	94 696 € -	72 670 € -	49 581 € -	25 375 €
	- €	- €	- €	- €	- €	- €	- €
-	19 117 € -	20 041 € -	21 010 € -	22 025 € -	23 090 € -	24 206 € -	25 375 €
	9,23%	9,68%	10,15%	10,64%	11,15%	11,69%	12,25%
-	135 746 € -	115 705 € -	94 696 € -	72 670 € -	49 581 € -	25 375 €	- €
-	7 485 € -	6 561 € -	5 592 € -	4 577 € -	3 512 € -	2 396 € -	1 226 €
<b>-</b>	<b>26 602 € -</b>	<b>26 602 € -</b>	<b>26 602 € -</b>	<b>26 602 € -</b>	<b>26 602 € -</b>	<b>26 602 € -</b>	<b>26 602 €</b>

**Appendix 56.4: Summary of second CAPEX financing option – annual debt payments**



**Appendix 57: OPEX coverage rate per scenario**

*ISS contributions are predicted to cover overall costs in all scenarios assuming that these contributions grow according to the CAGR registered*

**Appendix 57.1: OPEX coverage rate per scenario – annual coverage**



### Appendix 57.2: OPEX coverage rate per scenario - predicted ISS monthly contributions

User	Type of response from Typical Agreement	2024	2025	2026	2027	2028	2029	2030	2031	
Residential user	<i>Lar Residencial</i>	1 469,22 €	1 538,30 €	1 610,63 €	1 686,36 €	1 765,65 €	1 848,67 €	1 935,59 €	2 026,60 €	
Ambulatory user	<i>CACI</i>	686,24 €	711,99 €	738,70 €	766,41 €	795,16 €	824,99 €	855,95 €	888,06 €	
		2032	2033	2034	2035	2036	2037	2038	2039	2040
		2 121,89 €	2 221,66 €	2 326,12 €	2 435,49 €	2 550,00 €	2 669,90 €	2 795,44 €	2 926,87 €	3 064,49 €
		921,37 €	955,94 €	991,80 €	1 029,01 €	1 067,62 €	1 107,67 €	1 149,23 €	1 192,34 €	1 237,08 €

## Appendix 58: Potential revenue obtained from users' pensions

To calculate potential revenues, 90% of the users were assumed to be entitled to a pension, reaching over €190,000 in 2027

### Appendix 58.1: Potential revenue obtained from users' pensions – assumptions

#### ASSUMPTIONS

% Target users with social income	90%
With social income	63
Residential	49
Ambulatory	14

Type of pension	Pension per user per month	Number of ambulatory users benefitting from the pension	Number of residential users benefitting from the pension	% Contribution from ambulatory users	% Contribution from residential users	Total Contribution per month	Total Contribution per year
Pensão Invalidez Absoluta	462,28 €	10	36	45%	60%	12 065,51 €	144 786,10 €
Complemento por Dependência 1º	122,90 €	0	0	0%	0%	0,00 €	0,00 €
Complemento por Dependência 2º	221,21 €	0	0	0%	0%	0,00 €	0,00 €
Prestação Social para a Inclusão	316,33 €	4	13	45%	60%	3 036,77 €	36 441,22 €
						<b>15 102,28 €</b>	<b>181 227,31 €</b>

Source: *Segurança Social 2024*

### Appendix 58.2: Potential revenue obtained from users' pensions – CAPDM computation

Contribution	2024	2025	2026	2027	2028	2029	2030	2031
Total contribution per year	181 227,31 €	184 942,47 €	188 641,32 €	192 433,01 €	196 300,92 €	200 246,56 €	204 271,52 €	208 377,38 €
% contribution of OPEX				17%	16%	16%	15%	15%
	2032	2033	2034	2035	2036	2037	2038	2039
	212 565,76 €	216 838,33 €	221 196,78 €	225 642,84 €	230 178,26 €	234 804,84 €	239 524,42 €	244 338,86 €
	15%	14%	14%	13%	13%	13%	12%	12%
								2040
								249 250,07 €
								12%
































































## Appendix 59: Sensitivity analysis on potential revenue obtained from users' pension

*The proportion to be charged depends upon the negotiation with ISS – a higher proportion yields larger revenues for CVPaz*

