

**NOTICE OF REQUESTS FOR PROPOSALS (RFP)**

**COMMUNITY PLACEMENT PLAN (CPP)**

**FISCAL YEAR 2016-17**

**RFP Posting Date**: March 28, 2017

**RFP Submission Deadline**: May 1, 2017 by 4pm (no exceptions)

**Summary of Project**

San Gabriel/Pomona Regional Center is soliciting proposals for the following CPP contracted service:

**Service Type:** One (1) provider of an adult day services and supports, in a licensed setting for a minimum of 30 individuals.

**Start-up Funds Available**:

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| Project# | Project Type | Service Provider Start-up |
| SGPRC-1617-7 | Specialized Behavior Management Day Program | $150,000 |

**Location:** To be determined (within the SG/PRC service area)

**SERVICE DESCRIPTION**

SG/PRC is seeking the development of one (1) adult day program to address the unique day programming needs of adult individuals with developmental disabilities including intellectual disability, autism, epilepsy, cerebral palsy and/or dual diagnosis of developmental disability and acute or active mental health diagnoses in the SG/PRC catchment area. The individuals to be served by this program present significant behaviors, which require a structured setting. These individuals may be transitioning from a locked setting or may already be living in the community but have been unsuccessful at other behavior management programs.

The day program will be site-based with a strong community integration component. All day-to-day activities should be directly related to the acquisition of vocational skills and addressing barriers to employment. The program will offer a strong emphasis on the development/discovery of vocational skills leading towards the acquisition of employment and the program should demonstrate a commitment to transition program participants to less restrictive settings. The day program must also incorporate an electronic, HIPAA-compliant record keeping system for tracking client notes, data collection on ISP objectives, behavior counts and incident reports.

The site will be licensed as an Adult Day Care and serve a minimum of thirty (30) adults with a maximum of forty-five (45) adults, ages eighteen (18) and above. The day program is to be located within SG/PRC’s service area. The day program shall also provide the transportation service which to and from the day program for program participants.

Each proposed program participant has a diagnosis of intellectual disability, cerebral palsy, epilepsy, or autism. Some individuals identified for this program may be non-ambulatory, utilizing wheelchairs and may have restricted health conditions (T.22, 82092).

These individuals will also exhibit behavioral issues including but not limited to: self-abuse, AWOL, pica, biting, physical and verbal aggression, head banging, property destruction, tantrums, screaming, spitting, grunting and smearing feces.

SG/PRC will manage the start-up activities and provide technical assistance and monitoring of the adult day program. The successful applicant is expected to comply with all terms and conditions of the Service Agreement for on-going services and the requirements for continued operation within the applicable Title 17 [Division 2, Chapter 3, and Subchapter 5] and Title 22 regulations.

The proposed program must be developed to meet the new regulations issued by the Centers for Medicare and Medicaid Services (CMS) regarding standards that must be met in order for the setting to continue to receive federal funding beyond March 2019. The prospective provider must ensure that services developed as part of this project are provided in accordance with person-centered plans that focus on the achievement of goals the individual values. The day service must provide a high degree of community integration.

The provider selected for this CPP grant must demonstrate the ability and commitment to work closely with the various project partners, including the families of the clients, residential vendors, and SG/PRC Service Coordinator and/or other staff. The selected provider must also show compassion and understanding towards the families as they navigate through the referral process.

**GENERAL REQUIRMENTS**

* This project shall be developed in the SG/PRC catchment area (**Attachment A**). The day service is being developed for adults currently residing at a developmental center, in a locked setting or presently in the community and in need of a structured setting.
* Applicants must have a minimum of five years direct working experience with individuals with developmental disabilities presenting significant behavioral challenges and must meet Title 17 and Title 22 requirements for operating an adult day program.
* The rate of reimbursement for on-going services will either be established by DDS or may be negotiated based on the quality and innovation of the proposed service and the projected costs which must reflect enhanced staffing and direct services.
* Selection of the day program site will be completed by the successful applicant, in collaboration with SG/PRC.
* Applicants must demonstrate fiscal responsibility by submitting 2 complete fiscal years and current fiscal year to date financial statements that detail all current and fixed assets and current and long-term liabilities. In addition, the applicant must document available credit line and provide necessary information for verification.

