

SAN GABRIEL/POMONA REGIONAL CENTER

REQUESTS FOR PROPOSALS (RFP)

COMMUNITY PLACEMENT PLAN (CPP) FOR FISCAL YEAR 2013-2014

DATE: January 6, 2014

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 March 17, 2014

AUTHORITY

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. As these individuals transition to the community, the need for structured day services and supports increases.

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 day services and supports to meet the needs of adult individuals with Autism and/or dual diagnosis of developmental disability and acute or active mental health diagnoses in the SG/PRC catchment area. Applicants must have the qualifications and experience to provide very structured day services and supports to meet the needs of the aforementioned individuals, while also placing significant emphasis on developing vocational/employment skills consistent with California's Employment First Initiative. The ultimate goal of the program is to reduce participant's behaviors and develop skills that will allow for their transition to a less restrictive setting and ultimately paid employment.

SG/PRC may elect to fund all, part, or none of the projects, depending on funding availability as approved by Department of Developmental Services (DDS), and the quality of proposals received. Please refer to the attached project list, which briefly describes the service concept and start-up funding availability. Proposals submitted after the indicated timelines will not be considered.

PROJECT SUMMARY

SG/PRC is seeking development of the following projects:

1. One (1) provider of adult day services and supports, with a licensed setting for a minimum of 30 individuals. This project will be funded for up to \$75,000.00

This project shall be developed in the SG/PRC catchment area (**Attachment A**). The day service is being developed for adults currently residing at a developmental center, in a locked setting or presently in the community and in need of a structured setting.

Applicants must have a minimum of five years direct working experience with individuals with developmental disabilities presenting significant behavioral challenges and must meet Title 17 and Title 22 requirements for operating an adult day program.

The rate of reimbursement for on-going services will either be established by DDS or may be negotiated based on the quality and innovation of the proposed service and the projected costs which must reflect enhanced staffing and direct services.

Selection of the day program site will be completed by the successful applicant, in collaboration with SG/PRC.

ELIGIBLE APPLICANTS

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

APPLICANT PARTNERSHIPS AND MATERIAL SUBMITTED

Partners may apply; however, all partners should have full knowledge of the contents of the proposal packet. Also, individuals who apply as partners must demonstrate commitment to the project during the start-up phase, as well as ongoing operations. However, if a partner's sole purpose is to provide financial support to the project, the partner need only show financial commitment.

INQUIRIES/REQUEST FOR ASSISTANCE

An **Applicants Conference** will be held on **Monday, February 10, 2014** at San Gabriel/Pomona Regional Center, Room 1, from 1 p.m. to 2 p.m. All interested parties are strongly encouraged to attend or to send a representative to this meeting. During this session you will have the opportunity to ask questions about the proposed operation of the program, as well as the application process.

Additional inquires regarding the application or requesting technical assistance should be directed to one of the following SG/PRC Resource Developers:

- Benilda Glen (909) 868-7512 bglen@sgprc.org
- Nora Perez-Givens (909) 868-7504 ngivens@sgprc.org

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

Applicants are expected to prepare the documentation. If an applicant chooses to retain assistance from another party, the applicant must be able to thoroughly address all sections of the proposal during the interview process and/or demonstrate that the party assisting with the application will have a continuing role in the ongoing operation of the program. In addition, the party that assisted in the preparation of the application must be clearly identified on the cover page of the application.

SUBMISSION OF PROPOSALS

To be considered by the selection committee, a proposal must be submitted before the deadline and must follow the Proposal Writing Guidelines. Five (5) copies must accompany an original proposal (six (6) in total).

Each proposal must include responses to all items on the attachments and a narrative addressing all of the sections specified in the Content Requirement of the Proposal Writing Guidelines. **The proposal is due to SG/PRC by 4:00 p.m. on Monday, March 17, 2014.** The proposal (and all required copies) is to be delivered by mail prior to the due date to:

San Gabriel/Pomona Regional Center
Ernie Cruz, Manager of Community Resources
75 Rancho Camino Dr.
Pomona, CA 91766

No FAX copies will be accepted.

EVALUATION CRITERIA

Each proposal shall be organized into the following four (4) sections, which are described in the attached Proposal Writing Guidelines. To the right of each section is the maximum score that can be obtained. The selection committee will use these criteria to rate your proposal.

