

SAN GABRIEL/POMONA REGIONAL CENTER

NOTICE REQUEST FOR PROPOSALS (RFP)

DATE: January 20, 2015
TO: All Interested Parties
RE: Development of an Employment Facilitation Service

PROJECT DESCRIPTION

SG/PRC announces a Request for Proposal (RFP) in support of federal and state trends to make "Employment First" a priority for individuals with developmental disabilities. SG/PRC has identified the need to develop an Employment Facilitation Service to create more employment opportunities and trainings for the individuals we serve.

SG/PRC is accepting proposals from qualified applicants wishing to develop and deliver employment facilitation and benefits counseling services through the provision of intensive employment case management. The expectation is that the service would empower and train people with developmental disabilities to be consistently employed, providing personal income to live and participate as independently as possible in the community. The Employment Facilitation Service agency will be responsible for working with individuals, family members, employment providers and regional center Service Coordinators to coordinate a customized package of employment-related services that will be integrated into each referred client's Individual Program Plan (IPP). Employment services to be provided will include the following:

- A thorough Discovery process, including the identification of specific individual skills and talents to promote people with developmental disabilities to the job market;
- Public benefits planning, training and management; and
- Employment retention services.

Successful applicants must have demonstrated competence and a successful track record in developing job opportunities for individuals with developmental disabilities. Applicants must demonstrate the capacity to:

1. Provide benefits counseling, planning and coordination for individuals served by SG/PRC and their families through staff, or consultants, who hold, or are in the process of acquiring, certification through one of the approved Social Security Administration institutes;

2. Work collaboratively with providers of work-related services in the SG/PRC service area to improve employment outcomes for SG/PRC participants;
3. Implement an individualized Discovery process assisting and training individuals to express their dreams, goals, personal preferences, life experiences, and skills regarding employment.
4. Serve as a broker for employment-related services provided through block grants designed to maximize flexibility within service provision requirements:
 - (a) Negotiate outcome-based agreements with qualified providers with specific expectations defined for efficient and effective employment services.
 - (b) Provide a system of individual attendance tracking to assure that program flexibility will not interfere with state and federal reporting requirements, including Medicaid Waiver billing.
5. Analyze transportation options, with a priority for travel training (when appropriate) as required for the participants to have maximum access to employment opportunities.
6. Leverage current and future state and federal monies to promote and fund SG/PRC employment initiatives.
7. Work effectively with individuals with developmental disabilities, and have a working knowledge of the regional center system and SG/PRC's service area (Attachment A).
8. Successfully navigate local, state and federal economic development and work incentive options available to people with developmental disabilities. Promote job development and work with major employers to facilitate employment opportunities.
9. Work collaboratively with existing employment providers in providing these agencies training and technical assistance related to long-term employment for individuals with developmental disabilities.

BACKGROUND

With national and state trends moving towards Employment First policies for individuals with developmental disabilities, SG/PRC has identified a need to foster and develop more suitable employment opportunities and trainings for the individuals that we serve.

SG/PRC is in the process of having a Board Approved Employment First Policy (Attachment B - Draft). It is expected that the SG/PRC Board of Directors will adopt this policy, by early 2015.

Prospective applicants should have knowledge and background in customized employment, the Project Search model and other innovative job development/job creation strategies. The ability to network and foster new

relationships with local employers, chambers of commerce and other organizations will be essential.

An Employment Committee was established at SG/PRC to accomplish the employment outcomes listed in this RFP. A decision was made to explore the use of an Employment Facilitation Service to provide focused services and supports to reinforce the idea that integrated and inclusive employment opportunities are explored first for all individuals supported by SG/PRC.

ELIGIBLE APPLICANTS

Proposals may be submitted by for-profit or non-profit corporations, or by individuals. The applicant must have experience in providing services to persons with developmental disabilities. Board members and employees of regional centers are prohibited from submitting proposals. Refer to section 54314 of Title 17, of the California Code of Regulations for a complete list of ineligible applicants.