**Deadline of Submission:** Proposals must be received at SG/PRC by **4:00 p.m. on May 1, 2017**.

Applications that are submitted after the deadline or that are incomplete, or proposals that do not meet the basic requirements will be disqualified. No proposals will be returned.

This RFP does not commit SG/PRC to procure or contract for services or supports. SG/PRC may elect to fund all, part, or none of the project, depending on funding availability as approved by the Department of Developmental Services and the quality of the proposals received.

**Program Type/On-going Reimbursement Rate:**

The adult day program will be licensed as an Adult Day Care. This developed program shall comply with the applicable Title 22 requirements of an Adult Day Care, and with Title 17 requirements of an Adult Development Center. The rate of reimbursement for on-going services will either be established by DDS or may be negotiated based on the quality and innovation of the proposed service and the projected costs which must reflect enhanced staffing and direct services.

The staffing ratios, staff qualifications, and program design are to exceed the specifications of a traditional regional center vendored Adult Development Center (service code 510; Title 17, Section 56710 - 56756).

The applicant is to reflect in the personnel and budget sections the intent to hire and retain a full-time Program Director. The program proposal should include the availability of a Behavior Consultant during programming hours, at the program site. Additionally, the applicant should propose enhanced staffing through the use of certified/licensed staff along with direct care staff and consultant services that will be available to the program participants.

The minimum staff qualifications are six (6) months experience in a vocational/day services setting serving adults with developmental disabilities. Additionally all staff must be fingerprint cleared through the Department of Justice, CPR and First Aid certified and certified in either Personnel Assault Response Training (PART/Pro-Act), Crisis Prevention Institute (CPI) or Professional Crisis Management Association (PCMA) prior to having contact with the program participants. The proposal must reflect a thorough training program that includes training on developing job skills and dealing with mental illness.

Any other training deemed necessary for the successful implementation of the program or services.

**APPLICANT QUALIFICATIONS**

The following qualifications will be sought in a potential provider and will be assessed by evaluating and applicant’s proposal, and responses to interview questions, if applicable. For finalists, assessment of these qualifications will also include the collection and evaluation of additional information utilizing, but not limited to, the evaluation procedures listed below:

**Qualifications Sought in a Provider**

Applicant must demonstrate the following:

* A proven history of financial responsibility, stability and soundness
* A proven history demonstrating the ability to provide direct supervision or services/supports to persons with developmental disabilities or special needs.
* Proven credentials, licenses, training and/or skills required and/or preferred for the proposed project or service.
* A proven history of positive working relationships with the community and applicable government agencies. If applicant is a current vendor, applicant must be in good standing with the regional center and licensing agency.
* A proven history in the area of project development, including the ability to complete projects, meet project timelines and manage a project of this size and scope.
* The administrative capacity to complete the project and/or implement the service in a timely fashion.

Both not-for-profit and proprietary organizations are eligible to apply. Employees of regional centers are not eligible to apply. Applicants must disclose any potential conflicts of interest per Title 17, Section 54500. Applicants, including members of governing boards, must be in good standing in regards to all services vendored with any regional center. The successful applicant will work with SG/PRC to develop a rate which will include all or some of the items listed below;

1. Enhanced wage for direct care staff that is above minimum wage;
2. Enhanced staffing levels and ratios that included the utilization of licensed staff (i.e. Licensed Psychiatric Technician, Licensed Vocational Nurse, etc.)
3. Dedicated Job Developer on staff
4. Transportation component for getting individuals to and from the program and for transporting individuals during the program day
5. On-going training program for staff
6. Having a dedicated crisis intervention (CPI, Pro-ACT of PCMA) trainer on staff
7. Supplies and activities to keep the participants engaged throughout the program day
8. Licensed mental health professional (either consultant or staff person) to provide on-site counseling to participants

Successful applicants to this RFP project must adhere to the RFP writing guidelines outlined in this RFP and complete each attachment enclosed in this RFP.

The contracts for the project will require an agreement that the grantee will provide, at minimum, 120 months (ten years) of continuous adult day program supports and services, based upon the date of the first admission. Failure to meet this term of service will require the awardee to repay a portion of the original start-up grant, i.e. 12 months of service, repay 90% of original start-up grant; 24 months repay 80% of original start-up grant; 36 months repay at 70% of original start-up grant, etc.

