



**REQUEST FOR PROPOSALS  
FY 2009-2010  
Community Placement Plan**

Date: May 24, 2010  
To: Interested Individuals and Organizations  
From: Regional Center of the East Bay  
RE: Request for Proposals

Regional Center of the East Bay is a private non-profit organization under contract with the California Department of Developmental Services. 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 developmental disabilities in Alameda and Contra Costa Counties. RCEB has identified a need for resources to serve individuals who are currently residing in State Developmental Centers (DC) or who are at risk of entering a DC. This need is outlined on page 4, along with the corresponding start-up funds which are available for this project. Innovative, person-centered service delivery models are encouraged.

RCEB is seeking a state-of-the-art, model program for the identified project. The purpose for developing this specialized service is to serve individuals with serious forensic and mental health needs, some of whom currently reside at a developmental center. The awardee will work closely with the Interdisciplinary Teams (ID Teams) while developing the service, prior to admission and thereafter. RCEB reserves the right of final approval prior to any consumer admission. Date of admission is determined by the ID Teams.

Proposal Instructions and Submission Format: *Deliver proposals to the Regional Center of the East Bay, Attn: Marc Sugars at 500 Davis St., Suite 100, San Leandro, CA 94577 by 5 PM on Friday, June 18, 2010.* Documentation: Five (5) copies of your proposal, fastened with a binder clip. Proposals must be written in 12-point font, Times New Roman or Arial, double-spaced on white 8 ½ x 11 inch paper, single-sided. All pages should include an identifying footer with agency name, project number, and numbered pages.

We look forward to receiving your proposal. All additional inquiries regarding the application or requesting technical assistance should be directed to Marc Sugars, Senior Resource Specialist at (510) 618-6485 or you may e-mail him at [msugars@rceb.org](mailto:msugars@rceb.org). **Please do not call for application status.**

Please submit five (5) single-sided copies of the following (in the order listed below):

1. RFP Application Form (Attachment A).

2. Statement indicating the author of the proposal.
3. Idea Statement (no more than five (5) pages). This is an opportunity to present a program proposal unique to your particular interests and experience. Please address the following areas in your idea statement:
  - a. A service proposal outline describing how your organization will provide services that will result in consistent employment opportunities for the consumers served. Also, please describe how your organization will provide support services so as to help ensure continuous, successful employment.
  - b. Please provide a brief description of the assessment process.
  - c. As noted in the project description on page 4, preference will be given to applicants that propose a business model. Therefore, if possible, please provide a description of the business you would like to implement and the role of the participants in this business.
4. A line item **On-going Monthly Budget** that indicates the anticipated operating costs of your new program (Attachment B).
5. A description of fiscal stability using the attached **Financial Statement** (Attachment C). (You may be required to provide proof of financial responsibility prior to signing a contract for start-up funds).
6. A proposed **Start-Up Budget** defining how the funds will be used (Attachment D).
7. **Resume** demonstrating evidence of applicant's qualifications such as: education, experience, and skills demonstrated in working with people with developmental disabilities and those involved in the criminal justice system and with mental health issues.

**PLEASE NOTE THAT THE APPLICATION PACKET MUST INCLUDE ALL OF THE ABOVE ITEMS (NUMBERED 1-7) FOR CONSIDERATION. IT ALSO MUST BE AT REGIONAL CENTER OF THE EAST BAY BY 5 PM ON FRIDAY JUNE 18, 2010**

**GENERAL LIMITATIONS:**

This Request for Proposal does not commit Regional Center of the East Bay 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, proposals must be received at the Regional Center of the East Bay by the closing date and time indicated.

**EVALUATION PROCESS:**

- A. The Contact Person reviews proposals for level of completion and notifies all applicants in writing if their proposals were complete and accepted or if their proposals were incomplete or failed to meet minimum requirements.
- B. All proposals will be evaluated through an Evaluation Committee review process, which consists of a review of the proposal and, for those selected, an interview.
- C. Contact Person notifies each applicant in writing of the Evaluation Committee's decision. In the event that no proposal is selected, Regional Center of the East Bay may complete the RFP process without assigning an applicant to 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 one year at the Regional Center of the East Bay.

