

**SOUTH CENTRAL LOS ANGELES REGIONAL CENTER
(SCLARC)**



**Request of Proposals
(RFP)**

**Fiscal Year 2022-23
Community Placement Plan (CPP) &
Community Resource Development Plan (CRDP)
Start-Up Projects**

South Central Los Angeles Regional Center (SCLARC) works collaboratively with the Department of Developmental Services (DDS) to develop community living options for individuals.

PROJECT NUMBER: SCLARC FY 2223-1: HOUSING DEVELOPMENT ORGANIZATION (HDO).

The Housing Development Organization's (HDO) primary mission is to develop and manage accessible homes for the needs of individuals with developmental disabilities. For the purposes of these projects, the applicant must be a registered HDO (or indicate intent to create a Non-Profit Organization registered as an IRS 501(c) (3) corporation), limited liability company, or limited partnership that will own the properties through the HDO as a managing general partner who receives and retains an Organizational Clearance Certificate for the project(s) from the California Board of Equalization in order to be exempt from property taxes. Only applicants who have acquired, constructed, or renovated property for the use of special needs populations for a minimum of two years, or have team members with at least 4 years of relevant experience, will be considered. Applicants must possess qualifications as specified in this RFP. Proposals will be considered from affordable housing providers who retain development team members with documented experience in real estate purchase, financing and renovation.

HDO must submit the resumes of the development team, a summary of past projects, and a narrative of proposed property ownership including acquisition, renovation, and maintenance. Information on plans for acquiring permanent financing, HDO and financial documentation, an implementation and financing plan, and a sample-reporting format must also be included.

The selected applicant will be required to provide a performance bond for all money advanced. The cost of the bond will be an acceptable start-up cost (See **Supplemental Information Attachment 1** for further Details).

Start up: Up to \$50,000.00

Geographic Location of Office: Los Angeles (SCLARC catchment area) - cities of Bell, Bell Gardens, Maywood, Paramount, Cudahy, Downey, Huntington Park South Gate, Compton, Lynwood, Gardena, Vernon and Carson as well as the South Los Angeles area, including the communities of Watts, Crenshaw, Hyde Park, Leimert Park, View Park and Baldwin Hills.

Development Timeline: Lease of office location signed prior to release of any start up.

PROJECT NUMBER: SCLARC FY 2223-6: ADULT RESIDENTIAL FACILITY FOR PERSONS WITH SPECIALIZED HEALTHCARE NEEDS (ARFPSHN).

Service Provider to operate a home owned by the HDO. The ARFPSHN is an adult residential facility that provides 24-hour health care and intensive support services in a homelike setting licensed by Community Care Licensing, certified by DDS, and vendored by Regional Centers (Also known as 962/853 homes).

See **Supplemental Information Attachment 2** for further details.

Acquisition: Up to \$300,000 based on HDO approval

Renovation: Up to \$400,000 based on HDO approval

Service Provider Startup: TBD -Pending DDS Approval

Geographic Location: Los Angeles (SCLARC catchment area) - cities of Bell, Bell Gardens, Maywood, Paramount, Cudahy, Downey, Huntington Park South Gate, Compton, Lynwood, Gardena, Vernon and Carson as well as the South Los Angeles area, including the communities of Watts, Crenshaw, Hyde Park, Leimert Park, View Park and Baldwin Hills.

Development Timeline: Home should be completed six (6) months after closed of escrow.

PROJECT NUMBER SCLARC FY 2223-2; 2223-3; 2223-4; 2223-5: INTERMEDIATE CARE FACILITY (ICF-DDN; ICF-DDH); RESIDENTIAL FACILITY FOR THE ELDERLY; AND ARFPSHN-B (Pending on DDS approval):

Service Provider to operate a home(s) owned by the HDO.

See **Supplemental Information Attachment 2** for further details.

Definitions:

1. *Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)* are health facilities licensed by the Licensing and Certification Division of the California Department of Public Health to provide 24-hour-per-day residential services. The following provides information for developing a program plan for these facilities types.

ICF/DD-H – Intermediate Care Facility for the Developmentally Disabled-Habilitative

ICF/DD-N – Intermediate Care Facility for the Developmentally Disabled-Nursing

Title 22, California Code of Regulations, requires that a facility Program Plan be submitted to the Department of Developmental Services for review and approval prior to California Department of Public Health issuing a license to operate.

2. *Residential Care Facilities for the Elderly (RCFE)* must meet licensure and certification requirements set forth by the Department of Social Services, Community Care Licensing (CCL). RCFE are responsible for providing Assisted Living Waiver (ALW) services to participants, allowing them to maintain independence and continue to receive nursing level of care as needed.

3. *Adult Residential Facility for Persons for Specialized Healthcare Needs – Behavior (ARFPSHN-B)* is an adult residential facility that provides 24-hour health care and intensive support services in a homelike setting licensed by Community Care Licensing, certified by DDS, and vendored by Regional Centers (Also known as 962/853 homes).

Acquisition: by the HDO and TBD pending DDS approval

Renovation: by the HDO and TBD pending DDS approval

Service Provider Startup: TBD -Pending DDS Approval

Geographic Location: Los Angeles (SCLARC catchment area) - cities of Bell, Bell Gardens, Maywood, Paramount, Cudahy, Downey, Huntington Park South Gate, Compton, Lynwood, Gardena, Vernon and Carson as well as the South Los Angeles area, including the communities of Watts, Crenshaw, Hyde Park, Leimert Park, View Park and Baldwin Hills.

Development Timeline: Home should be completed six (6) months after closed of escrow.

CONSIDERATIONS

1. The reimbursement and/or reimbursement for on-going services will be negotiated, based on the applicant's budget and/or median rate limitations. The applicant chosen must agree to accept consumers identified by SCLARC for services.
2. Funding is contingent upon funding from the Department of Developmental Services.
3. Sample Specifications for Physical Plant:
 - Adhere to Department of Developmental Services (DDS) and Community Placement Plan (CPP) housing guidelines, ARFPSHN, and EBHS requirements/ features such as generator and tracking systems.
 - ADA compliant exist, and non-ambulatory clearance.
 - With access to adequate community resources as identified by SCLARC.
 - Create privacy buffers between adjacent neighbors through fencing (anti-climb) and thoughtful landscaping that adds residential beauty and maximizes resident safety.
 - Common areas that promote interaction. Multiple interior and exterior common areas are preferred, including private space to visit with family and friends.
 - Fully fenced and private yard or outdoor space for individuals to safely be outside for relaxing, socializing, and physical fitness.
 - Private bedrooms for individuals that allow for storage of personal items and décor.
 - Finishes and fixtures that are durable and easily cleaned; utilize ligature resistant fixtures where needs are identified.
 - Installation of an emergency backup power generator capable of powering essential elements of the home such as interior and exterior lighting, kitchen appliances, delayed egress devices, one common area television, landline telephone, and common area computer.
 - Interior doors to have soft-closing hinges. This avoids slamming doors, injuries, loud sounds, etc.
 - Soundproofing windows utilizing quadruple pane windows or Plexiglas insert.
 - All windows to either be tempered or provided with a protective polymeric glass coating.
 - Hardened walls through the use of 3/4" drywall, PVC protective wall paneling, acoustically enhanced gypsum board, etc.
 - Softened walls for residents with self-injurious behaviors through partial or full wall modular panel systems, and rounded corners (if applicable).
 - Maintain an open floor plan with maximum line of sight from/to Kitchen, common areas, and any staff work areas.
 - Fiberglass doors and metal knock down frames.
 - Thoughtfully designed and locked storage throughout home, specifically at bathrooms, kitchen and laundry.