PROPOSAL CONTENT

The proposal must include the following elements:

1. Applicant Information

Please complete Proposal Title Page (Attachment C). In addition to this information, the applicant should include a description of their qualifications and experience with people with developmental disabilities as well as the specific services to be provided to regional center clients. The proposal should provide a clear explanation of the applicant's philosophy and the service model components that will most successfully achieve long-term employment for people with developmental disabilities. The proposal should also address the applicant's capacity to provide services in languages other than English, including Spanish and Mandarin.

A resume(s) and two (2) references or letters of recommendation should also be provided. The applicant must also complete an Applicant/Vendor Disclosure Statement, DS1891 form (Attachment D).

2. Program/Service Model Description

The document should include a comprehensive description of the employment and related services that will be provided including:

1. Employment readiness assessment process
2. Public benefits planning, counseling and management
3. Employment planning
4. Job preparedness classes
5. Job Fair or Job Club
6. Job placement, including small business development
7. Employment retention
8. Career advancement
9. Individual and family training
10. Related services, including travel training

11. Attendance tracking
12. Performance self-assessment

An organizational chart for this service, including job descriptions for each position and/or consultant must be provided.

3. Timeline of Project Activities

Applicants should provide a descriptive, step-by-step action plan to achieve measurable, 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. **The schedule will include monthly reports to SG/PRC documenting achievement of objectives and barriers to progress, as well as adherence to timelines.**

4. Budget and Finance

A proposed budget should be developed which details ongoing operational costs to cover 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 program/services to be offered in relation to income. The budget must demonstrate the financial viability of the proposal.

Start-up Funds: Due to budgetary constraints, SG/PRC cannot ensure the availability of Start-up Funds to help an applicant establish the service. If the applicant's ability to provide these services is contingent upon receiving SG/PRC Start-up Funds, applicants must submit written justification and a detailed budget regarding the need and use of such funding. The need for Start-up Funding will be included as an important factor in the evaluation of an applicant's proposal. Please use the attached Budget Form for Start-up Costs (Attachment E).

On-going Funding: In accordance with existing statutory requirements, reimbursement rates of payment for on-going employment facilitation services will be negotiated between SG/PRC and the selected provider. It is anticipated that this service will be funded under service code 102. The hourly median rate is \$40.21 per hour. The applicant can propose an alternate funding structure for consideration, that is cost-effective and outcome based.

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).

EVALUATION PROCESS

A committee of people, who do not have a conflict of interest with the project, will evaluate applicant proposals. Committee members may include

SG/PRC staff, individuals SG/PRC supports, employees of Area Boards and employment experts. The committee will evaluate all proposals, select a group of qualified applicant(s) for a personal interview, and decide which applicant will be awarded a contract for the employment facilitation service.

Each proposal shall be organized into the following four (4) sections, consistent with the aforementioned Proposal Content paragraph. To the right of each section is the maximum score that can be obtained. The selection committee will use these criteria to rate your proposal.

Agency/Individual Experience and Background	30 points
Program Design Narrative	40 points
Timeline of Start-up/Project Activities	15 points
Budget & Finance -- Start-up	15 points
TOTAL	100 points

PROPOSAL FORMAT

Applications must be formatted and submitted as described below:

- Submit all requested documentation to Community Services, San Gabriel/Pomona Regional Center, 75 Rancho Camino Dr., Pomona, CA 91766
- Use a standard font such as Times New Roman, Arial or Courier New, 12 point font size
- Pages must be numbered consecutively
- 6 copies of the complete application packets must be received by 4 p.m. on March 23, 2015 at SG/PRC.

SUBMITTALS NOT MEETING THESE REQUIREMENTS WILL NOT BE REVIEWED

PROJECT RESOURCES

The selected provider will be expected to provide all professional services and materials required to implement the services described above. While the regional center may provide a site for provider orientations, workshops, and other activities, applicants must include a description of their own access to sites (preferably in areas throughout the SG/PRC catchment area) that may be used for the employment facilitation activities. In addition, SG/PRC will assist the selected applicant by promoting the establishment of the employment facilitation service through a variety of channels for successful service delivery within the community.

