



Life with the Power of Choice and Possibilities

702 N. Aurora St.  
P. O. Box 692290  
Stockton, CA 95269-2290  
Phone: (209) 473-0951  
Fax: (209) 473-0256

1820 Blue Gum Avenue  
Modesto, CA 95358  
Phone: (209) 529-2626  
Fax: (209) 557-2173

704 Mountain Ranch Road, Suite 203  
San Andreas, CA 95249  
Phone: (209) 754-1871  
Fax: (209) 754-3211

**Valley Mountain Regional Center**  
**Request for Proposals/Letter of Intent**  
**To Interested Providers**  
**VMRC Community Placement Planning**  
**Fiscal Year 2019-2020**

***Services for Children's Enhanced Behavioral Supports Home***

**Project # VMRC-1920-3**

**Service Type:** ***Children's Enhanced Behavioral Supports Home***

**Project Type:** ***Enhanced Behavioral Supports Home for Male and/or Female Children, 10-17 years old***

**Funding Available:** **\$150,000.00**

**Posting Date:** **January 27, 2020**

**Deadline for Application Submission:** **February 28, 2020 by 5:00 p.m.**

**Description of Project:** Provide services for an Enhanced Behavioral Supports Home that will be the residence of four (4) male and/or female children ages 10 to 17 years old with intellectual disabilities that may also have, extensive behavioral, mental health and medical support needs. The home will be located in San Joaquin, or Stanislaus County

**Development Timeline:** The home should be acquired within 180 days of contract being executed between VMRC and the selected Housing Development Organization (HDO). The home should be renovated or new construction complete and ready to be licensed by **June 30, 2020** or sooner. Residential Services are targeted to begin by **July 1, 2020**.

**INTRODUCTION**

VMRC is a community-based, private nonprofit corporation that is funded by the State of California to serve people with developmental disabilities as required by the Lanterman Developmental Disabilities Act. The Lanterman Act is part of California law that sets forth the rights and responsibilities of persons with developmental disabilities. Valley Mountain is one of 21 Regional Centers throughout California serving individuals with developmental disabilities and their families. VMRC provides services to residence within San Joaquin, Stanislaus, Amador, Calaveras and Tuolumne Counties.

**DESCRIPTION of PROJECT**

VMRC has a need for a licensed Enhanced Behavioral Supports Home (EBSH) for children that will serve up to four (4) male and/or females ages 10 to 17 years old with intellectual disabilities that may also have a diagnosis of autism and have extensive behavioral, mental health and medical support needs.

The EBSH is a new model of service, certified by the State of California Department of Developmental Services and licensed by the State of California Department of Social Services as

RE:

Date:

Page 2 of 8

a residential facility or group home. (Government code 11346.2 (b) and California Code of Regulations Title 17, Division 2, Chapter, 3 Subchapter 24). The home provides 24-hour non-medical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting. The enhanced behavioral services and supports provided to address individuals' challenging behaviors include additional staffing supervision, facilities characteristics and other services and supports which are beyond what is typically available in other community-based residential facilities or group homes to serve individuals in a community setting rather than an institutional setting. (WIC 4684.80(a) and (b). Behavioral challenges that may be present are, but not limited to, elopement; verbal and severe physical aggression; sexualized language and gestures; property destruction; self-injurious behavior including head banging, scratching, and picking; restiveness to routines and directions that result in aggression toward staff and peers.

The home will provide services to four (4) male and/or female children with developmental disabilities who have extensive behavioral and mental health support needs. The age range of the children will be between the ages of 10-17 years old. Each child will be required to have their own bedroom. The program plan requires that each child is provided a comprehensive behavior support plan that is person-centered, trauma-informed and embraces a positive supports approach. The EBSH provider and support professionals will support individuals in overcoming the barriers that interfere with their relationships among family and friends and with their successful integration as respected and contributing members of the community. These enhanced supports provide the intensive services needed to support individuals during behavioral crises so the need for acute crisis services or admission to acute psychiatric facilities or institutions for mental disease is minimized or prevented. The services provided will need to include but are not limited to, comprehensive person centered services, psychiatry, intensive behavior management, and medical/nursing care. The children will likely need supports in some of the following areas: emotional self-regulation; anger management; development of coping skills; establishing healthy relationships with staff, family, and peers; medication management; accessing health care professionals; development of leisure interests; accessing community-based leisure/recreation services and activities; opportunities to have daily physical activity; engaging in educational services on or off site; developing independence with activities of daily living.

