

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

**COMMUNITY PLACEMENT PLAN (CPP)**

**FISCAL YEAR 2016-17**

**Summary of Project**

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

**Service Type:** Training Series on Aging

**Posting Date**: May 10, 2017

**Deadline**: June 19, 2017

**Start-up Funds Available**: $150,000.00

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

**Development Timeline:** The training series should be ready to provide services no later than January 2018

**BACKGROUND**

The San Gabriel/Pomona Regional Center (SG/PRC) has identified the need to enhance the quality of services to our aging population being provided by licensed residential homes, day programs, and other support services in the SG/PRC service area. The intent of this RFP is to recruit additional training resources for administrators, program directors, and direct care staff of these homes and programs to ultimately benefit clients of SG/PRC.

Through legislation and overall changes in services to people with developmental disabilities, traditional, institutional settings have been curtailed or eliminated. New models of service and existing residential options are now needing to meet the needs of individuals previously served in institutional settings. Additionally, the training series should be designed to reduce the use of acute medical care settings, skilled nursing facilities, hospice facilities, and other out of home medical placements.

**SERVICE DESCRIPTION**

The desired outcome for this project is to enhance the providers capability to accommodate aging individuals with the intent of preserving and maximizing the services provided in current living arrangements. The successful project applicant will develop a series of trainings to enhance the knowledge of Administrator’s, Program Director’s and Direct Support Professional’s (DSP) in the area of understanding and adapting service delivery systems to meet the needs of an aging population. Some examples of areas to be covered can include, but are not limited to, hospice care, adaptive equipment, fall prevention, restricted health care conditions, and accessing generic resources. The curriculum developer should be familiar with both geriatric services and developmental disabilities.

Potential service providers must have prior demonstrable experience including:

* Knowledge of needs of individuals with developmental disabilities with special health care needs.
* Knowledge of the profile of individuals served in the following settings: ARFPSHN, Intermediate Care Facility for Developmentally Disabled (Habilitative or Nursing), Continuous Nursing Facility or other licensed facility specializing in serving individuals with significant medical issues;
* Working with and navigating the Medi-Cal managed care and/or fee-for-service system;
* Working with and navigating the mental health system, Department of Aging, and other aging services systems;

The service provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g. other regional centers, developmental centers, medical insurance) for the successful support of the individual.

**Key Objectives**

* Develop curriculum content.
* Submit training series to SG/PRC for review and approval.
* Identify trainers.
* Identify and solicit participation from targeted audiences.
* Arrange training locations throughout SG/PRC service area.
* Set dates for trainings.
* Complete training series including evaluation of trainings by participants and 75% of training participants will earn a certificate of completion upon demonstrated competency of each training goal.

**GENERL REQUIRMENTS**

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 Monday, June 12, 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.

**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 community trainings to service providers who support 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, but are limited to, preset salary ranges for trainers, speakers, and curriculum development.

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.

Contracts between SG/PRC and the selected service provider will include the following:

* Holding the vendor accountable for the expenditure of funds consistent with the contract terms and for program outcomes;
* In the event a project cannot be completed within the approved timeframe, the start-up funds must be returned to the State;

Upon completion of the project and the reconciliation of the contract funds, if SG/PRC determines that the contract amount has not been fully expended, contracted funds will be recouped by SG/PRC and returned to the State.

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

**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 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.

**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.

**FORMATTING REQUIREMENTS FOR THE PROPOSAL**

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 Maria Nunez, 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, June 5, 2017 at SG/PRC, Conference Room C, from 1 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 residential facility, 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: Maria Nunez, Resource Developer

75 Rancho Camino Dr.

Pomona, CA 91766

(909) 706-3582

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

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

**Timeline**

|  |  |
| --- | --- |
| May 10, 2017 | Request for proposal release |
| June 5, 2017 | Applicants conference (Time: 1:00 to 2:00 p.m.) |
| June 19, 2017 | Deadline for receipt of proposals |
| June 19-26, 2017 | Evaluation of proposals by selection committee |
| June 27-28, 2017 | Interviews with highest-ranking applicants, if applicable |
| June 28, 2017 | Notice of selection mailed to applicants |
| June 30, 2017 | Start-up contract signed |
| July 7, 2017 | Notification of project award posted on SG/PRC website |

**SUBMISSION INSTRUCTIONS & APPLICATION**

Please use the following application to submit your proposal. Please check the boxes, and provide information as applicable and requested. In addition, please complete and attach the identified Attachments (A-F) in Section 1. For Sections 2-14 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 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. DS1891 Applicant Disclosure Form – Attachment F
   7. Guidelines for the Use of Start—Up Funds – Attachment G
2. **Mission, Vision and Value Statements**:

Provide the agency MVV statements and how these were developed for your agency. Include the curriculum components and strategies that you will use to train service providers serve individuals who have health care needs.

|  |
| --- |
|  |

1. **Background and Experience**:

Please see each item below. Applicants must:

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

|  |
| --- |
|  |

* 1. Describe how the documented education, knowledge, and experience will be a good fit for developing this training series.

|  |
| --- |
|  |

* 1. Describe any experience you have had providing training to people serving individuals who are or have resided in a developmental center, institution for medical diseased (IMD), skilled nursing, intermediate care facility, or other medical settings.

|  |
| --- |
|  |

* 1. Provide a list of current references (within 1 year) and/or letters of recommendation. The proposal must include at least 2 references with addresses and telephone numbers. Applicants should be aware that the selection committee will contact references or other sources to corroborate any information provided in the proposal. References should not include employees of San Gabriel/Pomona Regional Center.

|  |
| --- |
|  |

1. **Equity & Diversity Statement**:

Please see each item 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.

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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 training series or curriculum. Highlight similarities between current or previous program(s) developed and your proposed program for this RFP.

|  |
| --- |
|  |

1. **Timeline of Project Activities:**

Provide a timeline of project activities. The project objectives are a step-by-step action plan which includes measurable, time-limited activities toward the achievement of specific project tasks and achievement of the proposed outcome. The activities should cover each major step of the project and may include but not be limited to:

* Assignment or recruitment of project staff
* Develop curriculum content.
* Submit training series to SG/PRC for review and approval.
* Identify trainers.
* Identify and solicit participation from targeted audiences.
* Arrange training locations throughout SG/PRC service area.
* Set dates for trainings.
* Complete training series including evaluation of trainings by participants and 75% of training participants will earn a certificate of completion upon demonstrated competency of each training goal.

|  |
| --- |
|  |

1. **Agency Outcomes**:

Describe anticipated outcomes of proposed training series for individuals aging with developmental disabilities and how achievement of outcomes will be measured.

|  |
| --- |
|  |

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

Briefly describe your agency’s approach to the person-centered planning process. Discuss how you will incorporate these ideas and philosophies into the curriculum.

|  |
| --- |
|  |

1. **Administrative/Consultant Roles**:

Describe roles of any consultants or licensed professionals who will assist in developing the curriculum for the project and their role in providing the training, if any. Provide qualifications of any certified or licensed staff or consultants. Attach resumes.

|  |
| --- |
|  |

1. **Methods and Procedures:**

Please see list below. Applicants must respond to each section.

* 1. Provide a statement regarding the special considerations in locating and selecting the training site (s). Include proposed efforts for outreach and soliciting participation with the service provider community.

|  |
| --- |
|  |

* 1. Describe how the applicant will involve and plan to reduce the use of the settings listed in the Background section.

|  |
| --- |
|  |

* 1. Include a description of the trainings to be provided or arranged for service providers. Description should include information on topics, location, etc. Attach a sample schedule, including proposed frequency and duration of trainings.

|  |
| --- |
|  |

* 1. Describe the plan for providing information to access and retain consultant and/or health care services, including assessments, in the areas of physical therapy, occupational therapy, respiratory therapy, speech pathology, audiology, pharmacy, dietary/nutrition, dental and other areas required for meeting the needs of the target population:

|  |
| --- |
|  |

1. **Staff Recruitment and Retention**:

Describe your plan to recruit and retain quality staff. Include the following:

* 1. Desired characteristics for all staff positions.

|  |
| --- |
|  |

* 1. Health and criminal background screening procedures.

|  |
| --- |
|  |

* 1. Initial and ongoing training, including required certifications. Discuss how your organization implements performance-based training for staff. Please provide a proposed training matrix.

|  |
| --- |
|  |

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

|  |
| --- |
|  |

* 1. Provide information on salary levels and benefits.

|  |
| --- |
|  |

* 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.

|  |
| --- |
|  |

* 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.

|  |
| --- |
|  |

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

Acknowledge awareness and commitment to developing the service to meet the new HCBS requirements. The HCBS information can be found at http://www.dhcs.ca.gov.

|  |
| --- |
|  |

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.