		% charged per ambulatory user								
		192 433,01 €	30%	35%	40%	45%	50%	55%	60%	65%
% charged per residential user	60%	181 179 €	184 930 €	188 682 €	192 433 €	196 184 €	199 936 €	203 687 €	207 438 €	
	65%	194 402 €	198 153 €	201 904 €	205 656 €	209 407 €	213 158 €	216 910 €	220 661 €	
	70%	207 624 €	211 376 €	215 127 €	218 878 €	222 630 €	226 381 €	230 132 €	233 883 €	
	75%	220 847 €	224 598 €	228 349 €	232 101 €	235 852 €	239 603 €	243 355 €	247 106 €	
	80%	234 069 €	237 821 €	241 572 €	245 323 €	249 075 €	252 826 €	256 577 €	260 329 €	
	85%	247 292 €	251 043 €	254 795 €	258 546 €	262 297 €	266 049 €	269 800 €	273 551 €	
	90%	260 515 €	264 266 €	268 017 €	271 769 €	275 520 €	279 271 €	283 023 €	286 774 €	
	95%	273 737 €	277 489 €	281 240 €	284 991 €	288 743 €	292 494 €	296 245 €	299 996 €	

## Appendix 60: Funding sources table

*ISS financing, partnerships and grants are the most relevant funding sources since bank loans imply a large debt burden on CVPaz*

FUNDING SOURCES	COST TO BE FINANCED	FINANCIAL IMPACT	REQUIRED EFFORT	SUCCESS LIKELIHOOD	FUNDING STABILITY	SCALABILITY	Legend		
							 Most favorable	 Medium	 Least favorable
ISS financing	OPEX								
Users' pensions	OPEX								
Grants (e.g. Geofundos)	CAPEX								
Sales (handmade products, services)	OPEX								
Social impact bonds	CAPEX								
Valorsul agreement	OPEX								
Bank loan	CAPEX								
PRR 2030 financial support	CAPEX								
Credit line for social institutions	CAPEX								
Current corporate partners donations	CAPEX OR OPEX								
New corporate partners donations	CAPEX OR OPEX								
Consignação IRS (Income tax contribution)	CAPEX OR CAPEX								

CRITERIA	GUIDELINES
FINANCIAL IMPACT	<u>Potential amount of funding that can be raised, relative to the total amount required</u>
REQUIRED EFFORT	<u>Resources and time required to secure the funding</u>
SUCCESS LIKELIHOOD	<u>Probability of successfully obtaining the funding</u>
FUNDING STABILITY	<u>Reliability and consistency of the funding source</u>
SCALABILITY	<u>Potential for the funding to increase in case CAPDM is expanded</u>