APPLICANT INELIGIBILITY

The following agencies or individuals are not eligible for this development award:

1. The State of California, its officers or its employees;
2. A regional center, its employees, and their immediate family members;
3. Area Board members, their employees or their immediate family members;
4. Any settlement in lieu of conviction.

SELECTION PROCESS

All proposals received by the deadline will undergo a preliminary screening. Late or incomplete applications will not be accepted for review and rating. The Proposal Review Committee will be selected by SCLARC. Proposals 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 of property acquisition and renovation. The final decision of the Proposal Review Committee shall be approved by the Executive Director and is not subject to appeal. All applicants will receive notification of SCLARC's decision regarding their proposal.

This Committee will review, score, rank and prioritize the proposals. Applicant’s proposals may be rejected for inconsistency with state and federal guidelines, failure to follow RFP instructions, incomplete documents, or failure to submit required documents. In addition to evaluation on the merit of the proposal, applicants will be evaluated and selected based on previous performance (including the timely completion of projects, a history of cooperative work with the regional center or other funders, and a track record consistent with established timelines for development).

CONTENT OF PROPOSAL

1. Proposals must be typed on standard white paper using standard size font (12) and include a table of contents and page numbering. For items that request conditional information, provide a statement whether or not it applies to the applicant in order to verify that it has been addressed.
2. Proposals for HDO must meet the requirements found in the **Supplemental Information Attachment 1**.
3. Proposals for Service Providers must meet the requirements found in the **Supplemental Information Attachment 2**.

RIGHTS AND RESERVATIONS

- SCLARC reserves the right to reject any or all proposals received as a result of this Request of Proposal or to negotiate separately with any contractor when it is determined to be in the best interest of SCLARC;
- SCLARC reserves the right to select any one of the finalists interviewed regardless of the Request of Proposal score;
- SCLARC’s decision will be final in any manner of interpretation of the Request of Proposal.

REQUEST OF PROPOSAL SUBMISSION AND REVIEW PROCESS

❖ Publish Date:	March 3, 2023
❖ Information Meeting:	March 15, 2023 at 4pm to 5pm
Join Zoom Meeting:	
https://us06web.zoom.us/j/84180899060?pwd=RUpGUhA	
Meeting ID: 841 8089 9060	
Passcode: 857774	
❖ Request of Proposal Due Date:	April 24, 2023 at 4pm
❖ Committee Review, Interviews and Recommendation:	May 2023
❖ Executive Director Approval:	May 2023
❖ Contract Sign by all parties:	June 30, 2023
❖ Services to Begin:	January 2024



SUPPLEMENTAL INFORMATION

ATTACHMENT 1

FOR HDO APPLICANTS

APPLICANT ELIGIBILITY

PROJECT NUMBER: SCLARC FY 2223-1: HOUSING DEVELOPMENT ORGANIZATION (HDO).

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HDO must submit the resumes of the development team, a summary of past projects, and a narrative of proposed property ownership including acquisition, renovation, and maintenance. Information on plans for acquiring permanent financing, HDO and financial documentation, an implementation and financing plan, and a sample-reporting format must also be included.

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Development Timeline: Lease of office location signed prior to release of any start up.

APPLICANT INELIGIBILITY

The following agencies or individuals are not eligible for this HDO development award:

1. The State of California, its officers or its employees;
2. A regional center, its employees, and their immediate family members;
3. Area Board members, their employees or their immediate family members;
4. Any settlement in lieu of conviction.

SUBMISSION INFORMATION

Response to the Request for Proposals must be received by SCLARC, **APRIL 24, 2023, no later than 4pm** for both hard copies and E-file. No exceptions.

All interested Applicants must submit **FOUR (4) hard copies** AND an e-file of proposal **for each development** to:

a. **E-file to:** vendocs@sclarc.org

b. **Hand Deliver:**

ATTN: Evelyn Galindo, Program Manager Resource Development
Community Services & Family Support
South Central Los Angeles Regional Center
2500 So. Western Avenue, Los Angeles, CA 90018

c. **Mail to:**

ATTN: Evelyn Galindo, Program Manager Resource Development
Community Services & Family Support
South Central Los Angeles Regional Center
2500 So. Western Avenue, Los Angeles, CA 90018

SELECTION PROCESS

All proposals received by the deadline will undergo a preliminary screening. Late or incomplete applications will not be accepted for review and rating. The Proposal Review Committee will be selected by SCLARC. Proposals 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 of property acquisition and renovation. The final decision of the Proposal Review Committee shall be approved by the Executive Director, and is not subject to appeal. All applicants will receive notification of SCLARC's decision regarding their proposal.

This Committee will review, score, rank and prioritize the proposals. Applicant's proposals may be rejected for inconsistency with state and federal guidelines, failure to follow RFP instructions, incomplete documents, or failure to submit required documents. In addition to evaluation on the merit of the proposal, applicants will be evaluated and selected based on previous performance (including the timely completion of projects, a history of cooperative work with the regional center or other funders, and a track record consistent with established timelines for development).

PROPOSALS WILL BE REVIEWED AND RANKED BASED ON THE FOLLOWING AREAS:

A. HDO Organizational and Financial Development

1. The applicant/agency has prior experience purchasing property to be used as licensed home for clients who have moved from the state developmental centers.
 - a. 1-2 years / 2-4 homes
 - b. 3-5 years / 5-10 homes
 - c. > than 6 years / >10 homes

2. The applicant/agency has prior experience remodeling property to be used as licensed homes for clients moving from state developmental centers
 - a. 1-2 years / 2-4 homes
 - b. 3-5 years / 5-10 homes
 - c. > than 6 years / >10 homes

3. The applicant/agency's financial statement reflects sound fiscal practices. Assets are sufficient to undertake the proposed project.