The services must be provided in a home like setting and should provide sufficient space to comfortably accommodate enhanced staffing to support the children while maintaining a calm therapeutic environment. Space for children to enjoy physical activity both indoors and outdoors is a requirement. The location of the home will be within the five (5) county catchment area of VMRC and may be located in a rural area. The final location is subject to approval by VMRC.

Consistent with the EBSH model, the home will be owned and renovated by a Housing Development Organization (HDO) or a Non-Profit Housing Organization (NPO) that will work collaboratively with the service provider and regional center to identify, develop and renovate the property to meet the needs of individuals identified to live in the home. The home acquisition and renovation is being funded under a separate grant process. The successful service provider applicant for the CPP grant will lease the property back from the HDO/NPO. The HDO/NPO and the service provider will negotiate through the contract process the responsibility for ongoing maintenance of the property and home. The startup funds identified in this RFP are solely for the use of the service provider for the establishment of a licensed home, including, licensing fees, furnishings, supplies, personnel recruitment, staff training, planning, and meetings.

Services provided in the EBSH will meet all requirements per California Code of Regulations, Title 17, sections 59050 through 59072 which can be found in their entirety at <http://www.dds.ca.gov/proposedregs/enhancedBehavioral/title17EBSHregs.pdf>.

RE:

Date:

Page 3 of 8

All proposals must address certain basic points including the following:

- Compliance with State of California Code of Regulations, Title 17, sections 59050 through 69072 that apply to operating Enhanced Behavior Support Homes.
- Compliance with State of California Title 22 Community Care Licensing (CCL) regulations prior to vendorization by VMRC.
- Qualifications of Administrator ensuring a minimum of 2 years prior experience with individuals with developmental disabilities in a licensed residential facility for persons with developmental disabilities. Must be a registered behavioral technician (RBT) or a licensed psychiatric technician (LPT) or a qualified behavior modification professional. Administrator and licensee must both possess a current Administrator Certificate.
- Qualifications and training of Lead Direct Support Professional and Direct Support Professionals and the Qualified Behavior Modification Professional (QBMP).
- Identification of an array of consultants and how they will be utilized to support the individualized program plan for each child. Consultants may include but are not limited to, psychiatrist, physician, nurse, Board Certified Behavior Analyst, Nutritionist, Recreation Therapist, Occupational Therapist, Speech Therapist, and Physical Therapist.
- Strategies and approaches in developing and adjusting the individual program plan, including the behavior plan to ensure optimal results in reducing target behaviors and replacing them with socially acceptable behaviors.

### **APPLICANT ELIGIBILITY**

Applicants must have, at minimum, three years of prior experience providing direct supervision or special services to persons with developmental disabilities. Responses to the Request for Proposal will *not* be considered if any of the following conditions exist:

- Fails to demonstrate understanding of intent of service, and how supports are deployed to achieve expected service outcomes.
- The facility, parent organization, Licensee, or Administrator has been subject to a licensing administrative action within the last three years;
- The facility, parent organization, Licensee, or Administrator has been subject to written notification of an "Immediate Danger" situation within the last three years.
- The facility, parent organization, Licensee, or Administrator has been subject to sanctions issued by a California Regional Center as required by Title 17; CCR Section 56057 within the last three years.

### **APPLICATION REQUIREMENTS**

Applicants must demonstrate the following standards in their application:

- All documents submitted must be submitted on white, standard size (8 1/2" x 11") paper, single-sided only, typed in 12 pt. Arial font and double spaced.

RE:

Date:

Page 4 of 8

- Attachment forms must be typewritten. Additional pages may be added if needed. All proposals must be complete, collated, and page numbered.
- Six hard copies plus one original must be mailed or delivered to VMRC, to the Attention of Brian Bennett as specified below.
- An electronic version in PDF format, of the proposal must also be submitted to [bbennett@vmrc.net](mailto:bbennett@vmrc.net). An email acknowledgement of each submission received will be sent to the applicant.
- The Application Proposal Title page must be the first page of the proposal packet.
- If needed, include appendices for documents, such as resumes, certificates, curricula, schedules, and letters of recommendation or support.
- Fax copies will NOT be accepted.
- Proposal Applications submitted will NOT be returned.
- Proposals that are NOT received by the specified deadline will NOT be accepted.

#### **APPLICATION PACKET CONTENT**

The proposal application must include completed appendices as listed below.

Each of the following need to be completed to ensure acceptance of the application. If you are providing additional information or attachments, please identify the attachment in the response and label the attachment with the appendix being responded to.

Include all information requested below and submit the response to the RFP in the exact and same order as listed below.

