



REQUEST FOR PROPOSALS

Date: October 11, 2011
To: Interested Individuals and Organizations
From: Regional Center of the East Bay
RE: Request for Proposals- Residential Services

Regional Center of the East Bay (RCEB) 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 an identified need for several licensed community care facilities. As a result, RCEB is requesting Letters of Intent from Qualified applicants to provide residential services for people with developmental disabilities.

All interested applicants must demonstrate that they possess the necessary relevant professional experience and organizational capacity to create and sustain high quality, effective, services that is responsive to the support needs of consumers and/or families.

Proposal Instructions and Submission Format: *Deliver Letter of Intent to the Regional Center of the East Bay, Attn: Marc Sugars at 500 Davis St., Suite 100, San Leandro, CA 94577 by 5 PM **no later on Monday November 14, 2011.*** Documentation: Five (5) copies of your proposal, fastened with a binder clip. **NO RING BINDERS, FOLDERS, OR STAPLES PLEASE.** 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 type, and numbered pages.

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

RFP for Residential Services:

All facilities described below must meet the following requirements:

- 1. serve four (4) or fewer consumer**
- 2. provide single bedrooms**
- 3. non ambulatory clearance to serve a minimum of two (2) consumers who use wheelchairs for mobility.**

4. must have property acquired and be in process with Community Care Licensing;

All licensees and administrators must have verifiable experience providing supervision and special services for people with developmental disabilities as required by Title 17 Section 56037. Additional experience requirements described below.

Types of facilities and additional experience requirements for each:

Project 1: GROUP HOME for FEMALE CONSUMERS: Service Level 4I located in Alameda or Contra Costa County. Licensee and administrator must demonstrate knowledge of and have at least 12 months of experience and in running a group home.

Project 2: A GROUP HOME for CONSUMERS with SEVERE BEHAVIOR CHALLENGES and a MENTAL HEALTH diagnosis. Level 4I. Located in Alameda or Contra Costa County. Licensee and administrator must demonstrate knowledge of and have at least 12 months of experience working with people who have severe behavior challenges and a mental health diagnosis.

Project 3: A GROUP HOME with NON AMBULATORY CLEARANCE for FOUR (4) CONSUMERS; two of which may use WHEELCHAIRS for mobility: Service Level 4I. Located in Alameda or Contra Costa County. Licensee and administrator must demonstrate knowledge of and have at least 12 months of experience in running a group home.

Project 4: A GROUP HOME for CHILDREN with AUTISM: Service Level 4I. Located in Southern Alameda County. Licensee and administrator must demonstrate knowledge of and have at least 12 months of experience providing services for children with autism.

Project 5: ADULT RESIDENTIAL FACILITY for CONSUMERS with a MENTAL HEALTH DIAGNOSIS: Level 4I. Licensee and administrator must demonstrate knowledge of and have at least 12 months of experience working in the mental health services delivery system. Located in Alameda or Contra Costa County.

Project 6: ADULT RESIDENTIAL FACILITY LOCATED IN EAST CONTRA COSTA COUNTY: Level 4I. All beds must be non ambulatory. Licensee and administrator must demonstrate knowledge of and have at least 12 months of experience running an adult residential facility. Located in Alameda or Contra Costa County.

Project 7: ADULT RESIDENTIAL FACILITY for Consumers who are DEAF OR HARD OF HEARING: Level 4I. Located in Alameda or Contra Costa County. Licensee and administrator must demonstrate knowledge of and have at least 12 months of experience working with the deaf and hard of hearing community.

Project 8: ADULT RESIDENTIAL FACILITY for CONSUMERS who are BLIND OR VISUALLY IMPAIRED. Level 4I. Located in Alameda or Contra Costa County. Licensee and administrator must demonstrate knowledge of and have at least 12 months of experience working with the blind and visually impaired community.

