

**REQUEST FOR PROPOSALS**  
**FY 2014-2015**  
**Family Home Agency**

Date: January 14, 2015  
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. The Regional Center of The East Bay (RCEB) has determined that there is a need for a Family Home Agency (FHA) service provider to serve Alameda and Contra Costa County. The Regional Center of The East Bay is now accepting applications for the Family Home Agency. Program designs should reflect innovative cost effective services, which emphasize staff training, exceptional consumer services, and excellent quality improvement practices.

Proposal Instructions and Submission Format: All applications should include the name, address and telephone number of the prospective FHA administrator, the prospective FHA's program design as specified in Title 17, Section 56084, the signature of the prospective FHA administrator and the date on which the application was signed (Title 17, section 56079). All proposals should also include the attached documents within this packet. ***Deliver proposals to the Regional Center of the East Bay, Attn: Michael Conti at 500 Davis St., Suite 100, San Leandro, CA 94577 by 5 PM on Tuesday March 17, 2015.*** Documentation: Five (5) copies of your proposal, fastened with a binder clip. **Please do not staple any of the pages, please do not use folders.** 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 and numbered pages.

We look forward to receiving your proposals. All additional inquiries regarding the application or requesting technical assistance should be directed to Michael Conti, Senior Resource Specialist at (510) 618-6142/e-mail at [mconti@rceb.org](mailto:mconti@rceb.org). You may also contact Ronke Sodipo, Director of Community Services (510) 618-7718/ email at [rsodipo@rceb.org](mailto:rsodipo@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. An Idea Statement. This is an opportunity to present a program proposal unique to your particular interests and experience. The Idea Statement should be 7-10 pages and must include: (Use appropriate section headers)

- a. A brief description of your philosophy, values, exceptional, and innovative service approaches toward providing the indicated service for the targeted group of consumers.
  - b. Describe your assessment process and methodologies for service provision.
  - c. An organizational chart that identifies lead and supervisory personnel as outlined in Title 17, Division 2, Chapter 3 - Community Services, SubChapter 4.1 - Family Home Agency (FHA) Regulations, Article 6, section 56086.
  - d. A description of the staff training program for at least a 12 month period.
  - e. A description of your plan for evaluating program services and your plan for quality improvement.
  - f. A description of your plan for evaluating program services and your plan for quality improvement.
  - g. A description about your recruitment process and how you will properly match consumers with a family home provider.
3. A line item **On-going Monthly Budget** that indicates the anticipated operating costs (Attachment B).
  4. 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).
  5. 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).
  6. A list of proposed **Program Consultants**, salary paid and estimated hours per month for on-going consultation.
  7. **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).

**\*\*THE APPLICATION PACKET MUST BE COMPLETE FOR CONSIDERATION AND MUST CONFORM TO PAGE RESTRICTIONS. PROPOSALS THAT EXCEED THE TEN (10) PAGE SINGLE-SIDE LIMIT WILL NOT BE CONSIDERED. (Page limit is in regards to the Idea Statement and does not include identified attachments A-F and Resume)\*\***

## **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. 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 California Code of Regulations, Title 17, Division 2, Chapter 3 - Community Services, Subchapter 4.1 - Family Home Agency (FHA) Regulations, Article 2 - Competitive Procurement, section 56080. Selection of FHA.
- D. All complete proposals will be evaluated through an Evaluation Committee review process. The Evaluation Committee may include RCEB quality assurance, and clinical staff.
- E. Within 30 days following the selection of an FHA pursuant to Section 56080, RCEB will give public notice of its intent to contract with the selected FHA by posting a notice of its selection that is accessible to the general public. The regional center will notify, in writing, those not selected under Section 56080, who will then have the right to appeal the decision.
- F. The appeal process for those Family Home Agency's not chosen will follow California Code of Regulations, Title 17, Division 2, Chapter 3 - Community Services, Subchapter 4.1 - Family Home Agency (FHA) Regulations, Article 2 - Competitive Procurement, Section 56081, Notice of Intent.
- G. 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 subject to appeal. Materials submitted by applicants will be held on file for a period of three years at the Regional Center of the East Bay.

## **RCEB Timeline**

1. January 14, 2015: RCEB will announce a need for a FHA agency and place ad in a local newspaper that circulates in Contra Costa County and Alameda County. There will also be information on [www.rceb.org](http://www.rceb.org).
2. Tuesday March 17, 2015 **no later than 5 PM**: Proposals are due at RCEB.
3. June 19, 2015: RCEB will give public notice of its intent to contract with the selected FHA by posting a notice of its selection on [www.rceb.org](http://www.rceb.org). RCEB will notify all those FHA's not selected by mail. Those not selected will be given the opportunity to appeal the decision as outlined in Title 17, Division 2, Chapter 3 - Community Services SubChapter 4.1 - Family Home Agency (FHA) Regulations, Article 2 - Competitive Procurement, section 56081.

ATTACHMENT A  
REGIONAL CENTER OF THE EAST BAY  
REQUEST FOR PROPOSAL  
APPLICATION FORM  
***FY 2014-2015***

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

APPLICANT INFORMATION

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

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

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

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

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

FAMILY HOME AGENCY INFORMATION

FHA Name: \_\_\_\_\_

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

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

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

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

I have included five (5)-collated copies of the following with my RFP application:

- Completed RFP Application Form (Attachment A) per project
- A 7-10 page typed Idea Statement
- Operating Budget Worksheet (Attachment B)
- Financial Statement (Attachment C)
- References; 3 professional and one letter (Attachment D)
- Applicant's resume and the resumes of identified staff

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

Revised October 2005

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

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

**Attachment C  
FINANCIAL STATEMENT**

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

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

**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>	\$	

**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>	\$	

<b>OWNERSHIP</b> (Equity)		
<b>C. Total Ownership (difference between A and B)</b>	\$	

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM AND ANY ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT I MAY BE SUBJECT TO A CREDIT AND/OR BACKGROUND CHECK.

COMPLETED BY	TITLE	DATE

**Attachment D**

**1. List three *professional* references that we may contact who will be able to attest to your experience working with individuals with developmental disabilities in a professional capacity:**

Reference #1:

Reference #2:

Reference #3:

**I hereby give permission to the Regional Center of the East Bay to contact the above named references.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**2. Attach to this form at least one professional letter of reference describing your abilities and qualifications in regards to this proposal.**



**3. List any and all services or programs you are currently operating, are associated with, or are developing.**

Name and type of Service	Your Role	Hours per week you spend	Number of years in operation	Funding source