

SAN GABRIEL/POMONA REGIONAL CENTER

REQUESTS FOR PROPOSALS (RFP)

COMMUNITY PLACEMENT PLAN (CPP) FOR FISCAL YEAR 2011-2012

DATE: December 8, 2011 (amended January 3, 2012)

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 February 27, 2012

AUTHORITY

The State of California through the Budget Act of 2010 has authorized the closure of Lanterman Developmental Center (LDC). The San Gabriel/Pomona Regional Center (SG/PRC) in meeting this mandate has identified the need for a variety of community living and day options for clients exiting the LDC. These services are identified in this announcement of start-up funding availability. SG/PRC recognizes that the State of California is experiencing an unprecedented budget crisis, and seeks to develop these programs efficiently and cost effectively. The State Developmental Centers in California continue to close and community placement is not only a least restrictive placement option for our clients, but it also requires less funding compared to continuing residence in a Developmental Center. **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 one (1) provider for the development of the following projects:

- **Two (2), Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN). The provider will serve a total of ten (10) clients in 2, 5 bed licensed ARFPSHN's.**

The two homes will be acquired by a separate non-profit housing agency. The selected provider will develop and lease the property from the non-profit housing agency.

Two (2) start-up grants may be awarded. The grant awards will not exceed \$350,000.00 each.

ELIGIBLE APPLICANTS

The solicitation is open to any profit or non-profit organization or individuals who have a demonstrated expertise in serving individuals with developmental disabilities, in residential care settings. Additionally the organization or individual must have experience in the delivery of clinical services and provision of 24 hour nursing/health supervision.

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 backing to the project, the financial backer need only show financial commitment.

INQUIRIES/REQUEST FOR ASSISTANCE

An **Applicants Conference** will be held on **Monday, January 23, 2012** at San Gabriel/Pomona Regional Center, Room 1, from 2:00 p.m. to 3:00 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:

- | | | |
|---------------------|----------------|-------------------|
| • Heather Diaz | (909) 868-7522 | hdiaz@sgprc.org |
| • Benilda Glen | (909) 868-7512 | bglen@sgprc.org |
| • Nora Perez-Givens | (909) 868-7504 | ngivens@sgprc.org |
| • Jessica Pang | (909) 868-7528 | jpang@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, February 27, 2012.** The proposal (and all required copies) is to be delivered by mail prior to the due date to:

San Gabriel/Pomona Regional Center
Heather Diaz, Resource Developer
761 Corporate Center Drive
Pomona, CA 91768

No FAX copies will be accepted.

EVALUATION CRITERIA

Each proposal shall be organized into the following five (5) sections, which is 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	20 points
Timeline of Start-up Activities/Objectives and Milestones	20 points
Program Plan Narrative	40 points
Budget & Finance -- Start-up	20 points
TOTAL	100 points

TIMELINE

Applicants' Conference	Monday, January 23, 2012 from 2 p.m. to 3 p.m. @ SG/PRC Room #1, 761 Corporate Center Dr. Pomona, 91768
Deadline for submitting proposal	Monday, February 27, 2012, by 4 p.m. SG/PRC Reception Area, 761 Corporate Center Dr. Pomona, CA 91768
Evaluations of proposals by Committee	February 28, 2012 through March 16, 2012
Interviews of highest ranking applicant(s)	March 19, 2012 through March 23, 2012
Written notification of award	March 26, 2012
Completion of start-up contract	March 30, 2012
Acceptance of first client	September 1, 2013
Written notification of the grant award will be mailed	March 26, 2012. Preliminary date to conclude

contract negotiations is no later than **March 30, 2012**. 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 2011 – 2012

COMMUNITY PLACEMENT PLAN – PROJECT 1 - 2 ADULT RESIDENTIAL FACILITY FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS – ARFPSHN's

SERVICE NEED

Per the Welfare and Institutions Code, section 4684.50(a)(1) an "Adult Residential Facility for Persons with Special Health Care Needs" means any adult residential facility that provides 24-hour health care and intensive support services in a homelike setting that is licensed to serve up to five adults with developmental disabilities.