Appendix A – Proposal Title Page  
Appendix B – Statement of Obligations  
Appendix C – Program Description  
Appendix D – Financial Statement  
Appendix E – Estimated Cost Worksheet  
Appendix F – Start Up Budget  
Appendix G – Rate Development Facility Costs (DS 6023)  
Appendix H – Strategic Plan

#### **EQUITY and DIVERSITY in REQUEST for PROPOSALS**

An RFP prepared to develop or provide consumer services and supports must include a section on issues of equity and diversity. The section on equity and diversity needs to include, but is not limited to all of the following information.

- A statement outlining the applicant's plan to serve diverse populations, including, but not limited to, culturally and linguistically diverse populations;
- Examples of the applicant's commitment to addressing the needs of those diverse populations; and any additional information that the applicant deems relevant to issues of equity and diversity.

RE:  
Date:  
Page 5 of 8

For additional information or clarification, regarding the completion of the application requirements and/or Word copies of RFP document templates, please contact Brian L. Bennett. [bbennett@vmrc.net](mailto:bbennett@vmrc.net)

**SUBMISSION OF APPLICATION PACKAGE**

Proposals must be postmarked or date stamped, if hand delivered, by 5:00 p.m. on **February 28, 2020**.

Please mail proposals to:

**ATTENTION: Brian L. Bennett, Assistant Director of Consumer Services, Resource Development/Contracts  
Valley Mountain Regional Center  
P.O. Box 692290  
Stockton, CA 95269-2290**

Or deliver in person to: **Valley Mountain Regional Center  
702 N. Aurora Street  
Stockton, CA 95202  
ATTENTION: Brian L. Bennett, Assistant Director of Consumer Services, Resource Development/Contracts**

An electronic version of the proposal must also be submitted to [bbennett@vmrc.net](mailto:bbennett@vmrc.net). Proposals that are late or FAXED or only e-mailed will not be accepted. The original and six (6) hard copies must be received to ensure they are accepted by the deadline. Upon receipt RFP Application Packets will be stamped with the date and time of receipt. Time and date stamps and postmarks after **February 28, 2020 at 5:00 p.m.** *will not be accepted and will be returned to the applicant.*

All inquiries regarding this RFP and any technical assistance requests should be directed via email to Brian L. Bennett. [bbennett@vmrc.net](mailto:bbennett@vmrc.net). Technical assistance is limited to information on the requirements for preparation of proposals.

**SOURCES for TECHNICAL ASSISTANCE**

A Proposal Application Conference will be held **Friday February 21, 2020, 2019 from 2:00 PM to 3:00 PM at VMRC**, Stockton office located at 702 N. Aurora Street, Stockton, CA.

Those interested in submitting an application proposal packet are strongly encouraged to attend or to send a representative to the conference. During the conference potential applicants will have the opportunity to ask questions about the requirements of the project as well as the application packet requirements.

Additional inquiries regarding the application or for requesting technical assistance should be directed to [bbennett@vmrc.net](mailto:bbennett@vmrc.net). Technical assistance is limited to information on the requirements for preparation of the application packet. Frequently Asked Questions with the response will be posted on the internet at [www.vmrc.net](http://www.vmrc.net)

**RESPONSE for PROPOSAL TIMELINES**

RE:  
 Date:  
 Page 6 of 8

DATE	ACTIVITY
January 27, 2020	Request for Proposal release
February 21, 2020	Applicants conference
February 28, 2020	Deadline for receipt of proposals
March 2-6, 2020	Evaluation of proposals by selection committee Interviews with highest-ranking applicants, if applicable.
March 9-11, 2020	Notice of selection mailed to applicants
Upon Awarding of Contract March 2020	Startup contract signed
March 2020	Notification of project award posted on VMRC website

**SELECTION PROCEDURES and SCORING**

Those proposals received by the deadline will undergo a preliminary review to ensure the application meets the requirements as stated in the RFP. Incomplete application packets will not be eligible for consideration. The proposal review committee will be seated by VMRC. Application packets will be reviewed for completeness, applicant experience, and fiscal stability, resources of applicant, reasonableness of costs, and ability of applicant to identify and achieve outcomes to implement the project requirements. Qualified applicants whose proposals score 75% and above will be scheduled for an interview. The interview process will consist of the selection committee members asking questions about the content of the RFP Application Packet, and Budget Proposal and the projected timelines.

The selection committee will use the following criteria to rate all proposals.

