TO: All Potential Request for Proposal Respondents

FROM: Gina Jennings, CRDP Specialist
Saskia Vandekamp, Associate Director of Community Services

DATE: March 22, 2021

RE: Family Home Agency (FHA)

Geographic location(s): Santa Clara County or Monterey County

San Andreas Regional Center
San Andreas Regional Center (SARC) is a community-based, private nonprofit corporation 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 persons with developmental disabilities' rights and responsibilities. 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
SARC has determined a need for a Family Home Agency (FHA) service provider to serve Santa Clara or Monterey County. An FHA approves family homes, which offers the opportunity for up to two adult individuals who receive SARC services per household to reside with a family and share in the interaction and responsibilities of being part of a family. The family home arrangement allows the sharing of food, shelter, experience, responsibilities, and love. Support and necessary services are provided by the family, the FHA and the community to enable the individual to be a participating member of the family and the community where they reside.
The FHA is a private, nonprofit organization under contract to and vended by a Regional Center. The FHA is responsible for recruiting, training, approving, and monitoring family home providers and providing ongoing support to family home providers. The FHA's social service staff make regular visits to the family home to ensure that necessary services and supports are in place and that the match between the family home provider and the new family member meets the needs and expectations of both the individual receiving services and the family home provider.

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
2. Appendix B – Proposal Title Page
3. Appendix C – Financial Statement
4. Appendix D - Resumes, Statement of Qualifications and References. This 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 policies and procedures. Appendix
5. Appendix E – Statement of Obligations
6. Appendix F – Estimated Cost Worksheet
7. Appendix G – Program Design (per Title 17 regulations, Section 56084)

Estimated Service Duration
Service in the Santa Clara or Monterey County FHA is expected to begin no later than August 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 or emailed by April 21, 2021.

Mail contact Information:
Gina Jennings
CRDP Specialist
San Andreas Regional Center
P.O. Box 50002
San Jose, CA 95150-0002

Email contact information: gjennings@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
Gina Jennings – gjennings@sarc.org
Saskia Vandekamp – svandekamp@sarc.org

Basis for Award of Contract

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Percentage</th>
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<td></td>
</tr>
<tr>
<td>Interview</td>
<td>20%</td>
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</table>

Anticipated Selection Schedule
1. Proposals due to San Andreas and postmarked or emailed no later than 5:00pm on April 21, 2021.
2. RFP Orientation: April 7, 2021 from 2:00 to 3:00
   https://zoom.us/j/5311556777?pwd=a2h2T0o1VDcvT2lIVYld5Z0NkVU9jUT09
   Meeting ID: 531 155 6777
   Passcode: 111111
3. Initial review period: April 22, 2021 – April 27, 2021
4. Announcement of those proposals moving to interview phase:  
   **April 27, 2021**
5. RFP Review Committee interview (held via virtual platform):  
   **April 29, 2021**  
   **12:00 PM - 5:00 PM**
6. Notification of selected service provider:  **April 30, 2021**
7. Date service will begin:  **August 1, 2021**
Appendix A
San Andreas RFP Service Description
Request for Proposal – Fiscal Year 2020-2021

San Andreas Regional Center
San Andreas Regional Center (SARC) is a community-based, private nonprofit corporation 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 persons with developmental disabilities' rights and responsibilities. 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.

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6. Appendix F – Estimated Cost Worksheet
7. Appendix G – Program Design (per Title 17 regulations, Section 56084)

**Estimated Service Duration**
Service in the Santa Clara or Monterey County FHA is expected to begin no later than August 1, 2021.

**Assumptions and Agreements**
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**Submission Information**
Proposals must be post **marked or emailed** by **April 21, 2021**

Mail contact Information:
   Gina Jennings
   CRDP Specialist
   San Andreas Regional Center
   P.O. Box 50002
   San Jose, CA 95150-0002

Email contact information:  **gjennings@sarc.org**

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Appendix B

RFP TITLE PAGE
Request for Proposal – Fiscal Year 2021-2022

TO: Selection Committee

Please place a copy of Appendix B on the top of the original and each of the copies.

San Andreas Regional Center
6203 San Ignacio Ave, Ste.200
San Jose, CA. 95119
ATTENTION: Gina Jennings, CRDP Specialist

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

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

**FINANCIAL STATEMENT**

All respondents must complete this statement for last complete fiscal year and current fiscal year to date.

