

SAN GABRIEL/POMONA REGIONAL CENTER

REQUESTS FOR PROPOSALS (RFP)

COMMUNITY DEVELOPEMNT PLAN FOR FISCAL YEAR 2014 - 2015

DATE: January 20, 2015

TO: Grant Applicants/Interested Parties

FROM: San Gabriel/Pomona Regional Center (SG/PRC)

RE: START-UP FUNDS AVAILABLE - Announcement & Proposal Writing Guidelines Request for Proposal (RFP) application

Deadline for applications: **March 16, 2015**

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

AUTHORITY

Over the last few years, 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 now must meet the needs of individuals previously served in more institutional settings.

The Department of Developmental Services (DDS) has approved SG/PRC to develop and implement training options to enhance the quality and effectiveness of service delivery in residential and day programs. The maximum amount of funds allocated for this purpose is not to exceed \$50,000.

SG/PRC may elect to fund all, part, or none of the proposed project to provide training to enhance the quality of behavioral services, depending on available funds as approved by the Department of Developmental Services (DDS) and the quality of proposals received. SG/PRC reserves the right to withdraw this RFP and/or disqualify any proposal that does not adhere to the RFP guidelines. Please note: Proposals submitted after the indicated timelines will not be considered.

PROJECT DESCRIPTION

Applicants responding to this RFP should propose innovative and cost-effective ways to provide training to residential and day program staff to enhance the quality of outcomes for individuals with challenging behaviors by improving the implementation of behavior management plans and strategies.

Applicants are encouraged to consider using one or more training models, including but not limited to the following: classroom presentation/lecture; workshops with interactive participation by residential and day program staff who present real-life scenarios; train-the-trainer model in which the administrators and directors become the trainers for their own staff; on-line training modules/courses directed to Direct Support Professionals (DSPs) and/or on-line training or refresher courses for Administrator and Program Directors.

In addition, applicants need to include ways in which this training can be sustained over a period of time, so that new programs and new staff in existing programs can benefit from the development of this training.

Applicants must respond to this RFP with a training model that is cost-effective to the residential and day programs and motivating to the DSPs.

Specifically, the training needs to be directed to Administrators, Program Directors and Direct Support Professionals (DSP). The training should result in enhanced knowledge in the following areas of applied behavior analysis:

- Basic principles of applied behavior analysis and evidence-based practices;

- Effective utilization of behavior consultants, including the responsibility of behavior consultants to facility/day program staff;

- Improved understanding of behavior service plans;

- Improved implementation of these plans to better support the clients while insuring the health and safety of clients, staff and community;

- De-escalation techniques and resolution of crisis situations, including how staff can effectively use developed crisis plans and use the consultant at times of behavioral crisis.

The curriculum developer should be an individual who is recognized by the National Behavior Analyst Board as a Board Certified Behavior Analyst who has experience in serving people with developmental disabilities and challenging behaviors.

The training curriculum should incorporate the aspects of the Behavior Analyst Certification Board, Registered Behavior Technician (RBT) Task List

or other similar curricula that could result in the staff earning a certificate of completion upon demonstrated competency of each training goal.

The developed curriculum should take into consideration the various learning styles of the trainees (e.g., listening learners, seeing learners and touch/experience learners).

Applicants should also propose a system and fee structure for providing this training series after the initial project funds are exhausted.

KEY PROJECT OBJECTIVES

1. Develop curriculum content and training modalities.
2. Submit training series to SG/PRC for review and approval.
3. Identify trainer(s).
4. Identify and solicit participation from targeted audiences.
5. Arrange training locations throughout SG/PRC service area (see Appendix 1).
6. Set dates for trainings.
7. Complete training series including evaluation of trainings by participants. The goal is that 75% of training participants will demonstrated competency of each training goal and will earn a certificate of completion.

APPLICANT ELIGIBILITY

Proposals can be submitted by for-profit or non-profit corporations, governmental agencies, educational institutions, partnerships or individuals. The applicant must have experience in providing community training and services to persons with intellectual disabilities with challenging behaviors. The applicant should have an identified curriculum developer who is an individual recognized by the National Behavior Analyst Board as a Board Certified Behavior Analyst BCBA).

Board members of San Gabriel/Pomona Valleys Developmental Services, Inc. and employees of SG/PRC are prohibited from submitting proposals.

