

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

**COMMUNITY RESOURCE DEVELOPMENT PLAN (CRDP)**

**FISCAL YEAR 2021-2022**

**Summary of Project**

San Gabriel/Pomona Regional Center is soliciting proposals for the following CRDP Project:

**Service Type:** Psychiatric Navigation Program

**Project #:** SGPRC-CRDP 2122-3

**Posting Date**: April 25, 2022

**Deadline**: May 16, 2022 - 4 pm

**Start-up Funds Available**: $70,000

**Development Timeline:** This navigation program should be ready to provide services no later than January 2023 or sooner

**PROJECT DESCRIPTION / SCOPE OF SERVICES**

San Gabriel/Pomona Regional Center is soliciting proposal to create a psychiatric navigation program: that will provide necessary navigation and advocacy with Psychiatric Systems of Care (Inpatient/Outpatient) for individuals with Intellectual and Developmental Disabilities (I/DD) served by the San Gabriel / Pomona Regional Center.

Individuals served with a developmental disability, who require in-patient treatment in psychiatric settings, voluntary or Involuntary, often are refused admission or receive inadequate treatment and care for Psychiatric needs.     Lacking needed navigation and advocacy within the treatment milieu, often resulting in inadequate assessment, due to communication/behavioral barriers, and misunderstanding by the professional community regarding the needs of individuals with intellectual and developmental disabilities (I/DD).   Moreover, Individuals with I/DD, who require emergency mental health services, are often taken by Law Enforcement to Hospital Emergency Rooms (ER), where their treatment needs are not met, and they remain “housed” in the ER, creating greater barriers to needed psychiatric care.

Similar challenges exist with outpatient treatment programs who are not willing to serve individuals with I/DD or provide a “watered down” form of Mental Health Treatment, lacking the navigation and advocacy to create understanding of I/DD leading to better treatment outcomes.  Instead of receiving individual treatment at outpatient mental health centers, individuals with I/DD are often placed in “groups” that resemble a day program, not addressing the individual’s mental health/psychiatric needs.  Better advocacy and navigation is needed.

For this project, navigation and advocacy will consist of contracting with a provider that has a qualified background and understanding of Individuals with I/DD to provide the following advocacy & supports:

1) Community Training of Mental Health Professionals/Staff

2) Collaborating with Regional Center Case Management Staff

3) Coordination of Regional Center Records with Inpatient/Outpatient Professional Staff

4) Coordinating needed services/supports within the Mental Health treatment setting

5) Actively participating with discharge planning to the home setting or step-down program.

6) Community Training with Law Enforcement

7) Working with families/care providers on prevention of hospitalization.

8) Developing a Tracking System for all psychiatric hospital admissions, discharges, and

treatment outcomes. Completing “trend analysis” to support Risk Management efforts.

9) Work closely with LA County Department of Mental Health, LA County Psychiatric Hospital and Outpatient programs, and LA County Law Enforcement departments.

**TARGET POPULATION**

In 2021, at San Gabriel / Pomona Regional Center (SG/PRC), there were approximately 82 incidents involving about 50 individuals who had an involuntary psychiatric hospitalization. Most of these individuals were adults ages 18 through 49, with the majority of these incidents occurring for those 18 – 39 years of age.. The majority of these individuals have a diagnosis of Intellectual Disability (ID), but there are some individuals that have a diagnosis of Autism and Seizure Disorder. For the first quarter of 2022, there are already 38 incidents of involuntary psychiatric hospitalizations, involving 23 people served by SG/PRC. If this s trend continues, SG/PRC will have well over 100 incidents of involuntary hospitalizations for calendar year 2022. Thus, this psychiatric navigation project is gravely needed for assistance with navigation and advocacy.

**ELIGIBILITY OF APPLICANT**

The prospective applicant should be knowledgeable with both for outpatient and in-patient services. The applicant should also have a strong understanding of the challenges exhibited by the target client population and the challenges of being served by mental health entities. In addition, the applicant must be able to work collaboratively with community partners for coordination and collaboration of optimum mental health services.

