



South Central Los Angeles  
Regional Center  
*for persons with developmental disabilities, inc.*

SOUTH CENTRAL LOS ANGELES REGIONAL CENTER  
FOR DEVELOPMENTALLY DISABLED PERSONS, INC.

**Request for Letter of Interest Announcement  
Fiscal Year 2020-21  
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. The EBSH exceeds the minimum requirements of a Specialized Residential Facility (SRF) by providing enhanced supports, staffing, and supervision as defined in Section 4684.80 of the Welfare and Institutions Code from the State of California Budget Act of 2014, through Trailer Bill Language SB 856.

**20/21 CPP #2: Enhance Behavioral Support Home for Adults (EBSH)**

SCLARC is requesting letter of interest from interested parties to develop and operate one, four-bed, non-ambulatory Enhance Behavioral Support Home (EBSH) to support adults with moderate to severe intellectual disabilities and severe behavioral issues. The facility will serve individuals moving from Porterville Developmental Center and those living in the community, but are at risk for institutional placement.

**20/21 CPP #3: Enhance Behavioral Support Home for Adults (EBSH)**

SCLARC is requesting letters of interest submission from interested parties to develop and operate one, four-bed, non-ambulatory Enhance Behavioral Support Home (EBSH) to support individuals who have a history of re-offending due to substance abuse issues. The facility will serve individuals moving from Porterville Developmental Center and those living in the community, but are at risk for institutional placement.

**20/21 CRDP #7: Intermediate Care Facilities (ICF/DDN)**

SCLARC is requesting letters of interest submission from interested parties to develop and operate one, six-bed ICF/DD-N facility in order to move six consumers from large facilities, allowing them to live in a smaller, more home-like environment.

The rate methodology for an EBSH includes a fixed facility component for costs associated with operating the residential facility and a separate component for individualized services and supports based on each client's needs as determined through the individual program plan process. For more information on the rate setting process, please refer to Title 17 Section 59072.

**Funding is contingent upon funding from the Department of Developmental Services.**

## **Applicant Eligibility and Minimum Service Requirements for the EBSH:**

- The applicant must be in good standing. The applicant with a history of deficiencies issued by a licensing agency, corrective actions issued by the regional center or similar actions taken by a placement or oversight agency may not be considered for this development.
- 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.
- The applicant must have at least 3 years- experience as a regional center vendor or facility administrator, operating a level 4I or specialized adult residential facility serving physically assaultive individuals with severe mental health issues.
- The applicant must have an identified 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). The individual must also be PCMA, CPI or PRO-ACT certified.
- The administrator must be one of the following: Registered Behavior Technician, Licensed Psychiatric Technician or Qualified Behavior Modification Professional.
- The administrator on duty, in the facility for a minimum of 20 hours per week per facility.
- 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 behavioral services. They will need to become a Registered Behavior Technician within **60 days** of initial employment, or be either a Licensed Psychiatric Technician, or a Qualified Behavior Modification Professional.
- 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 behavioral services. They will need to become a Registered Behavior Technician within **12 months** of initial employment, or be either: a Licensed Psychiatric Technician, or a Qualified Behavior Modification Professional. These individuals must also have a high school diploma or equivalent.
- 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. Staffing beyond this minimum is determined by each client's individual support needs pursuant to the approved **DS 6024 form**.
- Any direct care staff that has not completed the on-site orientation, but are caring for individuals, must be under the direct supervision and observation of a direct care lead staff person who has completed the requirements.
- All staff must be PCMA, PRO ACT or CPI trained before they are allowed to work with individuals in the facility.
- In addition to the on-site orientation, the direct care staff must receive a minimum of 16 hours of emergency intervention training, which must include the techniques the EBSH will use to prevent injury and maintain safety regarding individuals who are a danger to

self or others and must emphasize positive behavioral supports and techniques that are alternatives to physical restraints. This training is in addition to CPI, Pro-Act, or PCMA training.

