



# Golden Gate Regional Center

## 2023-2024 REQUEST FOR PROPOSAL ANNOUNCEMENT

### Residential Facility Provider for Children's Specialized Residential Facility

April 8, 2024

Golden Gate Regional Center (GGRC) is seeking a service provider to develop a Children's Specialized Residential Facility in the city of Novato within Marin County.

Please see the attached description for more information, including the application process.

Please read the Request for Proposal (RFP) instructions carefully as the application process has changed. In order to be considered for the project, applicants must complete the RFP application process in full. Incomplete applications will not be considered. Please follow the instructions thoroughly and consider attending the technical briefing.

Startup funds awarded are intended to be a contribution towards the costs of service development and are not intended to cover 100% of service development costs.

#### **IMPORTANT DATES:**

**April 15, 2024, 10:00am - Technical Briefing:** The technical briefing will provide interested applicants with the opportunity to hear more about the project and ask questions. The briefing will be conducted through the use of Zoom, a video conferencing platform. All interested applicants must be able to participate through Zoom video conferencing. Applicants are not required to attend the technical briefing. Please RSVP to Susan Pirnes at [spirnes@ggrc.org](mailto:spirnes@ggrc.org) to register for the briefing and obtain the Zoom meeting ID information.

**May 8, 2024 - Proposal Submission Deadline:** RFP Application packets must be emailed to [newservices@ggrc.org](mailto:newservices@ggrc.org) by 5:00 p.m. on **May 8, 2024**. *Applications will not be considered complete unless completed in full in accordance with the instructions within this RFP.*

**June 10 and 11, 2024 - Interviews:** Interviews will be conducted by an RFP Review Committee through the use of Zoom, a video conferencing platform. All interested applicants must be able to participate through Zoom video conferencing.

#### **QUESTIONS?**

If you have any questions, please feel free to contact Susan Pirnes at [spirnes@ggrc.org](mailto:spirnes@ggrc.org) or (415) 579-6315.

If you have accommodation needs related to participating in Zoom video conferencing or other aspects of this Request for Proposal, please contact Susan Pirnes at least 7 days prior to the deadline to submit your proposal at (415) 579-6315 or [spirnes@ggrc.org](mailto:spirnes@ggrc.org).

Sincerely,

Sean Galvin  
Manager, Community Services Unit

**GOLDEN GATE REGIONAL CENTER****REQUEST FOR PROPOSAL**

Fiscal Year 2023-2024

Annually, Golden Gate Regional Center (GGRC) may receive funds from the Department of Developmental Services (DDS) to develop a Community Resource Development Plan (CRDP). The goal of the FY 2023 - 2024 CRDP is to enhance services in the community to support individuals served by GGRC. The philosophy of the CRDP is consistent with the 1999 Olmstead decision that determined that the state shall eliminate unnecessary segregation of persons with disabilities and ensure that they receive services in the most integrated setting appropriate to their needs. For further information regarding the core values that guide the work and direction of GGRC, applicants may wish to refer to GGRC's Policy Guidelines located at <http://www.ggrc.org>.

**Project Information****Project #2324-1 Service Provider – Children's Residential Facility (Specialized Residential Facility)****Award:** \$150,000.00***Overview and Services***

The intent of this project is to identify a service provider to provide services in a 4 bed Children's Specialized Residential Facility in the city of Novato within Marin County. The facility will provide 24-hour non-medical residential care to children with intellectual/developmental disabilities in a structured environment with services provided by staff employed by the licensee. The staff in this home should correspond to the needs of the children residing there. Individuals may require care, supervision and training with deficit in self-help skills, and/or service impairment in physical coordination and mobility, and/or severely disruptive (including property destruction and elopement) or self-injurious behavior, and/or physical or verbal aggressive behavior that exceed the needs of a level 4. All residents will require positive behavior support and, in addition, may need personal care support. Applicants should consider how they will work in partnership with schools, family members, and other members of a resident's circle of support. The provider is expected to provide services for residents when school is not in session. Project funds will support the selected service provider with startup costs that include, but are not limited to, furnishings, household needs, development of treatment plans, consultation, hiring, onboarding and training staff, and costs associated with the licensing process.