## Appendix 61: Capacity analysis based on bedrooms and bathrooms CAPEX

*Changing the number of residential users has a large impact on CAPEX*

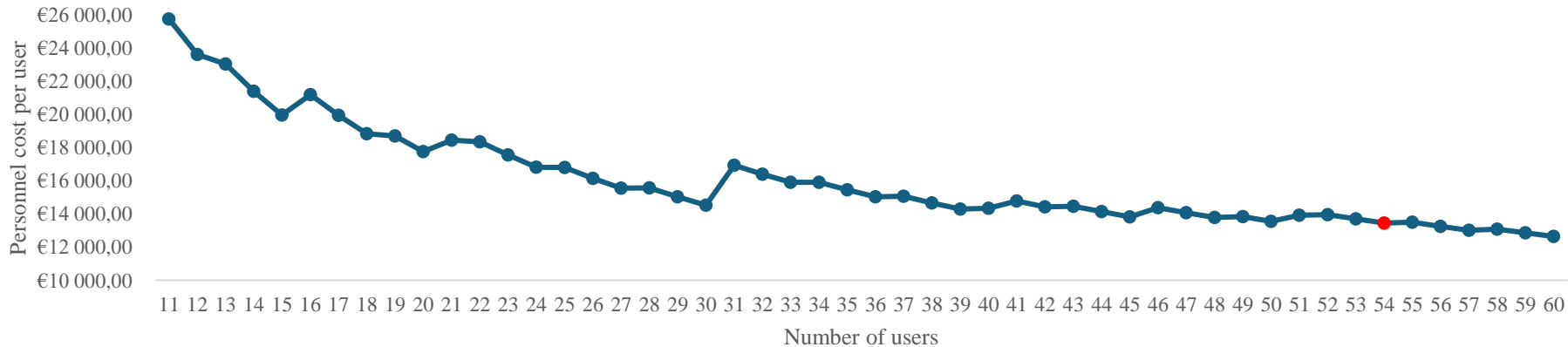
New nr. of users	Reduction in sqm	Reduction in construction cost			Reduction in equipment cost		
		Baseline Scenario	Best-Case Scenario	Worst-Case Scenario	Baseline Scenario	Best-Case Scenario	Worst-Case Scenario
24	370	3 326 000 €	2 956 444 €	3 695 556 €	16 566 €	14 910 €	18 223 €
26	345	3 104 267 €	2 759 348 €	3 449 185 €	15 462 €	13 916 €	17 008 €
28	320	2 882 533 €	2 562 252 €	3 202 815 €	14 358 €	12 922 €	15 793 €
30	296	2 660 800 €	2 365 156 €	2 956 444 €	13 253 €	11 928 €	14 578 €
32	271	2 439 067 €	2 168 059 €	2 710 074 €	12 149 €	10 934 €	13 364 €
34	246	2 217 333 €	1 970 963 €	2 463 704 €	11 044 €	9 940 €	12 149 €
36	222	1 995 600 €	1 773 867 €	2 217 333 €	9 940 €	8 946 €	10 934 €
38	197	1 773 867 €	1 576 770 €	1 970 963 €	8 835 €	7 952 €	9 719 €
40	172	1 552 133 €	1 379 674 €	1 724 593 €	7 731 €	6 958 €	8 504 €
42	148	1 330 400 €	1 182 578 €	1 478 222 €	6 627 €	5 964 €	7 289 €
44	123	1 108 667 €	985 481 €	1 231 852 €	5 522 €	4 970 €	6 074 €
46	99	886 933 €	788 385 €	985 481 €	4 418 €	3 976 €	4 859 €
48	74	665 200 €	591 289 €	739 111 €	3 313 €	2 982 €	3 645 €
50	49	443 467 €	394 193 €	492 741 €	2 209 €	1 988 €	2 430 €
52	25	221 733 €	197 096 €	246 370 €	1 104 €	994 €	1 215 €

New nr. of users	Reduction in sqm	New construction cost (2025 and 2026)			New equipment cost (2026)		
		Baseline Scenario	Best-Case Scenario	Worst-Case Scenario	Baseline Scenario	Best-Case Scenario	Worst-Case Scenario
24	370	7 172 386 €	6 375 492 €	7 969 280 €	87 632 €	78 869 €	96 395 €
26	345	7 394 119 €	6 572 588 €	8 215 651 €	88 737 €	79 863 €	97 610 €
28	320	7 615 853 €	6 769 684 €	8 462 021 €	89 841 €	80 857 €	98 825 €
30	296	7 837 586 €	6 966 780 €	8 708 392 €	90 945 €	81 851 €	100 040 €
32	271	8 059 319 €	7 163 877 €	8 954 762 €	92 050 €	82 845 €	101 255 €
34	246	8 281 053 €	7 360 973 €	9 201 132 €	93 154 €	83 839 €	102 470 €
36	222	8 502 786 €	7 558 069 €	9 447 503 €	94 259 €	84 833 €	103 685 €
38	197	8 724 519 €	7 755 166 €	9 693 873 €	95 363 €	85 827 €	104 899 €
40	172	8 946 253 €	7 952 262 €	9 940 243 €	96 468 €	86 821 €	106 114 €
42	148	9 167 986 €	8 149 358 €	10 186 614 €	97 572 €	87 815 €	107 329 €
44	123	9 389 719 €	8 346 455 €	10 432 984 €	98 676 €	88 809 €	108 544 €
46	99	9 611 453 €	8 543 551 €	10 679 355 €	99 781 €	89 803 €	109 759 €
48	74	9 833 186 €	8 740 647 €	10 925 725 €	100 885 €	90 797 €	110 974 €
50	49	10 054 919 €	8 937 743 €	11 172 095 €	101 990 €	91 791 €	112 189 €
52	25	10 276 653 €	9 134 840 €	11 418 466 €	103 094 €	92 785 €	113 403 €