Agency/Individual Experience and Background/Fiscal Responsibility	30 points
Timeline of Start-up Activities/Objectives and Milestones	20 points
Program Plan Narrative	30 points
Budget & Finance -- Start-up	20 points
TOTAL	100 points

TIMELINE

Applicants' Conference	Monday, February 10, 2014 from 1 p.m. to 2 p.m. @ SG/PRC Room #1, 761 Corporate Center Dr. Pomona, 91768
Deadline for submitting proposal	Monday, March 17, 2014, by 4 p.m. SG/PRC Reception Area, 75 Camino Real Dr. Pomona, CA 91767

Evaluations of proposals by Committee	March 18, 2014 through March 31, 2014
Interviews of highest ranking applicant(s)	April 1, 2014 through April 8, 2014
Written notification of award	April 8, 2014
Completion of start-up contract	April 30, 2014
Acceptance of first client	May 1, 2015

Notifications for those applicants not selected will also be mailed.

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

COMMUNITY PLACEMENT PLAN - PROJECT DESCRIPTION 2013 – 2014

COMMUNITY PLACEMENT PLAN – PROJECT 1 LICENSED ADULT DAY PROGRAM

SERVICE NEED

SG/PRC is seeking the development of one (1) adult day program to address the unique day programming needs of adult individuals with Autism and/or dual diagnosis of developmental disability and acute or active mental health diagnoses in the SG/PRC catchment area. The individuals to be served by this program present significant behaviors which require a structured setting. These individuals may be transitioning from a locked setting or may already be living in the community but have been unsuccessful at other behavior management programs.

The day program will be site-based with a strong community integration component. All day-to-day activities should be directly related to the acquisition of vocational skills and addressing barriers to employment. The program will offer a strong emphasis on the development/discovery of vocational skills leading towards the acquisition of employment and the program should demonstrate a commitment to transition program participants to less restrictive settings. The day program must also incorporate an electronic, HIPAA-compliant record keeping system for tracking client notes, data collection on ISP objectives, behavior counts and incident reports.

The site will be licensed as an Adult Day Care and serve a minimum of thirty (30) adults with a maximum of forty-five (45) adults, ages eighteen (18) and above. The day program is to be located within SG/PRC's service area. The day program shall also provide the transportation service to and from the day program for program participants.

Each proposed program participant has a diagnosis of intellectual disability, cerebral palsy, epilepsy, or autism. Some individuals identified for this program may be non-ambulatory, utilizing wheelchairs and may have restricted health conditions (T.22, 82092).

These individuals will also exhibit behavioral issues including but not limited to: self-abuse, AWOL, pica, biting, physical and verbal aggression, head banging, property destruction, tantrums, screaming, spitting, grunting and smearing feces.

SG/PRC will manage the start-up activities and provide technical assistance and monitoring of the adult day program. The successful applicant is expected to comply with all terms and conditions of the Service Agreement for on-going services and the requirements for continued operation within the applicable Title 17 [Division 2, Chapter 3, and Subchapter 5] and Title 22 regulations.

Start-up Funding Available:

The amount of the start-up funding is negotiable, not to exceed \$75,000 for the adult day program based on reasonable and appropriate start-up costs to create and sustain an effective program (as described by the applicant in the application). The target opening date is no later than May 1, 2015.

It is understood that the actual cost to complete the start-up of a day program may exceed \$75,000.00. Any additional costs to complete physical plant modifications or to acquire and train qualified staff will be the sole responsibility of the awardee.

Facility Type/On-going Reimbursement Rate:

The adult day program will be licensed as an Adult Day Care. This developed program shall comply with the applicable Title 22 requirements of an Adult Day Care, and with Title 17 requirements of an Adult Development Center. The rate of reimbursement for on-going services will either be established by DDS or may be negotiated based on the quality and innovation of the proposed service and the projected costs which must reflect enhanced staffing and direct services.

The staffing ratios, staff qualifications, and program design are to exceed the specifications of a traditional regional center vendored Adult Development Center (service code 510; Title 17, Section 56710 - 56756).

The applicant is to reflect in the personnel and budget sections the intent to hire and retain a full-time Program Director. The program proposal should include the availability of a Behavior Consultant during programming hours, at the program site. Additionally, the applicant should propose enhanced staffing through the use of certified/licensed staff along with direct care staff and consultant services that will be available to the program participants.

The minimum staff qualifications are six (6) months experience in a vocational/day services setting serving adults with developmental disabilities. Additionally all staff must be fingerprint cleared through the Department of Justice, CPR and First Aid certified and certified in either Personnel Assault Response Training (PART/Pro-Act), Crisis Prevention Institute (CPI) or Professional Crisis Management Association (PCMA) prior to having contact with the program participants. The proposal must reflect a thorough training program that includes training on developing job skills and dealing with mental illness.