The provider is required to keep receipts, cancelled checks, and financial data for 3 years from date of contract.

Applicants must adopt a *“no-reject” /no failure* policy toward individuals and a commitment to modifying supports to ensure continued stability without requesting additional funding from the regional center. Responses to this RFP must communicate a vision dedicated to providing long-term supports that adapt to the needs of the individual. Moving people to the State Developmental Center is no longer considered a viable alternative.

**APPLICANT ELIGIBILITY & RESTRICTIONS**

**Eligibility**

Any individual, partnership, corporation, association or private-for-profit or not-for-profit agency may submit a proposal.

* For partnership submissions, all partners should have full knowledge of the contents of the proposal submitted and must demonstrate commitment to the project during start-up as well as on-going operations.
* Applicants, including members of the governing board, must be in good standing in regards to all services vendored with any regional center.

**Ineligibility**

Under the following conditions, and individual or entity is ineligible to be regional center vendor, and therefore may not submit a proposal.

1. **Conflict-of-Interest:** Any individual or entity that has a conflict-of-interest as established in DDS Regulations, Title 17, Sections 54314 and 54500 et seq., unless a waiver is permitted and obtained, including:
   * Regional center employees, board members, and their family members.

**SELECTION PROCEDURES**

All proposals received by the deadline will undergo a preliminary screening. Late or incomplete applications will be not accepted for review and rating. Any proposal may be disqualified if it deviates from the submission instructions in the RFP.

SG/PRC will seat the RFP Selection Committee. The evaluation process will include individual committee member evaluation and rating for each proposal, followed by committee discussion and ranking of proposals.

Proposals will be reviewed and evaluated for:

* Completeness and responsiveness of the proposal;
* Relevant experience and qualifications of the applicant;
* Reasonableness of timeline and cost to complete each project;
* Demonstrated financial responsibility, stability and soundness of the applicant.

Proposals may be eliminated from further consideration due to inconsistency with state and federal guidelines, failure to follow RFP instructions, incomplete documents, or failure to submit required documents.

In addition to evaluating the merit of the proposal, applicants will be evaluated and selected based on previous performance, including timely completion of projects and a history of cooperative work with the regional center. (Please refer to the section titled Applicant Qualifications for details.)

After preliminary rating and ranking of proposals, interviews may be scheduled with finalists, particularly if two or more proposals are closely rated and/or more information is needed. References will be contacted for all finalists. All finalists will be required to complete and submit a budget and financial statement(s). (Please see section titled Applicant Qualifications for details.).

The final selection of the RFP Selection Committee is not subject to appeal. All applicants will receive written notification of SG/PRC’s decision regarding their proposal and an announcement of the applicant awarded the project will be posted on the Center’s web site: www.sgprc.org. All applicants will receive notification of SG/PRC’s decision regarding their proposal.

Additional information may be required from the selected applicant prior to the awarding of the project. Any information withheld or omitted, or failure to disclose any history of deficiencies or client abuse shall disqualify the applicant from award of the project and/or contract.

SG/PRC reserves the right not to select an applicant for project implementation if, in its determination, no qualified applicant has applied or is sufficiently responsive to the service need.

In the event that no proposal is selected, SG/PRC may elect to either not develop the service pending further analysis of alternatives to meet the expressed need, or to issue a new RFP to attempt to expand the pool of potential respondents.

**Additional Requirements**

* Development of Service Design: The selected applicant will be required to complete a service design within thirty (30) days of award of the contract.
* Proof of Liability Insurance: The selected applicant will be required to maintain general and professional liability insurance for all work performed on behalf of regional center clients and their families and to name the regional center as an additional insured on all such policies.

**RESERVATION OF RIGHTS**

SG/PRC reserves the right to request or negotiate changes in a proposal, to accept all or part of a proposal, or to reject any or all proposals. SG/PRC may, at our sole and absolute discretion, select no provider for these services if, in its determination, no applicant is sufficiently responsive to the need. SG/PRC reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. SG/PRC reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This RFP is being offered at the discretion of SG/PRC. It does not commit SG/PRC to award any grant.

**COSTS FOR PROPOSAL SUBMISSION**

Applicants responding to the RFP shall bear all costs associated with the development and submission of a proposal.

