



SAN ANDREAS REGIONAL CENTER
6203 San Ignacio Ave, Ste. 200
San Jose, CA 95119

TO: All Potential Request for Proposal Respondents
FROM: Mia Garza, Associate Director of Community Services
Gina Jennings, CRDP Specialist
DATE: 5/2/2024

RE: Community Integration (Social Recreation)
Request for Proposal SARC 2324-3

Geographic Location(s): Santa Clara, Santa Cruz, Monterey, or San Benito Counties.

Contract Award: Startup funding up to \$150,000

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.

Type of Program: Community Integration (Social Recreation) services enhance and develop integrated and inclusive social and recreational programs for families, children, adolescents, and adults with intellectual and developmental disabilities in underserved communities.

The selected service provider will deliver inventive and inclusive opportunities tailored to individuals of all ages, emphasizing natural, inclusive outdoor environments. As an illustration, the program may offer tailored outdoor expeditions to nurture social skills and self-assurance, accessible in both day and overnight arrangements featuring a rich array of activities encompassing creative arts, performing arts, sports, swimming, outdoor education, and beyond, all designed to foster a sense of belonging and

community engagement. Furthermore, the services will seamlessly integrate health and medical provisions tailored to the specific needs of participants.

The age range is 7 to 59 years of age.

Potential providers must have prior demonstrable experience, including:

- Supporting families with children/youth/adults with I/DD.
- Supporting people with I/DD, particularly in Community Integration and Social Recreation.
- Working with social service community-based agencies and resources.

Preferred Provider Requirements:

1. Experience with developing and managing community integration and outdoor social recreation programs.
2. Experience with developing program designs.
3. Experience with budget development.
4. Demonstrated ability to work collaboratively with multi-agency, multi-disciplinary teams in a highly regulated environment with regular quality reviews with SARC and DDS.

EQUITY & DIVERSITY: For this 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.

All RFP submissions must include the following:

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

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 2023-2024**

RFP Orientation: Provided upon request via email to gjennings@sarc.org to schedule before **May 15, 2024**.

Proposal Requirements

1. Appendix A – Proposal Title Page
2. Appendix B – Financial Statement
3. Appendix C – Statement of Obligations
5. Appendix D – Resumes, Statement of Qualifications, and References. Please include:
 - a. Evidence that the applicant possesses the organizational skills, education, and experience necessary to complete a project of this scope.
 - 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. Statement outlining the ability to work within the scope of Title 17 regulations governing vendorization and SARC policies and procedures.
6. Appendix E - Proposed Milestones for Start-Up Funds
7. Appendix F – Proposal Narrative Program Plan Summary for Behavioral Respite.

Contract Requirements

The selected Service provider must enter into a contract by June 30, 2024, to access start-up funding. The contract execution goal is **June 15, 2024**.

Estimated Service Duration

Start-Up will begin on **July 1, 2024**.

Direct services are expected to begin by **October 1, 2024**.

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 5 pm on **May 17, 2024**. Submissions must be on time. Late submissions will not be accepted.

Please use readable font in 12 point.

Contact Persons For Additional Information or Clarification

Gina Jennings – gjennings@sarc.org

Mia Garza – mgarza@sarc.org

The Basis for Award of Contract

Criteria	Percentage	Score
Agency Experience and Background (including Appendix C - Statement of Obligations & Appendix E – Resumes, Qualifications, References)	20%	
Fiscal Responsibility (including Appendix B- Financial Statement)	20%	
Budgets (including Appendix E1 and E2 DS 6023/DS 6024)	20%	
Proposal Narrative (including Appendix F - Program Summary)	20%	
Interview	20%	

Anticipated Selection Schedule

1. Proposals are due to San Andreas via email by 5:00 pm on **May 17, 2024**
2. Initial review period: **May 18, 2024 – May 20, 2024**
3. Announcement of those proposals moving to the interview phase:
On or before.
4. RFP Review Committee interview (held via the virtual Zoom platform):
May 28, 2024, between 1 pm and 4 pm.
5. Notification of selected service provider: **June 1, 2024**
6. Contract fully executed: **June 15, 2024**
7. The anticipated date start-up service will begin: **July 1, 2024**

*Note: Applicants responding to this RFP who are currently vendored providers for San Andreas or any other regional center **must have services in good standing**. Providers with Substantial Inadequacies (SI's) or Type A deficiencies with Community Care Licensing in the past 24 months shall provide a written description of the SI(s) and/or Type A deficiencies and all corrections made. Applicants must also disclose any past, present, or pending licensure revocations, probation, or denials, including but not limited to CCL, Public Health Licensing, or any agency providing services to people with disabilities, children, or older adults.*

Appendix A

TITLE PAGE
Request for Proposal – Fiscal Year 2023/2024

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 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

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

FINANCIAL STATEMENT		
All respondents must complete this statement for last complete fiscal year <u>and</u> current fiscal year to date.		
CURRENT ASSETS	Last FY	Current FY
Cash in Bank		
Accounts Receivable		
Notes Receivable		
Equipment / Vehicles		
Inventory		
Deposits/ Prepaid Expenses		
Life Insurance (Cash Value)		
Investment Securities		
TOTAL CURRENT ASSETS =		
FIXED ASSETS		
Buildings and /or Structures		
Long Term Investments		
Potential Judgements and Liens		
TOTAL FIXED ASSETS =		
TOTAL CURRENT AND FIXED ASSETS =		
CURRENT LIABILITIES		
Accounts Payable		
Notes Payable		
Taxes Payable		
TOTAL CURRENT LIABILITIES =		
LONG TERM LIABILITIES		
Notes / Contracts		
Real Estate Mortgages		
TOTAL LONG TERM LIABILITIES =		
TOTAL CURRENT AND LONG TERM LIABILITIES =		
Equity =		
TOTAL LIABILITIES AND EQUITY =		
OTHER INCOME - Revenue from other Sources		
(Specify)		
LINE OF CREDIT		
Amount Available		

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 2023 – 2024?

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 2023 – 2024?

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

**Statement of Qualifications/Resumes/References
Request for Proposal – Fiscal Year 2023/2024
(Submit full resumes and reference list as attachments here.)**

Appendix E

Proposed Milestones for Start-Up Funds

	Description of Task/Milestone	Task Completion Date (Projected)	Amount of Payment Earned Upon Completion of Task
1.			
2.			
3.			
4.			
5.			

Appendix F

Proposal Narrative Program Plan Summary Behavioral Respite Services