RFP TIMELINE:

RFP Posted	January 20, 2015
RFP Applicants Conference	February 23, 2015, 10 a.m. @ SG/PRC
RFP Responses Due	March 23, 2015 @ 4 p.m.

Applicant Interviews (if any)	week of April 20, 2015
Proposal Selection / notification	April 27, 2015
Negotiation & Completion of Contract	May 1, 2015

RFP PROPOSALS MUST BE RECEIVED NO LATER THAN 4 P.M. ON MONDAY, MARCH 23, 2015. LATE OR INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

Award of these start-up funds is at the sole discretion of the selection committee and SG/PRC. If there is no appropriate applicant, a selection will not be made. The decision of the selection committee is final and not subject to appeal.

QUESTIONS

SG/PRC is aware of the unique nature of this project and has scheduled an Applicant's Conference on February 23, 2015 at 10 a.m. at SG/PRC to provide an overview and address applicant questions. Technical assistance from SG/PRC staff is not available until that meeting, so please plan on attending to ensure that you have an opportunity to clarify any outstanding issues.

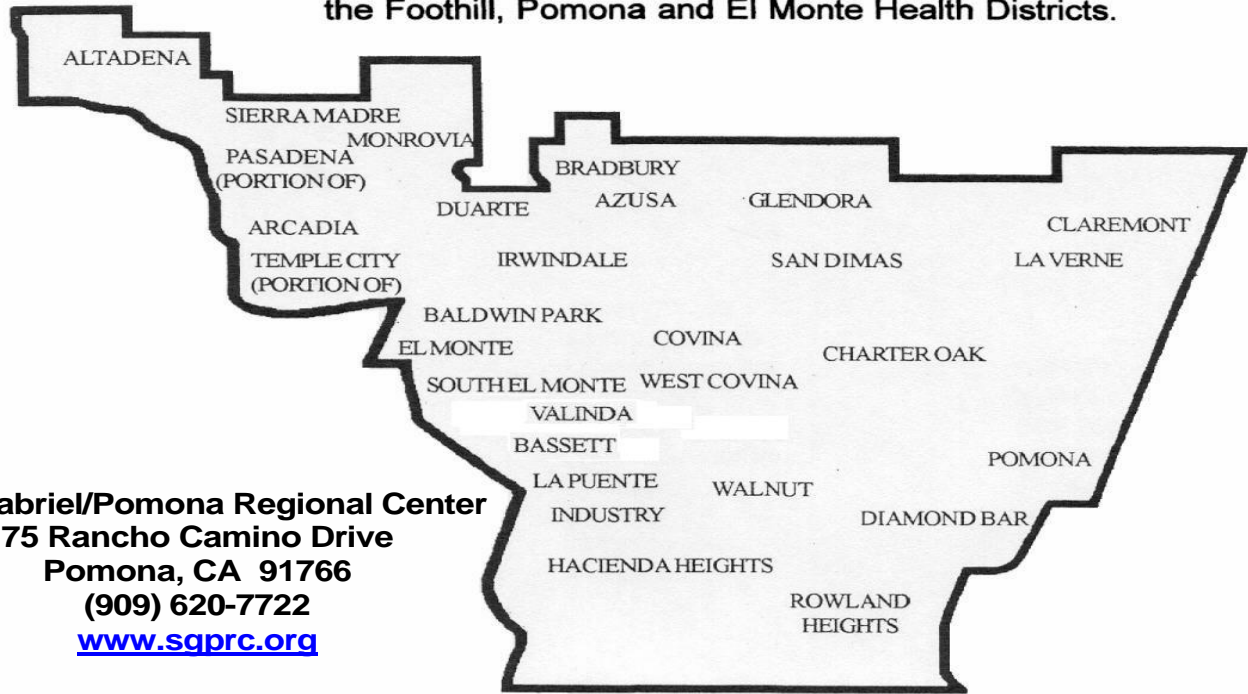
If you have questions regarding the application process itself (not the content of the proposal), please contact the following staff at (909) 620-7722 or email directly to:

- Ernie Cruz, Associate Director, Community Services, ecruz@sgprc.org
- Josie Martinez, Resource Developer, jmartinez@sgprc.org

**ATTACHMENT A
SG/PRC SERVICE AREA MAP**

SAN GABRIEL/POMONA CATCHMENT AREA

San Gabriel/Pomona Regional Center serves 30 cities in the Foothill, Pomona and El Monte Health Districts.



San Gabriel/Pomona Regional Center
75 Rancho Camino Drive
Pomona, CA 91766
(909) 620-7722
www.sgprc.org

**SG/PRC is a Private Non-Profit Agency Serving Persons
with Developmental Disabilities**

These include the following cities, communities and postal zip codes:

Altadena -	91001	La Puente -	91744, 91745
Arcadia -	91006, 91007	La Verne -	91750
Azusa -	91702	Monrovia -	91016
Baldwin Park -	91706	Pasadena -	91104, 91107
Bassett -	91746	Pomona -	91766, 91767, 91768 (91766 known as Phillips Ranch)
Bradbury -	91010	Rowland Heights -	91748
City of Industry -	91744, 91745, 91746	San Dimas -	91773
Charter Oak -	91724	Sierra Madre -	91024
Claremont -	91711	South El Monte -	91733
Covina -	91722, 91723, 91724	*Temple City -	91780 (Portion)
Diamond Bar -	91765	Valinda -	91744
Duarte -	91010	Walnut -	91789
El Monte -	91731, 91732	West Covina -	91790, 91791, 91792
Glendora -	91740, 91741	Whittier -	90601
Hacienda Heights -	91745	*Whittier -	90601 (Portion)
Irwindale -	91706		

*** Portions of Pasadena, Pomona, Temple City and Whittier according to the L. A. County Health Districts: El Monte, Foothill & Pomona, are shared with another Regional Center.**

ATTACHMENT B
SG/PRC EMPLOYMENT FIRST POLICY - DRAFT

SAN GABRIEL/POMONA REGIONAL CENTER EMPLOYMENT FIRST POLICY - DRAFT

The Lanterman Act (Welfare and Institutions Code Section 4869) states that it is the policy of California that integrated competitive employment shall be given the highest priority for working age individuals with developmental disabilities, regardless of the severity of their disability. Furthermore, it states that integrated competitive employment is intended to be the first option considered by planning teams. San Gabriel Pomona Regional Center's (SG/PRC) mission includes the promotion of independence and full integration into community life. Consistent with state law and its mission, SG/PRC has developed this Employment First Policy.

Employment is a significant way for adults to lead an independent and productive life. Therefore, integrated and competitive work shall be the first option considered for all working age individuals served by SG/PRC. SG/PRC recognizes that individuals may need training and/or other supports to achieve integrated competitive employment. This training may include individual and group job coaching, job exploration, technical or vocational training, post/ secondary education, and internship programs.

This policy shall be applied to individuals, through their IPP, who are currently attending work activity programs and day programs, as well as those seeking new services. SG/PRC shall work with local educational agencies, school-age planning teams, and community organizations to promote this policy. SG/PRC shall provide individuals with developmental disabilities who are sixteen years of age and older and their families with information about the Employment First Policy. For individuals with developmental disabilities in school who are sixteen years of age or older and their families, SG/PRC shall coordinate goal development and transition planning from school that includes the Employment First Policy. SG/PRC supports the development of new day and work services that have employment as the goal for each individual.

ATTACHMENT C

APPLICANT/AGENCY INFORMATION - PROPOSAL TITLE PAGE

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

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.