<table>
<thead>
<tr>
<th>CURRENT ASSETS</th>
<th>Last FY</th>
<th>Current FY</th>
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<tbody>
<tr>
<td>Cash in Bank</td>
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<tr>
<td>Accounts Receivable</td>
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<tr>
<td>Notes Receivable</td>
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<tr>
<td>Equipment / Vehicles</td>
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<td></td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deposits/ Prepaid Expenses</td>
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<td></td>
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<tr>
<td>Life Insurance (Cash Value)</td>
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<tr>
<td>Investment Securities</td>
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**TOTAL CURRENT ASSETS =**

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<tr>
<th>FIXED ASSETS</th>
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<td>Long Term Investments</td>
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<tr>
<td>Potential Judgements and Liens</td>
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**TOTAL FIXED ASSETS =**

**TOTAL CURRENT AND FIXED ASSETS =**

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<thead>
<tr>
<th>CURRENT LIABILITIES</th>
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<tbody>
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<tr>
<td>Notes Payable</td>
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<tr>
<td>Taxes Payable</td>
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**TOTAL CURRENT LIABILITIES =**

<table>
<thead>
<tr>
<th>LONG TERM LIABILITIES</th>
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<tbody>
<tr>
<td>Notes / Contracts</td>
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<tr>
<td>Real Estate Mortgages</td>
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**TOTAL LONG TERM LIABILITIES =**

**TOTAL CURRENT AND LONG TERM LIABILITIES =**

**Equity =**

**TOTAL LIABILITIES AND EQUITY =**

<table>
<thead>
<tr>
<th>OTHER INCOME - Revenue from other Sources</th>
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<tbody>
<tr>
<td>(Specify)</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>LINE OF CREDIT</th>
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<tbody>
<tr>
<td>Amount Available</td>
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Appendix D

Statement of Qualifications/Resumes/References
Request for Proposal – Fiscal Year 2021-2022

(Submit full resumes and reference list as attachments here after statement of qualifications.)
Appendix E

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 the current Fiscal Year?
   [ ] 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 the current Fiscal Year?
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 F

ESTIMATED COST WORKSHEET

Please complete four versions of this worksheet based on the intensity of services required (levels 1 through 4). Please see Appendix G for description of Service Levels.

<table>
<thead>
<tr>
<th>Staff and Administrative Costs</th>
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</thead>
<tbody>
<tr>
<td>Staff Salaries and Wages:</td>
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</tr>
<tr>
<td>Specify details- attach details if needed</td>
<td>$</td>
</tr>
<tr>
<td>Staff Benefits including Workman's Compensation:</td>
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</tr>
<tr>
<td>Specify details- attach details if needed</td>
<td>$</td>
</tr>
<tr>
<td>Administrative Overhead</td>
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<tr>
<td>Program Consultant Fees</td>
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</tr>
<tr>
<td>Staff Training Costs</td>
<td>$</td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>$</td>
</tr>
</tbody>
</table>

| Business/ Office Related Costs |   |
| Communication Costs            | $ |
| Office Supplies                | $ |
| Office Equipment/ Rental & Maintenance Costs and Supplies | $ |

| Building and Facility Program Related Costs* |   |
| Space Costs- Rental or lease      | $ |
| Utilities Costs                  | $ |
| Insurance Costs                  | $ |
| Fire Safety Costs/Maintenance    | $ |
| Facility Maintenance             | $ |

Specific Training Costs: Specify | $ |
Other Costs: Specify | $ |

TOTAL MONTHLY COSTS | $ |

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 G

Program Design - Family Home Agency

As part of the program design, please describe four levels of service as follows:

Service Level 1 – People served have some self-help skills and no major behavior problems. Medical needs are minimal; e.g. no help required with daily medication regimen.

Service Level 2 – People served have mild to moderate deficits in self-help skills, and/or some limitations in physical coordination and mobility, and mild to moderate behavioral issues. Help may be needed with daily medication regimen. Some medical conditions may be present and require help.

Service Level 3 – People served have moderate to severe deficits in self-help skills, and limitations in physical coordination and mobility. Behavioral issues may require supervision by Family Home Providers who require more professional training by the Family Home Agency. Major medical issues may also be present; e.g. diabetes, hyper-tension, obesity. Help may be needed in carrying out MD orders related to the medical conditions.

Service Level 4 – People served have major deficits in self-help skills and major behavior problems which require supervision by Family Home Providers who have received extensive professional training from the Family Home Agency. Major medical issues may also be present; e.g. diabetes, hyper-tension, obesity. Help needed in carrying out MD orders related to the medical conditions.

Program Design must address all elements required by the following Title 17 regulations -

California Code of Regulations
Title 17, Division 2
Chapter 3 - Community Services
SubChapter 4.1 - Family Home Agency (FHA) Regulations
Article 4 - Program Design

§56084. Program Design Requirements.