- A direct care staff person may not implement emergency interventions prior to successfully completing the training. Therefore, staffing patterns must ensure that at all times there are enough trained and qualified direct care staff to enable adequate implementation of emergency interventions.
- All direct care staff must receive hands-on training in first aid and CPR by a certified instructor.
- The administrator and all staff must be PCMA, PRO-ACT or CPI trained before they are allowed to work with individuals in the facility.
- The facility must have a **staff** BCBA. That individual will provide a minimum of eight hours of services to each client per month. Time spent and a summary of monthly services must be documented in each client's file. At least 75% of the work time must be spent working directly with the individuals. None direct service-related duties may include direct care staff training and meetings to review behavioral incidents, SIRs and/or to discuss other issues to determine how best to implement, intervene and mitigate inappropriate behaviors.
- In consultation with the Individual Behavior Supports Team, the regional center may require additional professional, administrative, or direct care staff whenever the regional center determines that additional personnel are needed to provide for the health and safety.
- 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.
- 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. As a reminder, the BCBA must be a full-time staff person. The consultant is in addition to the staff BCBA.
- 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.
- The applicant must submit written confirmation that each of the consultants listed above has admitting privileges at a local hospital.
- The applicant must commit to ensuring the staff BCBA and/or consultant's input regarding behavioral data is communicated to the psychiatrist.
- The home will be developed in accordance with the requirements of Section 4684.80 - 4684.87 of the Welfare and Institutions Code, Title 17 and Title 22.
- Facility service plan will require certification by the DDS and licensure by Community Care Licensing (CCL) prior to vendorization.
- Facility must install and maintain an operable automatic fire sprinkler system.
- Each client will have their own bedroom, with a full or queen size bed.

- 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.
- The facility must meet applicable Americans with Disabilities Act (ADA) standards.
- The facility is required to have heating, ventilation, and a central air conditioning (HVAC) system.
- Security concerns may prevent some individuals from participating in day program activities. The applicant must be prepared to provide structured activities during the hours the client would normally be at a community based day program.
- The Applicant must have a gradual dose reduction plan in place for psychotropic medications.
- The applicant must have a written plan to address all of the compliance requirements associated with the drug Clozaril. This includes contracting with a medical service provider that provides in-home services for the weekly blood monitoring.
- The applicant must agree to a team approach to the facility's development and client's transition into the community. The transition team **may** include physicians and other clinicians, SDC and Regional Project staff, service coordinators, SDC liaisons, resource developers, housing foundation staff, etc.
- The applicant will be required to ensure that services are in place to address areas or concerns raised by the development/transition team upon each client's arrival in the home.
- SCLARC is responsible for monitoring and evaluating services by conducting quarterly quality assurance visits following DDS guidelines.
- The regional center is responsible for monitoring and evaluating services by conducting face-to-face case management visits with each individual on a quarterly basis, or more frequently if specified in the client's IPP.
- The regional center Qualified Behavior Modification Professional must personally visit the individuals, at least monthly to monitor the Individual Behavior Supports Plan objectives, and prepare written documentation on the status of the objectives. At least four of these visits per year must be unannounced.
- 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.
- 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.
- The applicant is **required to accept any individual SCLARC identifies for placement**. 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.
- Seclusion shall not be utilized in an Enhanced Behavioral Supports Home.
- 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 services terminate for any reason.

- 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:
  - 1 year of operation- 100%
  - 2 years of operation- 75%
  - 3 years of operation- 50%
  - 4 years of operation- 25%
- **The applicant must be prepared to begin providing direct services to individuals by January 1, 2022.**

### **Ineligible Applicant**

The following agencies or individuals are not eligible:

- The State of California, its officers or its employees;
- A Regional Center, its employees, or their immediate family members;
- State Council members, their employees or their immediate family members;
- Any applicants with a conflict of interest with either its board members or employees.

### **Rights and Reservations**

- SCLARC reserves the right to reject any or all proposals received as a result of this Letter of Interest 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 Letter of Interest score;
- SCLARC’s decision will be final in any manner of interpretation of the RFLI (Request for Letters of Interest).

### **Letter of Interest Submission and Review Process**

- |  |                            |
|--|----------------------------|
| • Publish Date:                                    | April 16, 2021             |
| • Information Meeting:                             | April 22, 2021 at 10:00 am |
| • Letter of Interest Due Date:                     | April 30, 2021             |
| • Committee Review, Interviews and Recommendation: | May 2021                   |
| • Executive Director Approval:                     | May 2021                   |
| • Contract Sign by all parties:                    | May 31, 2021               |
| • Services to Begin:                               | January 2022               |

### **Regional Center Contact**

The contact person for this project is Evelyn Galindo, HCBS Evaluator. Ms. Galindo can be reached at [evelyng@sclarc.org](mailto:evelyng@sclarc.org) or at (213)744-8443.