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 regard 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.

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.

**GENERAL REQUIRMENTS**

The following general requirements will apply to this RFP and the development of the intensive transition service:

* 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.
* Development of Service Design: The selected applicant will be required to complete a service design within ninety (90) days of award of the contract.
* Proof of Liability Insurance: The selected applicant will be required to maintain general and professional liability insurance for all work performed on behalf of regional center clients and their families and to name the regional center as an additional insured on all such policies.

**Deadline of Submission:** Proposals must be received at SG/PRC by 4:00 p.m. on Monday, May 16, 2022 (Pacific Daylight Time).

Applications that are submitted after the deadline or that are incomplete, or proposals that do not meet the 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.

The allocation of funds for this project are intended to be used for the start up of the service and for the initial provision of service.. Funding for Psychiatric Navigation, after the allocated funds for this project have been exhausted, will be based on the success of the program. If successful, the regional center and the entity will work on negotiating a rate that will be limited under the median rate model.

**APPLICANT QUALIFICATIONS**

The following qualifications will be sought in a potential provider and will be assessed by evaluating the 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 with regard to Mental Health Programs
* 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/or other state agencies.
* 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](https://govt.westlaw.com/calregs/Document/I0337B7208F9C11E3B63682B3E5501547?originationContext=Search+Result&listSource=Search&viewType=FullText&navigationPath=Search%2fv3%2fsearch%2fresults%2fnavigation%2fi0ad720f20000015f408ea99fd4390855%3fstartIndex%3d1%26Nav%3dREGULATION_PUBLICVIEW%26contextData%3d(sc.Default)&rank=1&list=REGULATION_PUBLICVIEW&transitionType=SearchItem&contextData=(sc.Search)&t_T1=17&t_T2=54500&t_S1=CA+ADC+s). Applicants, including members of governing boards, must be in good standing in regards to all services vendored with any regional center.

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

The contract for the project will require an agreement that the grantee will provide, at minimum, 60 months (five years) of continuous services. Failure to meet this term of service will require the awardee to repay a portion of the original start-up grant, i.e. 12 months of service, repay 80% of original start-up grant; 24 months repay 60% of original start-up grant; 36 months repay at 40% of original start-up grant, etc.

The provider is required to keep receipts, cancelled checks, and financial data for 5 years from the date of final payment of contract.

Applicants must adopt a *“no-reject” /no failure* policy toward individuals and a commitment to modifying supports to ensure continued stability without requesting additional funding from the regional center. Responses to this RFP must communicate a vision dedicated to providing effective intensive transition services that adapt to the needs of the individual.

**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 Nora Perez-Givens, Resource Developer at SG/PRC. Address provided below.
* All submissions must also include an electronic version sent to: resources@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**

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

San Gabriel/Pomona Regional Center

Attn: Lucina Galarza, Director, Community Services

75 Rancho Camino Dr.

Pomona, CA 91766

(909) 710-8829

lgalarza@sgprc.org

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

**Timeline**

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| --- | --- |
| April 25, 2022 | Request for proposal release |
| May 16, 2022 4pm | Deadline for receipt of proposals |
| May 23- 27, 2022 | Evaluation of proposals by selection committee |
| May 30 to June 2, 2022 | Interviews with highest-ranking applicants (if applicable) |
| June 10,2022 | Notice of selection mailed to applicants |
| June 22, 2022 | Start-up contract signed |
| July 11, 2022 | 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-G) in Section 1. For Sections 2-15 provide responses in the box below each area. 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. **Required Proposal Documents**

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. 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 Statement – Attachment F
1. **Mission, Vision and Value Statements**

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

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1. **Background and Experience**

Summarize education, experience, and knowledge of key personnel who will be involved with the development of the service and in providing services to the target populations.

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Describe any experience you have had with serving individuals who are or have I/DD. Describe how the documented education, knowledge, and experience will be a good fit for developing this service.

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1. **Equity & Diversity Statement**

Please see list below. Applicants must:

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

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

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

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1. **Development Experience**

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

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1. **Timeline of Project Activities**

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.