The facility will be licensed and vendored to serve a maximum of five (5) adults. The adults to be considered for admission are first and foremost residents of Lanterman Developmental Center (LDC) who have been identified through the Community Placement Plan (CPP). The facility is to be prepared to serve both male and female adults, who may be ambulatory or non-ambulatory. The individuals for this facility have been or will be selected and placed by SG/PRC through its Admissions Committee and identified through the CPP. The contract developed from this RFP will be based on the provider's commitment to the long-term success of clients living in the community. Furthermore the program will maintain policies and procedures that exemplify a commitment to meeting the specialized needs of these clients.

The admission criterion also includes the following:

- Adults
- Medically appropriate for ARFPSHN services/supports
- Diagnosis of mental retardation, mild to profound
- Each adult's service needs are compatible with the service needs of any current resident at the time placement is being considered;
- Requires physical assistance in performing four (4) or more of these ADL's (eating, dressing, bathing, transferring, toileting, and continence)
- May have dual diagnosis (Developmental Disability and Mental Illness)
- Non-ambulatory (functional and physical)
- Accommodations for special equipment
- Special health care needs are predictable and stable (as determined by the Individual Health Care Plan (IHCP) Team) and for which the person requires nursing supports for the following:
 - Nutrition support: total parenteral feeding, G-tube feeding, and hydration
 - Cardio respiratory monitoring
 - Oxygen support including continuous positive airway pressure and bi-level positive airway pressure, and use of other inhalation-assistive devices
 - Nursing interventions for tracheostomy care and suctioning
 - Nursing interventions for colostomy, ileostomy, or other medical or surgical procedures
 - Special medication regimes including injection and intravenous medications

- Management of insulin-dependent diabetes
- Manual fecal impaction, removal, enemas, or suppositories
- Indwelling urinary catheter/catheter procedure
- Treatment of staphylococcus infection
- Treatment for wounds or pressure ulcers (stage 1 and 2)
- Postoperative care and rehabilitation
- Pain management and palliative care and
- Renal dialysis
- Adults may have visual and/or hearing impairments;
- May not participate in structured outside day activities on a consistent basis

Start-up Funding Available: \$350,000.00 per facility

Facility Type/On-going Reimbursement Rate:

The facilities will be licensed by the Department of Social Services after the homes have been certified by the Department of Developmental Services, and vendored as an Adult Residential Facility for Persons with Special Health Care Needs - Service Code 113. The rate of reimbursement for on-going services will be negotiated but cannot exceed the amount of \$18,694.00 per month.

Key Objectives of this project:

1. Enter into a Start-up and On-going Services Contract with SG/PRC.
2. Work collaboratively with the project partners including the non-profit housing corporation to identify and secure a home that will best meet the scope of the project.
3. Submit a full program plan to SG/PRC.
4. Hire and train staff.
5. Obtain the services of appropriate licensed consultants.
6. Obtain appropriate licensure for the facility.
7. Be licensed and ready for client admission by September 1, 2013

PROPOSAL WRITING GUIDELINES

The applicant must carefully read each of the following sections in these writing guidelines and adhere to the directions and/or submit the requested information.

A. **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 A) 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 B)
- Financial Statement (Attachment C)
- Projected Budget (Attachment D - Start-Up Costs)
- Projected Budget (Attachment E – On-going Service 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.

B. **APPLICANT INFORMATION**

1. Complete Attachment A. 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.
 - (1) Excluded Individuals or Entities: List the name, title, and address of any person or entity with an ownership or control interest, any agent, director, officer, or managing employee of the applicant or vendor who is an excluded individual or entity. "Excluded Individuals or Entities" means those individuals and entities that have been placed on either the U.S. Department of Health and Human Services Office of Inspectors' General (OIG) List of Excluded Individuals/Entities or the Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List of persons, or individuals and entities that have been convicted of a criminal offense related to involvement in any program under

Medicare, Medicaid or the Title XX services program, or those individuals and entities that meet the criteria included in Section 54311(a)(6).

