

SDRC/PPP Project #2425- 6

Request for Proposals (RFP)
Early Start Therapeutic Services
**San Diego Regional Center
Community Placement Plan
For Fiscal Year 2024-2025**

AUTHORITY

San Diego Regional Center (SDRC) supporting individuals with Intellectual Disabilities has identified a need for a variety of resources throughout San Diego and Imperial counties for individuals with developmental disabilities. **SDRC may elect to fund all, part or none of the projects, depending on funding availability as approved by the Department of Developmental Services (DDS), and the quality of proposals received. SDRC reserves the right to withdraw this RFP and/or disqualify any proposal that does not adhere to the RFP guidelines.** Please refer to the attached project list, which briefly describes the service concept and start-up funding availability. The brief descriptions are not intended to limit the types of proposals that will be considered to serve the identified populations. In fact, applications that propose innovative, person-centered service delivery models, as alternatives to the traditional resources described will be favorably considered. **Please note: Proposals submitted after the indicated timelines will not be considered.**

APPLICANT ELIGIBILITY

Proposals can be submitted by service provider entities that are authorized to conduct business within the state of California. Board members of San Diego-Imperial Counties Developmental Services Inc. and employees of San Diego Regional Center are prohibited from submitting proposals.

SUBMISSION OF PROPOSALS

Please send all proposals **by e-mail only** to:

Community Services : rfp@sdrc.org

Copies of the proposals must be *received* at the above e-mail address **no later than 4:00 p.m. on Tuesday, January 14, 2025** Proposals received after this deadline will not be considered. You will receive an email reply confirming receipt of your proposal. **If you do not receive email confirmation, your proposal was not received by SDRC.** Please follow up by phone with Brian Uribe (858) 496-4331 if you **do not** receive confirmation.

PROJECT DESCRIPTION

San Diego Regional Center (SDRC) is seeking proposals for the development of Early Start Therapeutic Services. Specifically, SDRC is seeking culturally competent Early Start clinicians to expand the provision of Early Start Therapeutic Services to our Imperial County communities with limited Early Start resources. Early Start Therapeutic Services and Infant Development Programs including service code 116 (Occupational Therapy, Physical Therapy, and Speech Therapy), and 805.

Start-up Funding Available up to: \$300,000. 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, SEE-signs, general equipment and other costs as described per contract. Start-up funds are not intended to cover 100% of the development costs.

Development Timeline: The program should be ready to provide services no later than June 2025 unless otherwise specified.

Needs identified:

- There is typically a delay in access to Early Start services.
- There is a lack of providers in the identified cities: Calexico, Brawley, and Imperial.
- Services start outside of the mandated 45-day timeline to initiate.
- There is a direct impact to SDRC's intake department to secure evaluations.
- Late initiation of services resulting in wait list for services.
- Children are aging out of early start without receiving the services they need.

Service Description

San Diego Regional Center is seeking proposals that focus on delivery of services in-home early start services in the identified service areas: El Centro, Calexico, Brawley and Imperial. SDRC is encouraging unique community-based locations and partnerships to increase access and utilization of Early Start services for individuals who currently receive limited to no service delivery due limited availability of resources in the cities identified. The provision of services should encompass culturally and linguistically sensitive practices for Developmental Assessments; Speech Therapy Assessments and on-going Occupational, Physical and Speech therapy in a natural and or community-based setting. 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 identified in this RFP are solely for the use of the service provider for activities integral to the establishment of the Service Provider. e.g., office furnishings and supplies, personnel recruitment, and development.

Potential providers must have prior demonstrable experience

Qualified ES therapists shall:

- Must be a current vendor or willing to be vendored with SDRC to provide Early Start Therapeutic Services and/or 805 Infant Development Programs under Service Code (SC) 116 and/or 805
- Comply with SDRC vendorization requirements
- Funding source: **One-time start-up funds available up to \$300,000.**
- Have a business located within SDRC catchment area and or identified zip codes.
- Hold a current California Professional License from their respective licensing Board (OT, PT, SLP)
- Have a minimum of two years birth to three-year-old clinical experience
- 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.