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1. **Agency Outcomes**

Describe anticipated outcomes of proposed service for people receiving the psychiatric navigation service and how achievement of outcomes will be measured.

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1. **Risk Assessments**

Please describe knowledge or experience with risk assessments used for mental health services.

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1. **Positive Behavior Supports**

Please describe your knowledge of positive behavior support (PBS) strategies

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1. **Trauma Informed Care**

Please describe your understanding and knowledge of trauma informed care, how it will be utilized to develop support plans for individuals and how community providers will be trained on trauma-informed care.

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1. **Psychiatric and Behavioral Supports**

Please describe your experience or knowledge of the services to be provided to individuals with developmental disabilities who have mental health needs. This includes services and supports designed to increase independent skills (which address coping skills, management of day-to-day stressors) and reduce or eliminate behaviors and reduce psychiatric symptoms that may lead to further use of crisis responses or placements in acute psychiatric facilities. (e.g. IMDs, 5150 acute psychiatric holds).. Describe how the applicant will provide guidance and direction to selected community providers in the development of training and support plans that will assist individuals in maintaining success in a less restrictive environment within the following domains, including, but not limited to:

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1. Training / Community Partners

Please describe any training experience with community partners –in order to facilitate understanding issues related to mental health diagnoses . The applicant will provide, or cause to be provided, training to selected families and community providers in understanding the mental health system and understanding how to serve individuals with I/DD

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1. **Budget and Finance**:

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

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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.

Using the attached Budget Form for Start-up Costs (Attachment E), 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.

APPLICANT/AGENCY INFORMATION - PROPOSAL COVER SHEET

COMMUNITY RESOURCE DEVELOPMENT PLAN 2021-2022 -3

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

**Psychiatric Navigation**

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NAME OF INDIVIDUAL OR ORGANIZATION SUBMITTING PROPOSAL (Please print)

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CONTACT PERSON FOR PROJECT / JOB TITLE (Please print)

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TELEPHONE NUMBER / FAX NUMBER / E-mail address

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

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ADDRESS (Please print)

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AUTHOR OF PROPOSAL, IF DIFFERENT FROM INDIVIDUAL SUBMITTING PROPOSAL

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

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

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**ATTACHMENT A (Continued)**

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

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

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

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SIGNATURE OF PERSON AUTHORIZED TO BIND DATE

ORGANIZATION

**ATTACHMENT B**

**STATEMENT OF OBLIGATION**

*(please attach additional pages if needed)*

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| --- | --- | --- |
|  | Yes | No |
| 1. The applicant is presently providing services to individuals with developmental disabilities and/or individuals with mental health needs:
 |  |  |
| 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 2017/2018?

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 2017/2018:

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

**ATTACHMENT C**

**COMPARABLE PROJECTS LISTING**

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| --- | --- | --- | --- | --- |
| Project Name | Current Status | Type of Project | Time to develop | Barriers (if any) |
| *EX. ABC Home* | *Licensed/Rehab/In escrow/Site search* | *Behavioral; males* | *18 mo* | *City permits* |
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**ATTACHMENT D**

**SAMPLE FINANCIAL STATEMENT**

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

**1. CURRENT ASSETS:**

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

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

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

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

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

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

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

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

**2. FIXED ASSETS:**

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

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

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

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

1. **CURRENT LIABILITIES:**

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

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

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

**4. LONG-TERM LIABILITIES:**

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

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

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

(Specify)

**6. Line of credit amount available**

**ATTACHMENT E**

**BUDGET FORM FOR START-UP COSTS**

 ITEM PROJECTED COST

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

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

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

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

Recruitment Costs

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

Office Lease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities

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

Insurance (vehicle,

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

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

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

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

Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Service 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**

**DS1891 – APPLICANT DISCLOSURE STATEMENT**

[**https://www.dds.ca.gov/wp-content/uploads/2019/05/DS1891.pdf**](https://www.dds.ca.gov/wp-content/uploads/2019/05/DS1891.pdf)

**GUIDELINES 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).