

SDRC/CPP Project #2324-5

Request for Proposals (RFP)

**San Diego Regional Center
Community Placement Plan
For Fiscal Year 2023-2024**

AUTHORITY

The San Diego Regional Center (SDRC) has identified a need for a Group Home for Children with Special Health Care Needs (GHCSHN). This is a home that will serve up to five (5) individuals that meet the medical requirements of a GHCSHN, who are transitioning from an Intermediate Care Facility (ICF) or hospital into the local community. This project will be in collaboration with a Non-Profit Ownership (NPO). **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 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 email only** to:

Erik Peterson, Resource Development Manager
rfp@sdrc.org

Copies (PDFs) of the proposals must be *received* at the above e-mail address **no later than 03/12/24 at 4pm**. Proposals received after this deadline will not be considered. Faxed or hard copy proposals will not be accepted. You will receive an email reply confirming the receipt of your proposal. **If you do not receive email confirmation, your proposal may not**

have been received by SDRC. Please follow up by phone with Erik Peterson if you **do not** receive email confirmation of receipt of your proposal at **858-576-2872**.

PROJECT DESCRIPTION

SDRC is seeking a provider to develop a Group Home for Children with Special Health Care Needs (GHCSHN). The GHCSHN is a home that will serve up to five (5) of the most medically fragile individuals who are transitioning from an Intermediate Care Facility (ICF) or a hospital into the local community. In combination the facility will be owned by a Non-Profit Housing Corporation (NPO) for the restricted use of individuals served by the regional center, and leased to a service provider, who will be selected through this Request for Proposal (RFP) process. The service provider's development team will work with the NPO and SDRC staff to develop specifications for the physical plant structure to support the anticipated needs of individuals that will reside in the facility. The service provider's development team will work with the NPO and SDRC staff to ensure that the physical plan requirements of Community Care Licensing are met.

The home will be a resource for children with developmental disabilities who have intensive medical conditions that require 24-hour nursing care and some behavioral issues. The home shall be subject to the requirements of California's Welfare and Institutions Code, Division 4.5, Chapter 6, Article 3.5, Sections 4684.50 -- 4684.75. All applicants should thoroughly review these regulations in order to be familiar with the service model prior to submitting a proposal in response to this RFP.

The home will be located in the SDRC catchment area. The GHCSHN home will include services and staffing levels that exceed that of a Level 4i facility. The selected provider must adopt a commitment to modifying supports as needed to accommodate all specific needs. This provider must communicate a vision dedicated to long-term, stable support in inclusive communities.

The home will be developed in accordance with the requirements in Section 4684.50 — 4684.75 of the Welfare & institutions Code and will provide 24-hour health care and intensive support services to five (5) individuals in a home. The program must be equipped to provide support for individuals who require supports with all activities of daily living and who have special healthcare needs which may include: nutritional support, including total parenteral feeding and gastrostomy feeding and hydration, cardio-respiratory monitoring, oxygen support, including continuous positive airway pressure and bi-level positive airway pressure and use of other inhalation-assistive devices, nursing intervention for tracheostomy care and suctioning, special medication regimes, including injections and intravenous medications and/or nursing interventions, colostomy and ileostomy and other medical or surgical procedures, management of insulin dependent diabetes, manual fecal impaction removal, enemas, or suppositories, management of indwelling urinary catheter procedure, treatment of wound or pressure ulcers, postoperative care and rehabilitation, pain management, palliative care, hospice care, renal dialysis, and use of any other approved durable medical equipment necessary.

A provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g. other regional centers, courts, mental health systems, healthcare supports, community and home-based day services, etc.) for the successful support of the individual.

Start-up Funding Available: Up to \$175,000.00

\$25,000 of the start-up funds will be reserved for operating expenses during the transition period (waiting final licensing approval by CCL).

Key Objectives of this project:

1. Collaborate with SDRC to ensure that the requirements of this RFP are met.
2. Develop a comprehensive service design that specifies treatment approaches, staff recruitment and training, quality assurance systems, consultant types, qualifications and roles.
3. Develop, in collaboration with SDRC, a comprehensive work plan and timeline for bringing services on-line.
4. Execute a service contract with SDRC that specifies a start-up budget, ongoing service rate and a SDRC approved service design.
5. Establish a Long-Term Lease Agreement with the NPO.
6. Assess clients who are being referred to the project.
7. Admit five (5) residents identified by SDRC by 06/01/2025.
8. Provide high quality therapeutic residential treatment services that produce positive outcomes for the individuals served.

PROPOSAL CONTENT AND SUBMISSION

Proposals must comply with the instructions, format, and time lines described in this request. Proposals should be written in 12-point font, Times New Roman or Arial preferred. All pages in the proposal must be numbered consecutively and include an identifying footer with the applicant name and project number. The proposal, *including* the required forms and documents, may not be more than *twenty (20) pages long*.

FORMAT AND APPLICATION REQUIREMENTS

Each proposal will contain five parts as follows:

1. Applicant/Agency Information Form

The Applicant/Agency Information Form, Appendix A, included with this RFP, *must* be used to provide the pertinent information about the applicant. The number of the project that the proposal is intended to address should be included on this form. The information provided should highlight the applicant's ability to implement the proposed project. **The form should contain the original signature of an individual with authority to submit the proposal (dated) and enter into a binding contract with SDRC (1 page).**

2. Proposal Methodology

In *no more than thirteen (13) pages*, the applicant must provide information about the proposed project, which should include the following:

1. Service Description Summary: Please include all headings and information request below and provide in the same order in your document.