Appendix A – Proposal Title Page	5 points
Appendix B –Statement of Obligations	5 points
Appendix C – Program Description	25 points
Appendix D – Financial Statement	10 points
Appendix E – Estimated Cost Worksheet	15 points
Appendix F – Start Up Budget	10 points
Appendix G – Rate Development Facility Costs (DS 6023)	15 points
Appendix H – Strategic Plan	15 points
<b>Total</b>	<b>100 points</b>

In addition to evaluation on the merit of the entire proposal application packet, applicants will be evaluated and selected based on previous performance including the timely completion of projects, a history of cooperation with regional centers and funders, ability to complete projects within budgeted amounts, and a track record consistent with established timelines for development. Applicants should be prepared to answer questions about the contents of the RFP Application Packet and Budget Proposal and the daily operation of the service before a panel of Review Committee members. The

RE:

Date:

Page 7 of 8

applicant's demonstrated commitment to serving people with developmental disabilities will be given special consideration.

**RESERVATION OF RIGHTS**

VMRC reserves the right to request or negotiate changes to a proposal, to accept all or part of a proposal, or to reject any or all proposals. VMRC may, or at its sole discretion, not award a contract, if in its determination, no applicant is sufficiently responsive to the components of the request for proposal. VMRC reserves the right to withdraw this RFP and/or any item within the RFP at any time without notice. VMRC reserves the right to disqualify any proposal which does not comply to the REP requirements. This RFP is at the discretion of VMRC, it does not commit the regional center to award the grant.

**COST of PROPOSAL SUBMISSION**

Applicants responding to the RFP shall bear all costs associated with the development and submission of the proposal.

**DISSEMINATION of FUNDS**

Funding for this project is contingent upon budget approval by the Department of Developmental Services. Upon approval disbursement of the Grant Funds will be made on a reimbursement basis for approved expenditures accumulated on a monthly basis.

**RE:**

**Date:**

**Page 8 of 8**



## **APPENDIX A -- PROPOSAL TITLE PAGE**

### **PROPOSAL TITLE PAGE (5 points)**

**TO: Valley Mountain Regional Center Selection Committee  
Brian Bennett  
Assistant Director of Consumer Services, Resource Development/Contracts  
Valley Mountain Regional Center  
702 N. Aurora Street  
Stockton, CA 95202**

Include the following items on the title page.

1. Proposal Title
2. Name of individual or organization submitting proposal. Indicate whether the organizations application status as, a non-profit corporation, a limited partnership, or a limited liability corporation.
3. Address of Individual or Organization Submitting Proposal.
4. Project Contact Information, including the following:
  - Name and Title of Contact Person
  - Telephone Number of Contact Person
  - Fax Number of Contact Person
  - Email Address of Contact Person
5. Name of Parent Corporations (If Applicable)
6. Applicant or Organization Contact Person
7. Author of Proposal if Different from Individual Submitting Proposal.  
List any parties who contributed to writing all or part of the proposal.
8. Signature of Person Authorized to Bind Organization

**APPENDIX B -- STATEMENT of OBLIGATIONS**

**STATEMENT OF OBLIGATIONS**

*(5 points)*

All applicants must complete this statement.

- A. 1. Is the applicant currently providing services to people with developmental disabilities?

No       Yes

If **Yes**, indicate the following:

Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Type of Service \_\_\_\_\_  
Capacity \_\_\_\_\_

2. Is the applicant currently providing related services to people other than those with developmental disabilities?

No       Yes

If **Yes**, indicate the following:

Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Type of Service \_\_\_\_\_  
Capacity \_\_\_\_\_

- B. 1. Is the applicant currently receiving grant(s)/funds from any source to develop services for people with developmental disabilities?  No  Yes

Yes

If **Yes**, indicate the following:

Funding Source \_\_\_\_\_  
Scope of Grant Project \_\_\_\_\_

2. Is the applicant currently applying for grant(s)/funds from any source to develop services for Fiscal Year 2018-19  No  Yes

If **Yes**, indicate the following:

Funding Source \_\_\_\_\_  
Scope of Grant Project \_\_\_\_\_

**APPENDIX B -- STATEMENT of OBLIGATIONS**

C. Is the applicant planning to expand existing services (through a Letter of Intent and with or without grant funds) from a source other than Valley Mountain Regional Center during Fiscal Year 19-20 [ ] No [ ] Yes

**APPENDIX B -- STATEMENT of OBLIGATIONS**

If Yes, provide details:

---

---

---

D. Describe other professional / business obligations. Include the following:

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Service \_\_\_\_\_

Capacity \_\_\_\_\_

E. Has the applicant, or any member of the applicant's organization, received a Corrective Action Plan (CAP), Sanction, a Notice of Immediate Danger, an A or B Citations or any other citation from a Regional Center or state licensing agency? [ ] No [ ] Yes

If Yes, explain in detail:

---

---

---

F. Has the applicant, or any member or staff of the applicant's organization, ever received a citation from any agency for abuse? [ ] No [ ] Yes

If Yes, explain in detail:

---

---

---

\_\_\_\_\_  
Signature of Applicant or Authorized Representative Date

## APPENDIX C. -- PROGRAM DESCRIPTION

### DESCRIPTION OF PROPOSED SERVICES

(25 points)

In narrative form, (double spaced) describe how the services will be provided in the enhanced behavioral supports home (EBSH). The following areas as listed must be included in the same order as listed.

