**REQUEST FOR PROPOSALS FY *2022-23***

**Community Resource Development Plan**

Date: September 18, 2023

To: All Interested Individuals and Organizations

From: Regional Center of the East Bay

RE: Request for Proposal (RFP)

Regional Center of the East Bay (RCEB) is a private non-profit organization under contract with the California Department of Developmental Services (DDS). RCEB is part of a statewide network of 21 Regional Centers responsible for the coordination and development of services to meet the needs of people with intellectual/developmental disabilities in Alameda and Contra Costa Counties.

RCEB has identified a need for a supported living services provider to serve up to 3 clients or a service provider for a 4 bed Specialized Residential Facility (SRF), located in the City of Newark, California, to serve regional center clients who are Deaf or Hard of Hearing and who require staff who are fluent in American Sign Language (ASL).

Preference for local service providers with experience in providing services in the East Bay as well as those who have experience serving our culturally and linguistically diverse community.

PLEASE NOTE: Start-up funds are meant to supplement the costs involved with developing the project. It is expected that the applicant will have sufficient funds to contribute to the development.

Per Senate Bill (SB) 74, there is a requirement that any service provider receiving funds through a negotiated rate cannot allocate more than 15% of received revenue towards administrative costs. This requirement is to be funded by the service provider. Please refer to SB 74 for more information. A link to this is on the RCEB website, [www.rceb.org](http://www.rceb.org). This requirement does not apply to start up contracts.

Also, providers receiving more than $500,000 up to $2,000,000 in revenue from Regional Centers are required to conduct an annual independent financial review or independent financial audit and submit it to RCEB. If the provider receives equal to or more than $2,000,000 in revenue from Regional Centers they are required to conduct an annual independent financial audit and submit it to RCEB.

**RCEB-FY- 23-24 Project #2 $200,000 for Start Up Costs**

**Ongoing Rate: to be negotiated pursuant to State Law and Regulations.**

One (1) Specialized Residential Facility (SRF) to serve 4 clients or one Supported Living Services provider to serve 3 clients: This home is for individuals who are Deaf or Hard of Hearing who require staff who are fluent in American Sign Language (ASL). Individuals may have intensive behavioral support needs, nursing needs or sensory support needs. Without these supports, the individuals would be unable to continue living in a community setting. The home will offer 4 bedrooms for a maximum of 4 client residents. The home will be fully accessible and will be designed to serve 4 non ambulatory residents. The home will need have modifications including bed shakers, strobe lights, and other features for individuals who are Deaf or Hard of Hearing.

The selected service provider will have expertise in working with regional center clients who are Deaf or Hard of Hearing or who require ASL. The selected service provider will work with the selected Housing Developer Organization (HDO), who has located a home in Newark, California, and is in the process of renovating the home with renovations expected to be completed in late October 2023. The service provider will lease the facility from the HDO and will work with the HDO’s development team and regional center staff to address the anticipated physical, medical, behavioral and/or sensory needs of the individuals. The HDO will provide landlord/property management duties while RCEB will contract for the provision of direct care services. The service provider will have a lease with the HDO specific to the property, wherein tenant/landlord obligations are specifically outlined.

\*\*\*Please note that the HDO will have restricted title on the home. The home will be used in perpetuity to serve clients. Therefore, if the HDO and/or selected service provider are unable to continue in their role, a new HDO and/or service provider will be selected.\*\*\*

Proposal Instructions and Submission Format:

1. ***Submit 2 electronic copies of the proposal***
2. One electronic copy must **contain all of the information, including the attachments** that is required by this RFP.
3. One electronic copy of the proposal must contain all of the information that is required by this RFP, but **must be redacted to remove all identifying information about the organization, key staff and consultants**. Please remove the organization’s name and the names of staff and consultants from all pages of the redacted proposal. Be sure to redact information in the footer of each page as well.
4. Proposals must be double-spaced and submitted as a Word document. All pages should include an identifying footer with service provider name, project number, and numbered pages.
5. Email two e copies to rfp@rceb.org.
6. **The two electronic copies must be received by 5:00 pm on the RFP deadline: Friday, October 20, 2023**. **LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

We look forward to receiving your proposals.

All additional inquiries regarding the application or requesting technical assistance should be directed to Mary Lynn Rochlitz, Senior Resource Specialist at (510) 618-6499/e-mail at mlrochlitz@rceb.org. Please do not call for application status.

