



**NOTICE OF REQUESTS FOR PROPOSALS (RFP)
COMMUNITY RESOURCE DEVELOPMENT PLAN (CRDP)
FISCAL YEAR 2025 - 2026**

Summary of Project

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

Posting Date:	October 15, 2025
Project #:	SGPRC-CRDP 2526-5
Deadline:	October 29, 2025 @ 4:00pm
Service Type:	One (1) Group Home for Children (GHC) with Behavioral or Mental Health Focus
Census:	4
Start-up Funds Available:	\$250,000.00
Location:	SG/PRC Catchment area – Western, Central or Eastern section
Development Timeline:	The GHC should be ready to provide services by January 2028

PROJECT DESCRIPTION

Based on our needs survey and internal information, there is a need to provide specialized residential services to children ages 12 to 17 years of age as there are few Group Homes for Children in our catchment area and also few in LA County. This will meet the need for SG/PRC families and the Department Of Children and Family Services (DCFS). We currently do not have sufficient capacity in our area to address this need. This proposal will allow for the selection of a residential service provider to develop services as a Specialized Residential Facility (SRF – Level 7) with a behavioral or mental health component. In addition, this will be a 4 bed home with at least one room as non-ambulatory

This home must be developed to meet the new regulations issued by the Centers for Medicare and Medicaid Services (CMS) regarding standards that must be met in order for Home and Community-based services (HCBS) to continue to receive federal funding. The prospective provider must ensure that services developed as part of this project are provided in accordance with person-centered plans that focus on the achievement of goals the individual values.

The start-up funds identified in this RFP are solely for the use of the service provider for activities integral to the establishment of the licensed program, e.g. licensing, furnishings and supplies, and personnel recruitment and development.

Potential service providers must have prior demonstrable experience including:

- Supporting individuals with developmental disabilities, with behavioral or mental health issues
- Operating a similar program

The service provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g. other regional centers, residential homes, families served by SG/PRC, CCLD, DCFS) for the successful support of the individual.

GENERAL REQUIREMENTS

- The GHC will require licensure by Community Care Licensing (CCL) prior to vendorization by SG/PRC;
- Program will support 4 residents
- Program must meet all applicable Title 17 and Title 22 regulations;
- Program must meet applicable Americans with Disabilities Act (ADA) standards;
- Administrator must meet Title 22 and Title 17 requirements
- 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.

Deadline of Submission: Proposals must be received at SG/PRC by 4:00 p.m. on October 29, 2025

Applications that are submitted after the deadline or that are incomplete, or proposals that do not meet the basic 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 rate will be a rate for a Specialized Residential Facility, Level 7, which is customizable based on staffing and consultant hours as designated by SG/PRC.

APPLICANT QUALIFICATIONS

The following qualifications will be sought in a potential provider and will be assessed by evaluating and 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 demonstrating the ability to provide direct supervision or services/supports to persons with developmental disabilities or special needs.
- 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 licensing agency.

- 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. 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 contracts for the project will require an agreement that the grantee will provide, at minimum, 120 months (ten years) of continuous services, based upon the date of the first placement. 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 90% of original start-up grant; 24 months repay 80% of original start-up grant; 36 months repay at 70% of original start-up grant, etc.

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

APPLICANT ELIGIBILITY & RESTRICTIONS

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.

1. **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.

Other Notification

Please be advised that effective January 1, 2026, California Regional Centers, including San Gabriel/Pomona Regional Center, will become subject to the California Public Records Act (CPRA) under the provisions of Assembly Bill 1147 (AB 1147). As a result, certain records maintained by the regional centers, including contracts and vendor-related documents, may become subject to public disclosure.

Under CPRA, members of the public have the right to request access to records held by regional centers. While sensitive and proprietary information may qualify for exemption or redaction under applicable laws, some information related to vendor agreements, billing, and performance with the regional center may be disclosed upon request.

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.

Additional Requirements

- **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.

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.

SUBMISSION INSTRUCTIONS

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. For additional guidance in writing your service summary, please refer to Title 17 regulations.

- 1.1. ☐ Application/Proposal Coversheet – Attachment A
- 1.2. ☐ Statement of Obligation – Attachment B

- 1.3. ☐ Comparable Project(s) Listing – Attachment C
- 1.4. ☐ Most Recent Independent Audit or Verified Financial Statement – Attachment D
- 1.5. ☐ Budget Form for Start-up Costs – Attachment E
- 1.6. ☐ DS1891– Attachment F

2. **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 ongoing services to individuals.