SUBMISSION OF PROPOSALS

Please direct all proposals to:

San Gabriel/Pomona Regional Center - Community Services
75 Rancho Camino Dr.
Pomona, CA 91766
Attention: Nora Perez-Givens, Resource Developer

An original proposal, accompanied by five (5) copies of the proposal (six in total) must be received at the above address no later than 4:00 p.m. on March 16, 2015. Proposals received after this deadline will not be considered. Applicants will receive an email reply confirming receipt of the proposal. If an applicant does not receive email confirmation, then the

proposal may not have been received by SG/PRC. In such cases, the applicant is urged to follow up by phone with Ms. Perez-Givens at (909) 868-7504.

FORMAT and APPLICATION REQUIREMENTS

Proposals must comply with the instructions, format, and time lines described in this request. Proposals should be written in 12-point font, Times New Roman or Arial preferred. All pages in the proposal must be numbered consecutively and include an identifying footer with the applicant name and project description.

PROPOSAL CONTENT

All Attachments (A, B, C and D) must be completed and returned with the proposal narrative.

1. Applicant/Agency Information Form

The Applicant/Agency Information Form, Attachment A, included with this RFP, must be used to provide the pertinent information about the applicant. The information provided should highlight the applicant's ability to implement the proposed project. The form should contain the original signature of an individual with authority to submit the proposal (dated) and enter into a binding contract with SG/PRC.

2. Attachment B (Applicant/Vendor Disclosure Statement DS1891 - 4 pages) must be included with the proposal.

3. Project Description

The applicant should provide information about the proposed project, which should include the following:

- a. The applicant's/agency's description, including history with providing training and working with people with developmental disabilities.
- b. The applicant's philosophy and values related to the proposed project and related to how trainings should be delivered.
- c. The project outcome objectives that will be achieved at the completion of the proposed project, and the methods by which those outcomes will be documented. This should include the applicant's work plan for the proposed project with corresponding timelines identifying how and when each outcome objective will be met.
- d. Discussion of the expected training program outcomes.
- e. Proposed training program curriculum which should include: training content; measurable training objectives; instructional methods (taking into consideration training participants' styles of learning); and sample handouts/materials.

- f. Number of training participants allowed per in-person training session.
- g. The applicant's proposed use of personnel to carry out the proposed project. If the applicant's mailing address is outside of the SG/PRC service area, the name and qualifications of the person who will be physically located in the SG/PRC service area and responsible for managing the proposed project must be included. The names and qualifications of any additional consulting/professional staff (if known) associated with the project should be included.
- h. Proposed trainer(s) that will implement training program. Trainer(s) must be suitable with the right qualifications and experience preferably with a proven track record. No sub-contracting allowed regarding trainers.
- i. Proposed training locations/venues. Proposed locations must be within the SG/PRC service area. If venue/location is not owned by applicant, the use of such requires written verification that proposed site/venue is available for rent/lease.
- j. Proposed training calendar.
- k. Plans for evaluation of learners. When developing these plans please note that the goal is that a minimum of 75% of training participants should demonstrate competency of each training objective and receive a certificate to document that competency.
- l. Plans for evaluation of trainers and content of training sessions.

4. Budget and Financial Information

The applicant must provide a copy of the most recent independent audit/review, or audited financial review or complete the Financial Information Form, Attachment C.

The applicant must also complete the Budget for Project, Attachment D. Attachment C & D must be used to provide information concerning the applicant's finances and the proposed budget for this project.

REPORTING REQUIREMENTS

The applicant awarded the contract (now called the "project contractor") will be required to submit monthly summaries describing progress made toward meeting project objectives to SG/PRC by the third of each month. In addition, registration sign-in sheets, trainer and learner evaluations, and copies of certificates of completion for training participants will be provided to SG/PRC within two (2) weeks following each training provided. These documents will be attached to any monthly invoices submitted by the project contractor. The project contractor will submit a final report upon

completion of the project. The format for the monthly summaries and invoices will be included in the contract.

Contracts between SG/PRC and the project contractor will include the following contract language:

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

PROPOSAL SELECTION PROCESS

Any proposal may be rejected if it is incomplete or deviates from the specifications in this RFP. **SG/PRC reserves the right to reject any or all proposals and to cancel the RFP process at its discretion.**

Each proposal will be evaluated by an RFP Selection Committee which is an interdisciplinary team of at least five (5) members. Each member will score each proposal individually before coming together as a team to thoroughly review and discuss the merits each proposal and assign a final score for each proposal. Those applicants with the highest scores may be interviewed by members of the Selection Committee.

A minimum score of 70% is required for the proposal to be considered. Proposals will be evaluated in five areas:

1. Agency Description (including history);
2. Project Description,
3. Work Plan/Timelines,
4. Budget/Finances, and
5. Proposal Responsiveness to need SG/PRC's identified need and achieve the intended outcomes.