***Other Requirements (e.g., expertise certifications, etc.)***

The selected service provider will be responsible for providing services as outlined in Title 17, Division 2, Chapter 3, Subchapter 4 which includes but is not limited to providing appropriate general requirements (17 CCR § 56003-56005), program design (17 CCR § 56013), and ensuring personnel requirements are maintained (17 CCR § 56036-56040). The home provider will need to secure a Group Home facility type license. The provider will also be expected to follow all applicable Community Care Licensing Title 22 Regulations. Resource Links for regulation are included in this document.

**Available Funding**

*Startup funds reimbursement and funding for ongoing services are reimbursed in arrears.*

*The selected applicant will work with GGRC to negotiate ongoing reimbursement for services offered that align with all applicable state laws and regulations. The applicant will become a vendor with GGRC.*

*Per [WIC Section 4629.7](#), all regional center contracts or agreements with service providers in which rates are determined through negotiations between the regional center and the service provider shall expressly require that not more than 15 percent of regional center funds be spent on administrative costs.*

**Resource Links** *(Resource links may not fully encompass all regulatory requirements. The service provider is responsible for staying current on related regulations.)*

- Title 17 Residential Services and Quality Assurance Regulations
- [https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=ID38BA3805A2011EC8227000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=ID38BA3805A2011EC8227000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))
- Title 22 Group Homes
- [https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IDE6B6BE05B6111EC9451000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IDE6B6BE05B6111EC9451000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))

## **RFP Application Instructions and Submission Requirements**

Please complete this RFP application to include the information and documents requested below.

*All Applications must be complete for consideration by the RFP Review Committee. Any application that does not adhere to the format guidelines or informational content will not proceed to the screening process.*

### **Format Requirements**

All Application pages must have a header with the following identifying information: Agency Name, project number, and page number.

### **Submission Requirements**

Completed RFP applications must be submitted **by email** to [newservices@ggrc.org](mailto:newservices@ggrc.org) in PDF format **no later than 5pm on May 8, 2024**. You will be sent an email confirming GGRC's receipt of your proposal(s).

### **Content Requirements:**

RFP applications should demonstrate person centered service development and delivery. The application questions align with the Evaluation of Proposals on Page 5.

Your completed application must include the following:

1. Applicant(s)/Project Identification (Attachment 1)
2. Completed Applicant Questionnaire *This information must be completed within the application in the space provided.*
3. Resumes of applicant(s), identified staff (if applicable) and consultants (if applicable). Resumes should include detailed descriptions of experience including related experience.
4. Organizational Chart
5. Budget and Financial Information
  - a. Startup Budget (one page maximum)
  - b. Ongoing Budget (one page maximum)
  - c. Completed Financial Worksheet for fiscal year 2022-2023 (Attachment 2a)
  - d. Completed Financial Worksheet for most recent fiscal year to the present (Attachment 2b)
6. Current Projects in development and in operation (Attachment 3)
7. Three (3) professional references including names, positions, agency, addresses and telephone number and authorization to check references (Attachment 4)

### **EVALUATION OF PROPOSALS**

Proposals will be evaluated by a committee consisting of individuals who do not have a conflict of interest with the projects. The committee may include individuals supported by GGRC and members of their family, GGRC staff, GGRC Board Members, and the State Council on Developmental Disabilities.

