

## **INSTRUCTIONS FOR SUBMISSION OF PROPOSALS**

### **Tri-Counties Regional Center – SUMMER 2014 Request for Proposals (RFP)**

To apply for services included in this Request for Proposals (RFP), please submit a complete proposal consisting of the following three sections: 1) **Cover Page** (Attachment A), 2) **Statement of Experience and Qualifications** (Attachment B) and 3) **Service Summary**. **Proposals must be formatted and submitted exactly as described below in order to be considered.**

#### **Instructions for Submitting the Cover Page and Statement of Experience and Qualifications Forms**

- The Cover Page and Statement of Experience and Qualifications are provided for your convenience following these Instructions. They are provided in PDF format. Complete and submit the forms electronically or print and scan the completed documents and submit in Adobe PDF format.
- Applicants must be able to demonstrate appropriate qualifications and experience for the proposed service. After review of all proposals, selected applicants will be invited to submit a detailed Program Design that meets Title 17 requirements and TCRC guidelines.

#### **Instructions for Submitting the Service Summary**

- Include **all** information requested in the Service Summary Content Guidelines portion of the RFP announcement for the service being proposed.
- Failure to comply with all instructions will disqualify your proposal.
- Submit in Microsoft Word (.doc or .docx) format, using the Arial font, 11 or 12 point font size.
- Limit use of logos and other graphics to the first page of the Service Summary only as files may become too large. Maximum file size is 10 MB.
- Limit document length to a maximum of ten (10) double-spaced pages, excluding the title page, table of contents and the documents we request as an additional attachment. Number pages and include a Table of Contents. Single-spaced Service Summaries will be disqualified.
- Do not submit any attachments other than those specifically requested in the Cover Page, Statement of Experience and Qualifications and Service Summary Content Guidelines. Do not include any attachments other than what has been specifically requested.

### **Instructions for Submitting the Proposal**

## **PROPOSALS MUST BE RECEIVED NO LATER THAN MIDNIGHT ON SUNDAY, AUGUST 3, 2014.**

### **LATE PROPOSALS AND PROPOSALS SUBMITTED BY MAIL OR HAND DELIVERED TO A TCRC OFFICE WILL NOT BE CONSIDERED**

- ➔ Submit the Cover Page, Statement of Experience and Qualifications and Service Summary electronically via e-mail to [summer2014-rfp-submit@tri-counties.org](mailto:summer2014-rfp-submit@tri-counties.org). You will receive an auto-response acknowledging receipt of your submission. Please print and keep a copy of this e-mail for your records. Please do not submit any questions to this e-mail address. It is reserved for proposals only. An e-mail address for questions is provided in the next section.
- ➔ If you do not receive an auto response immediately upon submission of your proposal(s), contact TCRC Resource Development at 805-884-7220 no later than 4:00 PM on August 4, 2014.
- ➔ If you do not receive a written notification of the status of your proposal from TCRC by September 11, 2014, you should contact TCRC Resource Development at 805-884-7220 after 12:00 noon on Friday, September 12, 2014.

### **PRE-SUBMITTAL QUESTIONS & INFORMATION CONFERENCE**

A pre-submission Information Conference is scheduled on **Wednesday, July 16, 2014, from 1:30 - 3:00 PM** at the Tri-Counties Regional Center, 520 E. Montecito Street, Santa Barbara, CA 93103, in the Services & Supports Conference Room. All inquiries regarding this Request for Proposals must be made at the Information Conference or submitted by e-mail to [summer2014-rfp-questions@tri-counties.org](mailto:summer2014-rfp-questions@tri-counties.org) no later than 12:00 noon on Tuesday, July 15, 2014, the business day before the information conference. Please put "Information Conference" in the subject line of your e-mail. **Please do not submit any RFP proposals to this address. This e-mail address is reserved for questions only.**

TCRC staff will not be available to answer questions regarding the RFP after the Information Conference. To assist those of you who are unable to attend the meeting, questions and answers from the conference and those submitted by e-mail will be posted on the TCRC Website ([www.tri-counties.org](http://www.tri-counties.org)) by close of business on Friday, July 25, 2014.

**Please make sure to regularly monitor the TCRC website for any changes in the timelines for the Information Conference or deadline for submission of proposals.**



**SUMMER 2014 REQUEST FOR PROPOSALS  
Purchase of Services Projects (POS)**

**ATTACHMENT A - COVER PAGE**

Area(s) to be served:  Santa Barbara       San Luis Obispo       Ventura/Oxnard  
 Simi Valley       Santa Maria       Atascadero / Paso Robles

Proposed Agency Name: \_\_\_\_\_

Proposed Service Type: \_\_\_\_\_

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

Organization submitting proposal: \_\_\_\_\_

Director, if known: \_\_\_\_\_

Business physical address: \_\_\_\_\_  
\_\_\_\_\_

Mailing address  
(if different from above): \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

Cell phone number (optional): \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Author of proposal: \_\_\_\_\_

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

***Important note: Consultants cannot be used to write this initial RFP Service Summary. The Service Summary must be written by the applicant. Any Service Summaries found to be written by a consultant will be disqualified.***

***If your proposal is selected to move forward in the process, you may choose to use a consultant to assist with development of your program design.***



## SUMMER 2014 REQUEST FOR PROPOSALS

### ATTACHMENT B STATEMENT OF EXPERIENCE AND QUALIFICATIONS

1. Are you now, or have you ever been a vendor of Tri-Counties Regional Center or any other regional center in California?  No  Yes

If yes, please identify which Regional Center(s) and list the vendor number(s), beginning and ending dates of service, and service code(s). If you need additional room, attach a separate sheet of paper.