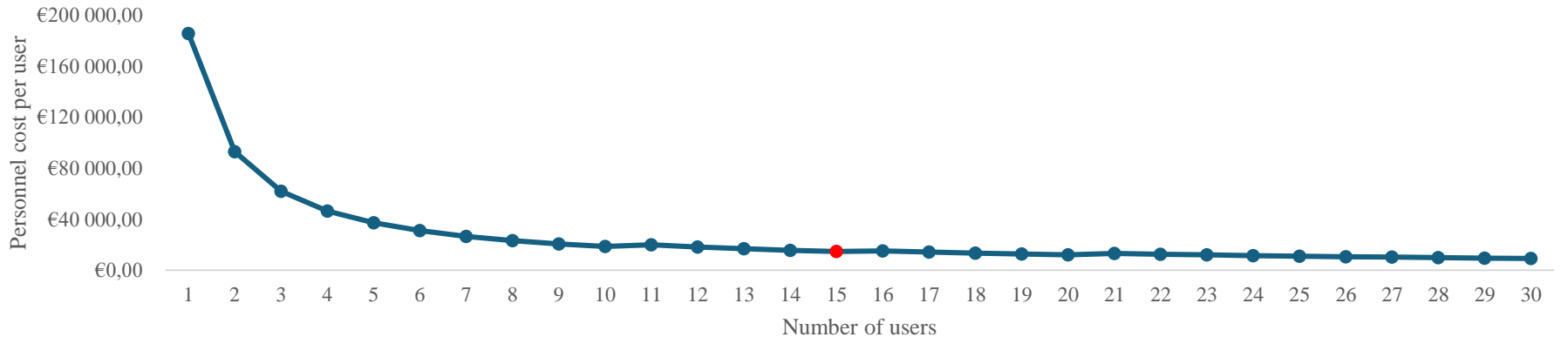
**Appendix 62: Capacity analysis based on permanent personnel costs**

*Changing the number of users has a large impact on permanent personnel costs per user*

Annual Permanent Personnel Cost per Residential User - 2027



Annual Permanent Personnel Cost per Ambulatory User - 2027



**Appendix 63: Sensitivity analysis on OPEX by varying inflation rate utilized**

*Unexpected spikes in inflation rate may strain CVPaz's budget regarding OPEX*

CPI Inflation Rate from 2027 onwards						
2%	3%	4%	5%	6%	7%	8%
1 328 402 €	1 337 297 €	1 346 454 €	1 355 880 €	1 365 579 €	1 375 557 €	1 385 818 €

**Appendix 64: Sensitivity analysis on equipment acquisition costs by varying the inflation rate**

*Unexpected spikes in inflation rate may strain CVPaz's budget regarding equipment acquisition costs*

CPI Inflation Rate 2026						
2%	3%	4%	5%	6%	7%	8%
104 199 €	105 220 €	106 242 €	107 263 €	108 285 €	109 306 €	110 328 €

**Appendix 65: Sensitivity analysis on total OPEX in 2027 by varying wage growth rate**

*Unexpected changes in the wage growth rate have a large impact on CAPDM OPEX in 2027 due to the large weight of personnel expenses on the cost structure*

Minimum Wage from 2026 onwards						
2%	3%	4%	5%	6%	7%	8%
1 091 350 €	1 107 913 €	1 124 638 €	1 141 523 €	1 158 571 €	1 175 780 €	1 193 151 €

**Appendix 66: Sensitivity analysis on personnel costs by varying the number of employees**

*Unexpected changes in staff allocation have a large impact on CAPDM OPEX due to the large weight of personnel expenses on the cost structure*

		Number of Direct Action Assistants						
		947 508,33 €	20	21	22	23	24	25
Number of Nurses	1		1 044 718 €	1 060 920 €	1 077 121 €	1 093 323 €	1 109 524 €	1 125 726 €
	2		1 076 300 €	1 092 502 €	1 108 704 €	1 124 905 €	1 141 107 €	1 157 308 €
	3		1 107 883 €	1 124 085 €	1 140 286 €	1 156 488 €	1 172 689 €	1 188 891 €
	4		1 139 465 €	1 155 667 €	1 171 869 €	1 188 070 €	1 204 272 €	1 220 473 €
	5		1 171 048 €	1 187 250 €	1 203 451 €	1 219 653 €	1 235 854 €	1 252 056 €

**Appendix 67: Sensitivity analysis on equipment acquisition costs by varying the number of ergonomic beds**

*Unexpected changes in the number of adjustable beds required increases the initial cost of equipment acquisition*

Number of adjustable beds						
1	2	3	4	5	6	7
104 199 €	104 635 €	105 071 €	105 507 €	105 943 €	106 379 €	106 815 €