A. 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.	

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

ATTACHMENT C (Continued)

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
ORGANIZATION

DATE

ATTACHMENT D
DS1891 - APPLICANT DISCLOSURE STATEMENT

APPLICANT/VENDOR DISCLOSURE STATEMENT

GENERAL INSTRUCTIONS

Every applicant or vendor must complete and submit a current Applicant/Vendor Disclosure Statement, DS 1891 (disclosure statement) as part of a complete application packet for vendorization or upon request of the vendoring regional center. The following instructions are designed to clarify certain questions on the form. Instructions are listed in order of question for easy reference. See 42 CFR 455.101 for additional definitions.

Overall Authority: Code of Federal Regulations (CFR), Title 42, Part 455; California Code of Regulations, Title 17, Section 54311. Welfare and Institutions Code, Section 4648.12.

Important:

- **IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.**
- **Parents and consumers of Vouchers, Participant-Directed Services, or Purchase Reimbursements:** Complete Part 1 on page 2 and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date.
- Failure to disclose complete and accurate information will result in a denial of enrollment and/or may be cause for termination of vendorization.
- Read **ALL** instructions when completing the disclosure statement.
- Type or print clearly in ink.
- If applicant or vendor must make corrections, please line through, date, and initial in ink. Do not use correction fluid.
- Answer all questions as of the current date.
- If additional space is needed, attach a sheet referencing the part and question being completed.
- Return this completed statement with the complete application package to the regional center to which you are applying.

Part 1: Identifying Information

- A. Specify name of the applicant or vendor, agency, facility or organization, vendor number and service code, business address, and telephone number of applicant or vendor submitting the vendor application.
- B. Specify in what capacity the applicant or vendor is doing business. For example: The name of the corporation under which they are doing business. This name must match the license name, if applicable.
- C. List the National Provider Identifier, of the applicant or vendor, if any.
- D. List the Social Security Number, Date of Birth, and/or the Federal Employer Identification Number (EIN) of the applicant or vendor, if any. Enter Vendor's nine-digit EIN assigned by the IRS in the following format: XX-XXXXXXX.
 - An EIN is used to identify the accounts of employers and certain others who have no employees.
 - For more information about an EIN, please check <http://www.irs.gov> for "Employer Identification Numbers" or "EIN". Whenever this Disclosure Statement requests an EIN about an individual or entity, it has the same meaning.
- E. Check the entity type that best describes the structure of your organization.

Part 2: Ownership and Control Interests. Use the following definitions to identify the individuals you should enter in A, B and C of this section. See 42 CFR 455.101 for additional definitions.

- "Indirect Ownership Interest" means an ownership interest in an entity that has an ownership interest in the applicant or vendor. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or vendor;
- "Managing Employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, agency or business entity;
- "Ownership Interest" means the possession of equity in the capital, the stock, or the profits of the applicant or vendor.
- "Person with an Ownership or Control Interest" means a person or corporation that:
 - A) Has an ownership interest totaling 5 percent or more in an applicant or vendor;
 - B) Has an indirect ownership interest equal to 5 percent or more of an applicant or vendor;
 - C) Has a combination of direct or indirect ownership interests equal to 5 percent or more in an applicant or vendor;
 - D) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the applicant or vendor if that interest equals at least 5 percent of the value of the property or assets of the applicant or vendor;
 - E) Is an officer or director of an applicant or vendor that is organized as a corporation; or
 - F) Is a partner in an applicant or vendor that is organized as a partnership.
- "Significant Business Transaction" means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of an applicant or vendor's total operating expenses.

Part 2. Ownership, indirect ownership, and managing employee interests (If not applicable, please indicate.)

A. List the name(s), title(s), address(es), SSNs, and DOBs of individuals for organizations having direct or indirect ownership interests, and/or managing employees in the applicant/vendor (see instructions for definitions). Also list all members of a group practice. Attach additional pages as necessary to list all officers, owners, management and ownership individuals and entities.