Regional Center	Vendor Number(s)	Service Code(s)

2. Have you ever been an employee of or associated with any organization that serves persons with a Developmental Disability?  No  Yes

If yes, provide name of agency(s), location, position(s) held, dates of service and a professional reference and phone number from that agency. (Use an additional page if needed.)

3. As a separate attachment, submit a resume for all positions that are listed on the organizational chart. Include a detailed account of all relevant qualifications, work experience, education, licenses and certifications for at least the past five years.
4. As an additional attachment, include an organizational chart for your agency or the proposed agency showing all positions and any affiliated organizations.
5. As a separate attachment, submit a DS 1891 Applicant / Vendor Disclosure Statement. An online version of this form can be found at the following web address: <http://www.dds.ca.gov/Forms/docs/DS1891.pdf>
6. Complete and submit with your proposal, Attachment C, TCRC Conflict of Interest Form.
7. Applicants responding to this RFP who are currently vendored providers for TCRC or any other regional center must have services in good standing. Providers with Substantial Inadequacies (SI) or Type A Community Care Licensing (CCL) deficiencies in the past 12 months and providers who have had numerous SI's, deficiencies and/or other disciplinary actions taken against them historically shall not be considered for this service. Applicants must disclose any past, present, or pending licensure revocation, probation or denials, including, but not limited to CCL, Public Health Licensing, or any other agency providing services to people with disabilities, children, or the elderly. If you are a current vendor with a licensed program / facility, you must include all licensing reports for all facilities for the past 12 months and a letter of reference from your regional center indicating that you are in good standing and have had no SI's or Type A deficiencies in the past 12 months.

Attachment B  
 Statement of Qualifications and Experience  
 Page 2 of 3

8. Applicants who are current vendors of TCRC will not be considered for this RFP if any TCRC contracts are unsigned or if any monies are owed by the applicant to TCRC.
9. If you currently operate, or have previously operated, one or more licensed Residential Facilities or Day Programs please provide the location(s) of the facility and name of the Licensing Program Analyst(s) (LPA) assigned to your facility, the location of the office having responsibility for each facility and the phone number for the LPA. Enter "N/A" if not applicable.

License Number	Vendor Number	Location (City)	LPA Name & Office

10. Are you currently in the proposal or vendorization process with any other Regional Center?  
 No  Yes

If yes, please use the table below to identify which Regional Center(s) you are currently working on proposals with and describe the service(s).

Regional Center:	Type of Proposed Service and Service Code:

11. If applicable, include a complete listing of current and completed projects and describe the plan for how you plan to manage this project in light of these other commitments.
12. Are you planning to develop the proposed service using a funding source other than Tri-Counties Regional Center during Fiscal Year 2013-2014?  No  Yes  
 If yes, indicate funding source and scope of grant program, if any.
13. Do you have any non-regional center professional/business operations that provide services to developmentally disabled persons and/or their families?  No  Yes
14. If yes, provide details of each service including business name, location, type, and time commitment of each obligation. (Use an additional page if needed.)

**Acknowledgement:**

By my signature below I attest that the information provided above and on any attachments hereto is true and complete to the best of my knowledge and belief. I understand that if any information is found to be incorrect or incomplete my proposal will be disqualified from consideration.

Signature of Person Authorized for Agency Contract Approval

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*Signature*

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*Printed Name & Title*

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*Date*



**SUMMER 2014 REQUEST FOR PROPOSALS**

**ATTACHMENT C**

**TRI-COUNTIES REGIONAL CENTER**

**CONFLICT OF INTEREST/VENDOR DUPLICATION STATEMENT**

Vendor Name: \_\_\_\_\_

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

Other Location, if any: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Director and/or Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Governing Body or Management Organization: \_\_\_\_\_

**According to Section 54314 of California’s Title 17 Regulations, the following applicants shall not be eligible for vendorization:**

- a. Any officer or employee of the State of California;
- b. Any individual or entity in which an officer or employee of the State of California has a financial interest, as defined in the Government Code, Section 87103;
- c. Employees and board members of any regional center with a conflict of interest pursuant to Title 17, Sections 54500 through 54525;
- d. Any individual or entity in which the regional center employee or board member has a relationship that creates a conflict of interest pursuant to Title 17, Sections 54500 through 54525.

**1. Have you ever been vendored (i.e., been issued a vendor number) by this or any other Regional Center?**

Yes, under the name: \_\_\_\_\_  
*Name Date Regional Center*

Type of service vendored: \_\_\_\_\_

No

**2. Are you or any members of your immediate family an employee or officer of the following?**  
*Check all that apply*

- State of California: please specify \_\_\_\_\_
- Department of Developmental Services
- Regional Center
- Regional Center Board of Directors

**If you checked any of the above, please list the city of employment, job title, and your relationship:**

\_\_\_\_\_

**3. Do you feel there would be a conflict of interest in your provision of service to the Regional Center and persons served?**

Yes

No

**Applicant's Signature** \_\_\_\_\_

**Date**\_\_\_\_\_