



**REQUESTS FOR PROPOSALS (RFP)**  
**COMMUNITY PLACEMENT PLAN (CPP)**  
**START-UP FUNDING AVAILABLE**  
**FOR FISCAL YEAR 2013 – 2014**

DATE: October 28, 2013

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 **January 6, 2013**

**AUTHORITY**

A primary function of regional centers is to “prevent or minimize the institutionalization of developmentally disabled persons”. Additionally, the State of California through the Budget Act of 2012, including Trailer Bill 1472 (Chapter 25, Statutes of 2012), has enacted significant policy changes that focus on reducing the reliance on developmental centers, locked mental health facilities ineligible for federal financial participation and out-of-state placements. The primary goal of these policy changes is to provide services in the least restrictive environment and minimize the need for involuntary psychiatric hospitalizations, while achieving General Fund savings to the State. To this end, the San Gabriel/Pomona Regional Center (SG/PRC) will use Community Placement Plan (CPP) funds to seek qualified and experienced service providers to develop crisis services to meet the needs of individuals of all ages with Autism Spectrum Disorder (ASD) and/or dual diagnosis of developmental disability and acute or active mental health diagnoses (target population) in the SG/PRC catchment area. Applicants must have the qualifications to provide both behavior and crisis supports.

**STATEMENT OF NEED**

SG/PRC is seeking innovative and effective services to support individuals transitioning from developmental centers and locked settings into the community, and for individuals already in the community who have unique needs that require expertise in multiple areas. In addition, SG/PRC is seeking new services and supports for individuals who present significant challenges due to their physical, mental health and behavioral needs, including individuals with aggressive behaviors and large physical stature. These service options should be multi-faceted to meet the needs of individuals with physical, mental health and behavioral challenges and to support their families.

**REQUEST FOR PROPOSAL**

SG/PRC is requesting submission of proposals that describe and utilize innovative and unique approaches for the supports and interventions needed as described above. If you are interested in developing the services described above, please complete a proposal as described

in this RFP.

As part of your submission, please complete and include Attachments B and F and the DDS form DS 1891 (<http://www.dds.ca.gov/Forms/docs/DS1891.pdf>). Proposals submitted with incomplete information or that do not meet the basic requirements will be eliminated.

**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 regulations for a complete list of ineligible applicants.

Only applicants interested in establishing a business office in the SG/PRC service area (Attachment A) as part of the start-up activities, once awarded the grant, need apply.

**SUBMISSION OF PROPOSAL**

Response to the Request for Proposals must be received by SG/PRC, no later than 4:00 p.m., January 6, 2014. No exceptions.

All interested Applicants must submit an original and six copies of each proposal by mail to:

Ernie Cruz, Manager of Community Resources  
San Gabriel/Pomona Regional Center  
761 Corporate Center Drive  
Pomona, CA 91768

All inquiries regarding this proposal and technical assistance requests should be directed via email to [resources@sgprc.org](mailto:resources@sgprc.org). Technical assistance is limited to information on the requirements for preparation of proposals.

**TIMELINE**

- Request for proposals release.....November 1, 2013
- Applicant’s Conference.....Monday, December 2, 2013 from 3 to 4 p.m. @  
SG/PRC Room #1, 761 Corporate Center Dr.,  
Pomona, 91768
- Deadline for receipt of proposals.....January 13, 2014
- Evaluation Interview and Selection of Proposals.....January 14 – January 31
- Award Announced.....February 3, 2014
- Vendorization and Service Start.....on or before June 1, 2014

Strict adherence to the deadlines above will be followed.

## **SELECTION PROCEDURES**

All proposals received by the deadline will undergo a preliminary screening. Late or incomplete applications will not be accepted for review and rating. The Proposal Review Committee will be seated by SG/PRC. Proposals will be reviewed for completeness, applicant experience and fiscal stability, resources of applicant, creativity, reasonableness of costs, and ability of applicant to identify and achieve outcomes. After preliminary review and scoring, an interview with the finalists will be scheduled.

The final decision of the Proposal Review Committee is not subject to appeal. All applicants will receive notification of SG/PRC's decision regarding their proposal. This Committee will review, score, rank and prioritize the proposals.

Applicant's proposals may be rejected for inconsistency with state and federal guidelines, failure to follow RFP instructions, incomplete documents, or failure to submit required documents. To the right of each section is the maximum score that can be obtained. The review committee will use these criteria to rate your proposal. Acceptable proposals will be scored in the following areas:

Program Design	40 points
Experience & Qualifications	30 points
Budget & Timelines	30 points

In addition to evaluation on the merit of the proposal, applicants will be evaluated and selected based on previous performance (including the timely completion of projects, a history of cooperative work with the regional center or other agencies, and a track record consistent with established timelines for development).