The evaluation will be based on an analysis using the following criteria as applicable to each project:

1. The applicant has demonstrated expertise and experience related to the target population and has a current applicable license(s).
2. The organizational structure appears to be solid and demonstrates the ability to closely develop and administer services within the local area.
3. The services to be offered are person-centered and culturally and linguistically responsive.
4. There is an indication of cooperative working relationships and partnerships with consultants, other community-based organizations, and/or service providers.
5. Proposed services correspond to the needs identified in the RFP and to the population to be supported.
6. The timetable of objectives are clearly identified realistic steps involved in the startup of this project.
7. Financial Planning:
  - (a) Projected startup budget is specific and realistic
  - (b) Ongoing operating costs are explicit and realistic
  - (c) There is evidence of fiscal stability

Applicant/Agency Name: \_\_\_\_\_

Project No: \_\_\_\_\_

Page No: \_\_\_\_\_

**ATTACHMENT 1**  
**Golden Gate Regional Center**  
**FY 2023-2024**

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

**APPLICANT IDENTIFICATION**

Applicant/Agency Name: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

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

Phone No(s): \_\_\_\_\_ Cell No(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

**PROJECT IDENTIFICATION**

Project Name and No: \_\_\_\_\_

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

I have included the following with my RFP Application:

- Completed RFP Applicant/Project Identification [Attachment 1]
- Completed Applicant Questionnaire (in space provided within application)
- Applicant resume and the resumes of identified staff (as an attachment)
- Organizational Chart
- Startup Budget
- Ongoing Budget
- Financial Statements [Attachment 2(a) and 2(b)]
- List of projects in development and in operation [Attachment 3]
- Three (3) professional references and authorization to check references [Attachment 4]

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant/Agency Name: \_\_\_\_\_

Project No: \_\_\_\_\_

Page No: \_\_\_\_\_

## **Applicant Questionnaire**

**Please complete within the application in the space provided.**

1. What are your current position(s) and related responsibilities?

(maximum of 2000 characters)

2. Describe your management of current responsibilities with the development and daily operation of this proposed program.

(maximum of 2000 characters)



3. Describe your agency's missions and values.

(maximum of 2000 characters)

4. Describe your experience as it relates to the project identified in the Request for Proposal.

(maximum of 2000 characters)

Applicant/Agency Name: \_\_\_\_\_

Project No: \_\_\_\_\_

Page No: \_\_\_\_\_

5. Describe the positions you will hire and the related education and background experience of each position.

(maximum of 2000 characters)

Applicant/Agency Name: \_\_\_\_\_

Project No: \_\_\_\_\_

Page No: \_\_\_\_\_

6. Describe the services you will provide. Please make sure your description responds to the services requested in the RFP.

(maximum of 5000 characters)

Applicant/Agency Name: \_\_\_\_\_

Project No: \_\_\_\_\_

Page No: \_\_\_\_\_

7. What are the names and anticipated roles of individuals within the agency who will be involved in this project?

(maximum of 2000 characters)

8. How will your services be responsive to the cultural and linguistic needs and preferences of the individuals supported?

(maximum of 2000 characters)

9. How will your services be person-centered, identifying and supporting the aspirations, choices, and voice of each individual supported?

(maximum of 2000 characters)

10. How will you train staff in person-centered practices and ensure staff is providing person-centered supports?

(maximum of 2000 characters)

11. How will supported individuals benefit from the services?

(maximum of 2000 characters)

12. Please describe your start up timeline (including specific months/year) and goals to be completed once the homes renovation is completed (the renovation could be complete between July-September 2024).

(maximum of 2000 characters)

Applicant/Agency Name: \_\_\_\_\_

Project No: \_\_\_\_\_

Page No: \_\_\_\_\_

13. Please describe any related collaboration and outreach methods that will occur with consultants, community-based organizations, and/or other service providers.

(maximum of 2000 characters)

Applicant/Agency Name: \_\_\_\_\_

Project No: \_\_\_\_\_

Page No: \_\_\_\_\_

**Insert**

**Resumes**



Applicant/Agency Name: \_\_\_\_\_

Project No: \_\_\_\_\_

Page No: \_\_\_\_\_

**Insert**

## **Organizational Chart**

Applicant/Agency Name: \_\_\_\_\_

Project No: \_\_\_\_\_

Page No: \_\_\_\_\_

**Insert**

**Startup Budget  
(maximum 1 page)**

Applicant/Agency Name: \_\_\_\_\_

Project No: \_\_\_\_\_

Page No: \_\_\_\_\_

**Insert**

**Ongoing Budget  
(maximum 1 page)**

**ATTACHMENT 2(a)**  
**WORKSHEET FOR FINANCIAL STATEMENT**  
**For FY 2022 - 2023**

All respondents must complete this statement for the last complete fiscal year.