1. **Mission, Vision and Values Statements.** This section should include program elements and approaches that will be used to serve the individuals as described in the RFP "Description of Project" section. Provide a statement regarding your organization's approach when evaluating potential residence for this level of service that reflects the inclusion of residence with challenging behaviors and are representative of various ethnicities and cultures.
2. **Background and Experience.**
  - a. Provide a description of the knowledge, skills, abilities and education of key personnel in providing services to the residence described in the RFP "Description of Project" section.
  - b. Describe key personnel's knowledge, skills, ability, and experience with providing transition activities for individuals that have resided in an institutional setting/treatment program, i.e. Institute for Mental Disease (IMD), State Developmental Center, Crisis services or any similar treatment setting.
3. **Equity and Diversity Statement**
  - a. Provide a statement addressing the organization's plan to ensure it is able to provide services to a diverse populations, including in, but not limited to, culturally and linguistically diverse populations.
  - b. Provide examples of how the organization has addressed the needs of a diverse population.
4. **Development Experience**

- a. Summarize the organizations current and previous development of services and programs. Briefly describe your experience including an action plan to achieve measurable, time-limited objectives that will ensure approval of a final program design, transition of consumers from their previous living arrangement to their new one, and steps related to the licensure and opening of the home.
- b. Identify similarities between current or previous programs developed and the proposed program for this RFP.

#### **5. Agency Outcomes**

- a. Provide a description of the expected outcomes of the services that will be provided in the EBSH along with how the outcomes will be measured.

#### **6. Assessment and Person-Centered Planning**

- a. Describe your organization's values and approach to the person-centered planning process.
- b. Describe how each residence individual goals and objectives will be determined and progress measured.

#### **7. Administration and Consultants**

- a. Describe the roles of the Licensee, Administrator, staff and consultants. Provide of the qualifications of certified or licensed staff or consultants. ***Attach Resumes for each.***
- b. Specify whether the clinician consultants and behavior analyst professionals will be employees of the organization or on contract..

#### **8. Program Methodology and Best Practices**

- a. Describe the best practices the organization will use to plan for the transition of individuals from their current living arrangement into the EBSH.
- b. Describe the organization's crisis response plan and how it will be implemented if the individual does not respond to the behavioral intervention plan or other emergency situations.

- c. Describe the anticipated mental health needs of the target population for the EBSH as described in the RFP along with the best practices that will be implemented to ensure mental health stability.
- d. Describe how staff will be trained to recognize, document, and report symptoms of psychiatric conditions and medication effectiveness.
- e. Describe the process that will be used to develop positive behavioral support plans for the EBSH residents. Include a description of the assessments that will be used, positive proactive and reactive intervention methods that will be used to reduce the occurrence of the target behaviors.
- f. Describe and specify the type of crisis intervention training that will be provided to direct care staff.
- g. Describe best practices that will be used to ensure the needed close supervision needs for the proposed residents of the EBSH, ensuring optimal safety to the resident, the community and staff.
- h. Describe the organization's plan and procedures to ensure night staff remain awake and on duty.
- i. Describe the active programming that will be developed and who will be responsible for its development. Provide examples of activities that may be provided that are person centered and age appropriate.
- j. Describe how the organization will ensure staff are implementing active programming with the residence of the EBSH.
- k. Describe the program elements that will be in place to motivate residence to actively cooperate and participate in their program plan.

#### **9. Staff Recruitment and Retention**

- a. Describe the characteristics that the organization values when recruiting, hiring and retaining staff for all positions.
- b. Describe the health and criminal background screening procedures that will be used to ensure the safety of residence.

- c. Describe how the organization will ensure direct care staff are certified as Registered Behavioral Technicians (RBT).
- d. Provide a description of the staff training program that will be required for all staff. List the proposed core training topics, including specialized training targeted to provide behavior support and crisis interventions for residence of the EBSH that present behaviors that are a danger to themselves or others.
- e. Describe the organization's efforts to retain staff and what is the average staff turnover rate.
- f. Provide the salary levels and benefits that the organization will provide to direct care staff.
- g. Include an organization chart that shows this project showing the hierarchy of the organization that includes the governing board members, advisory board members, as well as, other programs operated by the applicant.
- h. Provide qualifications and job descriptions for the staff and consultant positions as set forth in the California Code of Regulations and the RFP program description. Include the positions of Administrator/Program Manager, Lead Staff, Direct Support Professionals, Behavioral Interventionists, and other consultants.