- a. 1 Successful independent audit plus HDO ownership of 2-4 homes in good financial standing
- b. 2 Successful independent audits plus HDO ownership of 5-8 homes in good financial standing
- c. 3 Successful independent audits plus HDO ownership of 9-10 homes in good financial standing.
- d. >3 Successful independent audits by at least 2 different audit firms plus HDO ownership of 11 or more homes in good financial standing

B. Narrative Proposal

1. The overall proposal indicates an ability to follow directions and is an appropriate response to the RFP.

- a. Proposal follows outline and is complete.
- b. Above, plus mission statement with person-centered values.
- c. Above, plus no negative financial histories.
- d. Above, plus complete financial documentation.

C. Implementation Plan

1. The work plan indicates a thorough knowledge of the processes and procedures needed to complete the project.

- a. Plan shows complete activities required to purchase and renovate properties.
- b. Above, plus plan shows good understanding of state and local building requirements.
- c. Above, plus realistic timeline for completion. **Completion including all billing must be done by March 1, 2025 (or sooner depending on close of escrow).**

D. Project Budget

- 1. The project budget demonstrates funding leverage and a reasonable budget.
 - a. Budget shows complete list of costs required to purchase and renovate properties.
 - b. Above, plus plan shows reasonable costs for above listed items.
 - c. Above, plus demonstration of viable relationships with well-established funding source.

RESERVATION OF RIGHTS

South Central Los Angeles Regional Center reserves the right to request or negotiate changes in a proposal, to accept all or part of a proposal, or to reject any or all proposals. SCLARC may, at its sole and absolute discretion, select no provider for these services if, in its determination, no applicant is sufficiently responsive to the need.

South Central Los Angeles Regional Center reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. South Central Los Angeles Regional Center reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This Request for Proposal is being offered at the discretion of SCLARC. It does not commit SCLARC to award any grant.

REQUEST OF PROPOSAL SUBMISSION AND REVIEW PROCESS

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https://us06web.zoom.us/j/84180899060?pwd=RUpGUhA	
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❖ Executive Director Approval:	May 2023
❖ Contract Sign by all parties:	June 30, 2023
❖ Services to Begin:	January 2024

COSTS FOR PROPOSAL SUBMISSION

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

CONTENT OF PROPOSAL

Proposals must be typed on standard white paper using standard size font (12) and include a table of contents and page numbering. For items that request conditional information, provide a statement whether or not it applies to the applicant in order to verify that it has been addressed.

Use the following outline:

- I. Sign and complete Request for Proposal Affirmation
- II. Table of contents
- III. APPLICANT INFORMATION (HDO, Development Team, Financial Documentation)
 - a. The contact information (name, address, e-mail address and telephone number) of the proposed HDO applicant and whether applying as a profit, non-profit corporation, a limited partnership, or a limited liability corporation.
 - b. State the name of the author of the proposal. List any parties who participated in writing all or part of the proposal. Any proposal written for an applicant by a consultant or professional grant writer will demonstrate a commitment by the writer to provide ongoing technical assistance during the project implementation phase.
 - c. Describe or provide materials that clarify the HDO's mission and development and management experience of the HDO, any developer retained by the HDO and other development team members.
 - d. Development Success
 1. State the background of either your organization or yourself in providing the type of projects/services outlined in the RFP.
 2. Describe similar projects/services with which the organization has been successful
 - e. At a minimum, the proposal should include names of partners, staff or consultants, if known, who will be involved in the implementation of the project if awarded; resumes; a summary of past projects; and a narrative of proposed property ownership from acquisition to conversion to permanent financing.

- f. List of references and/or letters of reference relevant to experience and other qualifications required to complete this or similar projects. Applicants should be aware that SCLARC will contact references and other sources to corroborate any of the information provided in the proposal.
- g. List of all projects with other regional centers and the current status of each project.
- h. Specify any past history of activities which have had a serious negative impact upon development projects, tenants or residents including, but not limited to: financial losses (e.g., foreclosure), or serious investigation or citation under the California Administrative Code, the Penal Code or Regulations of the State of California, or the laws of other states, or the Federal Government. Any information withheld or omitted may result in disqualification of the proposal or termination of the contract.
- i. Organizational Documentation
 - A. For Profit Corporations
 - 1. IRS approval
 - 2. Articles of Incorporation stating that, as part of its mission, the organization will develop and manage affordable homes for individuals with special needs, including those with developmental disabilities, and identifying the leadership and responsibilities of the HDO.
 - 3. Corporation bylaws that defines the purpose of the HDO to develop and manage affordable homes for individuals with special needs, including those with developmental disabilities and any tenant restrictions.
 - C. For Non-Profit Corporations
 - 1. IRS approval of 501(c) (3) status.
 - 2. Articles of Incorporation stating that, as part of its mission, the organization will develop and manage affordable homes for individuals with special needs, including those with developmental disabilities, and identifying the leadership and responsibilities of the HDO.
 - 3. Corporation bylaws that defines the purpose of the HDO to develop and manage affordable homes for individuals with special needs, including those with developmental disabilities and any tenant restrictions.
 - 4. A list of current officers and Board Members.
 - D. For Limited Partnerships
 - 1. A certificate of Limited Partnership (LP-1).
 - 2. Amendment to Certificate of Limited Partnership (LP-2), if any.
 - 3. Current Limited Partnership Agreement, as amended, which defines that the purpose is to develop and manage affordable homes for individuals with special needs, including those with developmental disabilities, and identifies the leadership and responsibilities of the LP.
 - E. For Limited Liability Companies (LLCs)
 - 1. Limited Liability Company Articles of Incorporation (LLC-1).
 - 2. Limited Liability Company Certificate of Amendment (LLC-2), if any.
 - 3. A fully executed operating agreement and all amendments which define that the purpose is to develop and manage affordable homes for individuals with special needs, including those with developmental disabilities, and identifies the corporate leadership and responsibilities of the LLC.

G. Financial Standing – SCLARC will evaluate financial statements in order to determine the applicant's financial ability to cover start-up costs and stability to meet the long-term commitment to hold and manage the properties.

1. Provide three (3) years of audited financial statements with the most recent audit (FY 2011-2013) an unqualified audit opinion completed by a Certified Public Accountant using accepted accounting practices.
2. Provide current year-to-date financial statements of the HDO.
3. Briefly outline your organization's ability to fiscally start up this service.

