TO: All Potential Request for Proposal Respondents  
FROM: Mia Garza, Associate Director of Community Services  
Gina Jennings, CRDP Specialist  
DATE: 2/17/2023  
RE: Dementia/Memory Care Home (Housing Services - Acquisition and Remodeling) - SARC-2223-6

San Andreas Regional Center
San Andreas Regional Center (SARC) is a community-based, private nonprofit corporation that serves individuals and their families residing within Monterey, San Benito, Santa Clara, and Santa Cruz Counties. It is one of 21 Regional Centers in California. The State of California funds SARC to serve people with developmental disabilities as required by the Lanterman Developmental Disabilities Act. The Lanterman Developmental Disabilities Services Act, known as the “Lanterman Act,” is an essential piece of legislation passed and became law in 1969. This law declares that people with developmental disabilities and their families have the right to receive the services and support they need to live like people without disabilities.

Service Description
It is universally known that older people are at higher risk for Alzheimer’s disease and dementia, it is less well known that individuals with intellectual disabilities, especially those who have Down syndrome, are also at high risk of the disease, and research shows that people with IDD experience a higher prevalence of dementia. Therefore, this project intends to establish a licensed Adult Residential Facility, which is vended as an Enhanced Specialized Residential Home for four older individuals who need dementia/memory care. The home is intended to serve individuals in that stage of life requiring specialized care through the end of life. The home must also provide for the individuals’ needs for independence, choice, and community integration to meet the eligibility requirements in the HCBS federal funding guidelines, 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 bathrooms
• Access to a kitchen at all times
• Private space to visit with friends and family
• Private space for the use of telephone
• Private space to store personal items

Requirements or modifications necessary for the home include, but are not limited to:
• Shatter-proof windows
• Capability to be licensed as a four-bed non-ambulatory home
• A clear line of sight through the common home areas
• Secured fixtures and appliances
• Secure fencing surrounding the property
• Other specialized features that support those who need memory/dementia care

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 2022-2023 as follows:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Acquisition</td>
<td>up to $350,000</td>
</tr>
<tr>
<td>Property Rehabilitation</td>
<td>up to $350,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$700,000</strong></td>
</tr>
</tbody>
</table>

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

For-profit or non-profit corporations may submit proposals.

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.

Please refer to the Request for Proposal and Submission Guidelines below for proposal requirements, timelines for submission, the basis for the award, the anticipated selection schedule, etc.
San Andreas RFP Service Description
Request for Proposal and Submission Guidelines – Fiscal Year 2022-2023

RFP Orientation: Provided upon request via email to gjennings@sarc.org to schedule before February 28, 2023.

Proposal Requirements
1. Appendix A – Proposal Title Page
2. Appendix B – Financial Statement
4. Appendix D – Estimated Cost Worksheet
5. Appendix E – Resumes, Statement of Qualifications, and References, including:
   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.
6. Appendix F - Description of housing and its proposed location, cost, design, and proposed timeline for the development of the home.

Estimated Service Duration
Housing is to be ready by December 31, 2023. Residential Services will begin by May 1, 2024.

Contract Requirements
HDO must enter into a contract by June 30, 2023, or they will not have access to the start-up funds. The contract execution goal is March 15, 2023.

Assumptions and Agreements
Proposals will not be returned to the submitter. SARC reserves the right to dismiss any submission if it does not meet the criteria established in this RFP.

Submission Information
Proposals must be emailed to gjennings@sarc.org by February 24, 2023. Submissions must be on time, mailed, or faxed to be accepted.
The Basis for Award of Contract

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Percentage</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Experience and Background (including Attachment C - Statement of Obligations &amp; Attachment E – Resumes, Qualifications, References)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Fiscal Responsibility (including Attachment B - Financial Statement)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Budgets (including Attachment D - Estimated Cost Worksheet)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Proposal Narrative (including Attachment F – HDO Development Plan)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Interview</td>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>

Contact Persons For Additional Information or Clarification
Gina Jennings – gjennings@sarc.org
Mia Garza – mgarza@sarc.org

Anticipated Selection Schedule
1. Proposals are due to San Andreas via email by 5:00 pm on February 24, 2023
2. Initial review period: February 27, 2023 – March 1, 2023
3. Announcement of those proposals moving to the interview phase on March 2, 2023
4. RFP Review Committee interview (held via the virtual zoom platform):
   March 3, 2023
   12:00 pm - 5:00 pm
5. Notification of selected service provider: March 6, 2023
6. Contract fully executed: April 15, 2023
7. Date service will begin: April 16, 2023
Appendix A

RFP TITLE PAGE
Request for Proposal – Fiscal Year 2022 – 2023

TO: Selection Committee

Please place a copy of Attachment B on top of the original and each of the (insert number here) copies.

San Andreas Regional Center
6203 San Igancio 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
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 B

### 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></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash in Bank</td>
<td></td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td></td>
</tr>
<tr>
<td>Notes Receivable</td>
<td></td>
</tr>
<tr>
<td>Equipment / Vehicles</td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td></td>
</tr>
<tr>
<td>Deposits/ Prepaid Expenses</td>
<td></td>
</tr>
<tr>
<td>Life Insurance (Cash Value)</td>
<td></td>
</tr>
<tr>
<td>Investment Securities</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL CURRENT ASSETS =**

<table>
<thead>
<tr>
<th>FIXED ASSETS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings and/or Structures</td>
<td></td>
</tr>
<tr>
<td>Long Term Investments</td>
<td></td>
</tr>
<tr>
<td>Potential Judgements and Liens</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL FIXED ASSETS =**

**TOTAL CURRENT AND FIXED ASSETS =**

<table>
<thead>
<tr>
<th>CURRENT LIABILITIES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td></td>
</tr>
<tr>
<td>Notes Payable</td>
<td></td>
</tr>
<tr>
<td>Taxes Payable</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL CURRENT LIABILITIES =**

<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>
</tr>
</tbody>
</table>

**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>
<th></th>
</tr>
</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 C

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 2020 – 2021?
   [ ] 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 2020 – 2021?
   [ ] 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 D

ESTIMATED COST WORKSHEET

All applicants must complete this worksheet.

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

<table>
<thead>
<tr>
<th>Business/ Office Related Costs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Costs</td>
<td>$</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Office Equipment/ Rental &amp; Maintenance Costs and Supplies</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Building and Facility Program Related Costs*</th>
<th></th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

Specific Training Costs: Specify $  

Other Costs: Specify $  

<table>
<thead>
<tr>
<th>TOTAL MONTHLY COSTS</th>
<th></th>
</tr>
</thead>
</table>

If necessary, adjust the above schedule to your program needs but address requested line items. If the cost does not apply to your program, please state N/A and provide reasons for its not being 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 to ensure that potential vendors have fully considered estimates on all possible costs that might arise in the development and/or operation of this program. The RFP Review Committee will also use it to determine reasonable reimbursement amounts for the service(s).
Appendix E

Resumes, Statement of Qualifications, and References
Appendix F

Description of housing and its proposed location, cost, design, and proposed timeline for the development of the home.