Name	Title	Address	SSN	DOB

B. List those persons named in ‘A’ above or ‘Part 4. A’ below, that are related to each other as spouse, parent, child, or sibling.

Name	Relationship	Address

C. List the name, address, vendor number and service code, SSN, NPI and/or EIN of any other applicant or vendor in which a person with an ownership or controlling interest in the applicant or vendor also has an ownership or control interest of at least 5 percent or more. For example: Are any owners of the applicant or vendor also owners of Medicare or Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.)

Name	Address	Vendor Number and Service Code	SSN, NPI and/or EIN

Part 3. Excluded Individuals or Entities (If not applicable, please indicate.)

List the name, title, and address of any person, as applicant or vendor, or entity with an ownership or control interest, any agent, director, officer, or managing employee of the applicant or vendor who is an excluded individual or entity, as defined on page 2.

Name	Title	Address

Part 4. Subcontractor (If not applicable, please indicate.)

A. List the name, title, address, SSN, NPI and/or EIN of each person or entity with an ownership or control interest in any **subcontractor** in which the applicant or vendor has direct or indirect ownership of 5 percent or more. State percentage.

Name	Title	Address	Percentage	SSN, NPI and/or EIN

B. List the name, title, address, SSN, NPI and/or EIN of each **subcontractor or wholly owned supplier** in which the applicant or vendor has had any significant business transactions within 5 years of the application or request.

Name	Title	Address	SSN, NPI, and/or EIN

APPLICANT/VENDOR SIGNATURE

Knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become vendored, or if the service provider already is vendored, a termination of its vendorization.

By signing this disclosure statement, 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 vendoring Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

Name of Applicant/Vendor or Authorized Representative **Title**

Signature **Date**

Recordkeeping and Access to Records

Subject to the provisions of Title 17, California Code of Regulations, Section 54311 and Code of Federal Regulations, Title 42, Part 455.105, an applicant or vendored provider agrees to provide access for the review of any and all ownership disclosure information and/or documentation upon written request by the vendoring regional center, the Department of Developmental Services, the State Medicaid Agency, Department of Health Care Services, any State survey team, the Secretary of the United States Department of Health and Human Services, or any duly authorized representatives of the above named entities.

Privacy Statement

All information requested on the application and the disclosure statement is mandatory with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department of Developmental Services pursuant to 26 USC 6041. This information is required by the authority of Welfare and Institutions Code, Section 4648.12 and Title 17, California Code of Regulations, Section 54311. The consequences of not supplying the mandatory information requested are denial of vendorization as a regional center vendor or termination of vendorization. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, or licensing programs in other states.

**ATTACHMENT E
BUDGET FORM FOR START-UP COSTS**

ITEM	PROJECTED COST
Securing & establishing an office	_____
Office Supplies	_____
Communication	_____
Program Consultants	_____
Travel Expenses	_____
Staff Recruitment Costs	_____
Information Technology (IT)	_____
Utilities (electricity, telephone)	_____
Insurance (vehicle, worker's comp, etc.)	_____
Program Supplies/Adaptive Equipment	_____
Vehicle Lease	_____
Staff Training/Conferences	_____
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.

<u>ITEM</u>	<u>PROJECTED COST (MONTHLY)</u>
Staff Wages (details, i.e. starting wage)	_____
Staff Benefits (specify details)	_____
Administrator Salary	_____
Office Equipment	_____
Communication	_____
Program Consultants	_____
Travel Expenses	_____
Staff Recruitment Costs (e.g. advertising)	_____
Office Lease	_____
Program Equipment	_____
Utilities (electricity, telephone)	_____
Insurance (vehicle, worker's comp, etc.)	_____
Program Supplies/Adaptive Equipment	_____
Vehicle Lease	_____
Ongoing Training Expenses	_____
Payroll/Bookkeeping	_____
Other General Expenses (Specify)	_____

TOTAL PROJECTED MONTHLY ONGOING COSTS (providing 40 hours p/week of service)

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.)