

SDRC/ CPP Project # 5

Request for Proposals (RFP)

San Diego Regional Center Community Placement Plan For Fiscal Year 2015- 2016

AUTHORITY

The San Diego Regional Center (SDRC) has identified a need for a variety of resources throughout San Diego and Imperial counties for individuals at risk of entering a developmental center (DC) from their current living arrangement or those individuals who will be leaving a DC to reside in the community. These projects 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 refer to the attached project list, which briefly describes the service concept and start-up funding availability. These 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 will be accepted by for profit, non-profit, governmental agencies, educational institutions, or individuals. The applicant must have experience in providing services to persons with intellectual disabilities. 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 direct all proposals to:

Erik Peterson, Resource Development Manager

erik.peterson@sdrc.org

Copies of the proposals must be *received* at the above e-mail address no later than 4:00 p.m. on Monday September 24, 2018. Proposals received after this deadline will not be considered.

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 (14) 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 the San Diego Regional Center.

2. Proposal Methodology

In *no more than seven (7) pages*, the applicant must provide information about the proposed project, which should include the following:

- a. The applicant's mission, vision and value statements related to the proposed project. Describe how services to persons with intellectual disabilities will be delivered.
- b. The outcome objectives (i.e., what are the general outcomes for the individuals) that this service will produce and the methods by which those outcomes will be measured and documented.
- c. A description of the entry criteria for individuals who will be served by the project.
- d. The applicant's proposed use of personnel, including the selection, management, and training of staff, as well as minimum qualifications. The types of licensed consultants who will have ongoing contracts with the service provider must be clearly identified. 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. The names and qualifications of any additional consulting/professional staff (if known) associated with the project should be included.

- e. This project is located in North County.
 - f. A description of the proposed environment in which services will be provided, including a description of any special adaptations that may be made to that environment.
 - g. 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.
 - h. Start-up funds are intended to assist in the development of new community resources. Start-up funds are not intended to cover 100 percent of the development costs. It is expected that the applicant will identify funds that their agency will provide, along with CPP funds, in order demonstrate financial capacity to complete the project. DDS may request an estimated and/or final "Sources and Uses" budget, outlining the project cost and funding sources of RC approved project.
 - i. A description of assessment and planning procedures the provider will use to develop person-centered plans focused on assisting the individual to move to less restrictive environments.
 - j. A description of therapeutic interventions the provider will incorporate into the daily operation of the home to support individuals with complex health care needs, behavioral and/or mental health needs.
3. Project work plan. This should include the applicant's timeline for achievement of major milestones (e.g., licensing, staff recruitment, training and admission of the first resident).
 4. Appendix B: Vendor Disclosure Statement (DDS form 1891)
This form must be included (4 pages) with the proposal.
 5. Budget and Financial Information

Appendix C (Budget and Financial Information Form) two 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 D (Proposal Review/Selection Criteria) will be used to evaluate the proposal. This does not need to be submitted with your proposal.

6. 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 the 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 awardee's 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) 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 the SDRC any compensation received for start-up expenses. All funds must be expended by March 31, 2019.

Key Objectives of this project:

1. Submit licensing application to Community Care Licensing (CCL) by
2. Develop a full program design for the facility that specifies treatment approaches, staff Recruitment/development, training consultant types, qualifications and roles.
3. Assess individuals who are being referred to the project.
4. Execute a service contract with SDRC that specifies a start-up budget.
5. Establish a long-term lease agreement with the NPO.
5. Obtain appropriate licensure for the facility by.
6. Admit four (4) residents identified by SDRC by June 30, 2019.

ADDITIONAL INFORMATION

Any questions regarding the requirements for RFP project 5 please direct to:

San Diego Regional Center-Community Services
Erik Peterson, Resource Development Manager
4355 Ruffin Rd., Suite 104
San Diego, CA 92123
858-576-2872

SAN DIEGO REGIONAL CENTER COMMUNITY PLACEMENT PLAN PROJECTS
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COMMUNITY PLACEMENT PLAN PROJECT 5

Summary of Project: The San Diego Regional Center (SDRC), in collaboration with the Department of Developmental Services (DDS), seeks to use Community Placement Plan (CPP) funds to develop permanent and accessible homes through a "buy it once" model. In this model, a non-profit housing development corporation (NPO) will purchase and own the property for the restricted use of individuals served by SDRC. SDRC will collaborate with the NPO in acquiring a property appropriate for this project. The property will be approved by SDRC in advance of purchase. The NPO will own and maintain the housing for the restricted use for individuals served by SDRC. This property leased to residential service providers will provide care and supervision to the residents. The selected residential service provider will be available to the NPO for property development meetings and shall provide the NPO technical assistance regarding the requirements of Community Care Licensing (CCL). The facility will be single story, serve four (4) adult male and/or female individuals and will be able to accommodate ambulatory and non-ambulatory individuals. Property ownership and management will be separate and distinct from the provision of services and supports.

Service Need: SDRC is requesting proposals from residential providers for a Specialized Residential Facility (Community Care Licensed Homes) for four (4) female and/or male adult individuals with intense, complex needs. This home will be a negotiated rate home and the rate will not exceed the median rates established by DDS. All four (4) individuals will have a private bedroom. Four (4) non-ambulatory beds will be designated for this home.