Any other training deemed necessary for the successful implementation of the program or services.

Key Objectives of this project:

1. Enter into a Start-up and On-going Services Contract with SG/PRC.
2. Submit a full program design to SG/PRC.
3. Hire and train staff.
4. Obtain the services of appropriate licensed staff and consultants.
5. Obtain appropriate licensure for the facility.
6. Be licensed and ready for client admission by May 1, 2015.

PROPOSAL WRITING GUIDELINES

FORMAT REQUIREMENTS

The applicant is required to submit one (1) original proposal plus five (5) copies that complies with the following instructions:

- Standard size (8 x 11) paper except for special charts or schedules that require larger paper
- Typed using a standard pitch (10 or 12)
- Each proposal must be bound (no paperclips or loose leaf in envelope)
- Double spaced
- Every page numbered consecutively
- Table of Contents – proposal should be in sequential order according to these guidelines
- Original proposal must have original signatures on all attachments
- Identifying footer with the applicant name and project being proposed
- Title page (Attachment B) placed on top of each proposal copy, indicating which program to be developed and the proposed city where the facility may be located
- Statement of Obligations (Attachment C)
- Financial Statement (Attachment D)
- Projected Budget (Attachment E - Start-Up Costs & Attachment F – On-going Costs)
- Appendices for documents, such as resumes, certificates, curricula, schedules, letters of recommendation, letters of support from agencies, consultants expected to provide program services, etc.

A. APPLICANT INFORMATION/EXPERIENCE

1. Complete **Attachment B**. This is the cover page of your proposal.
 - a) Name, address and telephone number of the applicant. If the applicant is a corporation, list the principal members of the corporation and include verification of incorporation in California.
 - b) Name(s) of the author(s) of the proposal. List any parties who participated in writing all of part of the proposal. Any proposal written by a consultant or grant writer must demonstrate a commitment by the writer to provide ongoing technical assistance during the implementation stage. The proposed budget should reflect this.
2. Agency/Individual Experience and Background Information
 - a) Current Resume including the program/facility names, address, phone numbers and names of contacts for all work positions in licensed, vendored day programs. Along with the Resume, provide a summary of qualifications which details education, knowledge and experience in services to adults with developmental disabilities. Provide as much information as possible about experience providing adult day program services and employment related

training to individuals with developmental disabilities. Describe how the documented experience, education and knowledge will be a good fit for developing this program. Include experience collaborating with various agencies that serve adults or other similar collaborative projects.

- b) Description of current and previous developments. Highlight similarities between current or previous program(s) and the proposed program. Include the **Statement of Obligation (Attachment C)** in this section.
- c) List of current references (within one year) and/or letters of recommendations. The proposal must include at least two (2) references with addresses and telephone numbers. Applicants should be aware that the selection committee will contact references or other sources to corroborate any information provided in the proposal. Letters of recommendation should be letters that recommend the individual/company for this specific project(s). References should not include employees of San Gabriel/Pomona Regional Center.

NOTE: *Providing falsified information will be grounds for immediate disqualification of the application.*

3. Agency Fiscal Responsibility

Applicants must demonstrate fiscal responsibility by submitting a current verified financial statement or most recent independent audit (if an existing vendor), which details all current and fixed assets and all current and long-term liabilities. In addition, the applicant must document available credit line, and provide the necessary information for verification. The selection committee will substantiate information. **Attachment D** is to be used when completing the financial statement.

4. Agency Organization

- a) Organizational chart of members and the supervisory hierarchy. The chart must include any governing board members and advisory boards.
- b) Document your plan to obtain, secure and retain quality staff. This should include the hiring and screening process; proposed pay scale and benefits; orientation and training plan; staff recognition and reward programs; etc.

B. TIMELINE OF PROJECT ACTIVITIES

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

- securing the location of the program collaboratively with SG/PRC;
- fingerprint clearance
- investigation of need for zoning and use permit through local government agency;
- identification of qualified construction contractor;
- starting date of renovation
- developing a friendly acceptance of the program with the community neighbors;
- submission of complete program design to regional center;

- completing life-safety and non-ambulatory renovations;
- fire marshal inspection & SG/PRC pre-site check;
- applying for conditional use permit through the city;
- applying for a license through Community Care Licensing;
- referral packets from SG/PRC;
- scheduled visits to meet with clients and staff at the developmental center
- recruiting, hiring and training staff;
- acquiring equipment;
- working collaboratively with the identified project partners;
- leasing vehicles;
- other pertinent events

