



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: March 17, 2017

- Specialized Residential Facility for Children with Intellectual/Developmental Disabilities (I/DD) and Co-occurring Mental Illness (Housing Services -Acquisition and Remodeling)
- Community Crisis Home - (Housing Services -Acquisition and Remodeling)

#### San Andreas Regional Center

The intent of this project is to vendor a 4-bed Specialized Residential Facility for Children with Intellectual/Developmental Disabilities and Co-occurring Mental Illness as well as a 4-bed Community Crisis Home (CCH).

The Children's Group Home will be vendored as a Specialized Residential Facility (SRF) for four children with Intellectual/Developmental Disabilities and Co-occurring Mental Illness. The children in the home will require significant mental health and behavioral supports, crisis support services, and may be frequently hospitalized or at risk of hospitalization as a danger to self or others, or the children's families may be struggling to maintain the children in their homes.

The facility must;

- Allow for person-centered residential services.
- Facilitate the individuals' needs for choice and community integration.
- Be reasonably accessible to school district services.

- Feature the following characteristics, in order to meet eligibility requirements for federal funding;
  - The provision of individualized services, including psychiatry and behavioral services,
  - Decision-making by residents on day-to-day activities in the home or community, visitors, when and what to eat, etc.,
  - Common living and dining room space that promote 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 Community Crisis Home will be vendored as a residential facility for four adults in crisis and with challenging behavioral needs. The intent of the home will be to provide crisis intervention and stabilization. The individuals in each home will require significant behavioral supports and interventions, mental health support, crisis support services, and may be at risk of placement in more secure settings including local psychiatric hospitals and Institutions for Mental Disease (IMD) as a result of being a danger to self or others.

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  - 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 co-occurring mental illness and/or severe behavioral challenges. 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) for Fiscal Year 2016/2017 approved by the Department of Developmental Services (DDS) as follows:

SRF

Property Acquisition: up to \$275,000

Property Rehabilitation: up to \$350,000

Total = \$625,000

CCH

Property Acquisition: up to \$250,000

Property Rehabilitation: up to \$350,000

Total = \$600,000

(The provider of the residential services in this home will be chosen through an additional RFP.)

Proposals may be submitted by for-profit or non-profit corporations.

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 (Previous fiscal year and current year to date with details of all fixed assets, current and long-term liabilities. Credit line information is also requested.)
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 within 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 Timeline

Housing to be ready by October 1, 2017. Residential Services will begin by November 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 post marked, or received via email, no later than **5:00PM on March 29, 2017**. Please mail proposals to:

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

Email proposals to Jeffery Darling at [sadarling@sarc.org](mailto:sadarling@sarc.org).

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 - [jdarling@sarc.org](mailto:jdarling@sarc.org)

Alex Ostell – [aostell@sarc.org](mailto:aostell@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: March 23, 2015. 3:00-4:00  
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 [aostell@sarc.org](mailto:aostell@sarc.org)
2. Initial review period: March 29, 2017 to April 3, 2017
3. Announcement of those proposals moving to interview phase: April 3, 2017.
4. RFP Review Committee interview: April 4, 2017 at  
San Andreas Regional Center  
300 Orchard City Drive, Suite 170  
Campbell, CA 95008  
2:00pm till t.b.d.
5. Notification of selected service provider: April 5, 2017
6. Award of contract: April 5, 2017.
7. Housing to be ready by October 1, 2017. Residential Services will begin by November 1, 2017.



# San Andreas Regional Center

## Requests for Proposal Fiscal Year 2016 – 2017

### Appendix A

#### Service Description

##### San Andreas Regional Center

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7. Proposed timeline for development of housing.

Estimated Service Timeline

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Appendix B

**RFP TITLE PAGE**  
**Request for Proposal – Fiscal Year 2016 – 2017**

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: (Alex Ostell)

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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)

---

Telephone Number of Contact Person

---

Fax Number of Contact Person

---

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 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:<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