(a) The program design shall detail how the FHA will achieve and monitor the following outcomes:
(1) That the consumer will live in a family home where he/she will receive respect and support and involvement in the normal routines of family life;

(2) That the FHA and the family home will provide services and supports which will be consistent with the consumer's needs and preferences for services and supports as specified in the consumer's IPP;

(3) That the FHA and the family home will provide services and supports which are designed to encourage and support the consumer in the formation of relationships with peers without disabilities and in participation in the community;

(4) That the FHA and the family home will provide services and supports which will respect the consumer's personal and cultural preferences and values;

(5) That the FHA will ensure an appropriate match between the needs and preferences of the consumer and the family home;

(6) That the FHA will assist the consumer in building and maintaining relationships with others, including, but not limited to, marital and interpersonal relationships; family relationships; and friendships and social networks;

(7) That the FHA will ensure that services and supports which are chosen by the consumer and provided by the FHA will be satisfactory to the consumer, or the consumer's authorized representative, if applicable; and

(8) That FHA staff will be suited by experience, sensitivity, education and training to achieve the outcomes specified in subsections (a)(1) through (7) and to perform the duties specified in subsection (b)(4)(A) through (O) and Section 56086 (a)(1) through (7).

(b) In addition to subsection (a), the program design shall include, but not be limited to:

(1) Complete job descriptions of all FHA positions, including number of employees, classification, qualifications and duties;

(2) Information specifying lines of authority, reporting relationships and staff responsibilities and an organizational chart for the FHA; and

(3) The FHA's proposed staffing ratio which pertains to the number of specified staff to be maintained relative to:

(A) The number of homes which will serve consumers; and

(B) The number of, and specific needs of, consumers who will be placed in family homes approved by the FHA.
(4) Written statements specifying the FHA's policies and procedures for:

(A) Recruiting family homes;

(B) Assessing the qualifications of prospective family home providers;

(C) Approving, and renewing the approval of, family homes;

(D) Assuring that the match between the consumer and the family home takes into account the consumer’s individual health and safety needs as specified in the consumer's IPP;

(E) Utilizing and coordinating with community resources;

(F) Providing assistance to consumers in moving into, or out of, family homes;

(G) Reporting and investigation of complaints concerning the FHA or the family home(s);

(H) FHA monitoring of the family home(s);

(I) Providing or arranging for emergency or unanticipated termination of services to, and relocation of, the consumer, including coordination with the family home provider when the consumer terminates residence pursuant to Section 56094 (a);

(J) Assuring that each family home has a contingency plan in the event of a disaster or emergency;

(K) Assuring that ancillary services and supports, including, but not limited to, respite care, will be provided or arranged for by the FHA;

(L) Determining the portion of the FHA’s rate of reimbursement to be paid to the family home pursuant to Section 56082 (b)(1);

(M) Providing technical assistance to the family home;

(N) Obtaining liability insurance; and

(O) Providing evidence that, when the family home provider has been appointed as the consumer's representative payee for the consumer's Supplemental Security Income (SSI) and State Supplemental Program (SSP) payment, or the consumer has entrusted funds and/or property to the care of the family home provider, the family home provider has filed with the FHA a bond, issued by a surety company to the State of California as principal, in an amount sufficient to cover the amount of funds and/or property entrusted to the family home provider.
(5) Written descriptions of the following:

(A) The range of services and supports to be provided to consumers and family homes by the FHA to support and maintain the consumer in a family home; and

(B) The 24-hour emergency response services to be provided, or arranged for, by the FHA including weekends, holidays and situations in which the consumer requires immediate temporary or permanent living alternative.

(6) A proposed training plan which addresses the initial and ongoing training needs for FHA staff and the family home. The training plan shall include, but not be limited to, the following topics:

(A) Health and safety in the FHA and the family home, including first aid, CPR and nutrition;

(B) Positive behavioral supports and crisis intervention techniques;

(C) Consumers’ rights;

(D) Fostering consumer participation in, and integration into, the community;

(E) Adjustment issues for consumers and families, including cultural diversity and sensitivity to the needs of persons with developmental disabilities;

(F) Building a new or extended family and fostering personal relationships;

(G) Values and philosophy of the developmental disabilities service system pursuant to Welfare and Institutions Code Section 4501;

(H) Person-centered planning, consumer choice and the IPP process, including implementation of consumer IPP objectives for which the FHA or family home is responsible;

(I) Identification and reporting of adult abuse; and

(J) Record-keeping.

(7) The proposed training plan shall specify:

(A) The frequency of the training to be provided, which shall occur with sufficient frequency and regularity to enable FHA staff and family home providers to keep abreast of changes and developments in the field of developmental disabilities and to meet the needs of individual consumers;
(B) The FHA’s procedures for assessing the training needs of FHA staff and the family home;

(C) The FHA’s procedures for assessing the training plan's effectiveness and making necessary revisions to the training plan; and

(D) That new FHA staff will be trained prior to providing services and supports to consumers.

(c) The FHA’s program design shall include any other information required by the vendoring regional center.