## **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 its 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.

## **PROPOSAL GUIDELINES**

- A. A program proposal unique to your particular interests and talents.
- B. The idea statement must include:

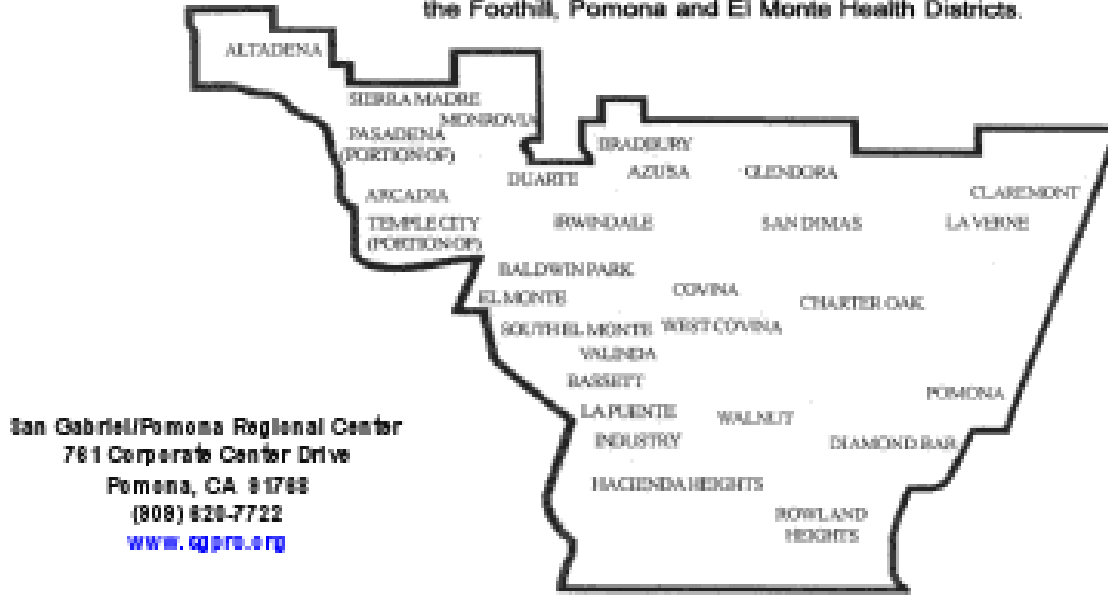
1. A statement of your interest in serving individuals with developmental disabilities, who require pervasive supports due to significant medical issues, individuals requiring pervasive supports due to behavior challenges and people with Autism that details the basis of your commitment to this population.
  2. A description of your philosophy, values and service approaches toward providing the indicated service for the individuals you serve.
  3. A description of the services you plan to provide, assessment process, and how you will provide them. The structure of the service to include crisis intervention and on-going support.
  4. Proposed hours of operation, including plan to provide after-hours support.
  5. A description of how you will address challenges that may arise with the individuals you serve.
  6. A plan for on-going collaboration with outside agencies, state universities and/or universities.
  7. A plan for time limited, outcome based goals and objectives, and the methods by which the outcomes will be documented (provide a sample of two possible goals and objectives).
  8. Provide a crisis intervention plan for an individual in each support area.
  9. Any other information to describe how your services will enhance and provide expert crisis support services.
- C. Resume(s) for the professional and support staff.
1. This should include your qualifications, including education, life experiences and skills demonstrated in working with adults with pervasive support needs.
  2. Organizational chart which clearly identifies the structure of the agency.
  3. Job descriptions with required qualifications for each position.
  4. Staffing plan including recruitment.
- D. A description of the staff training plan, including continuing education requirements for staff and training topics. Indication of crisis certification that agency will follow (PCMA, CPI, Pro-Act, etc.).
- E. Specific timeline for the development. Please cover all major steps in the process leading up to the start day of services.
- F. Letters of support, along with phone numbers. Applicants are advised that SG/PRC will contact references and other regional centers to corroborate any of the information provided in your proposal.
- G. A line item budget defining the specific utilization of start-up funds and a detailed description of each line item (Attachment E).

- H. A line item budget projecting the monthly cost of the service, with projected service to 20-25 clients. A detailed description of each line item must also be provided (Attachment F).
- I. Description of any other services you currently provide for people with medical challenges and developmental disabilities that would enhance your services.
- J. Service evaluation methodology including data collection and system for continuous quality improvement. What assessments or collected data will be utilized to demonstrate the effectiveness of the program.