The evaluation will be scored on the following elements:

1. Responsiveness,
2. Innovation,
3. Previous experience of applicant, and
4. Cost-effectiveness and applicant's demonstrated financial responsibility.

For reference, Appendix 2 (Proposal Review/Selection Criteria) will be used to evaluate the proposal.

Additional information may be required from selected applicants with regard to the proposal submitted prior to the awarding of a contract. References will be contacted. Interviews of the applicants may be conducted, particularly if two or more proposals are closely scored and/or more information is needed. The interview panel will include at least three (3) individuals from the RFP selection committee. The committee members will, ask the same questions of applicants interviewed, and each interviewer will score the responses using the same scoring scale for each interview.

RFP TIMELINE:

RFP Posted	January 20, 2015
RFP Applicants Conference	February 23, 2015, 1 p.m. @ SG/PRC
RFP Responses Due	March 16, 2015 @ 4 p.m.
Applicant Interviews (if needed)	March 30, 2015
Proposal Selection / notification	April 6, 2015
Negotiation & Completion of Contract	April 13, 2015

FUNDS

Funding for this project is \$50,000. Actual amount awarded will be based upon the budget submitted by the applicant and is contingent on funding by the DDS. Any project contractor who fails to develop the services specified will be required to return to SG/PRC any compensation received for expenses. All funds must be expended and invoiced to SG/PRC by April, 2017.

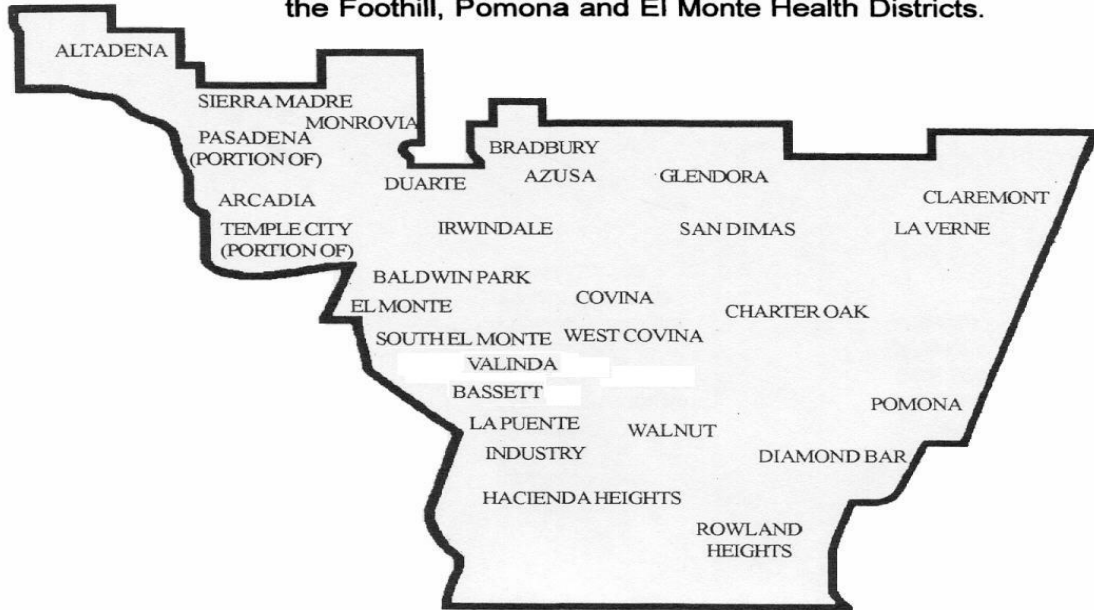
ADDITIONAL INFORMATION

Any questions regarding the requirements of this RFP should be directed to:

San Gabriel/Pomona Regional Center
 Nora Perez-Givens, Resource Developer
 (909) 868-7504
ngivens@sgprc.org