**SG/PRC COMMUNITY PLACEMENT PLAN (CPP)**

**REQUEST FOR PROPOSAL APPLICATION**

**SUBMISSION INSTRUCTIONS**

Please check the boxes, and provide information as applicable and requested in the following application. In addition, please complete and attach the identified Attachments (A-G) in Section 1. For Sections 2-15 provide responses in the provided box. If you are providing additional information or attachments, please identify the attachment in the response and label the attachment with the Section number being responded to.

**Proposal Content and Service Summary Content Guidelines**

1. Please include all information requested below and submit your proposal in the same order. Check each box to confirm that the item is included in the proposal. For additional guidance in writing your service summary, please refer to Title 17 and Title 22 regulations. Each proposal must be comprised of (6) complete sets of the following components:
   1. Application/Proposal Coversheet – Attachment A
   2. Statement of Obligation – Attachment B
   3. Comparable Project(s) Listing – Attachment C
   4. Most Recent Independent Audit or Verified Financial Statement – Attachment D
   5. Budget Form for Start-up Costs – Attachment E
   6. Budget Form for On-going Costs – Attachment F
   7. DS1891 Applicant Disclosure Form – Attachment G
2. **Mission, Vision and Value Statements**:

Provide the agency MVV statements and how these were developed for your agency. Include the program components and strategies that you will use to serve individuals who are dual diagnosed and who may or may not have forensic concerns and/or risk of criminal involvement. Provide a statement regarding your organization’s “no-reject” approach when evaluating individuals for this service and while providing ongoing services to individuals.

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1. **Background and Experience**:

Summarize education, experience, and knowledge of key personnel in providing services to the target populations.

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Describe any experience you have had with serving individuals who are or have resided in a developmental center. Also provide details of any transition activities in which you were involved. Describe how the documented education, knowledge, and experience will be a good fit for developing this program.

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1. **Equity & Diversity Statement**:

Please see list below. Applicants must:

* 1. Provide a statement outlining applicant’s plan to serve diverse populations, including, but not limited to, culturally and linguistically diverse populations.

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* 1. Provide examples of applicant’s commitment to addressing the needs of those diverse populations.

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* 1. Provide any additional information that the applicant deems relevant to issues of equity and diversity.

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1. **Development Experience**:

Briefly summarize your current and previous development of services and programs. Discuss your experience and provide a step-by-step action plan to achievable measurable, time-limited objectives that will result in obtaining a submission and approval of a final program design, involvement in activities leading to the transition of the individual from the developmental center(s) (or like placement) and activities related to the licensure and facility opening. Highlight similarities between current or previous program(s) developed and your proposed program for this RFP.

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1. **Timeline of Project Activities**

Provide a descriptive, step-by-step action plan to achieve measureable, time-limited objectives. The project objectives should be realistically achievable within the time frame. If more time is needed, all parties will agree upon an extension of start-up activities.

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1. **Agency Outcomes**:

Describe anticipated outcomes of proposed service for people residing in the home and how achievement of outcomes will be measured.

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1. **Assessment and Person-Centered Planning**:

Briefly describe your agency’s approach to the person-centered planning process. Discuss how individual goals and objectives will be determined and progress measured.

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1. **Administrative/Consultant Roles**:

Describe roles of Licensee, Administrator, additional staff, and proposed involved consultants. Provide qualifications of any certified or licensed staff or consultants. Attach resumes.

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1. **Methods and Procedures**:

Please see list below. Applicants will describe how they will:

* 1. Involve and plan for activities leading to the transition of individuals from the developmental center(s) and/or locked settings into the community.

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* 1. Address the mental health treatment needs of residents, as well as therapeutic approaches.

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* 1. Address the development of positive behavioral support plans for residents. Describe the types of assessments, positive proactive as well as reactive intervention methods that will be used to help reduce the occurrence of challenging behaviors. Include a description of the type of crisis intervention training that will be provided to direct care professionals.

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* 1. Address the close supervision needs of proposed residents with an emphasis on mitigating risk to the individual, the community, and staff.

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* 1. Address education and treatment approaches for substance abuse issues frequently presented by the individuals who will utilize these resources.

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* 1. Address the training techniques and instructional methods that the program will incorporate to achieve successful outcomes for the consumer population to be served. Include examples of structured activities that will be provided during programming hours.

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* 1. Teach social skill development to assist individuals in learning pro-social behaviors as alternatives to sexual/physical aggressive or assaultive behaviors.

