



SAN ANDREAS REGIONAL CENTER  
300 Orchard City Drive  
Campbell, CA 95008  
(408) 374-9960

TO: All Potential Request for Proposals Respondents

FROM: Jeffery Darling, Resource Manager, San Andreas Regional Center  
Jim Elliott, Project Manager, San Andreas Regional Center

DATE: May 20, 2016

RE: Enhanced Behavioral Supports Homes / Nursing - Request for  
Proposals for Housing Services (Acquisition and Rehabilitation)

San Andreas Regional Center

TYPE OF PROGRAM: Two (2) Enhanced Behavioral Supports Home /  
Nursing (EBSH/Nursing)

GEOGRAPHIC LOCATION(S): Santa Clara, Santa Cruz, Monterey, or San  
Benito County

CONTRACT AWARD: Startup funding of up to \$605,696 (for each home)

Service Description

The intent of this project is to establish two California DSS/CCLD licensed Adult Residential Facilities which are vendored as Specialized Residential Facility / Enhanced Behavioral Supports Home / Nursing (EBSH/Nursing) for four adults with severe maladaptive behaviors (e.g. aggression, self-injury, property destruction, running/wandering away, etc.). Residents will also have medical conditions requiring nursing supports as follows;

- Inhalation-assistive devices; C-PAP, Bi-PAP, nebulizer, etc.
- Baclofen pump
- Management of insulin dependent diabetes, possibly insulin pumps

- Vagal nerve stimulator
- Pacemaker
- Automatic implantable cardioverter-defibrillator (AICD)
- Emergency epinephrine administration
- Treatment of MRSA
- Treatment of wounds or pressure sores (stage I or II)
- Indwelling urinary catheter
- Renal dialysis

The facility is intended to serve individuals long term, individuals who may be coming from long-term institutional settings, or from other settings already within the community. The facility must provide for the individuals' needs for independence, choice and community integration in order to meet the eligibility requirements for federal funding including, but not limited to, the following;

- The provision of individualized services,
- Decision-making by residents on day-to-day activities in the home or community, visitors, when and what to eat, etc.,
- Common space that promotes interaction,
- Private bedrooms with personal décor,
- Private or semi-private bathrooms,
- Access to a kitchen at all times,
- Private space to visit with friends and family,
- Private space for use of telephone
- Private space to store personal items

The service provider should have experience developing housing for people with developmental disabilities, ideally housing for people with both intense behavioral and medical needs. **The provider will be responsible for acquiring and remodeling a site suitable for this type of facility.** Home may be located in any of the following four counties; Monterey, San Benito, Santa Clara, Santa Cruz.

Funding will be available through San Andres Regional Center's Community Placement Plan (CPP) approved by the Department of Developmental Services (DDS) for Fiscal Year 2015/2016 as follows:

Property Acquisition: up to \$255,696

Property Rehabilitation: up to \$350,000

Total = \$605,696

(Emergency Title 17 regulations for Enhanced Behavioral Supports Homes are available for review at <http://www.dds.ca.gov/ProposedRegs/EnhancedBehavioral.cfm>. The provider of the residential services in this home will be chosen through an additional RFP.)

Proposals to be submitted by non-profit corporations with experience developing housing for people with I/DD. Contracts may be awarded separately, one for each home, or together for both homes.

Board members and employees of regional centers are prohibited from submitting proposals. Refer to Title 17 regulations, Section 54314 for a complete list of ineligible applicants.

#### Proposal Requirements

1. Appendix A – San Andreas RFP Service Description (from above)
2. Appendix B – Proposal Title Page
3. Appendix C – Financial Statement
4. Resumes, Statement of Qualifications and References including Appendix D – Statement of Obligations.

Should include

- a. Evidence that the applicant possesses the organizational skills, education and/or experience necessary to complete a project of the scope for which they are applying.
  - b. List of professional references with name, address, and phone number of at least one person/agency to verify fiscal stability and at least one person/agency to verify program/administrative experience.
  - c. Statement with evidence of ability to work interactively and cooperatively with San Andreas and the diverse population of families with in the San Andreas catchment area.
  - d. Statement of evidence of ability to work within the scope of Title 17 regulations governing vendorization and SARC and GGRC policies and procedures.
5. Appendix E – Estimated Cost Worksheet
  6. Appendix F - Description of housing and its proposed; location, cost, design, etc.
  7. Proposed timeline for development of housing.

#### Estimated Service Duration

Housing to be ready by May 1, 2017. Residential Services will begin by June 1, 2017.

### Assumptions and Agreements

Proposals will not be returned to the submitter. SARC reserves the right to dismiss any proposal if it does not meet the criteria established in this RFP.