**APPENDIX 1
SAN GABRIEL/POMONA CATCHMENT AREA**

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



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

**APPENDIX 2
PROPOSAL REVIEW/SELECTION CRITERIA**

A. Agency Description	Maximum Score	Initial Proposal Score	Final Score
1. The applicant/agency provided all the requested information in Attachment A, including identifying the BCBA for this project and providing references.	5		
2. The applicant/agency has prior, relevant experience and credentials in the field of Applied Behavior Analysis and in consultation services to facilities and programs.	10		
B. Project Description			
1. The applicant/agency's philosophy is positive and appropriate to the goals of the proposed project.	5		
2. Timelines for accomplishing the project are realistic and meets deadlines.	10		
3. The applicant/agency's proposed use of personnel should ensure quality outcomes. For out-of-area vendor(s), plan/individual in the local area is identified.	5		
4. The applicant/agency's plan ensures quality training program and outcomes.	5		
5. The applicant/agency's proposed training curriculum includes: training content (5 areas); measurable objectives; instructional methods; and sample handouts/materials.	20		
6. The applicant/agency identifies the size/number of participants per in-person training session.	1		
7. The applicant/agency identified training locations in the SG/PRC service area.	2		
8. The applicant/agency provided a training calendar.	2		
9. The applicant/agency provided a system for evaluating training participant's competence and for the trainers to be evaluated as well.	10		
C. Budget/Finances			
1. The financial statement reflects sound fiscal practices. Assets are sufficient to undertake the proposed project.	5		
2. The start-up budget is reasonable and demonstrates a good appraisal of actual costs involved in completing the project.	5		
D. Proposal Responsiveness			
1. The overall proposal indicates an ability to follow directions and is an appropriate response to the RFP.	10		
2. The proposal provides evidence of innovative practices in providing services.	5		
TOTAL	100		

ATTACHMENT A

COMMUNITY DEVELOPMENT PLAN 2014-2015
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)

Proposed BCBA (please include resume & credentials)

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.	

ATTACHMENT A (Continued)

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

1. _____ Agency Affiliation

_____ Phone

2. _____ Agency Affiliation

_____ 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 B
DS1891 - APPLICANT DISCLOSURE STATEMENT

(Four pages)

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.

- “Subcontractor” means an individual, agency, or organization to which an applicant or vendor has contracted or delegated some of the management functions or responsibilities of providing services.
- “Wholly Owned Supplier” means a supplier whose total ownership interest is held by an applicant or vendor or by a person, persons, or other entity with an ownership or control interest in an applicant or vendor.

Part 3: Excluded Individuals or Entities. (See page 3. Must be disclosed if applicable.)

“Excluded Individuals or Entities” means those individuals and entities that have been placed on either the U.S. Department of Health and Human Services Office of Inspectors’ General (OIG) List of Excluded Individuals/Entities or the Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List of persons, or individuals and entities that have been convicted of a criminal offense related to involvement in any program under Medicare, Medicaid or the Title XX services program, or those individuals and entities that meet the criteria included in Title 17, Section 54311(a)(6).

**Title 17, California Code of Regulations, Section 54311(a)(6)
(Criteria for Excluded Individuals or Entities)**

The name, title and address of any person(s) who, as applicant or vendor, or who has ownership or control interest in the applicant or vendor, or is an agent, director, members of the board of directors, officer, or managing employee of the applicant or vendor, has within the previous ten years:

- (A) Been convicted of any felony or misdemeanor involving fraud or abuse in any government program, or related to neglect or abuse of an elder or dependent adult or child, or in any connection with the interference with, or obstruction of, any investigation into health care related fraud or abuse; or
- (B) Been found liable any civil proceeding for fraud or abuse involving any government program; or
- (C) Entered into a settlement in lieu of conviction involving fraud or abuse in any government program.

PLEASE FILL OUT

Part 1. Applicant/Vendor Information

A. Name of applicant or vendor, entity, agency, facility, or organization as reported to IRS:

Vendor Number and Service Code:

Business Address:

Telephone number (with area code):

B. Name registered with California Secretary of State, if any:

C. National Provider Identifier (NPI), if any:

D. Social Security Number (SSN), Date of Birth (DOB), and/or Federal Employer Identification Number (EIN), if any:

E. Check the entity type that best describes the structure of the applicant or vendor individual, business entity, agency, facility or organization: Check **only one** box:

- Parent or Consumer for Vouchers, Participant-Directed Services, or Purchase Reimbursements** (Complete Part 1 above and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date).
- Sole Proprietor (Unincorporated)**
- General Partnership** **Limited Partnership** **Limited Liability Partnership**
- Limited Liability Company:** **State of formation:** _____
- Governmental**
- Corporation:** **Corporate number:** _____ **State incorporated:** _____
- Nonprofit – Check One:** **Unincorporated Association** **Religious/Charitable**
- Corporation** **Other (specify):** _____

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 C
FINANCIAL INFORMATION**

(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	
3.	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	

Submitted by:

_____ Name

_____ Date

**ATTACHMENT D
BUDGET FOR PROJECT START-UP**

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