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* 1. Train staff to support individuals who have involvement with the criminal justice system. This will include recognizing and managing the types of manipulative behaviors sometimes presented by the individuals who will utilize these services.

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* 1. Systemically address resident motivation issues through the use of incentive systems to promote cooperation and participation in the treatment and educational aspects of the services.

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* 1. Describe how psychiatric needs of individuals will be addressed and how staff will be trained to recognize, document, and report symptoms of psychiatric conditions and medication effectiveness.

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* 1. Describe your organization’s crisis response plan and how it will be implemented in the event that planned behavioral support strategies are not effective or during unanticipated emergency situations.

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1. Staff Recruitment and Retention: Describe your plan to recruit and retain quality staff. Include the following:
   1. Desired characteristics for all staff positions.

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* 1. Health and criminal background screening procedures.

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* 1. Initial and ongoing training, including required certifications. Discuss how your organization implements performance-based training for staff. Please provide a proposed training matrix. Include any specialized training for providing behavior support and crisis intervention to individuals who have potentially dangerous behaviors.

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* 1. Discuss what typical staff turnover is for your organization/agency.

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* 1. Provide information on salary levels and benefits. Direct care staff must be paid at a set minimum.

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* 1. Attach an organization chart that includes this project and maps the supervisory hierarchy. The chart must include the names of any governing board members and advisory boards, as well as other programs/facilities operated by the applicant.

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* 1. Provide job descriptions and qualifications for the primary staff and consultant positions necessary for this project, including Administrator/Program Manager, Direct Support Professionals, Behavioral Interventionist, Dietician, and other consultants. It is your responsibility to ensure that the qualifications for each staff person or consultant meet the criteria set forth in both the California Code of Regulations and the corresponding project description.

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1. **Staffing Schedule**:

Provide a detailed description of the staffing for the program, including the types of staff to be used (licensed and non-licensed) and staff ratio. Provide an organization chart.

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1. **Home and Community-Based Setting (HCBS) Requirements**:

Acknowledge awareness and commitment to developing the SRF service to meet the new HCBS requirements. The HCBS Day Services Provider Self Survey can be found at <http://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx> (Attachment V). Describe any areas in the Provider Self Survey where you feel additional technical assistance or guidance will be needed by your organization.

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1. **Transportation**:

Describe the transportation component of the program, including how participants will be transported to the program, transportation during the program day, program requirements for drivers, and vehicle safety policies and procedures.

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1. **Budget and Finance**:

Discuss what financial resources you bring to the project (e.g. line of credit, cash or fluid capital reserves, etc.). Provide the most recent fiscal year independent audit or review for your organization.

Provide a proposed budget, which details on-going operational costs of the service being proposed by applicant. The budget should be concise with all expenses sufficiently defined. The budget should be realistic in terms of the type of services to be offered in relation to income. The budget must demonstrate the financial viability of the proposal.

**Start-up Funds**: Start-up costs are costs which are necessary for the implementation of the service but not its on-going operation. Start-up costs are usually incurred before the program is ready to begin actual services to clients. As part of start-up costs, the applicant must allot a certain amount of funds for transition expenses. There are expenses incurred after the facility is licensed and while the vendor is completing transition visits and activities with the identified resident.

Using the attached Budget Form for Start-up Costs (Attachment E), and the Guidelines for the Use of CPP Funds (Attachment G), as a reference, display all costs associated with the start-up project. A proposed budget should be developed which details start-up costs. The budget should be concise with all expenses sufficiently defined. Start-up costs

**On-going Funding**: In accordance with existing statutory requirements, the reimbursement rate of payment for the on-going SRF will be negotiated between SG/PRC and the selected provider(s). This service will be vendored and funded under service code 113.

Each proposal must include a preliminary budget that identifies each cost component and the method of calculating of each component, respectively. Please note that negotiated rates must stay within DDS established median rates. The administrative overhead must not exceed 15% of the revenues. Please use the attached Budget Form for On-going Costs (Attachment F).

1. **Continuous Quality Improvement (CQI)**:

Describe how the service agency will use data, such as agency outcomes, stakeholder satisfaction, or other existing data (e.g. incident reports, medication logs) to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures (e.g. supervision, medication management, recruiting, etc.). Providers shall describe the feedback loop by which problem procedures will be identified, corrected through revised practices, and further monitored to measure the effectiveness of those changes in agency practice.

