



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: Mia Garza, Associate Director of Community Services, San Andreas Regional Center

DATE: January 12, 2026

RE: **EXTENDED/ONGOING UNTIL PROVIDER IS SELECTED** Early Start Therapeutic Services 116 PT/PTA for Santa Clara, Santa Cruz, San Benito and Monterey Counties - Request for Proposal

San Andreas Regional Center

San Andreas is seeking proposals that focus on delivery of physical therapy services within the identified service area. San Andreas is encouraging community-based locations and partnerships to increase access and utilization of Individual Physical Therapy services for the Early Start population, who currently receive limited to no service delivery due to limited availability of resources in the counties identified. The provision of services should encompass culturally and linguistically sensitive practices for Developmental Assessments;—physical therapy assessments, and on-going physical therapy, with parent education in the natural environment. Service scheduling should be flexible and include off-peak times to better meet working family's schedules. Schedules must include some availability after 5:00 PM Monday through Friday as well as weekend hours. ***The start-up funds outlined in this RFP are intended strictly for provider-related expenses essential to establishing operations (such as office furnishings, supplies, and staff recruitment) and are subject to approval by the Department of Developmental Services (DDS). One award will be granted per discipline, specifically physical therapy.***

Potential providers must have prior demonstrable experience

Qualified ES PT/PTA's shall:

- Be a current vendor or willing to be vendorized with SARC to provide PT/PTA under the Specialized Therapeutic Service Code (SC) 116. PT/PTAs are required to be supervised by a Licensed professional.
- Comply with SARC vendorization requirements.
- Have a business located within SARC catchment area and or identified zip codes.
- Hold a current California Professional License from their respective licensing Board.

- Have a minimum of two years birth to three-year-old clinical experience and one year's experience working with persons with developmental disabilities, and experience administering standardized assessments
- Be able to demonstrate verbal and written proficiency English language.
- Demonstrate multicultural competency and participate in on-going (i.e., at least once a year) training in Cultural Sensitivity to meet the needs of the identified zip code area, including, the Hispanic and African American community

Start-up Funds: \$30,000 CRDP funding upon DDS Approval

Start-up funds can only be used for non-recurring costs associated with initially establishing a service, which may include administrative components, location furnishings and supplies, personnel recruitment and training expenses, training related to communication styles including ASL, general equipment, and other costs as described per contract. Start-up funds are not intended to cover 100% of the development costs.

On-going Rate of Pay: Per the Burns & Associate Study

Specialized Services					
Specialized Therapeutic Services, Professional, Home and Community-Based	1:1	Hour	\$161.56	\$145.40	\$16.16
	1:2	Hour	\$93.49	\$84.14	\$9.35
	1:3	Hour	\$69.49	\$62.54	\$6.95
Specialized Therapeutic Services, Assistant, Home and Community-Based	1:1	Hour	\$120.14	\$108.13	\$12.01
	1:2	Hour	\$69.06	\$62.15	\$6.91
	1:3	Hour	\$52.08	\$46.87	\$5.21
Specialized Therapeutic Services, Therapist, Professional, Center/Facility Based	1:1	Hour	\$135.05	\$121.55	\$13.50
	1:2	Hour	\$77.35	\$69.62	\$7.73
	1:3	Hour	\$57.01	\$51.31	\$5.70
Specialized Therapeutic Services, Assistant, Center/Facility Based	1:1	Hour	\$102.00	\$91.80	\$10.20
	1:2	Hour	\$58.24	\$52.42	\$5.82
	1:3	Hour	\$43.86	\$39.47	\$4.39

116 / 117

Service Provider should be able to start Early Start 116 PT/PTA services in Santa Clara, Santa Cruz, San Benito and Monterey Counties 60 days after funds are awarded.

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 will be accepted on a rolling basis until the a provider is selected. Initial proposals should be emailed no later than **February 28, 2026, at 5:00 pm**, to Mia Garza at **mgarza@sarc.org**.

Proposals received after this date may continue to be reviewed as needed until a service provider is selected.

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

Mia Garza – mgarza@sarc.org

Arushie Nugapitiya – anugapitiya@sarc.org

Basis for Award of Contract

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

Anticipated Schedule-(Subject to Change)

1. RFP Orientation: **Available by appointment**
2. Initial Proposal Review Period: **Beginning 03/01/2026**
3. Announcement of Proposals Moving to Interview Phase: **Ongoing**
4. Review Committee Interviews: **Conducted on a rolling basis as proposals are received**
5. Notification of Selected Service Provider & Award of Contract: **Ongoing until filled**
6. **Service Start Date:** Target date is **within 60 days of contract award**

Appendix A**APPLICATION/PROPOSAL COVERSHEET**

Name of Applicant or Organization Submitting Proposal			
Name of parent corporation, if applicable			
Applicant's mailing address			
Contact person for project			
Contact phone number	Contact fax number	Contact e-mail address	
Author of proposal or consultant assisting with proposal		Author/consultant phone number	
<u>List all Regional Centers with which you have vendored programs or services</u>			
Reg. Center	Name of Program/Service	Type of Program/Service	Vendor Number
<u>List all Regional Centers with which you have programs/services in development</u>			
Reg. Center	Type of Program/Service in Development	Service Start Date	

Application submitted by:**Date:**_____
Signature (person must be authorized to bind organization)

Appendix B**FINANCIAL STATEMENT**

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

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:

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:

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:

Signature of Applicant or Authorized Representative

Date

Appendix D

ESTIMATED COST WORKSHEET

All applicants must submit this cost worksheet.

Staff and Administrative Costs	
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	\$
Business/Office Related Costs	
Communication Costs	\$
Office Supplies	\$
Office Equipment/Rental, Maintenance Costs, 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 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 E

Statement of Qualifications/Resumes/References

Submit full resumes and reference list as attachments.

Appendix F

Program Proposal

Describe how your agency will provide the service. 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.