**Proposal Requirements**

1. RFP Application Form (Attachment A).

2. A statement indicating the author of the proposal.

3. An Idea Statement. This is an opportunity to present a program proposal unique to your particular interests and experience. Each category will be scored based on content. The Idea Statement must include: **(Use appropriate section headers)**

 Idea Statement addressing the following:

a. A brief description of your philosophy, values, exceptional, and innovative service approaches toward providing the indicated service for the targeted group of clients (5 points)

b. Please describe the assessment process you will use to determine the strengths and challenges of the referred client. Describe any assessment tools you will use. How will you assess compatibility with other clients who may already live there? Please describe the basic and specialized services that you will offer to the clients. How will you determine which specialized services may benefit the client? Who would you try to contact to get information as part of the assessment of the individual? (5 points)

c. Describe your intervention process should a client who lives in the home or goes to the day program become unstable and poses a challenge for the services you provide. (5 points)

d. A one-week schedule that shows proposed staffing pattern that includes the number and distribution of hours for licensed (if applicable) and unlicensed staff and other support personnel. Include a sample one-week’s client program schedule that identifies day activities and community integration activities. (5 points)

e An organizational chart demonstrating the various programs your organization operates and how this proposed project would fit into this chart. Also, an organizational chart that identifies lead and supervisory personnel. (5 points)

f. A description of the staff training program for at least a 12 month period with emphasis on topics related to the type of clients that you will be serving. (5 points)

g. A description of your plan for evaluating program services and your plan for quality improvement. (5 points)

h. A statement outlining your plan to serve diverse clients, including, but not limited to, culturally and linguistically diverse clients. Provide examples of your commitment to addressing the needs of those diverse clients. Include any additional information that you deem relevant to issues of equity and diversity. (5 points)

i. Specific time lines for completion of this project that covers all major steps in the process leading up to the targeted opening date of services (5 points)

4. A line item **On-going Monthly Budget** that indicates the anticipated operating costs of your new program (Attachment B). Please note that, if selected for this project, a more comprehensive, detailed budget tool will be used.

5. Provide current **Financial Statement** (Attachment C) to include current quarterly Statement of Financial Position, current quarterly Statement of Activities, current quarterly Statement of Cash Flows, and most current audited CPA independent audit report. (You may be required to provide proof of financial responsibility prior to signing a contract for start-up funds).

6. The names, addresses and phone numbers of three **Professional References** and at least one professional letter of reference describing your abilities and qualifications in regards to this proposal (Attachment D).

7. A list of proposed **Program Consultants**, salary paid and estimated hours per month for start-up and on-going consultation (Attachment E).

8. A proposed **Start-Up Budget** defining how the funds will be used (Attachment F). Please note that there is an expectation that applicant will contribute in-kind funds during the start- up phase. Please indicate these in-kind funds on this document. Also, applicant must have ability to be financially solvent during the transition period (i.e. time between the day that the home opens and the day that all clients have moved in). RCEB will not be able to reimburse provider for vacant beds.

9. **Resume** demonstrating evidence of applicant’s qualifications such as: education, experience, and skills demonstrated in working with people with developmental disabilities (at least one year of providing direct supervision and special services to people with developmental disabilities) and those with mental health, behavioral, and health issues.

**Links to templates for Attachments A, B, C, D, E, and F are available on** [**www.rceb.org;**](http://www.rceb.org/)

**Click on the “For Providers” Section and then click on the “Request for Proposal Section”.**

**GENERAL LIMITATIONS:**

This Request for Proposal does not commit RCEB to award a contract, to pay any cost incurred

in the preparation of the proposal, to contract in response to this request, or to procure or contract for services or supplies. To be considered, **complete proposals** must be received by the closing date and time indicated above.

**EVALUATION PROCESS:**

A. A Contact Person is identified for the project and will provide limited technical assistance with the RFP process as appropriate.

 B. All complete proposals will be evaluated through an Evaluation Review Committee review process, comprised of representatives from Area Board V, the local Developmental Disabilities Council, and Regional Center staff from a range of professional disciplines that have expertise with the specific RFP. The redacted versions of the RFP will be reviewed by the Evaluation Review Committee using the following scale:

 **1**: Poor- Information is incomplete.

 **2**: Below Average- Information is adequate; does not specifically address the topic.

 **3:** Average**-** Includes all required information.

 **4**: Above Average- Includes all required information and has elements of creativity in some areas.

 **5:** Excellent- Response demonstrates thoroughly innovative ideas.

C. The applicants with the highest scores are invited to appear before the Evaluation Review Committee for an interview to discuss their proposal in more detail. The Evaluation Review Committee will rate the applicant’s responses with the following scale:

 **1**: Poor- Information is incomplete.

 **2**: Below Average- Information is adequate; does not specifically address the topic.

 **3:** Average**-** Includes all required information.

 **4**: Above Average- Includes all required information and has elements of creativity in some areas.

 **5**: Excellent- Response demonstrates thoroughly innovative ideas.

D. The applicant with the highest combined score of the written and interview process will be

awarded the start up grant. Please note that RCEB may complete the RFP process without awarding the project. The final decision made by the Evaluation Committee is not subject to appeal. Materials submitted by applicants will be held on file for a period of three years at the RCEB.