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**Formatting Requirements**

Applicants must adhere to the following formatting requirements when submitting the proposal application:

* All submissions must be on white, standard size (8 ½” x 11”) paper, single-sided only, in hard-copy to Josie Martinez, Resource Developer at SG/PRC. Address provided below.
* All submissions must also include an electronic version sent to: [commsrvs@sgprc.org](mailto:commsrvs@sgprc.org).
* An email acknowledgement of each submission received will be sent to the applicant.
* Attachments/Forms must be type written. Include additional pages as needed. All proposals must be complete, typewritten, collated, and page numbered.
* Questionnaire must be type written in 12-point Times New Roman or Arial font.
* The “Application/Proposal Coversheet” (see Attachment – A) must be the first page of the proposal.
* As applicable, include appendices for documents, such as resumes, certificates, curricula, schedules, letters of recommendation, letters of support from agencies, consultants expected to provide program services, etc.
* Fax copies will NOT be accepted.
* Submissions will NOT be returned.
* No proposals will be accepted after the deadline.

**INQUIRIES/REQUEST FOR ASSISTANCE**

An Applicants Conference will be held on Monday, April 10, 2017 at SG/PRC, from 1 p.m. to 2 p.m. All interested parties are strongly encouraged to attend or to send a representative to this conference. During this session the applicant will have the opportunity to ask questions about the proposed operation of the day program, as well as the application process.

Additional inquiries regarding the application or requesting technical assistance should be directed to:

San Gabriel/Pomona Regional Center

Attn: Josie Martinez, Resource Developer

75 Rancho Camino Dr.

Pomona, CA 91766

(909) 706-3582

[jmartinez@sgprc.org](mailto:jmartinez@sgprc.org)

Technical assistance is limited to information on the requirements for preparation of the application packet.

**Timeline**

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| --- | --- |
| March28, 2017 | Request for proposal release |
| April 10, 2017 | Applicants conference (Time: 2:00 to 3:00 p.m.) |
| May 1, 2017 | Deadline for receipt of proposals |
| May 2-12, 2017 | Evaluation of proposals by selection committee |
| May 15-17, 2017 | Interviews with highest-ranking applicants, if applicable |
| May 18, 2017 | Notice of selection mailed to applicants |
| May 22, 2017 | Start-up contract signed |
| May 26, 2017 | Notification of project award posted on SG/PRC website |

**ATTACHMENT A**

APPLICANT/AGENCY INFORMATION - PROPOSAL COVER SHEET

COMMUNITY PLACEMENT PLAN 2016-17

**PLEASE PLACE A COPY OF THIS ATTACHMENT ON THE TOP OF THE ORIGINAL AND EACH OF THE FIVE (5) COPIES**

❑ 1 SRF - Adults ($200K) (Proposed Development Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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NAME OF INDIVIDUAL OR ORGANIZATION SUBMITTING PROPOSAL (Please print)

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CONTACT PERSON FOR PROJECT / JOB TITLE (Please print)

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TELEPHONE NUMBER / FAX NUMBER / E-mail address

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NAME OF PARENT CORPORATION (IF APPLICABLE) (Please print)

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AUTHOR OF PROPOSAL, IF DIFFERENT FROM INDIVIDUAL SUBMITTING PROPOSAL

Knowingly and willfully failing to fully and accurately disclose the information requested may result in rejection of proposal.

1. List up to four current or previous services implemented by the applicant/agency that provide evidence of experience related to your proposal. Include the service name, the dates that services started (and ended if not currently being provided) and a short description of the type/purpose of the indicated service:

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**ATTACHMENT A (Continued)**

1. List two references that can be contacted in regards to applicant’s experience, qualifications and ability to implement this proposal:

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| 1. |  |  |
| Name & Title | Agency Affiliation |
|  | Address | Phone |
| 2. | Name & Title | Agency Affiliation |
| Address | Phone |

By signing, you hereby certify and swear under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