### Submission Information

Proposals must be received via email ([sadarling@sarc.org](mailto:sadarling@sarc.org)) or post marked by **5:00PM on June 6, 2016**. Please mail proposals to:

Jeffery Darling  
Manager, Resource Department  
San Andreas Regional Center  
P.O. Box 50002  
San Jose, CA 95150-0002

Proposals that are late or FAXED, will not be accepted.

Please use Times New Roman font in 12 point.

### Contact Persons For Additional Information or Clarification, including Word copies of RFP document templates

Jeffery Darling - [sadarling@sarc.org](mailto:sadarling@sarc.org)  
Jim Elliott - [saelliott@sarc.org](mailto:saelliott@sarc.org)  
Steve Osterling - [sasteve@sarc.org](mailto:sasteve@sarc.org)

### Basis for Award of Contract

| Criteria  | Percentage | Score |
|---|------------|-------|
| Agency Experience and Background (including Attachment D – Statement of Obligations | 25%        |       |
| Fiscal Responsibility (including Attachment C – Financial Statement)                | 15%        |       |
| Budgets (including Attachment E – Estimated Cost Worksheet)                         | 25%        |       |
| Proposal Narrative (including Attachment F - Program Design Checklist)              | 25%        |       |
| Interview   | 10%        |       |

#### Anticipated Selection Schedule

1. RFP Orientation for Potential Respondents: Monday, May 23, 2016, 4:00-5:00pm  
San Andreas Regional Center  
300 Orchard City Drive, Suite 170  
Campbell, CA 95008  
Or by phone conference: 888-636-3807  
access code: 6778458
2. Initial review period: June 7 to June 15, 2016
3. Announcement of those proposals moving to interview phase: June 15, 2016.
4. RFP Review Committee interview: June 20 and June 21, 2016, starting at 12:00pm at  
San Andreas Regional Center  
300 Orchard City Drive, Suite 170  
Campbell, CA 95008
5. Notification of selected service provider: June 23, 2016
6. Award of contract: June 27, 2016.
7. Residential Services will begin by June 1, 2017.

## Appendix A

### Service Description

San Andreas Regional Center (SARC) has identified a resource need for individuals served.

**SARC may elect to vendor all, part, or none of the project, depending on:**

- 1. Funding availability as approved by Department of Developmental Services (DDS) and**
- 2. Quality of proposals received.**

Proposals submitted after the indicated timelines will **NOT** be considered.

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  - b. List of professional references with name, address, and phone number of at least one person/agency to verify fiscal stability and at least one person/agency to verify program/administrative experience.
  - c. Statement with evidence of ability to work interactively and cooperatively with San Andreas and the diverse population of families within the San Andreas catchment area.
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Estimated Service Duration

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## Appendix B

# **RFP TITLE PAGE** **Request for Proposal – Fiscal Year 2015 – 2016**

TO: Selection Committee

Jeffery Darling  
San Andreas Regional Center  
300 Orchard City Drive  
Campbell, CA. 95008

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Program Title (Please Print)

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Name of Individual or Organization Submitting Proposal (Please Print)

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Address of Individual or Organization Submitting Proposal (Please Print)

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Signature of Person Authorized to Bind Organization

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Contact Person for Project (Please Print)

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Telephone Number of Contact Person  
Person

---

Fax Number of Contact

---

Email Address of Contact Person

---

Name of Parent Corporations (If Applicable) (Please Print)

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Applicant or Organization Contact Person:

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Author of Proposal if Different from Individual Submitting Proposal

| Appendix C   |  |
|--|--|
| FINANCIAL STATEMENT  |  |
| All respondents must complete this statement for last complete fiscal year <u>and</u> current fiscal year to date. |  |
| <b>CURRENT ASSETS</b>  |  |
| Cash in Bank   |  |
| Accounts Receivable  |  |
| Notes Receivable   |  |
| Equipment / Vehicles   |  |
| Inventory  |  |
| Deposits/ Prepaid Expenses   |  |
| Life Insurance ( Cash Value)   |  |
| Investment Securities  |  |
| <b>TOTAL CURRENT ASSETS =</b>  |  |
| <b>FIXED ASSETS</b>  |  |
| Buildings and /or Structures   |  |
| Long Term Investments  |  |
| Potential Judgements and Liens   |  |
| <b>TOTAL FIXED ASSETS =</b>  |  |
| <b>TOTAL CURRENT AND FIXED ASSETS =</b>  |  |
| <b>CURRENT LIABILITIES</b>   |  |
| Accounts Payable   |  |
| Notes Payable  |  |
| Taxes Payable  |  |
| <b>TOTAL CURRENT LIABILITIES =</b>   |  |
| <b>LONG TERM LIABILITIES</b>   |  |
| Notes / Contracts  |  |
| Real Estate Mortgages  |  |
| <b>TOTAL LONG TERM LIABILITIES =</b>   |  |
| <b>TOTAL CURRENT AND LONG TERM LIABILITIES =</b>   |  |
| <b>Equity =</b>  |  |
| <b>TOTAL LIABILITES AND EQUITY =</b>   |  |
| <b>OTHER INCOME - Revenue from other Sources</b>   |  |
| (Specify)  |  |
|  |  |
| <b>LINE OF CREDIT</b>  |  |
| Amount Available   |  |