**PROJECT DESCRIPTION:**

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**Project #1: One (1) Community Integrated Work Program**

Regional Center of the East Bay has identified a need for a community integrated work program that serves individuals with forensic and/or mental health issues. Possible histories of individuals served, to be aged 18-59, may include homicide, robbery, sexual assault including pedophilia, and drug charges. Referrals could consist of both ambulatory and non-ambulatory individuals. Individuals that are referred will be those who have a strong desire to be gainfully employed. Ideally, this program will provide fully functioning business/work opportunities that will allow participants an environment in which to develop vocational skills, receive a paycheck, and allow them to explore their vocational abilities and aspirations. We expect the program to offer consistent employment opportunities in line with the desires of the consumers referred. It is preferred that consumers will be paid commensurate with local and state laws. Please note that preference will be given to those applicants that propose a business model which will allow them to actually employ the consumers. In order to help ensure continuous, successful employment, depending on the needs of the consumer, the program will provide supports related to overcoming barriers to successful employment (i.e. counseling, substance abuse treatment, educational activities, etc.) Staffing will occur at a ratio that is appropriate for the needs of the consumer and the type of employment or employment-supportive activity with which he or she is involved. RCEB would like to have Idea Statements that demonstrate creativity, innovation, and sustainability so that consumer needs can be successfully addressed while at the same time the program can be financially and operationally viable. **Only providers with a background in working with people with mental health and/or forensic issues will be considered.**

**Start Up Funding: \$110,000**

**On-Going Rate:** based on median rate for Community Integration Training Program (Service Code 055)- **\$73.20 per consumer per day (Please note that we might be able to negotiate a rate that is higher than but still within the proximity of this median rate)**

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ATTACHMENT A  
REGIONAL CENTER OF THE EAST BAY  
REQUEST FOR PROPOSAL  
APPLICATION FORM  
**FY2009-2010**

Date: \_\_\_\_\_

APPLICANT INFORMATION

Applicant's or  
Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ FAX #: \_\_\_\_\_

PROJECT INFORMATION

Project: \_\_\_\_\_

Proposed Project Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of services to be provided: \_\_\_\_\_

Number of consumers you plan to serve: \_\_\_\_\_ License Capacity: \_\_\_\_\_

I have included five (5)-collated copies of the following in the order listed below:

- 1 Completed RFP Application Form (Attachment A) per project
- Statement Indicating Author of the Proposal
- A maximum 5 page typed Idea Statement
- Operating Budget Worksheet (Attachment B)
- Financial Statement (Attachment C)
- Worksheet for Start-Up Budget (Attachment D)
- Applicant's resume

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised October 2005

**Attachment B**  
**WORKSHEET FOR MONTHLY OPERATING BUDGET**

Salaries & Wages	\$
Benefits	\$
Consultant Fees	\$
Staff Training Costs	\$
Rental and Lease Costs	\$
Equipment Rental & Maintenance Costs	\$
Insurance Costs	\$
Communication Costs	\$
Consumer Activities	\$
Program Supplies	\$
Office Supplies	\$
Travel Costs	\$
Utility	\$
Recruitment Costs	\$
Fingerprinting	\$
Other	\$
<b>Expected Operating Costs</b>	\$

Revised October 2005

**Attachment C  
FINANCIAL STATEMENT**

AS OF \_\_\_\_\_, 20\_\_\_\_

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**NAME AND ADDRESS OF APPLICANT (S)**

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**ASSETS**

Cash on hand .....	\$ _____
Cash in commercial accounts .....	_____
Savings accounts .....	_____
Time deposits .....	_____
Notes and receivables .....	_____
Inventory .....	_____
Life Insurance (cash value) .....	_____
Stocks and Bonds .....	_____
Land .....	_____
Buildings and improvements .....	_____
Equipment, furniture and furnishings .....	_____
Other Investments or Assets (describe): _____ _____	_____ _____
<b>A. Total Assets</b>	\$ _____

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**LIABILITIES**

Accounts Payable (include installment contracts) (balance due) .....	\$ _____
Salaries and Wages Payable .....	_____
Payroll Taxes Payable .....	_____
Real Estate Taxes Payable .....	_____
Notes Payable (include personal notes) (balance due) .....	_____
_____ _____	_____ _____
Real Estate Loans or Mortgages (balance due): _____	_____
Other debts (describe): _____ _____ _____	_____ _____ _____
<b>B. Total Liabilities</b>	\$ _____

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**OWNERSHIP (Equity)**

<b>C. Total Ownership (difference between A and B)</b>	\$ _____
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I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM AND ANY ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

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<b>COMPLETED BY</b>	<b>TITLE</b>	<b>DATE</b>

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ATTACHMENT D  
WORKSHEET FOR START-UP BUDGET

Start-up dollars are expenditures Regional Center of the East Bay may provide to vendors for a one-time use to assist with project development. These funds cannot be used for investment purposes and do not increase the inherent value of the program.

	Amount of Start-up Funds	Applicant In-Kind Resources	Total Budget
1. Salaries and Wages			
2. Benefits			
3. Consultant Fees			
4. Staff Training Costs			
5. Rental and Lease Costs			
6. Equipment Rental & Maintenance Cost			
7. Large Office Purchases			
8. Consumer Program Equipment			
9. Furnishings			
10. Communication Costs			
11. Insurance Costs			
12. Office & Program Supplies			
13. Utility Costs			
14. Building Modification Costs			
15. Other			
Total Expected Start-up Costs	\$	\$	\$