



Golden Gate Regional Center

2023-2024 REQUEST FOR PROPOSAL ANNOUNCEMENT Provider Coordinated Family Support Services

April 8, 2024

Golden Gate Regional Center (GGRC) is seeking a service provider for Coordinated Family Support Services in Marin County and in San Francisco 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 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 by 5:00 p.m. on **May 8, 2024**. Applications may be submitted prior to **May 8, 2024**. *Applications will not be considered complete unless completed in full in accordance with the instructions within this RFP.*

June 13 and 14, 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 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.

Sincerely,

Sean Galvin
Manager, Community Services

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 #2324-5 Service Provider – Coordinate Family Support Services (San Francisco County)****Project #2324-6 Service Provider – Coordinate Family Support Services (Marin County)****Award:** \$50,000.00***Overview and Services***

The intent of this project is to identify a service provider to provide coordinated family support services (CFS) in family homes. The provider will coordinate and provide services for adults who reside in a family home. The support services must be tailored to the unique needs of the individuals and their families. All services will be provided primarily in the family home in a manner that respects their language and culture. CFS may include but is not limited to:

1. Identifying and providing supports necessary for individuals to successfully reside in their family homes.
2. Providing assistance and training for individuals and their families in navigating comprehensive services and supports that are tailored to meet their unique needs, including creating pathways to overcome barriers to accessing generic and other resources.
3. Providing additional information or resources for an individual's diagnosis and identified supports.
4. Coordinating consistency in training across providers specific to the needs of individuals and their families.
5. Assisting with scheduling of service delivery including medical and other appointments.
6. Identifying transportation options or services.
7. Identifying backup providers/supports and providing those backup supports when plans fail.
8. Providing future planning for individuals, including those living with aging caregivers.
9. Providing training to individuals that maximize their independence.

CFS shall not replace or duplicate any regional center service coordination, generic services or other regional center funded service that the individuals and their families are receiving. This service may not be provided by an individual who resides in the same home as the individual. At minimum, the need shall be assessed annually, with progress being reported quarterly.

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

Minimum qualifications for CFS staff include an Associates-level degree in a human services field of study or 3 years of experience in the developmental disabilities service delivery system, communicating in the primary language of the consumers and their families, and knowledge of the regional center system. CFS Supervisor qualifications require a Bachelors-level degree in a human services field of study or an Associates-level degree in a human services field of study and at least 3 years of experience in the developmental disabilities service delivery system. Within the first 30 days of working with consumers and their families, CFS providers shall provide training to their staff and supervisors on the service delivery systems including, but not limited to, behavioral health services and local Area Agencies on Aging. Exceptions to the minimum qualifications, along with the justification, shall be submitted to the regional center for the Department of Developmental Services' determination.

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 Vendorization
- [https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=ID045A0405A2011EC8227000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=ID045A0405A2011EC8227000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))
- Coordinated Family Support (CFS) Service
- <https://www.dds.ca.gov/services/coordinated-family-support-service/>

Applicant/Agency Name: _____

Project No: _____

Page No: _____

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 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 families, 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 attachments)
- 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.

Applicant/Agency Name: _____

Project No: _____

Page No: _____

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)

Applicant/Agency Name: _____

Project No: _____

Page No: _____

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)

7. Where will your services be located?

(maximum of 1000 characters)

Empty response area for question 7.

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

(maximum of 2000 characters)

Empty response area for question 8.

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

(maximum of 2000 characters)

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

(maximum of 2000 characters)

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

(maximum of 2000 characters)

12. How will supported individuals benefit from the services?

(maximum of 2000 characters)

13. Please describe your start up timeline (including specific months/year) and goals to be completed during startup.

(maximum of 2000 characters)

14. 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	
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:	

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: _____