## Appendix D

### STATEMENT OF OBLIGATIONS

All applicants must complete this statement.

- A. 1. Is the applicant currently providing services to people with developmental disabilities?  
[ ] No [ ] Yes  
If **Yes**, indicate the following:  
Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Type of Service \_\_\_\_\_  
Capacity \_\_\_\_\_
2. Is the applicant currently providing related services to people other than those with developmental disabilities?  
[ ] No [ ] Yes  
If **Yes**, indicate the following:  
Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Type of Service \_\_\_\_\_  
Capacity \_\_\_\_\_
- B. 1. Is the applicant currently receiving grant(s)/funds from any source to develop services for people with developmental disabilities?  
[ ] No [ ] Yes  
If **Yes**, indicate the following:  
Funding Source \_\_\_\_\_  
Scope of Grant Project \_\_\_\_\_
2. Is the applicant currently applying for grant(s)/funds from any source to develop services for Fiscal Year 2014 – 2015?  
[ ] No [ ] Yes  
If **Yes**, indicate the following:  
Funding Source \_\_\_\_\_  
Scope of Grant Project \_\_\_\_\_
- C. Is the applicant planning to expand existing services (through a Letter of Intent and with or without grant funds) from a source other than San Andreas Regional Center during Fiscal Year 2014 – 2015?  
[ ] No [ ] Yes

If **Yes**, provide details:

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- D. Describe other professional / business obligations. Include the following:

Name:

---

Location:

---

Type of Service

---

Capacity

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- E. Has the applicant, or any member of the applicant's organization, received a Corrective Action Plan (CAP), Sanction, a Notice of Immediate Danger, an A or B Citations or any other citation from a Regional Center or state licensing agency?

☐ No ☐ Yes

If **Yes**, explain in detail:

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- F. Has the applicant, or any member or staff of the applicant's organization, ever received a citation from any agency for abuse?

☐ No ☐ Yes

If **Yes**, explain in detail:

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

\_\_\_\_\_  
Date

## Appendix E

### ESTIMATED COST WORKSHEET

All applicants must complete this worksheet.

|  |    |
|--|----|
| <b>Staff and Administrative Costs</b>  |    |
| Staff Salaries and Wages:<br>Specify details- attach details if needed                           | \$ |
| Staff Benefits including Workman's<br>Compensation: Specify details- attach details if<br>needed | \$ |
| Administrative Overhead  | \$ |
| Program Consultant Fees  | \$ |
| Staff Training Costs   | \$ |
| Travel Expenses  | \$ |
| <b>Business/ Office Related Costs</b>  |    |
| Communication Costs  | \$ |
| Office Supplies  | \$ |
| Office Equipment/ Rental & Maintenance Costs<br>and Supplies                                     | \$ |
| <b>Building and Facility Program Related Costs*</b>  |    |
| Space Costs-Rental or lease  | \$ |
| Utilities Costs  | \$ |
| Insurance Costs  | \$ |
| Fire Safety Costs/Maintenance  | \$ |
| Facility Maintenance   | \$ |
|  |    |
| <b>Specific Training Costs: Specify</b>  | \$ |
|  |    |
| <b>Other Costs: Specify</b>  | \$ |
|  |    |
| <b>TOTAL MONTHLY COSTS</b>   | \$ |

If necessary, adjust the above schedule to your program needs but address requested line items. If the cost is not applicable to your program, please state N/A and provide reasons for its being not applicable.

In addition to the projected cost for each line item, be sure to include a detailed breakdown/description of how each line item total was arrived at. Additional schedules may be submitted for this purpose.

This information is being requested for the purposes of ensuring that potential vendors have fully considered estimates on all possible costs that might arise in the development and/or operation of this program. It will also be used by the RFP Review Committee to determine reasonable reimbursement amounts for the service(s).

## Appendix F

### Description of Proposed Housing

1. Location
2. Cost
3. Design features
4. Proposed timeline for development