#### **10. Staffing and Scheduling**

- a. Provide a one-week schedule that reflects when the administrative staff, lead staff, direct support professionals and consultants will be present. The schedule needs to show when the Administrator will be present to provide training and supervision.

#### **11. Transportation**

- a. Describe the plan for the provision of transportation for the residence to day/work programs, medical appointments, recreation and other activities.

#### **12. Budget and Financing**



- a. Provide a narrative description of what financial resources are available for this project (e.g. line of credit, cash or fluid capital reserves, etc.) . Also provide the most recent fiscal year independent audit or review for the organization.
- b. **Start-up Funds:** complete the Start-up Budget form, Appendix F. Include only the costs related to preparing the EBSH for licensing/certification and habitation which includes staff to provide services. Only start-up costs should be included in this budget. Refer to Explanation of Costs Start-Up Phase located on pages 3-4 of Appendix F and the Guidelines for the Use of CPP funds (<https://www.dds.ca.gov/ CPP/index.cfm>).
- c. **On-going Funding:** complete the “Enhanced Behavioral Support Home-Rate Development Facility Costs” for Ongoing Costs refer to Appendix G “Rate Development Facility Costs.” The electronic version of the DS6023 form can be at the website as follows:  
<https://www.dds.ca.gov/forms/docs/ds6023.pdf>

The EBSH's are vendored and funded under service code 900 and 901. Each proposal must include preliminary, projected cost components and the method of calculating each component. The administrative overhead cannot exceed 15% of the revenues. The rate methodology includes a fixed facility component for residential services and an individualized services and supports component based on each client's needs as determined through the individual program plan.

### 13. Continuous Quality Improvement System

Describe how the organization will ensure systematic improvement of services to ensure the health and safety and continue provide services to support residence in meeting their individual program plan goals. Ensure the organization will use data, stakeholder input, incident reports, medication logs to identify service issues that warrant corrective action through training staff, revising systems and/or establishing more effective communication systems and supervision. Include in the description how issues will be identified, process for correcting the issue and how the change will be monitored to ensure the issues was corrected.

**APPENDIX D. -- FINANCIAL STATEMENT**

<b>FINANCIAL STATEMENT</b> (10 points)	
All respondents must complete this statement for the last complete fiscal year and current fiscal year to date. Insert additional lines as needed to display required information.	
<b>CURRENT ASSETS</b>	
Cash in Bank	
Accounts Receivable	
Notes Receivable	
Equipment/Vehicles	
Inventory	
Deposits/Prepaid Expenses	
Life Insurance (Cash Value)	
Investments Securities	
<b>TOTAL CURRENT ASSETS=</b>	
<b>FIXED ASSETS</b>	
Buildings and/or Structures	
Long Term Investments	
Potential Judgements and Liens	
<b>TOTAL FIXED ASSETS=</b>	
<b>TOTAL CURRENT AND FIXED ASSETS=</b>	
<b>CURRENT LIABILITIES</b>	
Accounts Payable	
Notes Payable	

**APPENDIX D. -- FINANCIAL STATEMENT**

Taxes Payable	
<b>TOTAL CURRENT</b>	
<b>LIABILITIES=</b>	
<b>LONG TERM LIABILITIES</b>	
Notes/Contracts	
Real Estate Mortgages	
<b>TOTAL LONG TERM LIABILITIES=</b>	
<b>TOTAL CURRENT &amp; LONG TERM LIABILITIES=</b>	
<b>Equity=</b>	
<b>TOTAL LIABILITIES &amp; EQUITY=</b>	
<b>OTHER INCOME-Revenue from other Sources (specify)</b>	
<b>LINE OF CREDIT (Amount available)</b>	

**Appendix E. -- ESTIMATED COST WORKSHEET**

**ESTIMATED COST WORKSHEET**  
(15 points)

**All applicants must complete this worksheet.**

<b>Staff and Administrative Costs</b>	
Staff Salaries and Wages: Specify details- attach details if needed	\$
Staff Benefits including Workman's Compensation: specify details- attach details if needed	\$
Administrative Overhead	\$
Program Consultant Fees	\$
Staff Training Costs	\$
Travel Expenses	\$
<b>Business/ Office Related Costs</b>	
Communication Costs	\$
Office Supplies	\$
Office Equipment/ Rental & Maintenance Costs & Supplies	\$
<b>Building and Facility Program Related Costs*</b>	
Space Costs-Rental or lease	\$
Utilities Costs	\$
Insurance Costs	\$
Fire Safety Costs/Maintenance	\$
Facility Maintenance	\$
Specific Training Costs: Specify	\$
Other Costs: Specify	\$
<b>TOTAL MONTHLY COSTS</b>	<b>\$</b>

If necessary, adjust the above schedule to your program needs but address requested line items. If the cost is not applicable to your program, please state N/A and provide reasons for its being not applicable. In addition to the projected cost for each line item, be sure to include a detailed breakdown/description of how each line item total was determined. Additional schedules may be submitted for this purpose.