**ATTACHMENT A**

**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  
 781 Corporate Center Drive  
 Pomona, CA 91768  
 (809) 620-7722  
[www.sgprc.org](http://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
Bradbury -	91010		(91766 known as Phillips Ranch)
City of Industry -	91744, 91745, 91746	Rowland Heights -	91748
Charter Oak -	91724	San Dimas -	91773
Claremont -	91711	Sierra Madre -	91024
Covina -	91722, 91723, 91724	South El Monte -	91733
Diamond Bar -	91765	Temple City -	91780 (Portion)
Duarte -	91010	Valinda -	91744
El Monte -	91731, 91732	Walnut -	91789
Glendora -	91740, 91741	West Covina -	91790, 91791, 91792
Hacienda Heights -	91745	Whittier -	90601
Irwindale -	91706	Whittier -	90601 (Portion)

\* 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**  
COMMUNITY PLACEMENT PLAN 2013-2014  
PROPOSAL TITLE PAGE

TO: SELECTION COMMITTEE

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

San Gabriel/Pomona Regional Center  
761 Corporate Center Drive  
Pomona, California 91768  
ATTENTION: Ernie Cruz

APPLYING FOR: (*Please check one*)

Crisis Services (Proposed Development Area \_\_\_\_\_)

\_\_\_\_\_  
PROGRAM TITLE (Please print)

\_\_\_\_\_  
NAME OF INDIVIDUAL OR ORGANIZATION SUBMITTING PROPOSAL (Please print)

\_\_\_\_\_  
CONTACT PERSON FOR PROJECT (Please print)

\_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE NUMBER / FAX NUMBER / E-mail address

\_\_\_\_\_  
NAME OF PARENT CORPORATION (IF APPLICABLE) (Please print)\* (*must identify, if any, excluded individuals-attach additional sheet*)

\_\_\_\_\_  
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.

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 C**  
**STATEMENT OF OBLIGATION**

*(please attach additional pages if needed)*

1. The applicant is presently providing services to individuals with developmental disabilities:  
[ ] No [ ] Yes

If **Yes**, indicate name, location, type and capacity of service(s). \_\_\_\_\_

2. The applicant is presently providing services to individuals other than those with developmental disabilities in residential settings or other related services: [ ] No [ ] Yes

If **Yes**, indicate name, location, type and capacity of service(s) \_\_\_\_\_

3. Is the applicant currently receiving grant/funds from any source to develop services for individuals with developmental disabilities? [ ] No [ ] Yes

If **Yes**, indicate funding source and scope of grant project. \_\_\_\_\_

4. Is the applicant currently applying for grant/funds from any source to develop services? [ ] No [ ] Yes

If **Yes**, indicate funding source and scope of grant project. \_\_\_\_\_

5. 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 :  
[ ] No [ ] Yes

If **Yes**, please provide details. \_\_\_\_\_

6. 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.

\_\_\_\_\_

7. Has the applicant or any member of the applicant's organization a citation from a regional center or State Licensing agency within the last 2 years? [ ] No [ ] Yes

If **Yes**, explain in detail. \_\_\_\_\_

8. Has the applicant or member of the applicant's organization or staff ever received a citation from any agency for abuse? [ ] No [ ] Yes

If **Yes**, explain in detail. \_\_\_\_\_

9. 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.  
[ ] Yes

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

\_\_\_\_\_  
Date



**ATTACHMENT D  
SAMPLE FINANCIAL STATEMENT**

*(for reference purposes only – verified financial statement required or most recent independent audit can also be submitted to meet this requirement)*

**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**

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

<u>ITEM</u>	<u>PROJECTED COST</u>
Office lease	_____
Office Supplies	_____
Staffing	_____
Communication	_____
Program Consultants	_____
Travel Expenses	_____
Staff Recruitment Costs	_____
Utilities (trash, gas, water, electricity, telephone)	_____
Insurance (Professional & General liability, worker's comp, etc)	_____
Program Supplies	_____
Vehicle Lease	_____
Vehicle Maintenance (gasoline, etc.)	_____
Staff Training	_____
Other General Expenses (Specify)	_____
Other General Expenses (Specify)	_____
Other General Expenses (Specify)	_____
Administrative Overhead	_____
<b>TOTAL PROJECTED START-UP COSTS</b>	_____

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. The projected costs should assume support for 20-25 clients per month.

<u>ITEM</u>	<u>PROJECTED COST (MONTHLY)</u>
Staff Wages (specify details, i.e. starting wage)	_____
Staff Benefits (specify details)	_____
Program Director Salary	_____
Office Equipment	_____
Communication	_____
Program Consultants	_____
Travel Expenses	_____
Staff Recruitment Costs (e.g., advertising, finger printing)	_____
Office Lease	_____
Licensing Fees	_____
Program Equipment/supplies	_____
Utilities (trash, gas, water, electricity, telephone)	_____
Insurance (Professional & General liability, worker's comp, etc)	_____
Vehicle Lease	_____
Vehicle Maintenance (gasoline, etc.)	_____
Ongoing Training Expenses	_____
Payroll/Bookkeeping	_____
Other General Expenses (Specify)	_____
<b>TOTAL PROJECTED MONTHLY ONGOING COSTS</b>	_____

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

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

**I. General Budget Provisions**

- A. 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.
- B. 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) months 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.

#### **V. Real Property**

- A. Payments are not permitted 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).