3. **Background and Experience:**

Summarize education, experience, and knowledge of key personnel in providing services to the target population.

Describe any experience you have had with serving individuals who have challenges with self care or require total care, and who have medical care issues. Describe how the documented education, knowledge, and experience will be a good fit for developing this program.

4. **Equity & Diversity Statement:**

Please see list below. Applicants must:

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

- 4.2. Provide examples of applicant’s commitment to addressing the needs of those diverse populations.

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

5. **Development Experience:**

Briefly summarize your current and previous development of services and 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 program design and activities related to the licensure and program opening. Highlight similarities between current or previous program(s) developed and your proposed program for this RFP.

6. 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.

7. Agency Outcomes:

Describe anticipated outcomes of proposed service for people residing in the home and how achievement of outcomes will be measured.

8. Assessment and Person-Centered Planning:

Briefly describe your agency's approach to the person-centered planning process. Discuss how individual goals and objectives will be determined and progress measured.

9. Administrative and Consultant Roles:

9.1. Describe roles of Licensee, Administrator, additional staff, and proposed involved consultants. Provide qualifications of any certified or licensed staff or consultants. Attach resumes.

9.2. Indicate whether clinicians will be employees of the agency or contracted consultants.

10. Methods and Procedures:

Please see list below. Applicants will describe how they will:

- 10.1.** Involve and plan for activities leading to the transition of individuals into the home, such as an intake assessment, visit to the site, development of Behavior Plans, development of Health Care Plans, if any, etc.

11. Staff Recruitment and Retention:

Describe your plan to recruit and retain quality staff. Include the following:

- 11.1.** Desired characteristics for all staff positions.

- 11.2.** Health and criminal background screening procedures.

- 11.3.** Initial and ongoing training, including required certifications. Provide a detailed description of the agency training program for all staff. Discuss how your organization implements competency-based training for staff and ensures retention of training topics by staff. Please provide a proposed training matrix and core training topics.

- 11.4.** Discuss what typical staff turnover is for your organization/agency.

- 11.5.** Provide information on salary levels and benefits.

- 11.6.** Attach an organization chart that includes this project and maps the supervisory hierarchy. The chart must include the names of any governing board members and advisory boards, as well as other programs/facilities operated by the applicant.

- 11.7.** Provide job descriptions and qualifications for the primary staff and consultant positions necessary for this project, including Administrator/Program Director, Lead Staff, Direct Support Professionals, and other consultants. It is your responsibility to ensure that the qualifications for each staff person or consultant meet the criteria set forth in both the California Code of Regulations and the corresponding project description.

12. Home and Community-Based Setting (HCBS) Requirements:

Acknowledge awareness and commitment to developing a day program to meet the new HCBS requirements. The HCBS non-residential Provider Self Survey can be found here <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/assessment-information/#collapse-panel-self-assessment> Describe any areas in the Provider Self Survey where you feel additional technical assistance or guidance will be needed by your organization.

13. Activity Schedule:

Provide a sample one-week activity schedule that includes activities to be provided on-site and in the community.

14. Transportation:

Describe how transportation will be provided for community activities , if necessary.

15. 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.

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.

Start-up Funds: 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. As part of start-up costs, the applicant must allot a certain amount of funds for transition expenses. There are expenses incurred after the site is licensed and while the vendor is completing transition visits and activities with the identified participants.

Using the attached Budget Form for Start-up Costs (Attachment E), and the Guidelines for the Use of CPP /CRDP Funds (Attachment G), 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. Start-up costs

On-going Funding: In accordance with existing statutory requirements, the on-going reimbursement rate of payment for an SRF is set by DDS under the new rate implementation effective January 2025.

16. Continuous Quality Improvement (CQI) System:

CQI System means a process to ensure systematic improvement of services to increase positive outcomes for the clients being served. Describe how the service agency will use data, such as agency outcomes, stakeholder satisfaction, or other existing data (e.g., incident reports, medication logs) to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures (e.g. supervision, medication management, recruiting, etc.). Providers shall describe the feedback loop by which problem procedures will be identified, corrected through revised practices, and further monitored to measure the effectiveness of those changes in agency practice.