- 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) Provide current Resume including the facility names, address, phone numbers and names of contacts for all work positions in licensed, vendored residential facilities. 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 residential care services 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) Provide a description of current and previous developments. Highlight similarities between current or previous program(s) and the proposed program. Include the **Statement of Obligation (Attachment B)** 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, 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 C** is to be used when completing the financial statement.

4. Agency Organization

1. Provide an Organizational chart of members and the supervisory hierarchy. The chart must include any governing board members and advisory boards. If the applicant's mailing address is outside of the Los Angeles County area, the name and qualifications of the person who will be physically located in the Los Angeles County area and responsible for managing the proposed project, should be included.

C. TIMELINE OF PROJECT ACTIVITIES

Provide a 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:

- new provider orientation required by DDS;
- fingerprint clearance
- investigation of need for zoning and use permit through local government agency;
- securing the location of the home collaboratively with the non-profit corporation & SG/PRC;
- ensuring identification of qualified construction contractor;
- starting date of renovation
- developing a friendly acceptance of the facility with the community neighbors;
- submission of complete program design to DDS
- ensuring completion of life-safety and non-ambulatory renovations;
- Fire Marshall inspection & SG/PRC pre-site check;
- applying for a license through Department of Social Services, Community Care Licensing;
- referral packets from SG/PRC;
- scheduled transition 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.**

D. PROPOSED PROGRAM DESIGN NARRATIVE

Provide a summary description of a program plan for providing an Adult Residential Facility for Persons with Special Health Needs. This summary description will serve as the basis for the complete program design to be submitted within 60 days of the grant award. It is strongly recommended that you follow the numbering below and provide complete responses to each section. At a minimum, the narrative is to address each of the following:

1. Statement of purpose to include the applicant(s) philosophy regarding services to persons with developmental disabilities and their understanding of the Regional Center System. Also, indicate that the program intent is to provide support and assistance to residents in achieving the highest possible level of functioning and independence in a natural, home-like environment.
2. Statement regarding special considerations in locating and selecting the facility site. Include proposed program efforts to maintain positive relations with neighbors and participation with the community while utilizing surrounding resources.

3. Provide a narrative regarding the client population to be served, including their health care and intensive support needs and the total number of individuals to be served;
4. Provide a description of the program components, including a description of the health care and intensive support services to be provided;
5. Include a description of the activities to be provided or arranged for clients. Description should include information on how the facility plans, conducts and assists clients in participating in these activities. Attach a sample week's program schedule, including proposed client day and community integration activities;
6. Discuss the plan to assist each client's integration and participation in community life. Include description of recreational/educational activities provided to clients;
7. Discuss the facilities plan to ensure outside services are coordinated, integrated and consistent with those provided by the ARFPSHN. Include the plan for the facility to coordinate and communicate with the day or work program;
8. Describe the facility's policy, which is designed to encourage regular family involvement with the client and shall provide ample opportunities for family participation in activities at the facility;
9. Include in this section how the facility plans to handle medical emergencies. How will staff respond to these and if necessary, describe how transportation will be provided for these emergencies;
10. Describe the arrangement of annual medical and dental care for residents, including arranging for an annual laboratory, an annual physical exam, an annual dental exam, an annual optometry, and any specialty exams due to gender, age, or diagnosis. Also please note to ensure the client remains under the care of a physician at all times and is examined by the primary care physician at least once every 60 days, or more often if required by the client's IHCP;
11. The plan for accessing and retaining consultant and health care services, including assessments, in the areas of physical therapy, occupational therapy, respiratory therapy, speech pathology, audiology, pharmacy, dietary/nutrition, dental and other areas required for meeting the needs identified in clients individual health care plans;
12. Describe the procedures for the administration of medications. Description should include the use of a Centrally Stored Medication Administration Record (MAR) for the daily dispensing of medications, the reason for use will be included for each medication prescribed and that side effects for each medication dispensed will be maintained. Also include in this section the process of internal administrative oversight of medication dispensing practices (i.e., weekly review of medication dispensing).
13. A description, including the size, layout, location and condition of the proposed home. Discuss the requirement that the home is equipped with fire sprinklers and that an alternative power system (4684.53);