**Appendix 68: Risk Management Matrix**

*Risk management matrix was elaborated to classify different risks*

**RISK LEVEL:** EXTREME HIGH MEDIUM LOW

<b>LIKELIHOOD</b>	<b>ALMOST CERTAIN</b>					
	<b>LIKELY</b>			<ul style="list-style-type: none"> <li>• Insufficient ISS Funding Updates</li> </ul>		
	<b>POSSIBLE</b>			<ul style="list-style-type: none"> <li>• Rising inflation rate</li> <li>• Dependency on specific partners</li> </ul>	<ul style="list-style-type: none"> <li>• Quality concerns</li> <li>• ISS inflexibility</li> <li>• Rising wage growth</li> </ul>	<ul style="list-style-type: none"> <li>• Rising CAPEX requirements</li> </ul>
	<b>UNLIKELY</b>		<ul style="list-style-type: none"> <li>• Rising maintenance requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance failures</li> <li>• Service interruptions and infrastructure failures</li> <li>• Unmotivated and less qualified staff</li> </ul>	<ul style="list-style-type: none"> <li>• Community relations deterioration</li> <li>• Overreliance on grant funding</li> <li>• Unanticipated users' conditions deterioration</li> </ul>	
	<b>RARE</b>				<ul style="list-style-type: none"> <li>• Lack of partner engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Delayed ISS payments</li> </ul>
		<b>INSIGNIFICANT</b>	<b>MINOR</b>	<b>MODERATE</b>	<b>MAJOR</b>	<b>CRITICAL</b>
<b>CONSEQUENCE</b>						

LIKELIHOOD	DESCRIPTION	PROBABILITY
<b>ALMOST CERTAIN</b>	Expected to occur in most circumstances	95-100%
<b>LIKELY</b>	Will probably occur	70-94%
<b>POSSIBLE</b>	Might occur at some time	30-69%
<b>UNLIKELY</b>	Could occur at some time	5-29%
<b>RARE</b>	May occur only in exceptional circumstances	0-4%
RISK LEVEL	RISK TREATMENT GUIDELINES	
<b>EXTREME</b>	Immediate action required to actively manage risk and limit exposure	
<b>HIGH</b>	Need to assess the extent to which risk should be treated - monitor to ensure risk does not adversely change over time	
<b>MEDIUM</b>	Need to regularly monitor to ensure effective management of risk exposure and minimization of disruptions	
<b>LOW</b>	Routine procedures and appropriate internal controls should be conducted	

## Appendix 69: Sustainable Development Goals that CAPDM will impact

4 SDGs are promoted with CAPDM construction



Source: United Nations

## Appendix 70: 7-S Framework

*The 7-S Framework explains how CAPDM integrates seamlessly in CVPaz's operations*

Strategy	Refers to the actions an organization takes to achieve its goals and gain a competitive advantage. In the case of CAPDM, the strategy addresses a significant social need by providing a unique care model for individuals who completed rehabilitation but cannot reintegrate into society independently. This approach aligns with CVPaz's mission of serving vulnerable populations.
Structure	Refers to how an organization is arranged, including its hierarchy, roles, responsibilities, and communication systems. CAPDM is integrated into CVPaz's broader organizational framework, complementing existing services without overlapping. It operates under the Direct Intervention branch as an autonomous entity.
Systems	Refers to the processes, procedures, and workflows that ensure the organization operates efficiently. CAPDM builds on CVPaz's existing communication and reporting systems while developing internal systems tailored to its residential care, clinical services, and daily activity needs, ensuring comprehensive and efficient care.
Style	Refers to the culture, values, and behaviors within an organization. CAPDM adopts CVPaz's culture of community, solidarity, and support. The center fosters a nurturing environment for users, with a focus on empathy, individualized care, and enhancing user autonomy and social reintegration.
Staff	Refers to the people within the organization, their roles, and the skills they bring. The staff at CAPDM must have specialized skills in clinical care, rehabilitation, and social services. They work with vulnerable users and embody the culture of compassion and collaboration, working in coordination with other centers within CVPaz.
Skills	Refers to the individual and institutional capabilities needed to achieve organizational objectives. CAPDM staff require expertise in clinical and rehabilitation care, as well as a commitment to supporting user autonomy. The center also benefits from CVPaz's established knowledge and operational efficiencies in working with vulnerable populations.
Shared Values	Refers to the core principles and goals that guide the organization's actions and decisions. CAPDM is aligned with CVPaz's shared values of inclusion, dignity, and autonomy. By filling a critical service gap, CAPDM reinforces CVPaz's mission to support vulnerable individuals and foster social inclusion.

*Source: McKinsey 2008*