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

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

Describe how the service agency will use data, such as agency outcomes, stakeholder satisfaction, or other existing data to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures. 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.

|  |
| --- |
|  |

APPLICANT/AGENCY INFORMATION - PROPOSAL COVER SHEET

COMMUNITY PLACEMENT PLAN 2016-17

ATTACHMENT A

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

❑ Training Series ($150k) (Proposed Development Area\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

|  |
| --- |
|  |

NAME OF INDIVIDUAL OR ORGANIZATION SUBMITTING PROPOSAL (Please print)

|  |
| --- |
|  |

CONTACT PERSON FOR PROJECT / JOB TITLE (Please print)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

TELEPHONE NUMBER / FAX NUMBER / E-mail address

|  |
| --- |
|  |

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

|  |
| --- |
|  |

ADDRESS (Please print)

|  |
| --- |
|  |

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:

|  |  |
| --- | --- |
| 1. |  |
|  |
| 2. |  |
|  |
| 3. |  |
|  |
| 4. |  |
|  |

**ATTACHMENT A (Continued)**

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

|  |  |  |
| --- | --- | --- |
| 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.

|  |  |  |
| --- | --- | --- |
|  |  |  |

SIGNATURE OF PERSON AUTHORIZED TO BIND DATE

ORGANIZATION

**ATTACHMENT B**

**STATEMENT OF OBLIGATION**

*(please attach additional pages if needed)*

|  |  |  |
| --- | --- | --- |
|  | 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 residential 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 2016/2017?   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 2016/2017:   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 received a corrective action plan from a regional center or citation from 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**

**PERSONNEL SERVICES** (Staff and Consultants)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Title | Number (or%) FTE | FTE Monthly Salary w/Fringe Benefit | Number of Months | TOTAL |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4 |  |  |  |  |
| 5. |  |  |  |  |

Employee Fringe Benefits (\_\_\_\_\_ % of Salaries)

**START-UP PERSONNEL SERVICES SUBTOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OPERATING EXPENSES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Monthly Expenses | Number of Months | TOTAL |
| Office and/or Lease |  |  |  |
| Insurance |  |  |  |
| Utilities |  |  |  |
| Travel |  |  |  |
| Purchased Equipment & Supplies (list) |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| Other: |  |  |  |
| Administrative Overhead |  |  |  |

**START-UP OPERATING EXPENSES SUBTOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL START-UP BUDGET \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Submitted by: |  | |
|  | Name | Date |

**ATTACHMENT F**

**DS1891 – APPLICANT DISCLOSURE STATEMENT**

<http://www.dds.ca.gov/Forms/docs/DS1891.pdf>

**GUIDELINE FOR USE OF START-UP FUNDS - EXHIBIT G**

**I. General Budget Provisions**

1. Payment provisions in Start-Up Funds (SUF) contracts are on a cost-reimbursement or a fixed unit rate basis, with a ceiling specified on the maximum dollar amount payable by the regional center for each milestone identified in this Agreement.
2. The SUF contract sets forth the type of facility, service, or program to be developed and may indicate, as well, additional provisions or limitations on reimbursable items specific to that type of service. The SUF contract takes precedence over this guideline.

C. Reimbursement on SUF contracts commence by submitting a signed “Exhibit B” and verification of paid expenditure to the SUF Liaison, the designated Resource Developer. Verification of expenditures consists of copies of receipts indicating payment in full by cash or credit card purchase. Lay-away items may only be reimbursed for the amount of the deposit or payments made. In the case of personnel costs, a copy of the payroll record or check for salary paid will be acceptable. For lease or rent payments, copies of the signed lease/rental agreement will also be needed.

D. Milestone contracts are occasionally completed for specific projects. The contract specifies the tasks to be completed for each milestone. Requests for payment may be made after each milestone is completed using the Exhibit B invoice form. Payment is made after the form and verification of milestone is received. Expenditures need to follow the SUF guideline and contract specifications.

E. The regional center needs an original signature (no copies or faxes) on the Exhibit B invoice.

**II. Personnel Services**

A. A maximum of three (3) month’s of identified and reasonable direct personnel and overhead costs, including employee fringe benefits, may be reimbursed. Where salaries and wages are a reimbursable item, the following information should be included:

- monthly, weekly, or hourly rate, as appropriate

- personnel classification

- number of hours worked

- period worked (example: August 1 - 15, 2004)

- If the employee has other duties with the organization, a percentage of personnel time to be charged to the contract needs to be specified.

**III. Administrative Overhead**

A. Administrative overhead is an allowable cost **only** if there is a parent/corporate organizational staff involved with the project who will be expending staff time and resources not covered elsewhere in the project budget.

B. If administrative overhead is claimed, the administrative overhead shall not exceed 13 percent of the total SUF amount.

**IV. Consultants**

A. Proposals submitted and accepted must state the rate of compensation to be paid to consultants. The rate shall be an hourly rate with a ceiling on the total amount. Consultants must be qualified to perform the stated service and services must be applicable to the development of the project.