Deadline for Submission: Proposals must be received at San Diego Regional Center by 4:00 PM on **December 31st, 2024**. This RFP does not commit SDRC to procure or contract for services or supports. SDRC may elect to fund all, part, or none of the project, depending on funding availability as approved by the Department of Developmental Services and the quality of the proposals received.

Start-up funding will be negotiated. Start-up funds have been negotiated with the Department of Development Services. The applicant agency should propose to use start-up funds to bring in consultation for development of the service, and for recruitment of staff and consultants to establish the service.

The applicant agency:

- Will be required to meet all Title 17 requirements as applicable to this service model as prescribed by DDS;
- Will provide a plan for recruitment, thorough background check, I.E. Live-scan, pre-service and ongoing training, and provision of consultative support to supported living staff that will best assure that the outcomes of the service and life goals of individuals are met.
- Will provide a plan for security and response to emergencies;
- Will develop a plan for evaluation of service success and quality of life outcomes by an objective third party;

- Must adopt toward individual service recipients and a commitment to have a creative and flexible approach to service, and to modify supports to ensure continued stability without requesting additional funding from the regional center.
- Must agree to a minimum of quarterly monitoring by San Diego Regional Center. Families will be evaluated by a separate process and on a more frequent schedule.
- Keep financial data for 5 years from date of contract. It is required to keep receipts and cancelled checks for 5 years from date of contract.
- The contracts for the project will require an agreement that the grantee will provide, at minimum, 120 months (ten years) of continuous services, based upon the date of the first admission. Failure to meet this term of service will require the awardees to re-pay a portion of the original start-up grant. i.e., 12 months re-pay 95% of original start-up grant; 24 months re-pay 85% of original start-up grant, etc.
- Applicants must disclose any potential conflicts of interest (Title 17, §54500). Proposals will NOT be accepted from employees of the State of California, employees of the regional center system, or their immediate family members. Eligible applicants may be either a nonprofit corporation (501-C3) or proprietary, for-profit entities.

Additional Requirements

- Development of Program/Service Design: The selected applicant will be required to complete a service design within thirty (30) days of award of the contract.
- Proof of Liability Insurance: The selected applicant will be required to maintain general and professional liability insurance for all work performed on behalf of regional center clients and their families and to name the regional center as an additional insured on all such policies.

SUBMISSION INSTRUCTIONS

Proposal Content and Service Summary Content Guidelines

Please include all information requested below and submit in the same order in your documentation. For additional guidance in writing your service summary, please refer to Title 17 regulations. Each proposal must be comprised of (6) complete sets of the following components:

Application/Proposal Coversheet – Attachment A

Table of Contents

Vendor Disclosure Statement (DS1891) – Attachment B

Start-up Budget – Attachment C

Budget and Financial Information – Attachment D

Scoring Criteria – Attachment E

Mission, Vision, and Value Statements: Provide any agency MVV statements and how these were developed for your agency.

Background and Experience: Summarize education, experience, and knowledge of key personnel in providing services to the target populations. Describe how the documented education, knowledge, and experience will be a good fit for developing this program.

Development Experience: Briefly summarize your current and previous development of services and programs. Highlight similarities between current or previous program(s) developed and your proposed program for this RFP.

Agency Outcomes: Describe anticipated outcomes of proposed service for people receiving supported living services in their homes and how achievement of outcomes will be measured.

Assessment and Planning: Briefly describe the planning process. Discuss how individual goals and objectives will be determined and progress measured.

Administrative/Consultant Roles: Describe roles of Administrator, additional staff, and proposed involved consultants. Provide qualifications of any certified or licensed staff or consultants. Attach resumes.

