TO: All Potential Request for Proposal Respondents

FROM: Nate Smith, CRDP Housing Specialist and Ann Sieber, Community Services Manager, San Andreas Regional Center

DATE: February 25, 2020

RE: Enhanced Behavioral Supports Home (Housing Services - Acquisition and Remodeling) - Request for Proposal SARC-1920-3

San Andreas Regional Center
San Andreas Regional Center (SARC) is a community-based, private nonprofit corporation that is funded by the State of California to serve people with developmental disabilities as required by the Lanterman Developmental Disabilities Act. The Lanterman Act is part of California law that sets out the rights and responsibilities of persons with developmental disabilities. San Andreas is one of 21 Regional Centers throughout California serving individuals and their families who reside within Monterey, San Benito, Santa Clara, and Santa Cruz Counties.

Service Description
The intent of this project is to establish a California DSS/CCLD Licensed Adult Residential Facility which is vended as Specialized Residential Facility / Enhanced Behavioral Supports Home (EBSH) for up to three adults with severe maladaptive behaviors (e.g. aggression, self-injury, property destruction, running/wandering away, etc.). 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 forensic involvement and/or dual-diagnoses. 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 2019/2020 as follows:

Property Acquisition: up to $500,000
Property Rehabilitation: up to $500,000
Total = $1,000,000

(Title 17 regulations for Enhanced Behavioral Supports Homes are in the process of being drafted by DDS. 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
   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 December 1, 2020. Residential Services will begin by January 1, 2021.

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 March 9, 2020.
Please mail proposals to:
    Nate Smith
    CRDP Housing Coordinator
    San Andreas Regional Center
    6203 San Ignacio Ave, Suite 200
    San Jose, CA 95119

Proposals that are late, FAXED, or e-mailed 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
Ann Sieber – asieber@sarc.org
Nate Smith - nsmith@sarc.org
Basis for Award of Contract

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Percentage</th>
<th>Score</th>
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<tbody>
<tr>
<td>Agency Experience and Background (including Attachment D – Statement of Obligations)</td>
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<tr>
<td>Fiscal Responsibility (including Attachment C – Financial Statement)</td>
<td>15%</td>
<td></td>
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<tr>
<td>Budgets (including Attachment E – Estimated Cost Worksheet)</td>
<td>25%</td>
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<tr>
<td>Proposal Narrative (including Attachment F - Program Design Checklist)</td>
<td>25%</td>
<td></td>
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<tr>
<td>Interview</td>
<td>10%</td>
<td></td>
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</table>

Anticipated Selection Schedule

1. For more information please contact Nate Smith at nsmith@sarc.org or Ann Sieber at asieber@sarc.org.
2. Initial review period: March 10, 2020 to March 17, 2020
4. RFP Review Committee interview: March 18, 2020 at San Andreas Regional Center 6203 San Ignacio Ave, Suite 200 San Jose, CA 95119
   Notification of selected service provider: March 19, 2020
Appendix A

Service Description

San Andreas Regional Center (San Andreas) has identified a resource need for individuals served. San Andreas may elect to vendor all, part, or none of the projects, 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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Appendix B

RFP TITLE PAGE
Request for Proposal – Fiscal Year 2019 – 2020

TO: Selection Committee

Nate Smith
San Andreas Regional Center
6203 San Ignacio Ave, Suite 200
San Jose, CA. 95119

Program Title (Please Print)

Name of Individual or Organization Submitting Proposal (Please Print)

Address of Individual or Organization Submitting Proposal (Please Print)

Signature of Person Authorized to Bind Organization

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)

Applicant or Organization Contact Person:

Author of Proposal if Different from Individual Submitting Proposal
Appendix C

FINANCIAL STATEMENT

All applicants must complete this statement.

<table>
<thead>
<tr>
<th>Current Assets</th>
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<td>Cash in Banks</td>
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<tr>
<td>Accounts Receivable</td>
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<tr>
<td>Notes Receivable</td>
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</tr>
<tr>
<td>Equipment / Vehicles</td>
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<tr>
<td>Inventories</td>
<td>$</td>
</tr>
<tr>
<td>Deposits / Prepaid Expenses</td>
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</tr>
<tr>
<td>Life Insurance (Cash Value)</td>
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<tr>
<td>Investment Securities (Stocks and Bonds)</td>
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<table>
<thead>
<tr>
<th>Fixed Assets</th>
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<tbody>
<tr>
<td>Buildings and / or Structures</td>
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<tr>
<td>Long Term Investments</td>
<td>$</td>
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<tr>
<td>Potential Judgments and Liens</td>
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<table>
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<th>Current Liabilities</th>
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<tbody>
<tr>
<td>Accounts Payable</td>
<td>$</td>
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<tr>
<td>Notes Payable (Current Portion)</td>
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</tr>
<tr>
<td>Taxes Payable</td>
<td>$</td>
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</table>

<table>
<thead>
<tr>
<th>Long-Term Liabilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes / Contracts</td>
<td>$</td>
</tr>
<tr>
<td>Real Estate Mortgages</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Other Income, Wages or Revenues from other Sources</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>(Specify)</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line of Credit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Available</td>
<td></td>
</tr>
</tbody>
</table>
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 2019 – 2020
   [ ] 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 2019 – 2020
   [ ] No  [ ] Yes
If Yes, provide details:

_________________________________________________________________

_________________________________________________________________

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:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

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:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Signature of Applicant or Authorized Representative ___________________________ Date ________________
Appendix E

ESTIMATED COST WORKSHEET

All applicants must complete this worksheet.

<table>
<thead>
<tr>
<th>Staff and Administrative Costs</th>
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<tbody>
<tr>
<td>Staff Salaries and Wages: Specify details- attach details if needed</td>
<td>$</td>
</tr>
<tr>
<td>Staff Benefits including Workman’s Compensation: Specify details-</td>
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<tr>
<td>attach details if needed</td>
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</tr>
<tr>
<td>Administrative Overhead</td>
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<tr>
<td>Program Consultant Fees</td>
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<tr>
<td>Staff Training Costs</td>
<td>$</td>
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<tr>
<td>Travel Expenses</td>
<td>$</td>
</tr>
<tr>
<td><strong>Business/ Office Related Costs</strong></td>
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<tr>
<td>Communication Costs</td>
<td>$</td>
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<tr>
<td>Office Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Office Equipment/ Rental &amp; Maintenance Costs and Supplies</td>
<td>$</td>
</tr>
<tr>
<td><strong>Building and Facility Program Related Costs</strong></td>
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</tr>
<tr>
<td>Space Costs-Rental or lease</td>
<td>$</td>
</tr>
<tr>
<td>Utilities Costs</td>
<td>$</td>
</tr>
<tr>
<td>Insurance Costs</td>
<td>$</td>
</tr>
<tr>
<td>Fire Safety Costs/Maintenance</td>
<td>$</td>
</tr>
<tr>
<td>Facility Maintenance</td>
<td>$</td>
</tr>
<tr>
<td><strong>Specific Training Costs: Specify</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Other Costs: Specify</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL MONTHLY COSTS</strong></td>
<td>$</td>
</tr>
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</table>

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