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SIGNATURE OF PERSON AUTHORIZED TO BIND DATE

ORGANIZATION

**ATTACHMENT B**

**STATEMENT OF OBLIGATION**

*(please attach additional pages if needed)*

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|  | Yes | No |
| 1. The applicant is presently providing services to individuals with developmental disabilities: |  |  |
| 1. The applicant is presently providing services to individuals other than those with developmental disabilities in day service settings or other related services.   If **Yes,** indicate name, location, type & service(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Is the applicant currently receiving grant/funds from any source to develop services for individuals with developmental disabilities?   If **Yes**, indicate funding source and scope of grant project.\_\_\_\_\_\_ |  |  |
| 1. Is the applicant currently applying for grant/funds from any source to develop services for Fiscal Year 2015/2016?   If **Yes,** indicate funding source & scope of grant project.\_\_\_\_\_\_\_\_ |  |  |
| 1. The applicant is planning to expand existing services (through a Letter of Intent and with or without grant funds) from a source other than San Gabriel/Pomona Regional Center during Fiscal Year 2015/2016:   If **Yes**, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Describe other professional/business obligations. Include name, location, type and capacity of service/obligation. Do not include services you expect to provide through this grant.(PLEASE USE SEPARATE SHEET OF PAPER) |  |  |
| 1. Has the applicant or any member of the applicant’s organization a citation from a regional center or State Licensing agency within the last 2 years?   If **Yes**, explain in detail. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Has the applicant or member of the applicant’s organization or staff ever received a citation from any agency for abuse?   If **Yes**, explain in detail. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. The applicant understands that all referrals for this project will be individuals that have been previously identified by SG/PRC as ready to transition to the community from identified settings. |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant or Authorized Representative Date

**ATTACHMENT D**

**SAMPLE FINANCIAL STATEMENT**

*(for reference purposes only – verified financial statement required)*

**1. CURRENT ASSETS:**

Cash in Banks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounts Receivable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes Receivable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment/Vehicles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inventories \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposits/Prepaid Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life Insurance (Cash Value) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investment Securities (Stocks and Bonds) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. FIXED ASSETS:**

Buildings and/or Structures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Real Estate Holdings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long Term Investments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Potential Judgments and Liens \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **CURRENT LIABILITIES:**

Accounts Payable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes Payable (Current Portion) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxes Payable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. LONG-TERM LIABILITIES:**

Notes/Contracts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Real Estate Mortgages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Other income, wages, or revenues from other sources**

(Specify)

**6. Line of credit amount available**

**ATTACHMENT E**

**BUDGET FORM FOR START-UP COSTS**

ITEM PROJECTED COST

Office Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialized Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Consultants \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Recruitment Costs

(e.g., advertising, finger printing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensing Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Furniture \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appliances \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities

(trash, gas, water, electricity, telephone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance (vehicle,

fire, worker’s comp, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Supplies/Recreational & Adaptive Equip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Lease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Maintenance (gasoline, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fire and Safety Costs (sprinkler, alarms) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other General Expenses (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Overhead \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL PROJECTED START-UP COSTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In addition to the projected cost for each item, be sure to include a detailed breakdown/description of how each line item was constructed. (If necessary, adjust outline to your program needs, but address requested line items.)

**ATTACHMENT F**

**SAMPLE BUDGET FORM FOR ON-GOING COSTS**

The budget must demonstrate the financial aspects of the proposal. The projected costs cannot exceed 15% administrative overhead.

ITEM PROJECTED COST (MONTHLY)

Staff Wages (specify details, starting wage) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Benefits (specify details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Consultants \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Recruitment Costs (e.g.,

advertising, finger printing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensing Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Furniture \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities (trash, gas, water, electricity,

telephone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance (vehicle, fire, household,

worker’s comp, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Supplies/Recreational & Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Lease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Maintenance (gasoline, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maintenance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ongoing Training Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll/Bookkeeping \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other General Expenses (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL PROJECTED MONTHLY ONGOING COSTS**

**BASED ON 30 PARTICIPANTS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPOSED REIMBURSEMENT RATE P/CLIENT,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**P/DAY**

In addition to the projected cost for each item, be sure to include a detailed breakdown/description of how each line item was constructed. (If necessary, adjust outline to your program needs, but address requested line item.)

**ATTACHMENT G**

**DS1891 – APPLICANT DISCLOSURE STATEMENT**

[**http://www.dds.ca.gov/Forms/docs/DS1891.pdf**](http://www.dds.ca.gov/Forms/docs/DS1891.pdf)