Staff Recruitment and Retention: Describe your plan to recruit and retain quality staff. Include the following:

- Desired characteristics for all staff positions including bilingual or multilingual backgrounds
- Health and criminal background screening procedures.
- Initial and ongoing training, including required certifications. Include any specialized training for providing behavior support and crisis intervention to individuals who have potentially dangerous behaviors.
- Discuss what typical staff turnover is for your organization/agency.
- Provide information on salary levels and benefits. Direct care staff must be paid at a set minimum.
- Attach an organization chart that includes this project and maps the supervisory hierarchy.
- Provide job descriptions and qualifications for the primary staff and consultant positions.

Staffing Schedule: Provide a sample one-week staffing schedule including the administrative staff, direct support professionals, consultant(s), and program prep time.

Transportation: Describe how transportation will be provided for day/work services, therapy and medical appointments, court requirements, or recreation and other activities.

Financial Resources: Discuss what financial resources you bring to the project (e.g. line of credit, cash or fluid capital reserves, etc.).

Continuous Quality Improvement (CQI): Describe how the service agency will use data, such as agency outcomes, stakeholder satisfaction, or other existing data (e.g. incident reports, medication logs) to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures (e.g. supervision, medication management, recruiting, etc.). Providers shall describe the feedback loop by which problem procedures will be identified, corrective through revised practices, and further monitored to measure the effectiveness of those changes in agency practice.

Formatting Requirements

Applicants must adhere to the following formatting requirements when submitting proposals:

All submissions must also include an electronic version sent to: RFP@sdrc.org. Electronic submissions cannot exceed 15 megabytes per email. Multiple emails per RFP submission can and will be accepted. An email acknowledgement of each submission received will be sent to the applicant.

Attachments/Forms must be type written. Include additional pages as needed, please note that **proposals should be no longer than 10 pages total**. All proposals must be complete, typewritten, collated, and page numbered.

RFP Projects:

Early Intervention Services (Project ID: SDRC 2425-6)- CRDP

Allocation up to: \$300,000

Early Intervention Services. In home therapy services for children residing in underserved communities of SDRC Imperial County service area. This may include Brawley, Calexico, Calipatria, El Centro, Holtville, Imperial, and Westmorland.

Proposal:

Proposals should be no longer than 10 pages total.

The “Application/Proposal Coversheet” (see Attachment – A) must be the first page of the proposal.

The proposal must include a Table of Contents.

As applicable, include appendices for documents, such as resumes, certificates, curricula, schedules, letters of recommendation, letters of support from agencies, consultants expected to provide program services, etc.

Fax copies will NOT be accepted.

Submissions will NOT be returned.

No proposals will be accepted after the deadline.

PROPOSAL SELECTION PROCESS

Any proposal may be rejected if it is incomplete or deviates from the specifications in this RFP. **San Diego Regional Center reserves the right to reject any or all proposals and to cancel the RFP process at its discretion.** Each proposal will be evaluated by an RFP Selection Committee which is an interdisciplinary team of at least 3 members, who will score each proposal individually before coming together as a team to thoroughly review and discuss each proposal and interview applicants, if applicable, and agreeing on a final score for each proposal. A minimum score of 70% is required for the proposal in order to be considered.

Proposals will be evaluated in five areas: Agency Description (including history), Project Description, Work Plan/Timelines, Budget/Finances, and Proposal responsiveness. The specific criteria and weighting are detailed in Appendix D, Rating Criteria. Additional information may be required from selected applicants with regard to the proposal submitted prior to the awarding of a contract. References will be contacted and interviews may be conducted, particularly if two or more proposals are closely scored and/or more information is needed. The interview panel will include at least two individuals from the RFP selection committee, using the same questions, and each interviewer will score the responses using the same scoring scale for each interview.

FUNDS

Project descriptions indicate the total amount of funds available for each project. **Actual amount awarded will be contingent upon the budget submitted by the Department of Developmental Services (DDS). Any project contractor who fails to develop the services specified will be required to return to the San Diego Regional Center any compensation received for start-up expenses.** All funds must be expended by March 31, 2027.