The project objectives should be realistically achievable within the time frame. If more time is needed, all parties will agree upon an extension of start-up activities. **The schedule will include monthly reports to SG/PRC documenting achievement of objectives.**

C. PROGRAM DESIGN NARRATIVE

Provide a summary description of a program design for providing an adult day program, for adults. This summary description will serve as the basis for the complete program design to be submitted within 90 days of the grant award. At a minimum, the narrative is to address each of the following:

1. PHILOSOPHY

- a) A statement of the purpose and goals of the service. This should include the applicant(s) philosophy regarding services to persons with developmental disabilities and their understanding of the Regional Center System. Also, indicate that the proposed program's intent is to provide a center-based day program with a community integration component that meets the needs of autistic and dually diagnosed individuals recently transitioned from locked settings or at risk of placement into locked settings.
- b) Statement regarding special considerations in locating and selecting the program site. Include proposed program efforts to maintain positive relations with neighbors and participation with the community while utilizing surrounding resources.

2. PROGRAM DESCRIPTION

Provide a detailed description of the program, including a description of services and expected outcomes. Please address the following areas in detail:

- a) Provide a narrative regarding the client population to be served or the population being served. Include discussion of ambulatory and non-ambulatory status, level of self-help skills, and behavioral characteristics
- b) A statement of anticipated client outcomes resulting from participation in the program.
- c) Client attendance policy
- d) A summary of the clients' identified needs.
- e) A statement of entrance and exit criteria, including intake procedure and

screening process. Include a statement that screening of potential participants and intake is a collaborative effort with the regional center, the residential caregiver and the family.

- f) A description of the locations in which training occurs.
- g) Planned training activities including community activities; provide sample monthly schedules and state specific examples of functional, age appropriate activities that promote employment and/or employability;
- h) Behavioral intervention services - description of behavior consultant services and any other needed consulting services.
- i) Community support system (generic resources);
- j) Client advocacy and self-advocacy, including client education, as described below;
- k) Description of data collection, and the measuring and monitoring of client progress;
- l) Description of how curricula, intervention techniques and skill training will be individualized to meet each client's individual needs.
- m) Indication of restricted health care conditions the program is willing to work with; policies and procedures;
- n) Description of oversight provided to prevent choking, maintain hydration, prevent falls; prevent heat stroke; policies and procedures;
- o) Central storage of medications and on-going monitoring of medication dispensing and charting;

3. CLIENT ASSESSMENT PROCESS

- a) Describe the process, timeline and individual responsible for completing a preadmission assessment of prospective clients for the program. This preadmission assessment must also include a preliminary behavior and crisis response plan.
- b) Describe the process, timeline and individual responsible for completing a functional behavioral assessment of each client. The functional behavioral assessment must be reviewed by the IDT for relevancy and updated as needed. Identify methods to review and update assessment information and who will be responsible.

4. INDIVIDUAL SERVICE PLAN (ISP) & BEHAVIOR MANAGEMENT PLAN

Individualized Service Plan - describe the team approach for the development of treatment plans including the process, implementation and ensuring the rights of residents' regarding resident involvement in decision-making. Please address the following areas:

- a) Within 30 days after admission, development the ISP specifying goals and specific and measurable objectives and how they will be created, implemented and evaluated and client involvement in development and implementation of his/her ISP and plan;
- b) Steps program will take to ensure collaboration and coordination with other services that clients may be receiving (behavioral/mental health services, etc.);
- c) Include a detailed section in your program design addressing the development of behavior plan from intake, pre-placement, design of treatment plan, data collection, target behaviors, baselines, staff training, etc. Describe day program staff intervention including Behavioral Intervention Techniques and the staff Emergency Response Procedures (steps to address an emergency situation).

5. STAFFING

- a) Indicate staff to client ratio for the program.