This information is being requested for the purposes of ensuring that potential vendors have fully considered estimates on all possible costs that might arise in the development and/or operation of this program. It will also be used by the regional center to determine reasonable reimbursement amounts for the service(s).

**APPENDIX F.-- START-UP BUDGET**

**START-UP BUDGET  
(10 points)**

**Applicant/Agency:** \_\_\_\_\_

Start up costs only include the costs related to preparing the EBSH for licensing/certification and habitation which includes staff to provide services. Only start-up costs should be included in this budget. Refer to Explanation of Costs Start-Up Phase located on pages 3-4 of this Appendix

<b>PERSONNEL COSTS</b>	
Salaries & Wages	
Benefits & Taxes	
Staff Training	
Travel & Transportation	
Consultants/Professionals	
Advertising & Recruitment	
<b>PHYSICAL PLANT COSTS</b>	
Business Start -up / Application Fees/Deposits	
Lease/rental	
Equipment Rental/Lease	
Insurance Costs	
Furniture/Appliances	
Utilities	
Communication Systems	
Housekeeping Supplies	
Office Supplies	

**APPENDIX F.-- START-UP BUDGET**

Food Expenses	
Personal Care Supplies	
Programming/Activity/Recreation Supplies	
Repair & Maintenance	
General Expenses	
Household Set-up	
Other Costs	
<b>TOTAL START-UP BUDGET</b>	

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

<i>For Office Use</i> Approved By: _____ Date: _____
--

**EXPLANATION OF COSTS for START-UP PHASE**

## APPENDIX F.-- START-UP BUDGET

Definitions (What can be included within each line item)

### **Personnel Related Costs:**

**Salaries & Wages**-Gross wages paid to employee (staff training)

**Benefits & Taxes** - F.I.C.A., payroll taxes, S.U.I. state unemployment insurance, workers compensation insurance, contribution to retirement plans, health insurance, dental insurance, vision insurance, other \related employee benefits.

**Staff Training Costs** - Fingerprint clearance fees, Health Screening, CPR, First Aid, behavioral training classes, training materials.

**Travel & Transportation Costs** - Employee travel expenses to trainings and orientations.

**Consultants/Professionals** - Gross wages for contract employees (1099 employees), accounting, clerical, or managerial services not provided by facility staff (Legal services are not covered)

**Advertising/Recruitment Costs** - Advertisement costs such as newspapers, flyers,, online sites.

### **Physical Plant Related Costs:**

**Business/Application/Deposits** - Opening bank account fees, check printing, business licensing fees, licensing orientation fee, licensing application fees, licensee and Administrator fingerprint clearance fees, Administrator certification class fee, Administrator certificate fees, vendo application fee, vendor orientation workshop fee, utility deposits and hook-up fees.

**Building Lease Costs** - Cost for property leasing fees, homeowners association fees, if applicable.

**Equipment/Rental Lease** - Only deposit and/or monthly lease payments are allowable for equipment such as copiers, faxes, printers or similar office equipment. Only computers for consumer use are allowable.

**Insurance Costs** - Liability, homeowners, fire, rental, vehicle, Surety Bond.

## **APPENDIX F.-- START-UP BUDGET**

**Furniture/Appliances** - Household and office furniture lease/rental fees, cost of beds, dressers, sofa, dining set, refrigerator, washer, dryer, TV, patio furniture, small kitchen appliances (coffee maker, iron, blender, mixer, etc.) desk, chairs, file cabinets.

**Utilities** - Water, sewer, garbage, cable TV poer, heating/cooling.

**Communication Costs** - Monthly service plans for telephones and cell phone plans, pager plan costs, monthly internet access fees, and TDD equipment (Telephone equipment not an allowed cost).

**Housekeeping Supplies** - Cleaning/housekeeping supplies, laundry supplies, maintenance supplies, paper products, batteries, light bulbs.

**Office Supplies** - Pens, pencils, paper, printer ink, tape, staplers, consumer binders,clipboards, bulletin boards, postage, general office supplies.