IV. Implementation Plan

- a. A narrative proposal of the project that includes the proposed properties' ownership structure.
- b. The plan must specify a process that ensures compliance with all state and local building requirements, including without limitation the regional center's receipt of verification that each project has received all applicable, required permits prior to the start of any demolition, construction, or renovation/rehabilitation.
- c. Include a sequence of activities necessary to complete the project and specific to each property. This step-by-step action plan should include measurable, time-limited activities toward the achievement of specific project tasks and achievement of the proposed outcome. The project objectives should be realistically achievable within the time frame. Timeline of project activities must reflect a date for the properties to be acquired and leased to a service provider within 150 days of contract execution by all parties. The activities should cover each major step of the project and should include, but not be limited to:
 1. Provide a corporation resolution that authorizes the signatory to sign on behalf of and obligate the HDO.
 2. Provision of funding commitment letters
 3. Provision of evidence of property site control
 4. Loan closing and Property Acquisition
 5. Provision of evidence of property purchase, including an executed, recorded deed of trust and regulatory agreement
 6. Provision of evidence of application to the County Tax Assessor
 7. Provision of final sources and uses (budget)
 8. Certificate of Occupancy (Notice of completion, if renovation)
 9. Executed, long-term lease agreement between HDO and service provider
 10. Executed, property management agreement
 11. Evidence of property insurance
- d. Activities which may occur within 120-180 days of contract execution by all parties:
 1. Property tax exemption, if not provided sooner
 2. Reconciled Sources and Uses of Funds (Budget)

V. Proposed Sources and Uses (Project Budget). Allowable costs include pre-development costs, (i.e., closing and escrow; due diligence costs; environmental impact report, if indicated; survey and soil analysis), acquisition costs (funds to option, purchase, or acquire properties); development costs (architectural and engineering; permits and fees; appraisal cost; construction, legal, accounting, consultant, and project management fees, if necessary).

- a. For all grants, specify the start-up budget amount you propose to be awarded for acquisition, and the start-up budget for renovation. Additionally, specify the acquisition total start-up budget amount required which must show a one to three (1:3) leveraging of awarded funds with hard (dollar) and/or soft (in-kind) commitments.
- b. A budget narrative describing how each budget line item was calculated is required to sufficiently define all terms and areas of the budget except the item for property modification.
- c. Include sources for leveraged funds, (e.g., private parties, bank loans, and foundations).
- d. Evidence may include, but not be limited to, letters of commitment; memoranda of understanding that specify a financial commitment to the proposed project.
- e. Demonstrate a leverage ratio of a minimum of three (3) dollars in leveraged funds to each one (1) dollar in CPP funds, (i.e., the CPP funds do not exceed 25 percent of the total cost of the project).
- f. Identify the projected permanent debt service.
- g. General Expenses or developer fee should address specific minor expenses that cannot be classified in any other line item.

VI. Renovation and Maintenance

- a. Describe the process for securing bids from architects, property management (if outsourced) and construction services.
- b. Note whether maintenance functions are performed by HDO in-house staff or whether secured from a property management agency.
- c. Renovation reimbursement must be in accordance with the CPP Housing Guidelines and as identified in the RFP.

VII. Leasing Structure

- a. Describe how the lease to a service provider is structured by defining what items will be paid by the lessee, and what will be paid by the HDO. At a minimum, address:
 1. Property Taxes
 2. Insurance
 3. Building Maintenance
 4. Landscaping Maintenance
- b. Describe the leasing structure to address:
 1. Typical length of lease agreement
 2. Whether the budget is structured such that no rent increases will be passed to the lessee, or an anticipated timeline with the amounts of rent increases.



Request for Proposal Affirmation

NAME OF APPLICANT or ORGANIZATION SUBMITTING PROPOSAL *(please print)*

ADDRESS CITY STATE ZIP

CONTACT PERSON FOR PROJECT *(please print)*

TELEPHONE NUMBER FAX NUMBER e-mail address

NAME OF PARENT CORPORATION, if applicable please indicate: Non-profit For-profit

AUTHOR OF PROPOSAL *(if different from applicant identified above)*

<u>List all Regional Centers with which you have vendored programs or services (use additional paper if need more room)</u>			
Reg. Center	Name of Program/Service	Type of Program/Service	Vendor Number
<u>List all Regional Centers with which you have programs/services in development (use additional paper if need more room)</u>			
Reg. Center	Type of Program/Service in Development	Service Start Date	

I affirm that the information presented in this application and proposal is true and that this proposal was developed and authored by the person(s) indicated. I understand that any falsification of information or failure to disclose any history of deficiencies or abuse will be cause for immediate disqualification. I also understand that failure to meet minimum qualifications as stated in the RFP, late proposal submissions, facsimile proposal copies, and any missing information will also be cause for immediate disqualification. I further understand that, in the event that my proposal is selected for development, the proposal itself is not approved conclusively. My signature below authorizes SCLARC to verify references and bank statements.

Applicant Signature/Signature of Person Authorized to Bind Organization

DATE

South Central Los Angeles Regional Center
RFP Housing Acquisition and Remodeling FY22-23
 PROPOSAL REVIEW/EVALUATION CRITERIA

Applicant /Agency _____

Reviewer _____

Proposal Section	Scoring Criteria	Score	Maximum Score	Proposed Score
A. HDO Organizational and Financial Development				
1. The applicant/agency has prior experience purchasing property to be used as licensed homes for clients who have moved from the state developmental centers/restrictive settings.	<ul style="list-style-type: none"> • 1-2 years / 2-4 homes • 3-5 years / 5-10 homes • > than 6 years / > 10 homes 	3-5 pts 6-8 pts 9-10 pts	10	
2. The applicant/agency has prior experience remodeling property to be used as licensed homes for clients moving from the state developmental centers, including homes to be licensed as an EBSH and CCH.	<ul style="list-style-type: none"> • 1-2 years / 2-4 homes • 3-5 years / 5-10homes • > than 6 years / > 10 homes 	3-5 pts 6-8 pts 9-10 pts	10	
3. The applicant/agency's financial statement reflects sound fiscal practices. Assets are sufficient to undertake the proposed project.	<ul style="list-style-type: none"> • 1 Successful independent audit plus NPO ownership of 2-4 homes in good financial standing • 2 Successful independent audits plus NPO ownership of 5-8 homes in good financial standing • 3 Successful independent audits plus NPO ownership of 9-10 homes in good financial standing • >3 Successful independent audits by at least 2 different audit firms plus NPO ownership of 11 or more homes in good financial standing 	3-5 pts 6-8 pts 9-12 pts 13-15pts	15	

B. Narrative Proposal				
1. The overall proposal indicates an ability to follow directions and is an appropriate response to the RFP	<ul style="list-style-type: none"> • Proposal follows outline and is complete • Above, plus mission statement with person-centered values • Above, plus no negative financial histories • Above, plus complete financial documentation 	3-5 pts 6-8 pts 9-12 pts 13-15pts	15	
C. Implementation Plan				
1. The work plan indicates a thorough knowledge of the processes and procedures needed to complete the project	<ul style="list-style-type: none"> • Plan shows complete activities required to purchase and renovate properties • Above, plus plan shows good understanding of state and local building requirements • Above, plus realistic timeline for completion 	3-5 pts 6-8 pts 9-10 pts	10	
D. Project Budget				
1. The project budget demonstrates funding leverage and a reasonable budget.	<ul style="list-style-type: none"> • Budget shows complete list of costs required to purchase and renovate properties • Above plus plan shows reasonable costs for above listed items • Above plus demonstration of viable relationships with well-established funding sources 	3-5 pts 6-8 pts 9-10 pts	10	
Total			70	

Proposal review completed by _____
Signature Date



SUPPLEMENTAL INFORMATION

ATTACHMENT 2

FOR SERVICE PROVIDER APPLICANTS

APPLICANT ELIGIBILITY

PROJECT NUMBER: SCLARC FY 2223-6: ADULT RESIDENTIAL FACILITY FOR PERSONS WITH SPECIALIZED HEALTHCARE NEEDS (ARFPSHN).