- b) Identify all the staff positions within the program, including administrative and consultant positions.
 - c) Include job duties for all of the various staff positions necessary to meet the specific diagnostic and treatment needs of the residents. Specify the required experience for each of the various staff, including behavioral support and licensed staff.
 - d) Documented staffing data should include salary levels, and the amount of scheduled hours per week/month. Note that staff should have the appropriate qualifications and experience to implement the proposed program. Staffing qualifications and patterns shall meet or exceed Title 17 regulations - Sections 56710 - 56756 for a day program. Please include a sample weekly staffing schedule which reflects the proposed staffing ratio for the program.
6. OTHER CONSULTANT SERVICES
Provide a description of other consultant services (i.e. vocational, speech; occupational; physical, psychiatric, etc.) that will be available to program participants.
7. IN-SERVICE TRAINING PLAN
Provide a detailed description of staff training plan, during both start-up and on-going services including amount, type, subject, training curriculum and techniques. Specifically address the following areas:
- a) All Training Topics, for example, new employee training, on-going employee training plan, assessment of client needs, implementation of treatment plan, etc.;
 - b) Number of hours of continuing education per staff per year;
 - c) Presentation methods of training (DVD, oral instruction, webinars, outside trainers, etc.);
 - d) Quality assurance of training component; competency-based training.
8. PROGRAM EFFECTIVENESS & ANNUAL PROGRAM EVALUATION
- a) Describe how the program will evaluate its effectiveness in meeting client goals and objectives; submit an outline of the annual review of the program's effectiveness in relation to the program design.
 - b) Include data collection and tracking systems used to quantify the program's effectiveness.
 - c) Include a statement that the vendoring regional center will receive a written summary of the annual program evaluation. A copy of the full evaluation will remain on file for review by the regional center and DDS;

D. BUDGET & FINANCE

1. Using the attached budget forms, including Budget Form for Start-up Costs (**Attachment E**), and Guidelines for the Use of CPP Funds (**Attachment G**), as a reference, display all costs associated with the start-up of the project. A proposed budget should be developed which details start-up costs to cover the program being proposed by applicant. The budget should be concise with all expenses sufficiently defined. The budget must demonstrate the financial viability of the proposal.

Start up costs are costs which are necessary for the implementation of the service but not its on-going operation. Start up costs are usually incurred before the program is

ready to begin actual services to clients.

2. Using the Sample Budget Form for On-Going Costs (**Attachment F**), as a reference, display all projected costs associated with the on-going operation of the project. Based on these projected costs, the applicant shall propose a rate per client, for participation in the program.
3. A budget narrative describing how each budget line item was calculated is required to sufficiently define all terms and areas of the budget.
4. The budget should be realistic in terms of the types of program activity/services to be offered in relation to expenditures versus income.
5. Demonstrate the ability to keep adequate fiscal records in accordance with all State and local requirements. Applicant may submit evidence of passing an Independent Audit.

It is imperative that all above areas be addressed in your proposal. An applicant will receive zero points for any section not addressed. This could drastically affect the final scoring.

Please note that the budgets are examples of how the monies will be utilized in start up costs. The selected applicant will modify the budgets according to changes in the project plan and evaluation of generic resources to be utilized for the project.

REPORTING REQUIREMENTS

The selected project contractor will be required to submit monthly summaries describing progress made toward meeting project objectives to the San Gabriel/Pomona Regional Center by the first Monday of each month. These summaries will be attached to the monthly invoices submitted by the contractor. The contractor will submit a final report upon completion of the project. The format for the monthly summaries and invoices will be included in each awardees' contract.

PROPOSAL SELECTION PROCESS

Any proposal may be rejected if it is incomplete or deviates from the specifications in this RFP. **San Gabriel/Pomona Regional Center 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 5 members, who will score each proposal individually before coming together as a team to thoroughly review and discuss each proposal and interview, if applicable, and agreeing on a final score for each proposal. A minimum score of 70% is required for the proposal to be considered. Proposals will be evaluated in the following areas: Applicant Information/Experience, Timeline of Project Activities, Program Design Narrative and Budget/Finances.

The evaluation will be based on responsiveness, innovation, previous experience of applicant, and demonstrated applicant financial responsibility. 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 and interviews may be conducted, particularly if 2 or more proposals are closely scored and/or more information is needed. The interview panel will include at least 2 individuals from the

RFP selection committee and each interviewer will score the responses using the same scoring scale for each interview.