ADDITIONAL INFORMATION

Any questions regarding the requirements of this RFP should be directed to:

San Diego Regional Center-Community Services
Brian Uribe, Resource Development Manager
4355 Ruffin Rd., Suite 104
San Diego, CA 92123

(858) 496-4331 brian.uribe@sdrc.org

APPLICANT/AGENCY INFORMATION

Applicant/Agency Name _____ CPP Project # _____

Address:

Phone:

- Non-Profit Corporation For-Profit Corporation
- Educational Institution
- Local Government Agency Individual
- Other(_____)

Contact Person's Name and Job Title:

Phone

E-Mail: _____

A. List up to four current or previous services implemented by the applicant/agency that provide evidence of experience related to your proposal. Include the service name, the dates that services started (and ended if not currently being provided), and a one sentence description of the type/purpose of the indicated service:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

B. List two references that can be contacted in regards to applicant's experience, qualifications and ability to implement this proposal:

1. _____

| | |
|----------------|--------------------|
| Name and Title | Agency Affiliation |
|----------------|--------------------|

| | |
|---------|-------|
| Address | Phone |
|---------|-------|

2. _____

| | |
|----------------|--------------------|
| Name and Title | Agency Affiliation |
|----------------|--------------------|

| | |
|---------|-------|
| Address | Phone |
|---------|-------|

Application submitted by _____

Signature

Date

APPLICANT/VENDOR DISCLOSURE STATEMENT

GENERAL INSTRUCTIONS

Every applicant or vendor must complete and submit a current Applicant/Vendor Disclosure Statement, DS 1891 (disclosure statement) as part of a complete application packet for vendorization or upon request of the vendoring regional center. The following instructions are designed to clarify certain questions on the form. Instructions are listed in order of question for easy reference. See 42 CFR 455.101 for additional definitions.

Overall Authority: Code of Federal Regulations (CFR), Title 42, Part 455; California Code of Regulations, Title 17, Section 54311. Welfare and Institutions Code, Section 4648.12.

Important:

- **IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.**
- **Parents and consumers of Vouchers, Participant-Directed Services, or Purchase Reimbursements:** Complete Part 1 on page 2 and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date.
- Failure to disclose complete and accurate information will result in a denial of enrollment and/or may be cause for termination of vendorization.
- Read **ALL** instructions when completing the disclosure statement.
- Type or print clearly in ink.
- If applicant or vendor must make corrections, please line through, date, and initial in ink. Do not use correction fluid.
- Answer all questions as of the current date.
- If additional space is needed, attach a sheet referencing the part and question being completed.
- Return this completed statement with the complete application package to the regional center to which you are applying.

Part 1: Identifying Information

- A. Specify name of the applicant or vendor, agency, facility or organization, vendor number and service code, business address, and telephone number of applicant or vendor submitting the vendor application.
- B. Specify in what capacity the applicant or vendor is doing business. For example: The name of the corporation under which they are doing business. This name must match the license name, if applicable.
- C. List the National Provider Identifier, of the applicant or vendor, if any.
- D. List the Social Security Number, Date of Birth, and/or the Federal Employer Identification Number (EIN) of the applicant or vendor, if any. Enter Vendor's nine-digit EIN assigned by the IRS in the following format: XX-XXXXXXX.
 - An EIN is used to identify the accounts of employers and certain others who have no employees.
 - For more information about an EIN, please check <http://www.irs.gov> for "Employer Identification Numbers" or "EIN". Whenever this Disclosure Statement requests an EIN about an individual or entity, it has the same meaning.
- E. Check the entity type that best describes the structure of your organization.

Part 2: Ownership and Control Interests. Use the following definitions to identify the individuals you should enter in A, B and C of this section. See 42 CFR 455.101 for additional definitions.