**Food Expenses** - Only include non-perishable groceries for 7 days.

**Programming/Activities Supplies** - Supplies to be used by consumers to carry out in home care or training, suppliers for in home activities such as arts and craft supplies, gardening supplies, table top games, sports equipment, musical instruments, and books.

**Personal Care Expenses** - Toiletries and personal care items such as, shampoo, soap, toothpaste that will be used by consumers.

**Repair and Maintenance Costs** - Cost of contract labor for repair and maintenance of furniture and equipment.

**General Expenses** - Subscriptions for publications which are used in the operation of the facility, for resident, or staff development, fees for licenses, certifications, registrations or permits required in order to operate a facility, local newspaper, magazine, fire extinguisher annual service.

**Household Set up** - Bed linens, bedspreads, pillows, bath and kitchen towels, hot pads, cookware, dinnerware set, glassware, flatware, serving bowls and platters, serving utensils, window coverings, first aid kits, fire extinguishers and smoke/carbon monoxide detectors.

**Other Expenses** - Any expenses that are not listed in any of the above categories.



## **APPENDIX G. -- RATE DEVELOPMENT FACILITY COSTS**

### **RATE DEVELOPMENT FACILITY COSTS (15 points)**

**Submit a completed copy of the DS 6023 -- Enhanced Behavioral Support Home --  
Rate Development Facility Costs located at the following website.**

<https://www.dds.ca.gov/forms/docs/ds6023.pdf>

**RATE DEVELOPMENT - FACILITY COSTS**

DS 6023 (Rev 10/2016)

**A. FACILITY TYPE**

Enhanced Behavioral Supports Home     Community Crisis Home     Other \_\_\_\_\_

**B. CONTACT INFORMATION**

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

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

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

**C. CATEGORIES AND DESCRIPTIONS OF COSTS**

	Total Monthly Cost	Notes
<b>1. Payroll Costs</b>		
a. Administrator Salary		
b. Administrator Payroll Taxes		
c. DSP Lead Salary (168 Hours/Week)		
d. DSP Lead Payroll Taxes		
e. Workers Compensation		
f. Benefit Allowance: Medical, Dental, etc.		
g. Other Costs: Describe in notes		
<b>Total Administrator Payroll Costs</b>	<b>\$ 0.00</b>	
<b>2. Facility Related</b>		
a. Rental, Lease, or Mortgage, include Homeowner's Assoc. Dues		
b. Property Taxes		
c. Combined Utilities: Gas, Electric, Water, Garbage		
d. Janitorial Service, Gardening		
e. Transportation: Vehicle, Maintenance, Fuel (not DP/School)		
f. Telephone: Long Distance, Cell Phones, Pagers		
g. Office Supplies		
h. Insurance: Business Liability, Auto		
i. Fees for Licenses and Memberships		
j. Other Costs: Repairs/Maintenance/Modifications		
k. Other Costs: Cable and Internet		
l. Other Costs: Describe in notes		
<b>Total Facility Related Costs</b>	<b>\$ 0.00</b>	
<b>TOTAL FACILITY COSTS</b>	<b>\$ 0.00</b>	

**D. SIGNATURES**

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

Print Name: \_\_\_\_\_

Regional Center Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**APPENDIX H. -- STRATEGIC PLAN**

**STRATEGIC PLAN**  
**(15 points)**  
**Timeline for Completion of Project**

**Facility Name** \_\_\_\_\_ **VMRC Project #** \_\_\_\_\_

List the Project Activities along with the target date for completion of each. Add additional lines as needed to reflect the project detail.

<b>Project Activity</b>	<b>Target Date</b>

**Items that need to be included are as follows:**

- Locating property with Housing Development Organization
- Renovation of property to meet the individual needs of consumers with behavioral issues.
- Development of Program Design
- Submission of Program Design
- Setting up Bank Accounts
- Purchasing surety bonds
- Purchasing insurance
- Identifying transportation for consumers targeted to live in the home

## **APPENDIX H. -- STRATEGIC PLAN**

**Community Care Licensing (CCL) & VMRC Enhanced Behavioral Support Home orientation**

**CCL Administrator training classes**

**DSP Classes**

**CCL application submission**

**DDS certification submission**

**Fire Marshal Inspections**

**Furniture Purchases**

**Household purchases & set up**

**Moving into property**

**Utilities set up**

**Recruiting/advertising for staff, hiring & training staff (including CPR & First Aid classes)**

**Behavior Intervention training for staff, including EBSH use of restraint or containment**

**Hiring consultants**

**Purchasing groceries**

**Moving consumers into the home**

**Quarterly progress meetings with VMRC Resource Development staff**

**Add any additional project activities**