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Formatting Requirements

Applicants must adhere to the following formatting requirements when submitting proposals:

- All submissions must be submitted electronically to resources@sgprc.org. An email acknowledgement of each submission received will be sent to the applicant.
- All proposals must be complete, collated, and page numbered.
- The "Application/Proposal Coversheet" (see Attachment – A) must be the first page of the proposal.
- The proposal must include a Table of Contents
- 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.
- Any use of Artificial Assistance will result in immediate disqualification.

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

San Gabriel/Pomona Regional Center
Attn: Sarah Torres and Yvette Espinoza
75 Rancho Camino Dr.
Pomona, CA 91766
(909) 710-8844
storres@sgprc.org or yespinoza@sgprc.org

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

Timeline

10/15/25	Request for proposal release
10/29/25	Deadline for receipt of proposals
10/30/25 to 11/10/25	Evaluation of proposals by selection committee
11/12/25 to 11/17/25	Interviews with highest-ranking applicants, if applicable
On or before 12/1/25	Notice of selection mailed to applicants
On or before 2/28/26	Start-up contract signed
On or before 2/1/26	Notification of project award posted on SG/PRC website

APPLICANT/AGENCY INFORMATION - PROPOSAL COVER SHEET
COMMUNITY PLACEMENT PLAN 2025- 2026

☐ 1 GHC - SRF with Behavioral or Mental Health Focus (\$250,000)

NAME OF INDIVIDUAL OR ORGANIZATION SUBMITTING PROPOSAL (Please print)

CONTACT PERSON FOR PROJECT / JOB TITLE (Please print)

TELEPHONE NUMBER / FAX NUMBER / E-mail address

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

ADDRESS (Please print)

AUTHOR OF PROPOSAL, IF DIFFERENT FROM INDIVIDUAL SUBMITTING PROPOSAL
Knowingly and willfully failing to fully and accurately disclose the information
requested may result in rejection of proposal.

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

1.	
2.	
3.	
4.	

ATTACHMENT A (Continued)

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

1.

Name & Title	Agency Affiliation
Address	Phone
2.

Name & Title	Agency Affiliation
Address	Phone

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

SIGNATURE OF PERSON AUTHORIZED TO BIND
ORGANIZATION

DATE

ATTACHMENT B
STATEMENT OF OBLIGATION
(please attach additional pages if needed)

	YES	NO
1. THE APPLICANT IS PRESENTLY PROVIDING SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES:		
2. 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) _____		
3. 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. _____		
4. IS THE APPLICANT CURRENTLY APPLYING FOR GRANT/FUNDS FROM ANY SOURCE TO DEVELOP SERVICES FOR FISCAL YEAR 2024/ 2025? If Yes , INDICATE FUNDING SOURCE & 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: 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. (PLEASE USE SEPARATE SHEET OF PAPER)		
7. HAS THE APPLICANT OR ANY MEMBER OF THE APPLICANT'S ORGANIZATION RECEIVED A CORRECTIVE ACTION PLAN OR SIMILAR DOCUMENT FROM A REGIONAL CENTER OR CITATION FROM STATE LICENSING AGENCY WITHIN THE LAST 2 YEARS? 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? 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.		

Signature of Applicant or Authorized Representative

Date

ATTACHMENT C
COMPARABLE PROJECTS LISTING

Facility Name	Current Status	Characteristics of home	Time to develop	Barriers (if any)	Organization that owns home
<i>EX. ABC Home</i>	<i>Licensed/Rehab /In escrow/Site search</i>	<i>Behavioral; males</i>	<i>18 mo</i>	<i>City permits</i>	<i>Non-profit Organization</i>

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	_____

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
Office Supplies	_____
Equipment	_____
Communication	_____
Program Consultants	_____
Travel Expenses	_____
Staff Recruitment Costs	
(e.g., advertising, finger printing)	_____
Lease	_____
Licensing Fees	_____
Supplies	_____
Furniture	_____
Utilities	
(trash, gas, water, electricity, telephone)	_____
Insurance (vehicle,	
fire, household, worker's comp, etc.)	_____
Program Supplies/Recreational & Adaptive Equip	_____
Vehicle Lease	_____
Vehicle Maintenance (gasoline, etc.)	_____
Fire and Safety Costs (sprinkler, alarms)	_____
Staff Training	_____
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

DS1891 - APPLICANT DISCLOSURE STATEMENT

<https://www.dds.ca.gov/wp-content/uploads/2019/05/DS1891.pdf>