**CURRENT ASSETS**

Cash in Bank

Accounts Receivables

Notes Receivables

Equipment/Vehicles

Inventory

Deposits/Prepaid Expenses

Life Insurance (Cash Value)

Investment Securities

**Total Current Assets:**

**FIXED ASSETS**

Buildings and/or Structures

Long Term Investments

Potential Judgments and Liens

**Total Fixed Assets:**

**TOTAL CURRENT AND FIXED ASSETS:**

**CURRENT LIABILITIES**

Accounts Payable

Notes Payable

Taxes Payable

**Total Current Liabilities:**

**LONG TERM LIABILITIES**

Notes/Contracts

Real Estate Mortgages

**Total Long Term Liabilities:**

**TOTAL CURRENT AND LONG TERM LIABILITIES:**

**Total Equity:**

**TOTAL LIABILITIES AND EQUITY:**

**OTHER INCOME – Revenue from other sources (specify each)**

**TOTAL OTHER INCOME:**

**LINE OF CREDIT**

**Amount Available on Line of Credit:**

**ATTACHMENT 2(b)  
WORKSHEET FOR FINANCIAL STATEMENT  
For FY 2023 - 2024**

**All respondents must complete this statement from current fiscal year to present.**

**CURRENT ASSETS**

Cash in Bank	
Accounts Receivables	
Notes Receivables	
Equipment/Vehicles	
Inventory	
Deposits/Prepaid Expenses	
Life Insurance (Cash Value)	
Investment Securities	
<b>Total Current Assets:</b>	

**FIXED ASSETS**

Buildings and/or Structures	
Long Term Investments	
Potential Judgments and Liens	
<b>Total Fixed Assets:</b>	

**TOTAL CURRENT AND FIXED ASSETS:**

**CURRENT LIABILITIES**

Accounts Payable	
Notes Payable	
Taxes Payable	
<b>Total Current Liabilities:</b>	

**LONG TERM LIABILITIES**

Notes/Contracts	
Real Estate Mortgages	
<b>Total Long Term Liabilities:</b>	

**TOTAL CURRENT AND LONG TERM LIABILITIES:**

**Total Equity:**

**TOTAL LIABILITIES AND EQUITY:**

**OTHER INCOME – Revenue from other sources (specify each)**

<b>TOTAL OTHER INCOME:</b>	

**LINE OF CREDIT**

**Amount Available on Line of Credit:**

Applicant/Agency Name: \_\_\_\_\_

Project No: \_\_\_\_\_

Page No: \_\_\_\_\_

**ATTACHMENT 3**  
**INVOLVEMENT WITH OTHER SERVICES/PROGRAMS**

List all services and/or programs you are currently operating or developing or with which you are associated.

Name of Service/Program	Type of Service	In Development or Operational?	No. of years in operation (if applicable)	Funding Source

Applicant/Agency Name: \_\_\_\_\_

Project No: \_\_\_\_\_

Page No: \_\_\_\_\_

**ATTACHMENT 4**  
**Golden Gate Regional Center**  
**REFERENCES**

List three references who we may contact who will be able to attest to your experience working with individuals with developmental disabilities and/or in underserved communities in a professional capacity.

REFERENCE NO. 1			
Name of Reference:		Title:	Name of Company:
Address:		City:	State:      Zip Code:
Phone:		Email:	
REFERENCE NO. 2			
Name of Reference:		Title:	Name of Company:
Address:		City:	State:      Zip Code:
Phone:		Email:	
REFERENCE NO. 3			
Name of Reference:		Title:	Name of Company:
Address:		City:	State:      Zip Code:
Phone:		Email:	

I hereby give permission to Golden Gate Regional Center to contact the references identified in Attachment 4 to this Request for Proposal.

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

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_