 E. All applicants will be sent letters letting them know if they were or were not awarded the project. RCEB will allow an opportunity for applicants to discuss why their project was not selected, should the applicant request.

Once candidates are awarded projects, written correspondence will be sent to all applicants informing them of the start-up award decisions. Please do not call or email to inquire about the status of the project.

**RCEB Timeline**

1. September 18, 2023: RFP is posted, announced, and disbursed
2. September 25, 2023 10 AM-12PM: Request for Questions held via Zoom
3. October 20, 2023 5:00 PM: Complete proposals are due to rfp@rceb.org
4. October 24, 2023: Written Proposals sent to Evaluation Committee
5. November 3, 2023: Written Proposal scores to be tallied
6. Interviews to begin the second week of November

Zoom Link for the Request for Question Session on Monday, September 25, 2023 from 10:00AM to 12:00 PM:

Topic: RFP Request for Questions

Time: Sep 25, 2023 10:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us06web.zoom.us/j/85828607908?pwd=MGwvWnBZcmxKYTZEYUxOeHJpY1lnZz09>

Meeting ID: 858 2860 7908

Passcode: 267050

One tap mobile

+16694449171,,85828607908# US

+16699006833,,85828607908# US (San Jose)

Dial by your location

• +1 669 444 9171 US

• +1 669 900 6833 US (San Jose)

• +1 253 205 0468 US

• +1 253 215 8782 US (Tacoma)

• +1 346 248 7799 US (Houston)

• +1 719 359 4580 US

• +1 305 224 1968 US

• +1 309 205 3325 US

• +1 312 626 6799 US (Chicago)

• +1 360 209 5623 US

• +1 386 347 5053 US

• +1 507 473 4847 US

• +1 564 217 2000 US

• +1 646 876 9923 US (New York)

• +1 646 931 3860 US

• +1 689 278 1000 US

• +1 301 715 8592 US (Washington DC)

Meeting ID: 858 2860 7908

Find your local number: https://us06web.zoom.us/u/kb6KyZ8Dc

 **SERVICE PROVIDER RFP REVIEW SCORE SHEET:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Name:** |  | **RCEB Fiscal Year and Project Number:** |  |
| **Evaluator’s Name:** |   | **Date:** |  |

**Score Key:** please rate 1-5 considering the following breakdown: **Score**: \_\_\_\_\_\_\_\_\_\_

 **1**: Poor- Information is incomplete.

 **2**: Below Average- Information is adequate; does not specifically address the topic.

 **3:** Average**-** Includes all required information.

 **4**: Above Average- Includes all required information and has elements of creativity in some areas.

 **5:** Excellent- Response demonstrates thoroughly innovative ideas.

**Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **3.**  | **CRITERIA for Idea Statement:**  | **SCORE** | **COMMENTS** |
| a. | A brief description of your philosophy, values, exceptional, and innovative service approaches toward providing the indicated service for the targeted group of clients (5 points) |  |  |
| b. | Please describe the assessment process you will use to determine the strengths and challenges of the referred client. Describe any assessment tools you will use. How will you assess compatibility with other clients who may already live there? Please describe the basic and specialized services that you will offer to the clients. How will you determine which specialized services may benefit the client? Who would you try to contact to get information as part of the assessment of the individual? (5 points) |  |  |
| c | Describe your intervention process should a client who lives in the home become unstable and poses a challenge for the services you provide. (5 points) |  |  |
| d. | A one-week schedule that shows proposed staffing pattern that includes the number and distribution of hours for licensed (if applicable) and unlicensed staff and other support personnel. Include a sample one-week’s client program schedule that identifies day activities and community integration activities. (5 points)  |  |  |
| e. | An organizational chart demonstrating the various programs your organization operates and how this proposed project would fit into this chart. Also, an organizational chart that identifies lead and supervisory personnel. (5 points) |  |   |
| f. | A description of the staff training program for at least a 12 month period with emphasis on topics related to the type of clients that you will be serving. (5 points) |  |  |
| g. | A description of your plan for evaluating program services and your plan for quality improvement. (5 points) |  |  |
| h. | A statement outlining your plan to serve diverse clients, including, but not limited to, culturally and linguistically diverse clients. Provide examples of your commitment to addressing the needs of those diverse clients. Include any additional information that you deem relevant to issues of equity and diversity. (5 points) |  |   |
| i. | Specific time lines for completion of this project that covers all major steps in the process leading up to the targeted opening date of services (5 points) |  |  |