



SAN ANDREAS REGIONAL CENTER  
6203 San Ignacio Ave. Suite 200  
San Jose, CA 95119  
(408) 374-9960

TO: All Potential Request for Proposal Respondents

FROM: Saskia VandeKamp, Associate Director of Community Services, San Andreas Regional Center

DATE: November 15, 2021

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

#### San Andreas Regional Center

In Santa Clara County, there is a need for a service provider to assess and develop Individual Family Service Plans (IFSP) within 30 days of referral, for infants and toddlers between the ages of zero and 36 months. This service is necessary to ensure that individuals in Santa Clara County receive services in compliance with state and federal regulations for Early Start ("Part C").

San Andreas Regional Center is interested in contracting with a qualified provider provide diagnostic evaluations for the Early Start population, ages zero to three. Referrals for intake evaluations will be received by the contracted Early Start Provider. The evaluations will include the assessment of the mandatory areas of the infant/toddler's development; and vision, and hearing. The service provider will evaluate/assess the infant/toddler and will provide the written IFSP to the Inter-Disciplinary Team (IDT) within 30 days of referral.

#### Referral and Data Management

The service provider chosen through this RFP process shall:

1. Establish a toll-free number for referrals and a web application for online referrals with accessibility for non-English speakers, including Spanish, Vietnamese, and Mandarin.

2. Provide referral and assessment related services, database management, tracking; initial screening/contact and preparation as well as full assessment services for all San Andreas referrals.
3. Make contact with the family within 48 hours of the referral to complete the application and schedule an appointment for assessment.
4. Provide all necessary support to assist families throughout the application and assessment process. Necessary support is defined as completing the packet, obtaining required information from physicians, school district, etc.

### Assessments

The service provider chosen through this RFP process shall:

1. Complete the initial evaluation and assessment within 30 days of referral.
2. 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.
3. 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.
4. 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.
5. Collaborate with the San Andreas Clinical Team and Early Start management to utilize the appropriate assessment tools.

### Eligibility Determination

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. Document the exceptional circumstances in the child's record.
2. Offer the parent alternative, specific dates for completion of assessment.
3. Confirm that the parent agrees with the above conditions and obtain a signed extension.

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.

#### Assessment Team Composition

The service provider's assessment team shall include:

1. A Deaf and Hard of Hearing consultant/employee to specialize in determining solely low-incidence cases Deaf and Hard of Hearing cases.
2. A Visual Impairment consultant/employee to specialize in determining solely low-incidence cases and Visually Impaired cases.
3. Assessors who are bilingual in Spanish, Vietnamese, and Mandarin to meet the needs of our diverse population.
4. Occupational Therapist, Physical Therapist, Speech Language Therapist, and Early Interventionist as employees of the agency.

#### Outreach

The service provider shall identify, locate, and evaluate infants and toddlers who have disabilities and need services through Child Find. Child Find shall include outreach activities through a service equity lens to enhance inclusion of infants and toddlers from diverse cultures.

#### Regulation and Statute

All services provided are to comply 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 need is year-round. 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.

Service Provider should be able to start coordinating Early Start Evaluations in Santa Clara County on 7/1/2022.

#### 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 emailed by **December 22, 2021 at 5 pm**. Email proposals to Saskia VandeKamp at [svandekamp@sarc.org](mailto:svandekamp@sarc.org).

Proposals that are late, mailed, or faxed will not be accepted.

Please use Times New Roman font in 12 point.

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

Contact Persons for Additional Information or Clarification, including Word/Excel copies of RFP document templates

Saskia VandeKamp - [svandekamp@sarc.org](mailto:svandekamp@sarc.org)

Arushie Nugapitiya – [anugapitiya@sarc.org](mailto:anugapitiya@sarc.org)

Irene De La Rosa – [idelarosa@sarc.org](mailto:idelarosa@sarc.org)

Molly Sullivan – [msullivan@sarc.org](mailto:msullivan@sarc.org)

Basis for Award of Contract

Criteria	Percentage	Score
Agency Experience and Background (including Appendix D – Statement of Obligations & Appendix F – Qualifications, Resume, and References)	25%	
Fiscal Responsibility & Budgets (including Appendix C – Financial Statement & Appendix E – Estimated Cost Worksheet)	25%	
Proposal Narrative (including Appendix G - Program Proposal)	25%	
Interview	25%	

Anticipated Schedule

1. RFP Orientation: 12/7/2021 at 1 pm  
<https://us06web.zoom.us/j/5311556777?pwd=a2h2T0o1VDcvT2lVYld5Z0NKVU9jUT09>
2. RFP Proposals Due: 12/22/2021
3. Initial Review Period: 12/22/2021-1/3/2022
4. Announcement of Proposals Moving to Interview Phase: 1/5/2022
5. Review Committee Interviews: 1/10/2022 from 12 pm to 5 pm
6. Notification of Selected Service Provider & Award of Contract: 1/14/2022
7. Service Start Date: 7/1/2022

## Appendix A

### Service Description

#### San Andreas Regional Center

In Santa Clara County, there is a need for a service provider to assess and develop Individual Family Service Plans (IFSP) within 30 days of referral, for infants and toddlers between the ages of zero and 36 months. This service is necessary to ensure that individuals in Santa Clara County receive services in compliance with state and federal regulations for Early Start ("Part C").

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Molly Sullivan – [msullivan@sarc.org](mailto:msullivan@sarc.org)

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**Appendix B**

**Request for Proposal Title Page**

(Please place a copy of Appendix B at the front of your RFP proposal packet.)

TO: San Andreas Regional Center Selection Committee

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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 (Please Print)

---

Email Address of Contact Person (Please Print)

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

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Applicant or Organization Contact Person (Please Print)

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Author of Proposal if Different from Individual Submitting Proposal (Please Print)

**Appendix C**

**Financial Statement**

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

<b>CURRENT ASSETS</b>	<b>Last FY</b>	<b>Current FY</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 LIABILITIES 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.

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: \_\_\_\_\_

3. 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 \_\_\_\_\_

4. 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 \_\_\_\_\_

5. 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?

No       Yes

If **Yes**, provide details:

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6. Describe other professional / business obligations. Include the following:

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Capacity: \_\_\_\_\_

7. 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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8. 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 submit this cost worksheet.

<b>Staff and Administrative Costs</b>	
Staff Salaries and Wages: (Specify details via attachment)	\$
Staff Benefits including Worker's Compensation: (Specify details via attachment)	\$
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, 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 the cost is not applicable to your program, please state N/A and provide the reason it is not applicable.
- In addition to the projected cost for each line item, 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 purpose 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**

### **Statement of Qualifications/Resumes/References**

Submit full resumes and reference list as attachments.

## Appendix G

### Program Proposal

Describe how your agency will provide the service described in appendix A. Include all pertinent statutory and regulatory citations.

Furthermore, the program proposal must address equity and diversity as follows:

All RFP submissions must include:

- a. A statement outlining the applicant's plan to serve diverse populations, including, but not limited to, culturally and linguistically diverse populations;
- b. Examples of the applicant's commitment to addressing the needs of those diverse populations; and
- c. Any additional information that the applicant deems relevant to issues of equity and diversity.

For the purposes of an RFP, culturally and linguistically diverse populations include, but are not limited to, Individuals of varying race, ethnicity, preferred language, sex, sexual orientation, gender identity, religion, age, physical disability, or mental disability.