Adult residential facility that provides 24-hour health care and intensive support services in a homelike setting licensed by Community Care Licensing, certified by DDS, and vendored by Regional Centers (Also known as 962/853 homes).

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Geographic Location: Los Angeles (SCLARC catchment area) - cities of Bell, Bell Gardens, Maywood, Paramount, Cudahy, Downey, Huntington Park South Gate, Compton, Lynwood, Gardena, Vernon and Carson as well as the South Los Angeles area, including the communities of Watts, Crenshaw, Hyde Park, Leimert Park, View Park and Baldwin Hills.

Development Timeline: Home should be completed six (6) months after closed of escrow.

PROJECT NUMBER SCLARC FY 2223-2; FY 2223-3; FY 2223-4; FY 2223-5: INTERMEDIATE CARE FACILITY (ICF-DDN; ICF-DDH); RESIDENTIAL FACILITY FOR THE ELDERLY; AND ARFPSHN-B (Pending on DDS approval):

See **Supplemental Information Attachment 2** for further details.

Definitions:

1. *Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)* are health facilities licensed by the Licensing and Certification Division of the California Department of Public Health to provide 24-hour-per-day residential services. The following provides information for developing a program plan for these facilities types.

ICF/DD-H – Intermediate Care Facility for the Developmentally Disabled-Habilitative

ICF/DD-N – Intermediate Care Facility for the Developmentally Disabled-Nursing

Title 22, California Code of Regulations, requires that a facility Program Plan be submitted to the Department of Developmental Services for review and approval prior to the California Department of Public Health issuing a license to operate.

2. *Residential Care Facilities for the Elderly (RCFE)* must meet licensure and certification requirements set forth by the Department of Social Services, Community Care Licensing (CCL). RCFE are responsible for providing Assisted Living Waiver (ALW) services to participants, allowing them to maintain independence and continue to receive nursing level of care as needed.

3. *Adult Residential Facility for Persons for Specialized Healthcare Needs – Behavior (ARFPSHN-B)* is an adult residential facility that provides 24-hour health care and intensive support services in a homelike setting licensed by Community Care Licensing, certified by DDS, and vendored by Regional Centers (Also known as 962/853 homes).

Acquisition: TBD pending DDS approval

Renovation: TBD pending DDS approval

Geographic Location: Los Angeles (SCLARC catchment area) - cities of Bell, Bell Gardens, Maywood, Paramount, Cudahy, Downey, Huntington Park South Gate, Compton, Lynwood, Gardena, Vernon and Carson as well as the South Los Angeles area, including the communities of Watts, Crenshaw, Hyde Park, Leimert Park, View Park and Baldwin Hills.

Development Timeline: Home should be completed six (6) months after closed of escrow.

APPLICANT INELIGIBILITY

The following agencies or individuals are not eligible for this HDO development award:

1. The State of California, its officers or its employees;
2. A regional center, its employees, and their immediate family members;
3. Area Board members, their employees or their immediate family members;
4. Any settlement in lieu of conviction.

SUBMISSION INFORMATION

Response to the Request for Proposals must be received by SCLARC, **APRIL 24, 2023, no later than 4pm** for both hard copies and E-file. No exceptions.

All interested Applicants **must submit FOUR (4) hard copies AND an e-file of proposal for each development** to:

- a. **E-file to:** vendocs@sclarc.org
- b. **Hand Deliver:**
ATTN: Evelyn Galindo, Program Manager Resource Development
Community Services & Family Support
2500 So. Western Avenue, Los Angeles, CA 90018
- c. **Mail to:**
ATTN: Evelyn Galindo, Program Manager Resource Development
Community Services & Family Support
2500 So. Western Avenue, Los Angeles, CA 90018

SELECTION PROCESS

All proposals received by the deadline will undergo a preliminary screening. Late or incomplete applications will not be accepted for review and rating. The Proposal Review Committee will be selected by SCLARC. Proposals 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 of property acquisition and renovation. The final decision of the Proposal Review Committee shall be approved by the Executive Director and is not subject to appeal. All applicants will receive notification of SCLARC's decision regarding their proposal.

This Committee will review, score, rank and prioritize the proposals. Applicant's proposals may be rejected for inconsistency with state and federal guidelines, failure to follow RFP instructions, incomplete documents, or failure to submit required documents. In addition to evaluation on the merit of the proposal, applicants will be evaluated and selected based on previous performance (including the timely completion of projects, a history of cooperative work with the regional center or other funders, and a track record consistent with established timelines for development).

PROPOSALS WILL BE REVIEWED AND RANKED BASED ON THE FOLLOWING:

1. The applicant must have a sound financial status. Financial statements for the past 3 years are required. The applicant must have access to a reserve through-out the development and vendorization process. The reserve amount is approximately \$30,000.00.
2. The applicant must have at least 3 years- experience as a regional center vendor or facility administrator, operating an Intermediate Care Facility (ICF) or Residential Care Facilities for the Elderly (RCFE) serving elderly/adults with moderate to severe intellectual disabilities with medical issues. Experience must meet Title 22 and Title 17 regulations.
3. The applicant must have an identified and qualified administrator with a minimum of 3 years- experience working with the target population in a licensed residential setting. This individual must have a current administrator's certificate from Community Care Licensing and have completed the Direct Support Professional Training year one and two course work (challenge tests cannot be accepted). For an ARFPSHN, the administrator must be a Registered Nurse.
4. The administrator experience must meet all Title 22 and Title 17 regulations.
5. The administrator on duty, in the facility at least 20 hours or more per week per facility.
6. The following employees must also have a high school diploma or equivalent:
 - a. The direct care lead staff person must have at least one year prior experience providing direct care to individuals with developmental disabilities, with a focus on Medical Model.
 - b. The direct care staff person must have at least 6 months prior experience providing direct care to individuals with developmental disabilities, with a focus on Medical Model.