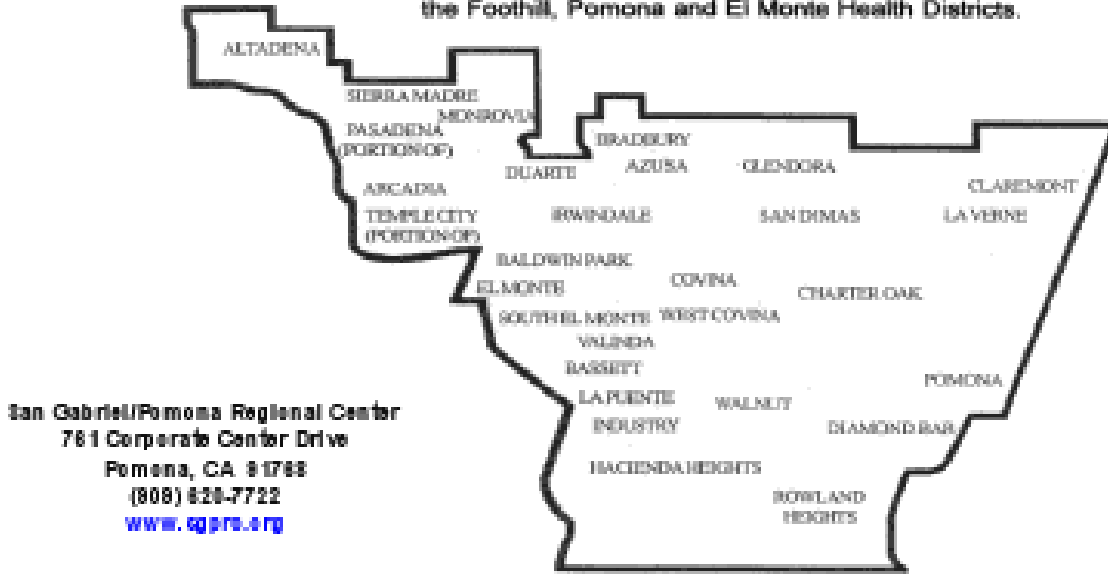
FUNDS

The Project description indicates the total amount of funds available for this project. **Actual amount awarded will be contingent upon the budget submitted by the Department of Developmental Services (DDS).** Any project contractor who fails to develop the services specified will be required to return to the San Gabriel/Pomona Regional Center any compensation received for start-up expenses. All funds must be expended by April 1, 2016.

**REQUIRED ATTACHMENTS FOR PROJECTS
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
761 Corporate Center Drive
Pomona, CA 91768
(800) 628-7722
www.sgprc.org

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

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

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

* Portion 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
REQUIRED ATTACHMENTS FOR PROJECT
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: Aaron Christian

APPLYING FOR: (*Please check one*)

ONE ADULT DAY PROGRAM

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

(attach additional sheets if necessary)

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 a licensed day program setting 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 received 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

ITEM	PROJECTED COST
Modifications of facility	_____
Office Supplies	_____
Office Equipment	_____
Communication	_____
Program Consultants	_____
Travel Expenses	_____
Staff Recruitment Costs (e.g., advertising, finger printing)	_____
Staffing	_____
Information Technology (IT)	_____
Site Lease	_____
Licensing Fees	_____
Program Supplies	_____
Furnishings	_____
Program Recreational & Adaptive Equipment	_____
Program Appliances	_____
Utilities (trash, gas, water, electricity, telephone)	_____
Insurance (Worker's Comp./General Liability/Auto)	_____
Vehicle Leases	_____
Vehicle Maintenance (gasoline, etc.)	_____
Fire and Safety Costs (sprinkler, alarms, etc.)	_____
Other General Expenses (Specify)	_____
Administrative Overhead	_____
TOTAL PROJECTED START-UP COSTS	_____

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

**ATTACHMENT F
SAMPLE BUDGET FORM FOR ON-GOING COSTS**

The budget must demonstrate the financial aspects of the proposal. The projected costs cannot exceed 15% administrative overhead.

<u>ITEM</u>	<u>PROJECTED COST (MONTHLY)</u>
Staff Wages (specify details, i.e. starting wage)	_____
Staff Benefits (specify details)	_____
Program Director Salary	_____
RN Wage	_____
Office Equipment	_____
Communication	_____
Program Consultants	_____
Travel Expenses	_____
Staff Recruitment Costs (e.g., advertising, finger printing)	_____
Program Lease	_____
Licensing Fees	_____
Furniture	_____
Program Equipment	_____
Utilities (trash, gas, water, electricity, telephone)	_____
Insurance (vehicle, fire, household, worker's comp, etc.)	_____
Program Supplies/Recreational & Adaptive Equipment	_____
Vehicle Lease	_____
Vehicle Maintenance (gasoline, etc.)	_____
Program Maintenance	_____
Ongoing Training Expenses	_____
Payroll/Bookkeeping	_____
Other General Expenses (Specify)	_____
TOTAL PROJECTED ONGOING COSTS	_____
BASED ON PROJECTED # OF PARTICIPANTS	_____
PROPOSED REIMBURSEMENT RATE P/CLIENT, P/DAY	_____

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).