14. A description of the equipment and supplies available, or to be obtained, for programming and care;
15. Describe how the facility plans to meet the transportation needs of clients. Please include in description the need for arrangements for transportation due medical appointments/emergencies, and social or recreational outings.
16. Please include a description as to how the facility plans to ensure that the foods prepared are nutritional and well balanced.
17. Statement of entrance and exit criteria, including intake procedure and screening process. (Please include a statement that screening of potential residents and intake is a collaborative effort with the regional center and staff associated with the State Developmental Center (SDC) Regional Resource Development Project (RRDP)).
18. Provide minimum qualifications and proposed staffing data. Include job duties for all of the various staff and consultant positions necessary to meet the specific diagnostic and treatment needs of the residents. Staffing to include the following:
 - A. Executive Director/Licensee
 - 1) Specify required qualifications, knowledge and experience.
 - 2) Include job duties.
 - B. Administrator
 Minimum of two (2) years prior administrative experience in a licensed residential program for persons with developmental disabilities as evidenced by substantial compliance with the applicable state licensing requirements, verified completion of Direct Support Professional Year 1 & 2 certification and verified completion of SG/PRC Residential Services Orientation (RSO) within the last two years.
 Additionally, the Administrator must be one or more of the following:
 - 1) A licensed registered nurse;
 - 2) A licensed nursing home administrator;
 - 3) A licensed psychiatric technician with at least five years of experience serving individuals with developmental disabilities; and/or
 - 4) An individual with a bachelor's degree or more advanced degree in the health or human services and two (2) years experience working in a licensed residential program for persons with developmental disabilities and special health care needs.
 - i. Specify required qualifications, knowledge and experience.
 - ii. Include job duties.
 - C. Direct Care Staff
 Minimum of one (1) year, full time experience working with persons that have a developmental disabilities and a minimum of a high school diploma or equivalent. Familiarity with charting, medication administration. Ability to speak the primary language(s) of the clients (i.e. English, Spanish). Direct care staff, possess skills and expertise to effectively manage a range of needs as required by an ARFP SHN facility is highly recommended.
 - 1) Specify required qualifications, knowledge and experience.
 - 2) Include job duties.
 - D. Consultants
 - 1) Specify for each position the required qualifications, knowledge and

experience. Include job duties and number of hours to be provided each week/month, based on each discipline.

- 2) Consultants must meet Title 17 requirements for their specific discipline, and must have a current California State license in their area of practice.
19. Document your plan to obtain, secure and retain quality staff. This should include the hiring and screening process; proposed pay scale (the minimum salary for direct care staff is 150% of minimum wage or currently \$12 per hour) and benefits; orientation and training plan; staff recognition and reward programs; etc.
20. Provide detailed staffing pattern, which at a minimum includes the following:
 - A. Licensed medical staff (i.e. RN, LVN or LPT) is awake and on duty 24 hours per day, seven days per week;
 - B. Licensed registered nurse is awake and on duty at least eight (8) hours per person, per week;
 - C. Minimum of two (2) staff are awake and on duty when providing care to four or more clients;
 - D. Administrator is on duty at least 20 hours per week to ensure effective operation of the ARFPSHN
21. Describe the initial orientation training. The facility shall require that all new staff, prior to providing direct care services, receive an orientation which shall be documented.
22. Provide a description of the in-service training program plan for at least the next 12 months, which shall include the plan for ensuring that direct support personnel understand their roles and responsibilities related to implementing individual health care plans, prior to providing direct care in the home and for ensuring the administrator understands the unique roles, responsibilities and expectations for administrators of community-based facilities [4684.58(a)(2)(L)].