- c. At least one direct care lead staff person and one direct care staff person must be on duty at all times when a client is under the supervision of the facility staff.
7. All staff must be PCMA, PRO ACT or CPI trained before they are allowed to work with individuals in the facility.
8. All direct care staff must receive hands-on training in first aid and CPR by a certified instructor.
9. Direct Support Professionals must speak the language of the people they support. Bilingual staff may be necessary if an individual who doesn't speak English is placed in the facility.
10. The applicant must have an identified consultant. The type of consultant and scope of duties will be determined during the development process to ensure the most appropriate professional is secured to meet the needs of individuals placed in the facility.
11. The applicant must identify mental health and medical clinicians as soon as the location of the property is identified. This includes a neurologist, psychiatrist, and a general practitioner.
12. The applicant must submit written confirmation that each of the consultants listed above has admitting privileges at a local hospital.
13. The home will be developed in accordance with the requirements of Section 4500 - 4885 of the Welfare and Institutions Code Chapter 6 - Development and Support of Community Facilities and Programs [4670 - 4698.1], Title 17 and Title 22.
14. Facility service plan will require certification by the DDS and licensure by Community Care Licensing (CCL) prior to vendorization.
15. Facility maintain an operable automatic fire sprinkler system and generator.
16. Each client will have their own bedroom, with a full or queen size bed (if appropriate, a medical bed).
17. The facility will have video cameras in common areas to account for what transpires between individuals and staff. Applicant is required to run the cameras continuously when consumers are in the facility.
18. The facility must meet applicable Americans with Disabilities Act (ADA) standards.
19. The facility is required to have heating, ventilation, and a central air conditioning (HVAC) system.
20. If a client cannot attend a community based day program, the applicant must be prepared to provide structured activities during the hours the client would normally be at a community based day program.
21. SCLARC is responsible for monitoring and evaluating services by conducting as needed quality assurance visits following DDS guidelines.
22. The regional center is responsible for monitoring and evaluating services by conducting face-to-face case management visits with each individual.
23. A vehicle that can accommodate the transportation needs of the individuals must be assigned to the facility. Start-up funds are **not** available to purchase or lease vehicles.
24. The direct care staff must be trained to safely escort individuals to outside services and programs and address behavioral issues that may occur in the van.
25. **The applicant is required to accept any individual SCLARC identifies for placement. Must include a No Rejection policy in the Program Design.**
26. The applicant must commit to modifying services and supports to address any challenges encountered. Issuing a 30-termination notice is not acceptable unless a full ID team meeting is held and the team agrees that the placement is not appropriate, and SCLARC gives approval for the service termination.

27. All items purchased with start-up funds remain the property of DDS and will be returned to the regional center should the contractor for ongoing series terminate for any reason.
28. Failure to provide services for the 5 year minimum will result in a repayment of a portion of the original Start-up funds. The repayment will be as follows:
 - a. 1 year or less of operation - 100%
 - b. 2 years of operation - 75%
 - c. 3 years of operation - 50%
 - d. 4 years of operation - 25%
29. **The applicant must be prepared to begin providing direct services to individuals by January 1, 2024.**

CONTENT OF PROPOSAL

Proposals must be typed on standard white paper using standard **size font (12)** and include a table of contents and page numbering. For items that request conditional information, provide a statement whether or not it applies to the applicant in order to verify that it has been addressed.

Applicants must provide a separate proposal for each project applied.

Use the following outline:

1. Sign and complete Request for Proposal Affirmation
2. Table of Contents
3. Proposal Narrative:
 - a. Description of qualifications and experience providing services to the population targeted in the request for Request of Proposal.
 - b. Brief description of the scope of services to be provided (consistent with each of the minimum service requirements identified in this document).
 - c. Summary of applicant's commitment to quality services. This section must include applicant's "continuous quality improvement plan".
 - d. Statement how services provided will be in compliance with the Home and Community- Based Services (HCBS) Final Rule.
 - e. List of References- provide a minimum of three letters of reference relevant to the applicant's experience and other qualifications required to complete this or similar services.
 - f. A list of services provided to other populations (if applicable).
 - g. A statement of commitment to comply with Title 17 of the California Code of Regulations as it relates to the project development and ongoing services.
 - h. Organizational Chart – include name and job title.
4. Sign and completed Statement of Obligation
5. Complete and sign DS1891
6. Complete and sign Conflict of Interest Declaration
7. Review and provide Financial Statement.

RESERVATION OF RIGHTS

South Central Los Angeles Regional Center reserves the right to request or negotiate changes in a proposal, to accept all or part of a proposal, or to reject any or all proposals. SCLARC may, at its sole and absolute discretion, select no provider for these services if, in its determination, no applicant is sufficiently responsive to the need.

South Central Los Angeles Regional Center reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. South Central Los Angeles Regional Center reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This Request for Proposal is being offered at the discretion of SCLARC. It does not commit SCLARC to award any grant.

REQUEST OF PROPOSAL SUBMISSION AND REVIEW PROCESS

❖ Publish Date:	March 3, 2023
❖ Information Meeting:	March 15, 2023 at 4pm to 5pm
Join Zoom Meeting:	
https://us06web.zoom.us/j/84180899060?pwd=RUpGUhA	
Meeting ID: 841 8089 9060	
Passcode: 857774	
❖ Request of Proposal Due Date:	April 24, 2023 at 4pm
❖ Committee Review, Interviews and Recommendation:	May 2023
❖ Executive Director Approval:	May 2023
❖ Contract Sign by all parties:	June 30, 2023
❖ Services to Begin:	January 2024

COSTS FOR PROPOSAL SUBMISSION

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

FINANCIAL STATUS

Applicant/agency must submit the past 3 years of financial statements from a legal binding bank; documenting financial stability and assets sufficient to undertake the start-up project (an outline is provided).

PROJECTED BUDGETS

1. Provide a projected start-up budget.
2. Provide a project budget outlining how the 25% start-up advance will be used.

PROGRAM DESIGN

Program Design Development: The selected applicant will be required to complete a program design within ninety (90) days of the date on the start-up contract. The plan must be approved by SCLARC and DDS.

IMPLEMENTATION PLAN

Provide an action plan with timelines for the start-up project. Vendor must be ready to provide services by **January 1, 2024**.