- "Indirect Ownership Interest" means an ownership interest in an entity that has an ownership interest in the applicant or vendor. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or vendor;
- "Managing Employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, agency or business entity;
- "Ownership Interest" means the possession of equity in the capital, the stock, or the profits of the applicant or vendor.
- "Person with an Ownership or Control Interest" means a person or corporation that:
 - A) Has an ownership interest totaling 5 percent or more in an applicant or vendor;
 - B) Has an indirect ownership interest equal to 5 percent or more of an applicant or vendor;
 - C) Has a combination of direct or indirect ownership interests equal to 5 percent or more in an applicant or vendor;
 - D) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the applicant or vendor if that interest equals at least 5 percent of the value of the property or assets of the applicant or vendor;
 - E) Is an officer or director of an applicant or vendor that is organized as a corporation; or
 - F) Is a partner in an applicant or vendor that is organized as a partnership.
- "Significant Business Transaction" means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of an applicant or vendor's total operating expenses.

- “Subcontractor” means an individual, agency, or organization to which an applicant or vendor has contracted or delegated some of the management functions or responsibilities of providing services.
- “Wholly Owned Supplier” means a supplier whose total ownership interest is held by an applicant or vendor or by a person, persons, or other entity with an ownership or control interest in an applicant or vendor.

Part 3: Excluded Individuals or Entities. (See page 3. Must be disclosed if applicable.)

“Excluded Individuals or Entities” means those individuals and entities that have been placed on either the U.S. Department of Health and Human Services Office of Inspectors’ General (OIG) List of Excluded Individuals/Entities or the Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List of persons, or individuals and entities that have been convicted of a criminal offense related to involvement in any program under Medicare, Medicaid or the Title XX services program, or those individuals and entities that meet the criteria included in Title 17, Section 54311(a)(6).

**Title 17, California Code of Regulations, Section 54311(a)(6)
(Criteria for Excluded Individuals or Entities)**

The name, title and address of any person(s) who, as applicant or vendor, or who has ownership or control interest in the applicant or vendor, or is an agent, director, members of the board of directors, officer, or managing employee of the applicant or vendor, has within the previous ten years:

- (A) Been convicted of any felony or misdemeanor involving fraud or abuse in any government program, or related to neglect or abuse of an elder or dependent adult or child, or in any connection with the interference with, or obstruction of, any investigation into health care related fraud or abuse; or
- (B) Been found liable any civil proceeding for fraud or abuse involving any government program; or
- (C) Entered into a settlement in lieu of conviction involving fraud or abuse in any government program.

PLEASE FILL OUT

Part 1. Applicant/Vendor Information

A. Name of applicant or vendor, entity, agency, facility, or organization as reported to IRS:

Vendor Number and Service Code:

Business Address:

Telephone number (with area code):

B. Name registered with California Secretary of State, if any:

C. National Provider Identifier (NPI), if any:

D. Social Security Number (SSN), Date of Birth (DOB), and/or Federal Employer Identification Number (EIN), if any:

E. Check the entity type that best describes the structure of the applicant or vendor individual, business entity, agency, facility or organization: Check **only one** box:

n Parent or Consumer for Vouchers, Participant-Directed Services, or Purchase Reimbursements (Complete Part 1 above and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date).

n Sole Proprietor (Unincorporated)

n General Partnership n Limited Partnership n Limited Liability Partnership

n Limited Liability Company: State of formation: _____

n Governmental

n Corporation: Corporate number: _____ State incorporated: _____

n Nonprofit – Check One: n Unincorporated Association n Religious/Charitable
n Corporation n Other (specify): _____

Part 2. Ownership, indirect ownership, and managing employee interests (If not applicable, please indicate.)