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

Include the program components and strategies that you will use to serve individuals who are medically fragile and who may require specialized healthcare regimens consistent with those described in W&I Code 4684.50 4684.75 and the project description.

b. Agency Outcomes: Describe anticipated outcomes of proposed service for people residing in the home and how achievement of outcomes will be measured.

c. Assessment and Planning: Briefly describe the planning process. How will individuals' goals/objectives be determined and progress measured?

d. Background and Experience: Summarize education, experience, and knowledge of key personnel in providing services to the target populations. Describe any experience you have had with servicing individuals from an Intermediate Care Facility (ICF) with complex medical conditions. Include a description of the level of functioning and service needs (self-care and/or behavioral challenges, medical conditions, etc.) of the individuals you served from the ICF. Also provide details of any transition activities in which you were involved. Describe how the documented education, knowledge, and experience will be a good fit for developing this program.

e. Administrative/Consultant Roles: Describe roles of licensee, administrator, assistant administrator, and consultants. SDRC requires that the administrator to the home have a current Registered Nurse (RN) license. Provide qualifications of any certified or licensed staff or consultants.

Note: If the applicant's mailing address is outside of the San Diego/Imperial County area, the name and qualifications of the person who will be physically located in the San Diego/Imperial County area and responsible for managing the proposed project must be included.

f. Methods and Procedures: Describe how your agency will:

1. Involve and plan for activities leading to the transition of individuals from the intermediate care facilities and/or community.
 2. Address the healthcare needs of residents, as well as clinical approaches based on standards of practice.
 3. Address the development of positive behavioral support plans for residents who may require this support. Include a description of the type of crisis intervention training that will be provided to direct care professionals.
 4. Address the close supervision needs of proposed residents.
 5. Describe how healthcare needs of individuals will be addressed, how staff will be trained to recognize, document and report care, conditions, symptoms, and follow-up.
- g. **Staff Recruitment and Retention:** Describe your plan to recruit, and retain quality staff:
1. Education, experience and certification for all staff positions. Note that all level direct service professionals must have completed DSP I and II. Provide description for how these staff will be recruited or a process for how the required training will be obtained prior to hands-on service.
 2. Desired characteristics for all staff positions.
 3. Health and criminal background screening procedures.
 4. Discuss what typical staff turnover is for your organization/agency.
- h. **Staffing Schedule:** Provide a sample one-week staffing schedule including Administrator/Assistant Administrator, direct support professionals, consultant(s), and program prep time.
- i. **Transportation:** Describe how transportation will be provided for day/work services, therapy and medical appointments, recreation and other activities.
- j. **Ongoing Rates:** An estimate of ongoing monthly funding per individual that will be required to maintain the services developed. **SDRC anticipates the ongoing monthly cost to be funded by SDRC will be no more than the median rate set by DDS in order to meet all the needs of the individuals identified for the project.** This is a funding cap and SDRC *absolutely* cannot negotiate a rate more than what is

established by DDS through the median rate setting process. The final determination of the ongoing rate will be based on the services developed. The rate established and the needs of the residents will be reviewed and adjusted periodically as needed.

k. **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, or medication logs) to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures (e.g., using competency based teaching methods), agency practices and procedures or other operations (e.g., supervision, medication management, recruiting, etc.). Providers shall describe the feedback loop by which problem procedures will be identified, corrected through revised practices, and further monitored to measure the effectiveness of those changes in agency practice.

3. A project work plan. This should include the applicant's timeline for achievement of major milestones (e.g., property search, renovation, licensing, staff recruitment, training and admission of the first resident).

4. Budget and Financial Information

Appendix B (Applicant/Vendor Disclosure Statement DS1891-4 pages) must be included with the proposal. Appendix C and D (Budget and Financial Information Form-2 pages) must be used to provide information concerning the applicant's finances and the proposed start-up budget for this project. Do not use this form for the estimation of ongoing funding requirements.

For reference, Appendix E (Proposal Review/Selection Criteria) will be used to evaluate the proposal. **This does not need to be submitted with your proposal.**

5. Equity and Diversity: Each proposal will include a section on issues of equity and diversity. The plan will address diverse population, including, but not limited, to culturally and linguistically diverse populations. You must also include examples of your commitment in addressing the needs of those diverse populations, and include any relevant issues you deem relevant to equity and diversity. Projects developed specifically for identified clients will only require plans to provide culturally and linguistically competent services and supports to those specific clients.

REPORTING REQUIREMENTS

Each selected project contractor will be required to submit monthly summaries describing progress made toward meeting project objectives to SDRC by the third of each month. These summaries will be attached to any monthly invoices submitted by the contractor. The contractor will submit a final report upon completion of the project. The format for the monthly summaries and invoices will be included in each awardees' contract.

Contracts between SDRC and the selected service provider will include the following:

- a) Holding the vendor accountable for the expenditure of funds consistent with the contract terms and for program outcomes;
- b) In the event a project cannot be completed within the approved timeframe, the start-up funds must be returned to the State;
- c) Upon completion of the project and the reconciliation of the contract funds, if SDRC determines that the contract amount has not been fully expended, the unexpended contracted funds will be recouped by SDRC and returned to the State; and
- d) The DDS may request SDRC to provide a copy of the fully executed SDRC/Vendor Start-up contracts.

PROPOSAL SELECTION PROCESS

Any proposal may be rejected if it is incomplete or deviates from the specifications in this RFP. **SDRC 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 evaluation will be scored on the following elements; responsiveness, innovation, previous experience of applicant, and demonstrated applicant financial responsibility. The proposal review/selection criteria worksheet is included with this RFP. 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 DDS. Any project contractor who fails to develop the services specified will be required to return to SDRC any compensation received for start-up expenses.** All funds must be expended by June 30th, 2026.

ADDITIONAL INFORMATION

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

San Diego Regional Center — Community Services
Erik Peterson, Resource Development Manager
Erik.Peterson@sdrc.org

(858) 576-2872

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.

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

C. 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

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 _____