Request for Proposal Affirmation

NAME OF APPLICANT or ORGANIZATION SUBMITTING PROPOSAL *(please print)*

ADDRESS CITY STATE ZIP

CONTACT PERSON FOR PROJECT *(please print)*

TELEPHONE NUMBER FAX NUMBER e-mail address

NAME OF PARENT CORPORATION, if applicable please indicate: Non-profit For-profit

AUTHOR OF PROPOSAL *(if different from applicant identified above)*

<u>List all Regional Centers with which you have vendored programs or services (use additional paper if need more room)</u>			
Reg. Center	Name of Program/Service	Type of Program/Service	Vendor Number
<u>List all Regional Centers with which you have programs/services in development (use additional paper if need more room)</u>			
Reg. Center	Type of Program/Service in Development	Service Start Date	

I affirm that the information presented in this application and proposal is true and that this proposal was developed and authored by the person(s) indicated. I understand that any falsification of information or failure to disclose any history of deficiencies or abuse will be cause for immediate disqualification. I also understand that failure to meet minimum qualifications as stated in the RFP, late proposal submissions, facsimile proposal copies, and any missing information will also be cause for immediate disqualification. I further understand that, in the event that my proposal is selected for development, the proposal itself is not approved conclusively. My signature below authorizes SCLARC to verify references and bank statements.

Applicant Signature/Signature of Person Authorized to Bind Organization

DATE

**STATEMENT OF
OBLIGATION**

*(Please attach additional
pages if needed)*

	YES	NO
1. THE APPLICANT IS PRESENTLY PROVIDING SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES:		
2. THE APPLICANT IS PRESENTLY PROVIDING SERVICES TO INDIVIDUALS OTHER THAN THOSE WITH DEVELOPMENTAL DISABILITIES IN RESIDENTIAL SETTINGS OR OTHER RELATED SERVICES. IF YES , INDICATE NAME, LOCATION, TYPE & SERVICE(S)		
3. IS THE APPLICANT CURRENTLY RECEIVING GRANT/FUNDS FROM ANY SOURCE TO DEVELOP SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES? IF YES , INDICATE FUNDING SOURCE AND SCOPE OF GRANT PROJECT.		
4. IS THE APPLICANT CURRENTLY APPLYING FOR GRANT/FUNDS FROM ANY SOURCE TO DEVELOP SERVICES FOR FISCAL YEAR 2021/2022 ? IF YES , INDICATE FUNDING SOURCE & SCOPE OF GRANT PROJECT.		
5. THE APPLICANT IS PLANNING TO EXPAND EXISTING SERVICES (THROUGH A LETTER OF INTENT AND WITH OR WITHOUT GRANT FUNDS) FROM A SOURCE OTHER THAN SOUTH CENTRAL REGIONAL CENTER DURING FISCAL YEAR 2021/2022: IF YES , PLEASE PROVIDE DETAILS		
6. DESCRIBE OTHER PROFESSIONAL/BUSINESS OBLIGATIONS. INCLUDE NAME, LOCATION, TYPE AND CAPACITY OF SERVICE/OBLIGATION. DO NOT INCLUDE SERVICES YOU EXPECT TO PROVIDE THROUGH THIS GRANT. (PLEASE USE SEPARATE SHEET OF PAPER)		
7. HAS THE APPLICANT OR ANY MEMBER OF THE APPLICANT'S ORGANIZATION RECEIVED A CORRECTIVE ACTION PLAN FROM A REGIONAL CENTER OR CITATION FROM STATE LICENSING AGENCY WITHIN THE LAST 2 YEARS? IF YES , EXPLAIN IN DETAIL.		
8. HAS THE APPLICANT OR MEMBER OF THE APPLICANT'S ORGANIZATION OR STAFF EVER RECEIVED A CITATION FROM ANY AGENCY FOR ABUSE? IF YES , EXPLAIN IN DETAIL.		
9. THE APPLICANT UNDERSTANDS THAT ALL REFERRALS FOR THIS PROJECT WILL BE INDIVIDUALS THAT HAVE BEEN PREVIOUSLY IDENTIFIED BY SCLARC AS READY TO TRANSITION TO THE COMMUNITY FROM IDENTIFIED SETTINGS.		

Signature of Applicant or Authorized Representative

Date



**SERVICE PROVIDER
CONFLICT OF INTEREST DECLARATION**

Current service providers and applicants for vendorization are required to report any conflict or potential conflict of interest to the regional center. Pursuant to Title 17, Section 54522, a conflict of interest exists when a regional center employee or the family member of an employee, holds a position as owner, manager or employee in any business entity vendored by a California Regional Center or Department of Developmental Services.

This regulation is in place to ensure that the actions and interests of regional center employees do not have a material financial effect on:

- Any vendored program/service in which the employee or the family member of an employee has a direct or indirect investment.
- Any real property or possession of the vendor in which the employee has a direct or indirect interest.
- Any income received by or promised to the regional center employee as a part of the vendorization process or ongoing service provider operations.

It is the vendored service provider’s responsibility to remain in compliance with the Welfare and Institutions Code by reporting a conflict of interest. It is the regional center employee’s responsibility to eliminate the conflict of interest or obtain a waiver pursuant to the regulations.

Conflict Of Interest Certification

Service Provider’s Initials

I certify that I am not a current Regional Center or State of California employee.

I certify that I am not the relative (spouse, parent, sibling, or child) of a current Regional Center employee.

<p>I <u>am</u> a relative of a current Regional Center employee. The name of the employee is _____. His/her telephone number is _____. The email address is _____ (the Regional Center will contact the individual in accordance with the waiver requirement).</p>	<p>Please read this section carefully</p>
---	--

I certify that I will refrain from providing gifts of any kind to South Central Los Angeles Regional Center (SCLARC) employees that exceed \$25.00 per person annually. I understand that gift giving that exceeds \$25.00 is not in compliance with Title 17 and SCLARC’s Conflict of Interest policy.

I certify that I will immediately report any future conflict or potential conflict of interest to South Central Los Angeles Regional Center.

Name: _____

Name of Vendored Program/Facility: _____

Vendor Number: _____ Service Code: _____

Signature: _____

Date: _____

Please fax the completed form to SCLARC at (213) 213-743-3026

Authority: Welfare and Institution Code 4627; Title 17, California Administrative Code 54505; and Title 17, California Code of Regulations, Section 54521 and 54522.

SAMPLE FINANCIAL STATEMENT

(Reference purposes only - verified financial statement required)

1. Verifiable bank statements
 - a. Copies of bank statements must be attached (most current 3 months).

2. ONE OF THE FOLLOWING
 - a. Most current audited financial statement that expresses and unqualified opinion; OR
 - b. Compiled financial statements prepared by a Certified Public Accountant that adhere to Generally Accepted Accounting Principles.

