



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

TO: All Potential Request for Proposal Respondents

FROM: Jeffery Darling, Resource Manager, San Andreas Regional Center

DATE: August 19, 2015

RE: Early Start Diagnostic Evaluations Coordinator for Santa Cruz County - Request for Proposal

Service Description

There has been a service disruption in Santa Cruz County which has created a challenge to assess and serve children between zero and three years of age in accordance with state and federal regulations for Early Start ("Part C").

San Andreas Regional Center is interested in contracting with a service provider who is qualified and able to provide Early Start Diagnostic evaluations for Early Start services. Referrals for intake evaluations will be jointly determined with San Andreas. The evaluations will include the assessment of the mandatory areas of the infant/child's development to include vision and hearing. The service provider will participate on the IFSP team and will provide written reports to the team prior to the meetings.

The service provider chosen through this RFP process shall;

1. Complete the initial evaluation and assessment within 45 days.
2. Provide referral and assessment related services, database management; initial screening/contact and prep as well as full assessment services for all San Andreas referrals.

3. Forward all information to the school district for completion of assessments and notify San Andreas and the family of this referral If the child being referred is 2.9 years old.
4. Ensure evaluations are done by qualified personnel per Early Start Program (ESP) regulations regarding the child's level of functioning in the following developmental areas; cognitive, adaptive, social / emotional, communication, motor, health, vision and hearing.
5. Ensure that procedures and materials for evaluation and assessment of the child shall be selected and administered so as not to be racially or culturally discriminatory.

All services provided are to be in compliance with IDEA Part C; California Code of Regulations, Title 5; California Early Intervention Services Act; Title 17, Division 2, Chapter 2 – Early Intervention Services. The service provider's professionals conducting the intake and assessments will have early intervention experience, the required educational levels and be credentialed according to title 17 regulations.

The initial evaluation assessment and Individual Family Service Plan (IFSP) of each child must be completed within 45 days of the referral and not exceed 8 hours total. The service provider chosen through this RFP process, along with San Andreas and the child's family, will discuss eligibility at the multi-disciplinary IFSP team meeting. If eligibility cannot be determined within the required time, the service provider shall perform the following, and document each;

1. Identify the exceptional circumstances in the child's record.
2. Inform the parent of the reason for the delay.
3. Inform the parent of an alternative, specific date for completion of assessment.
4. Confirm that the parent is in agreement with the above conditions and obtain a signed extension.
5. Develop an interim IFSP.

Service provider shall develop and maintain a computer tracking system for generation of statistics and required reports. Service provider shall maintain records for audit purposes. Records shall include; the name of each child referred and evaluated, billing records and personnel records. San Andreas will be responsible for mediation and due process relative to determination of eligibility.

Service Provider should be able to start coordinating Early Start Evaluations in Santa Cruz County no later than 10/01/15.

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 post marked by **5:00PM on Monday, September 7, 2015**. 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/Excel copies of RFP document templates

Jeffery Darling - [sadarling@sarc.org](mailto:sadarling@sarc.org)

Arushie Nugapitiya – [saarushi@sarc.org](mailto:saarushi@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:**

3:00pm on Monday, August 31, 2015 at:  
San Andreas Regional Center  
300 Orchard City Drive, Suite 170  
Campbell, CA 95008  
Or by phone conference at 888-636-3807, Access  
Code 6778458

Please RSVP for the orientation to  
[sadarling@sarc.org](mailto:sadarling@sarc.org).

**2. Initial review period:**

Monday, September 7, 2015 to Wednesday,  
September 9, 2015

**3. Announcement of those proposals moving to interview phase:**

Thursday, September 10, 2015

**4. RFP Review Committee interview:**

11:30am on Monday, September 14, 2015 at:  
San Andreas Regional Center  
300 Orchard City Drive, Suite 170  
Campbell, CA 95008

**5. Notification of selected service provider and award of contract:**

Wednesday, September 16, 2015.

## San Andreas Regional Center

### Requests for Proposal Fiscal Year 2015 – 2016

#### Appendix A

#### Service Description

There has been a service disruption in Santa Cruz County which has created a challenge to assess and serve children between zero and three years of age in accordance with state and federal regulations for Early Start ("Part C").

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Jeffery Darling - [sadarling@sarc.org](mailto:sadarling@sarc.org)

Arushie Nugapitiya - [saarushi@sarc.org](mailto:saarushi@sarc.org)

## Appendix B

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

TO: Selection Committee

Please place a copy of  
Attachment B on the top of  
the original proposal.

San Andreas Regional Center  
300 Orchard City Drive  
Campbell, CA. 95008  
ATTENTION: (insert name of Resource District Manager)

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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

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Fax Number of Contact Person

---

Email Address of Contact Person

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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 20?? – 20?? ?  
[ ] 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 20?? – 20?? ?  
[ ] 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 \_\_\_\_\_

- 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: Specify details- attach details if needed	\$
Staff Benefits including Workman's Compensation: Specify details- attach details if 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 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**

### **PROGRAM DESIGN**

Please describe how your agency will provide the service described in appendix A. Please include all pertinent statutory and regulatory citations.