Project 9: INTERMEDIATE CARE FACILITY/DEVELOPMENTALLY DISABLED-NURSING. For consumers age 8-25. Applicant must demonstrate knowledge of and have at least 12 months of experience with administering a health care facility. Located in Alameda or Contra Costa County. Applicant must be knowledgeable of regulations pertaining to administering an ICF-DD/N.

The Letter of Intent for the residential facilities must include the following information (Maximum of 10 pages Total):

The type of facility (i.e. Group Home, Adult Residential Facility or ICF-DD/N)

Your area of specialization related to our identified needs described above

The level of service to be provided;

The facility capacity (4 or fewer consumers);

The non-ambulatory capacity of the facility;

The facility address

The floor plan for the facility with interior room dimensions clearly labeled in feet and inches;

A copy of the Community Care License for the Facility or documentation from licensing verifying the home is in process with Community Care Licensing

Resume(s) and letter(s) of reference for licensee and administrator. Resume and Letters of Reference **must** verify the experience of the licensee and administrator providing supervision and special services for people with developmental disabilities. Resumes must also reflect experience in your specialty area, based on our identified needs.

Please note that there are no start-up funds for this program.

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

- 1.) Attachment A- Application form and statement of obligation (1 page)
- 2.) Applicant's resume (1 page each if the licensee and administrator are different people).
- 3.) Letters of reference (3 pages each if the licensee and administrator are different people)
- 4.) The Letter of Intent (2 page maximum)

- 5.) The facility floor plan (1 page)
- 6.) Copy of license or documentation to prove facility is in the process with Community Care Licensing. (2 pages maximum)

THE APPLICATION PACKET MUST BE COMPLETE (INCLUDE PARTS 1-6 LISTED ABOVE) FOR CONSIDERATION AND MUST CONFORM TO PAGE RESTRICTIONS. PROPOSALS THAT EXCEED THE 10 PAGE SINGLE-SIDE LIMIT WILL NOT BE CONSIDERED.

GENERAL LIMITATIONS:

This Request for Proposals 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. A Contact Person is identified with this project and will provide limited technical assistance with the RFP process as appropriate.
- B. Applicants must submit five (5) single-sided copies of their proposal.
- C. 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.
- D. All proposals will be evaluated through an Evaluation Committee review process, which will include RCEB staff and community members.
- E. 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.

RCEB Timeline

1. Tuesday, October 11, 2011: RFP is announced and disbursed

2. Monday November 14, 2011, 5 PM, **no later**: Proposals are due at RCEB
3. Tuesday, November 15 – Friday November 23, 2011: Evaluation Committee Process
4. Tuesday, November 29, 2011: Written correspondence is sent to all applicants informing them of the decisions.

ATTACHMENT A
REGIONAL CENTER OF THE EAST BAY
REQUEST FOR PROPOSAL
APPLICATION FORM

Date: _____

Project # and Description : _____

APPLICANT INFORMATION

Applicant's or
Agency Name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone # _____ FAX #: _____
Email _____

Please include 5 copies of proposal (including this form) with your submission

STATEMENT OF OBLIGATION

1. The applicant is presently providing support to persons who have a developmental disability. No Yes

If yes, indicate name, location, and number of people you support.

2. The applicant is currently receiving or planning to apply for grants/funds from any source to develop the same program support program? No Yes If yes, indicate name, location, type and capacity of service(s).

3. The applicant or member of the applicant's organization or staff has received a citation from any agency for abuse (verbal, physical, sexual, fiduciary, neglect)?

No Yes

If yes, indicate agency, type of citation and outcome of investigation.

4. Has the applicant or any member of the applicant's organization received a Corrective Action Plan (CAP), Sanction, a notice of Immediate Danger, or an "A" or "B" citation, or any other citation from a regional center or State Licensing agency? No Yes If yes, explain in detail.

5. Describe all other professional/business obligations held by the organization, including name, location, type, and capacity (time commitment) of each obligation.

Signature: _____ Date: _____