3. Assets, Liabilities, Income and Lines of Credit (can be in this format):
 - a. Current Assets (to include):
 - i. Cash in Banks
 - ii. Accounts Receivable
 - iii. Notes Receivable
 - iv. Equipment/Vehicles
 - v. Inventories
 - vi. Deposits/Prepaid Expenses
 - vii. Life Insurance (Cash Value)
 - viii. Investments Securities (Stocks and Bonds)
 - b. Fixed Assets (to include):
 - i. Building and/or Structure
 - ii. Real Estate Holdings
 - iii. Long-Term Investments
 - iv. Potential Judgments and Liens
 - c. Current Liabilities:
 - i. Accounts Payable
 - ii. Notes Payable (Current Portion)
 - iii. Taxes Payable
 - d. Long-Term Liabilities:
 - i. Notes/Contracts Payable
 - ii. Real Estate Mortgages
 - e. Other Income: Wages or Revenue from other sources (Specify):
 - f. Line of Credit Amount Available

APPLICANT/VENDOR DISCLOSURE STATEMENT

GENERAL INSTRUCTIONS

Every applicant or vendor must complete and submit a current Applicant/Vendor Disclosure Statement, DS 1891 (disclosure statement) as part of a complete application packet for vendorization or upon request of the vendoring regional center. The following instructions are designed to clarify certain questions on the form. Instructions are listed in order of question for easy reference. See 42 CFR 455.101 for additional definitions.

Overall Authority: Code of Federal Regulations (CFR), Title 42, Part 455; California Code of Regulations, Title 17, Section 54311. Welfare and Institutions Code, Section 4648.12.

Important:

- **IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.**
- **Parents and consumers of Vouchers, Participant-Directed Services, or Purchase Reimbursements:** Complete Part 1 on page 2 and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date.
- Failure to disclose complete and accurate information will result in a denial of enrollment and/or may be cause for termination of vendorization.
- Read **ALL** instructions when completing the disclosure statement.
- Type or print clearly in ink.
- If applicant or vendor must make corrections, please line through, date, and initial in ink. Do not use correction fluid.
- Answer all questions as of the current date.
- If additional space is needed, attach a sheet referencing the part and question being completed.
- Return this completed statement with the complete application package to the regional center to which you are applying.

Part 1: Identifying Information

- A. Specify name of the applicant or vendor, agency, facility or organization, vendor number and service code, business address, and telephone number of applicant or vendor submitting the vendor application.
- B. Specify in what capacity the applicant or vendor is doing business. For example: The name of the corporation under which they are doing business. This name must match the license name, if applicable.
- C. List the National Provider Identifier, of the applicant or vendor, if any.
- D. List the Social Security Number, Date of Birth, and/or the Federal Employer Identification Number (EIN) of the applicant or vendor, if any. Enter Vendor's nine-digit EIN assigned by the IRS in the following format: XX-XXXXXXX.
 - An EIN is used to identify the accounts of employers and certain others who have no employees.
 - For more information about an EIN, please check <http://www.irs.gov> for "Employer Identification Numbers" or "EIN". Whenever this Disclosure Statement requests an EIN about an individual or entity, it has the same meaning.
- E. Check the entity type that best describes the structure of your organization.

Part 2: Ownership and Control Interests. Use the following definitions to identify the individuals you should enter in A, B and C of this section. See 42 CFR 455.101 for additional definitions.

- "Indirect Ownership Interest" means an ownership interest in an entity that has an ownership interest in the applicant or vendor. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or vendor;
- "Managing Employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, agency or business entity;
- "Ownership Interest" means the possession of equity in the capital, the stock, or the profits of the applicant or vendor.
- "Person with an Ownership or Control Interest" means a person or corporation that:
 - A) Has an ownership interest totaling 5 percent or more in an applicant or vendor;
 - B) Has an indirect ownership interest equal to 5 percent or more of an applicant or vendor;
 - C) Has a combination of direct or indirect ownership interests equal to 5 percent or more in an applicant or vendor;
 - D) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the applicant or vendor if that interest equals at least 5 percent of the value of the property or assets of the applicant or vendor;
 - E) Is an officer or director of an applicant or vendor that is organized as a corporation; or
 - F) Is a partner in an applicant or vendor that is organized as a partnership.
- "Significant Business Transaction" means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of an applicant or vendor's total operating expenses.

Part 2. Ownership, indirect ownership, and managing employee interests (If not applicable, please indicate.)

A. List the name(s), title(s), address(es), SSNs, and DOBs of individuals for organizations having direct or indirect ownership interests, and/or managing employees in the applicant/vendor (see instructions for definitions). Also list all members of a group practice. Attach additional pages as necessary to list all officers, owners, management and ownership individuals and entities.

Name	Title	Address	SSN	DOB

B. List those persons named in ‘A’ above or ‘Part 4. A’ below, that are related to each other as spouse, parent, child, or sibling.

Name	Relationship	Address

C. List the name, address, vendor number and service code, SSN, NPI and/or EIN of any other applicant or vendor in which a person with an ownership or controlling interest in the applicant or vendor also has an ownership or control interest of at least 5 percent or more. For example: Are any owners of the applicant or vendor also owners of Medicare or Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.)

Name	Address	Vendor Number and Service Code	SSN, NPI and/or EIN

Part 3. Excluded Individuals or Entities (If not applicable, please indicate.)

List the name, title, and address of any person, as applicant or vendor, or entity with an ownership or control interest, any agent, director, officer, or managing employee of the applicant or vendor who is an excluded individual or entity, as defined on page 2.

Name	Title	Address

Part 4. Subcontractor (If not applicable, please indicate.)

A. List the name, title, address, SSN, NPI and/or EIN of each person or entity with an ownership or control interest in any **subcontractor** in which the applicant or vendor has direct or indirect ownership of 5 percent or more. State percentage.

Name	Title	Address	Percentage	SSN, NPI and/or EIN

B. List the name, title, address, SSN, NPI and/or EIN of each **subcontractor or wholly owned supplier** in which the applicant or vendor has had any significant business transactions within 5 years of the application or request.

Name	Title	Address	SSN, NPI, and/or EIN

APPLICANT/VENDOR SIGNATURE

Knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become vendored, or if the service provider already is vendored, a termination of its vendorization.

By signing this disclosure statement, you hereby certify and swear under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the vendoring Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

Name of Applicant/Vendor or Authorized Representative **Title**

Signature **Date**

Recordkeeping and Access to Records

Subject to the provisions of Title 17, California Code of Regulations, Section 54311 and Code of Federal Regulations, Title 42, Part 455.105, an applicant or vendored provider agrees to provide access for the review of any and all ownership disclosure information and/or documentation upon written request by the vendoring regional center, the Department of Developmental Services, the State Medicaid Agency, Department of Health Care Services, any State survey team, the Secretary of the United States Department of Health and Human Services, or any duly authorized representatives of the above named entities.

Privacy Statement

All information requested on the application and the disclosure statement is mandatory with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department of Developmental Services pursuant to 26 USC 6041. This information is required by the authority of Welfare and Institutions Code, Section 4648.12 and Title 17, California Code of Regulations, Section 54311. The consequences of not supplying the mandatory information requested are denial of vendorization as a regional center vendor or termination of vendorization. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, or licensing programs in other states.