A. List the name(s), title(s), address(es), SSNs, and DOBs of individuals for organizations having direct or indirect ownership interests, and/or managing employees in the applicant/vendor (see instructions for definitions). Also list all members of a group practice. Attach additional pages as necessary to list all officers, owners, management and ownership individuals and entities.

| Name | Title | Address | SSN | DOB |
|------|-------|---------|-----|-----|
| | | | | |
| | | | | |
| | | | | |

B. List those persons named in 'A' above or 'Part 4. A' below, that are related to each other as spouse, parent, child, or sibling.

| Name | Relationship | Address |
|------|--------------|---------|
| | | |
| | | |
| | | |

A. List the name, address, vendor number and service code, SSN, NPI and/or EIN of any other applicant or vendor in which a person with an ownership or controlling interest in the applicant or vendor also has an ownership or control interest of at least 5 percent or more. For example: Are any owners of the applicant or vendor also owners of Medicare or Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.)

| Name | Address | Vendor Number and Service Code | SSN, NPI and/or EIN |
|------|---------|--------------------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Part 3. Excluded Individuals or Entities (If not applicable, please indicate.)

List the name, title, and address of any person, as applicant or vendor, or entity with an ownership or control interest, any agent, director, officer, or managing employee of the applicant or vendor who is an excluded individual or entity, as defined on page 2.

| Name | Title | Address |
|------|-------|---------|
| | | |
| | | |
| | | |

Part 4. Subcontractor (If not applicable, please indicate.)

A. List the name, title, address, SSN, NPI and/or EIN of each person or entity with an ownership or control interest in any subcontractor in which the applicant or vendor has direct or indirect ownership of 5 percent or more. State percentage.

| Name | Title | Address | Percentage | SSN, NPI and/or EIN |
|------|-------|---------|------------|---------------------|
| | | | | |
| | | | | |
| | | | | |

B. List the name, title, address, SSN, NPI and/or EIN of each subcontractor or wholly owned supplier in which the applicant or vendor has had any significant business transactions within 5 years of the application or request.

| Name | Title | Address | SSN, NPI, and/or EIN |
|------|-------|---------|----------------------|
| | | | |
| | | | |
| | | | |

APPLICANT/VENDOR SIGNATURE

Knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become vendored, or if the service provider already is vendored, a termination of its vendorization.

By signing this disclosure statement, you hereby certify and swear under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the vendoring Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

Name of Applicant/Vendor or Authorized Representative

Title

Signature

Date

Recordkeeping and Access to Records

Subject to the provisions of Title 17, California Code of Regulations, Section 54311 and Code of Federal Regulations, Title 42, Part 455.105, an applicant or vendored provider agrees to provide access for the review of any and all ownership disclosure information and/or documentation upon written request by the vendoring regional center, the Department of Developmental Services, the State Medicaid Agency, Department of Health Care Services, any State survey team, the Secretary of the United States Department of Health and Human Services, or any duly authorized representatives of the above named entities.

Privacy Statement

All information requested on the application and the disclosure statement is mandatory with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department of Developmental Services pursuant to 26 USC 6041. This information is required by the authority of Welfare and Institutions Code, Section 4648.12 and Title 17, California Code of Regulations, Section 54311. The consequences of not supplying the mandatory information requested are denial of vendorization as a regional center vendor or termination of vendorization. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, or licensing programs in other states.

BUDGET AND FINANCIAL INFORMATION

Applicant/Agency Name _____ CPP Project # _____

FINANCIAL STATUS AS OF _____, 20____

Line of Credit Available? 0 Yes LI No Amount _____

ASSETS

Cash on hand and in commercial and savings accounts _____

Notes and Receivables _____

Inventory, Equipment, Furniture and Furnishings _____

Real Estate (Market Value) _____

Other Assets: _____

TOTAL ASSETS _____

LIABILITIES

Accounts and Notes Payable (Balance Due) _____

Salaries and Wages Payable _____

Real Estate Loans or Mortgages (Balance Due) _____

Payroll and Real Estate Taxes Payable _____

Other Liabilities: _____

TOTAL LIABILITIES _____

Reference who may be contacted regarding applicant's/agency's qualifications and experience in financial management:

Name/Title _____ Agency/Company _____

Address _____ Phone _____

Budget/Financial Information Submitted by _____

Name _____ Date _____

BUDGET FOR PROJECT START-UP

PERSONNEL SERVICES (Staff and Consultants)

| Job Title | Number (or %) FTE | FTE Monthly Salary with Fringe Benefit | Number of Months | TOTAL |
|---|-------------------------|--|------------------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| 2 . _____ | _____ | _____ | _____ | _____ |
| 3 . _____ | _____ | _____ | _____ | _____ |
| 4 . _____ | _____ | _____ | _____ | _____ |
| 5 . _____ | _____ | _____ | _____ | _____ |
| Employee Fringe Benefits (_____ % of Salaries) | | | | |
| START-UP PERSONNEL SERVICES SUBTOTAL | | | | _____ |

OPERATING EXPENSES

| | Monthly Amount | Number of Months | TOTAL |
|---|-------------------|------------------------|-------|
| Office and/or Facility Lease | _____ | _____ | _____ |
| Insurance | _____ | _____ | _____ |
| Utilities | _____ | _____ | _____ |
| Travel | _____ | _____ | _____ |
| Purchased Equipment and Supplies (list) | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| 2 . _____ | _____ | _____ | _____ |
| 3 . _____ | _____ | _____ | _____ |
| 4 . _____ | _____ | _____ | _____ |
| 5 . _____ | _____ | _____ | _____ |
| Other - _____ | _____ | _____ | _____ |
| Administrative Overhead | _____ | _____ | _____ |
| START-UP OPERATING EXPENSES SUB-TOTAL | | | _____ |

TOTAL START-UP
BUDGET

Submitted by _____

Name

Date

COMMUNITY PLACEMENT PLAN REQUEST FOR PROPOSAL

Appendix E

PROPOSAL REVIEW/SELECTION CRITERIA

(The minimum requirement will be 70% of the total possible points)

Project Number _____

Applicant /Agency _____

| | Maximum Score | Initial Proposal Score | Final Score |
|--|---------------|------------------------|-------------|
| A. Agency Description | | | |
| 1. The applicant/agency has prior relevant experience and credentials in the developmental disabilities and/or mental health field. | 10 | | |
| 2. The applicant/agency’s philosophy is positive, consumer oriented and appropriate to the goals of the proposed project. | 5 | | |
| 3. The applicant/agency’s history indicates the capability of developing, managing, and operating the proposed project in San Diego County. | 10 | | |
| B. Project Description | | | |
| 1. The expected service outcomes are clear and consistent with the goals of the proposed project. | 5 | | |
| 2. The proposed use of personnel (direct care staff and consultants), including the selection, management and training of staff should ensure quality outcomes in the project. | 15 | | |
| 3. The plan for providing services, including the description of the needs of the consumers who will be served, is consistent with the goals of the project. | 5 | | |
| C. Work Plan/Timelines | | | |
| 1. The work plan indicates a thorough knowledge of the processes and procedures needed to complete the project. | 10 | | |
| 2. The timeline for project development is realistic and meets deadlines. | 10 | | |
| D. Budget/Finances | | | |
| 1. The applicant/agency’s financial statement reflects sound fiscal practices. Assets are sufficient to undertake the proposed project. | 5 | | |
| 2. The start-up budget is reasonable and demonstrates a good appraisal of actual costs involved in completing the project. | 5 | | |
| 3. The estimate for on-going service rate is cost-effective and consistent with funding for similar programs. | 5 | | |
| E. Proposal Responsiveness | | | |
| 1. The overall proposal indicates an ability to follow directions and is an appropriate response to the RFP | 10 | | |
| 2. The proposal provides evidence of innovative practices in providing services. | 5 | | |
| TOTAL | 100 | | |

Proposal review completed by:

Signature

Date