The individuals targeted for this project will have moderate to severe intellectual disabilities. They may have medical/nursing needs that may include one or more of the following: seizure disorder, g-tube, respiratory problems, skin problems, insomnia, diabetes, prone to pneumonia, prone to urinary tract infections and constipation, prone to falls, require a special diet and pose a significant choking risk, asthma and reflux. They may require assistance with personal care needs, may have auditory and/or visual deficits and may have age related health issues. The residents may be non-ambulatory. The medical/health care needs of the individual may require a Restricted Health Care Plan. The individuals may have a history of significant behavioral challenges, which may include all or some of the following: verbal aggression, significant physical aggression, property destruction, self-abuse, resistive behaviors, inappropriate sexual behavior, impulsivity, hyperactivity, inappropriate urination and elopement. These behaviors may have resulted in injury to self or others. The residents may not participate in outside day activities on a consistent basis. The individuals in this home may need total care due to the severity of their disability.

**SAN DIEGO REGIONAL CENTER
COMMUNITY PLACEMENT PLAN PROJECTS**

COMMUNITY PLACEMENT PLAN PROJECT 5 (continued)

Target Group: The target groups of individuals designated for this project are residing in a Developmental Center (DC). It is anticipated that the home will be a long-term living arrangement.

Provider/Program Requirements: The applicant/provider must have at least 3 years of experience in providing residential care to persons with intellectual disabilities, and preferably 2 years as administrator/owner of a residential facility, with higher priority given to those who have worked with people who have significant health care needs and behavior challenges. The provider should have experience with assisting individuals through crises. Staff will have training in crisis prevention/intervention.

The provider of this project needs to show a commitment to working with families of clients who may be reluctant to allow the individual to move to a licensed facility in the community. Identification and preparation of the resident to move into the facility will involve the provider making multiple trips to the individual's current living situation at a DC.

This program will include health maintenance services of a primary medical practitioner, psychiatrist (as appropriate), nursing consultation, nutritional consultation, physical and/or occupational consultation (as appropriate). The preferred applicant shall provide a strong nursing background and knowledge of behavioral challenges often identified with persons who have had long history of institutionalization. The applicant must be able to secure an experienced nurse who has experience with providing services to the population targeted as well as behavioral consultant (Board Certified Behavior Analyst) to meet the needs of the individuals.

Staffing for ongoing programming should be at least that required in a level 41 facility and should be increased as recommended based on the residents designated for the home. Two (2) awake overnight staff may be required (initially). Applicants may be required to provide transportation to and from residents' day program as an additional component to the residential services (specific rate of reimbursement will be negotiated during program development). The vehicle used to transport residents should have a wheelchair lift if appropriate to meet individuals' needs.

Ideally, the property has ample space to accommodate large wheelchairs and other specialized equipment. The home also has a delayed egress with door alarms.

**SAN DIEGO REGIONAL CENTER
COMMUNITY PLACEMENT PLAN PROJECTS**

COMMUNITY PLACEMENT PLAN PROJECT 5 (continued)

Providers must be in good standing with all licensing agencies. The applicant who has as a licensee, administrator, or director of any program, received any Corrective Action Plans (CAP), Sanctions, or Immediate Dangers, within the prior 24 months, may be excluded from being awarded the above-indicated project. The proposal should reflect knowledge, experience and compliance with Title 17 requirements.

Start-up Funding Available: \$150,000

These funds will be deferred to FY 2018-2019.

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

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:

- 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).
- Sole Proprietor (Unincorporated)**
- General Partnership** **Limited Partnership** **Limited Liability Partnership**
- Limited Liability Company:** State of formation: _____
- Governmental**
- Corporation:** Corporate number: _____ State incorporated: _____
- Nonprofit – Check One:** **Unincorporated Association** **Religious/Charitable**
- Corporation** **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

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? Yes 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
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
Employee Fringe Benefits START-UP	(_____	% of Salaries)		
PERSONNEL SERVICES SUBTOTAL				_____

OPERATING EXPENSES

	Monthly Amount	Number of Months	TOTAL
Office and/or Facility Lease	_____	_____	_____
Insurance	_____	_____	_____
Utilities	_____	_____	_____
Travel	_____	_____	_____
Purchased Equipment and Supplies (list)			
1.	_____	_____	_____
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**

Appendix D

(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. Proposal demonstrates applicant/agency's experience, skills, philosophy of service in the field of developmental disabilities and/or mental health.	10		
2. References provide reliable evidence of applicant/agency's qualifications, quality of services and ability to maintain positive working relationships.	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. Proposal describes the training techniques and instructional methods that the program will incorporate to achieve successful outcomes for the clients served.	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.	10		
3. Proposal includes sound program components and strategies that will be used to serve the clients highlighted in the RFP. The proposal includes a plan to ensure the health and safety of those served.	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. Applicant/agency included realistic objectives and timelines to achieve measurable objectives that will result in the completion of the project.	10		
D. Budget/Finances			
1. The applicant/agency's financial statement reflects sound fiscal practices. Assets are sufficient to undertake the proposed project.	10		
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 _____