B. Consultants’ rates must conform to either:

(1) Schedule of Maximum Allowances (Medi-Cal rate) for positions covered by that schedule; or

(2) Comparable State Civil Service positions; or

(3) The going (usual and customary) rate for similar work outside state service.

C. If Option 3 is applicable, the amounts to be paid consultants depend upon the complexity and difficulty of the projects, the ongoing rate for similar work, and the qualifications and reputation of the individual(s) or firm being awarded the contract. The rates paid to consultants under Option 3 must have prior written approval of the regional center.

1. **Real Property**

A. Payments are notpermitted for purchase or for construction, renovation, alteration, improvement, or repair of privately owned property which would enhance the value to such property to the benefit of the owner. SUF monies cannot be used for modifications that are solely aesthetic in nature or are not necessary to meet fire and life safety requirements.

B. SUF monies may be used to modify residential and day program facilities to meet fire and life safety requirements of the fire marshal and/or the local licensing agency. Proposals requesting facility modifications must include three bids to be considered for reimbursement. If a site requires extensive modification, another location should be considered. The following are examples of fire and life safety modifications: Wheelchair ramps; Handrails; Bedroom exit doors; Bathroom fixtures designed for non-ambulatory individuals; Widening of hallways and doors; Installing fireproof doors; Fire alarms; Fire sprinkler systems; Exit alarms or delayed egress devices; and Fencing around swimming pools. Licensed contractors shall be utilized for all fire and life safety modifications/improvements.

C. Four months’ rent or lease payments for a facility site is a reimbursable expense. The rent should not exceed the rental rates for an equivalent site/facility in the area where the program will be situated. A signed copy of the lease or rental agreement needs to be submitted with the request for reimbursement. Security or cleaning deposits are not a reimbursable item.

**VI. Equipment**

A. Examples of equipment which may or may not be purchased or purchased only with prior written approval from the regional center, or leased include:

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM** | **PURCHASE MAY BE ACCEPTABLE** | **3 MONTH LEASE** | **COMMENTS/EXCEPTIONS** |
| Motor vehicles | NO | YES | May be leased for 3 months during development of project |
| Computers | NO | YES | May be purchased only if part of a training program for clients, the approved proposal, and the approved program design. |
| Camcorders, cameras, fax machines, slide projectors, copy machines | NO | YES | May be purchased only if part of a training program for clients, the approved proposal, and the approved program design. |
| Wall-to-wall carpeting | NO | N/A |  |
| Area rugs | YES | N/A |  |
| Shipping of furniture or truck rental | NO | N/A |  |
| \*Furniture, household appliances, linens, household supplies | \*YES | YES | \*Furniture needs to be new, sturdy, well-built, and appropriate for residential facility or day program. |
| \*Recreational equipment (games, TV, VCR, exercise equipment, mats) | \* YES | N/A | \*If for use in the facility/program and if appropriate for the type of service and clients served. |
| Warranties on appliances | NO | N/A |  |

B. All approved equipment of any kind purchased from funds reimbursed under the terms of the SUF contract is the property of the State of California. For the purpose of any SUF contract, “equipment” is considered any item purchased with SUF which has a unit acquisition cost of at least $5,000.00 or a normal useful life of at least three years. The Contractor must submit to the regional center a detailed inventory, including serial numbers, of any equipment that meets the above criteria. This inventory (“Items Acquired Under Start -Up Fund Contracts”) is due within 30 days of the end of the project’s completion. The final SUF reimbursement will not be distributed until the regional center’s receipt of the inventory.

C. As a general rule, it can be assumed that equipment with a value under $5,000.00 will be amortized and no longer be regional center property after three years. For purposes of the SUF contract, equipment/item costs must be considered the sum of the costs of the items functioning together; e.g., mattress, box springs and frame. For questions concerning specific items over $5,000.00, please contact the regional center’s SUF Liaison

D. Written pre-approval from the regional center is required for reimbursement of any article, supplies, or equipment exceeding $1,000.00 in cost (per unit). A justification, including the reasonableness of the cost, should be submitted prior to purchasing any such article.

E. Equipment that is approved for lease may not be leased with an option to purchase. The provider shall provide the regional center with copies of signed leases for any equipment using SUF.

F. All furniture, mattresses sets, and appliances purchased with SUF shall be new, sturdy and well-built. Written pre-approval from the regional center shall be obtained before purchasing previously owned furniture.

Household supplies such as linens must be high quality. Comforters and bedspreads must cover the entire bed and coordinate with the room decor (e.g., no partial or non-matching sets).