E. BUDGET & FINANCE

1. Using the attached Budget Form for Start-up Costs (**Attachment D**), and Guidelines for the Use of CPP Funds (**Attachment E**), 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 facility 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 attached Budget Form for On-going Service Costs (**Attachment F**) as a reference, display all costs associated with the on-going operation of the facility. Direct versus administrative costs need to be clearly identified, with no more than 15% of costs attributed to administrative overhead, per legislation adopted in March 2011 (SB74).
3. A budget narrative describing how each budget line item was calculated is required to

sufficiently define all terms and areas of the budget.

- a) The budget should be realistic in terms of the types of program activity/services to be offered in relation to expenditures versus income.

4. 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 and on-going costs. The selected applicant will modify the budgets according to changes in the program design and evaluation of generic resources to be utilized for the project.

REPORTING REQUIREMENTS

Each 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. **The 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 4 areas: Agency Description/Background/Experience, Work Plan/Timelines, Project Description and Budget/Finances. The proposals responsiveness to the provided guidelines will also be strongly considered.

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

Project descriptions indicate the total amount of funds available for each 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 January 31, 2014.

REQUIRED ATTACHMENTS FOR PROJECTS
ATTACHMENT A
COMMUNITY PLACEMENT PLAN 2011-2012
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: Heather Diaz

APPLYING FOR: (*Please check one*)

TWO ADULT RESIDENTIAL FACILITIES FOR PERSONS WITH SPECIAL HEALTH NEEDS

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 B
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 for Fiscal Year 2011/2012? [] 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 during Fiscal Year 2011/2012: [] 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? [] 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 the SDC. [] Yes

Signature of Applicant or Authorized Representative

Date

ATTACHMENT C

SAMPLE FINANCIAL STATEMENT

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 D

BUDGET FORM FOR START-UP COSTS

ITEM	PROJECTED COST
Administrative Overhead	_____
Office Supplies	_____
Specialized Household Equipment	_____
Communication	_____
Program Consultants	_____
Travel Expenses	_____
Staff Recruitment Costs (e.g., advertising, finger printing)	_____
Residential Lease	_____
Licensing Fees	_____
Household Supplies	_____
Furniture	_____
Kitchen Equipment	_____
Kitchen Appliances	_____
Linens	_____
Food	_____
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.)	_____
Fire and Safety Costs (sprinkler, alarms, etc.)	_____
Modifications of facility	_____
Other General Expenses (Specify)	_____
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 E

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).

ATTACHMENT F
SAMPLE BUDGET FORM FOR ON-GOING COSTS

The budget must demonstrate the financial aspects of the proposal with the on-going operational costs not exceeding pre-established rate.

<u>ITEM</u>	<u>PROJECTED COST</u>
Staff Salaries (specify details, i.e. starting wage)	_____
Staff Benefits (specify details)	_____
Administrator Salary	_____
Household Supplies	_____
Office Equipment	_____
Communication	_____
Program Consultants	_____
Travel Expenses	_____
Staff Recruitment Costs (e.g., advertising, finger printing)	_____
Residential Lease	_____
Licensing Fees	_____
Household Supplies	_____
Furniture	_____
Kitchen Equipment	_____
Kitchen Appliances	_____
Linens	_____
Food	_____
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.)	_____
Fire and Safety Costs (sprinkler, alarms, etc.)	_____
Maintenance of facility	_____
Ongoing Training Expenses	_____
Other General Expenses (Specify)	_____
TOTAL PROJECTED ONGOING 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 item.)