### **Letter of Interest Narrative**

1. CPP/CRDP initial funding fiscal year and project number. (ex: SCLARC 20/21 CPP #2).
2. Contact information to include: name, address, email address, and the telephone number of the individual to interface with SCLARC during the proposal review process.
3. Company Information- indicate whether applicant is applying as a corporation, non-profit corporation, a limited partnership, or a limited liability corporation. Include copies of the articles of incorporation and corporation by-laws; certificate of limited partnership and any amendments; or a copy of the limited liability company articles of incorporation and certificate of amendment (if any).

4. Proposal Author- Provide names of all parties involved in writing all or parts of the proposal.
5. Project Team- names of partners, key staff members and/or consultants (if known) who will be involved in the implementation of the project. Attached copies of all the individuals' resumes.
6. Description of qualifications and experience providing services to the population targeted in the request for letters of interest.
7. Brief description of the scope of services to be provided (consistent with each of the minimum service requirements identified in this document).
8. Summary of applicant's commitment to quality services. This section must include applicant's "continuous quality improvement plan".
9. 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.
10. A list of all vendorizations with SCLARC and any other California Regional Center.
11. A list of all previous and current start-up projects or (both grant and unsolicited) with any California Regional Centers. Note that this information will be used to confirm that the applicant has a track record consistent with established timelines for CPP/CRDP start-up development.
12. A list of services provided to other populations (if applicable).
13. 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.

### **Financial Status**

1. Applicant/agency financial statements for the past 3 years, 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 Plan**

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

### **Implementation Plan**

1. Provide an action plan with timelines for the start-up project. Vendor must be ready to provide services by **January 1, 2022**.



Please describe any other employment or business commitments you may have.

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I hereby certify that the above information accurately represents all of my business interests in the State of California, and I give Regional Center staff authorization to contact any of the above Regional Centers for reference information.

\_\_\_\_\_  
Signature

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

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



## **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 individuals 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, program 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, program director, 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.
  - “Subcontractor” means an individual, agency, or organization to which an applicant or vendor has contracted or delegated some of the management functions or responsibilities of providing services.
  - “Wholly Owned Supplier” means a supplier whose total ownership interest is held by an applicant or vendor or by a person, persons, or other entity with an ownership or control interest in an applicant or vendor.

**Part 3: Excluded Individuals or Entities. (See page 3. Must be disclosed if applicable.)**

“Excluded Individuals or Entities” means those individuals and entities that have been placed on either the U.S. Department of Health and Human Services Office of Inspectors’ General (OIG) List of Excluded Individuals/Entities or the Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List of persons, or individuals and entities that have been convicted of a criminal offense related to involvement in any program under Medicare, Medicaid or the Title XX services program, or those individuals and entities that meet the criteria included in Title 17, Section 54311(a)(6).

**Title 17, California Code of Regulations, Section 54311(a)(6)  
(Criteria for Excluded Individuals or Entities)**

The name, title and address of any person(s) who, as applicant or vendor, or who has ownership or control interest in the applicant or vendor, or is an agent, director, members of the board of directors, officer, or managing employee of the applicant or vendor, has within the previous ten years:

- (A) Been convicted of any felony or misdemeanor involving fraud or abuse in any government program, or related to neglect or abuse of an elder or dependent adult or child, or in any connection with the interference with, or obstruction of, any investigation into health care related fraud or abuse; or
- (B) Been found liable any civil proceeding for fraud or abuse involving any government program; or
- (C) Entered into a settlement in lieu of conviction involving fraud or abuse in any government program.

**PLEASE FILL OUT**

**Part 1. Applicant/Vendor Information**

A. Name of applicant or vendor, entity, agency, program, or organization as reported to IRS:

\_\_\_\_\_  
Vendor Number and Service Code:

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

\_\_\_\_\_  
Telephone number (with area code):

\_\_\_\_\_  
B. Name registered with California Secretary of State, if any:

\_\_\_\_\_  
C. National Provider Identifier (NPI), if any:

\_\_\_\_\_  
D. Social Security Number (SSN), Date of Birth (DOB), and/or Federal Employer Identification Number (EIN), if any:

\_\_\_\_\_  
E. Check the entity type that best describes the structure of the applicant or vendor individual, business entity, agency, program or organization: Check **only one** box:

- Parent or Client for Vouchers, Participant-Directed Services, or Purchase Reimbursements**  
(Complete Part 1 above and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date).
- Sole Proprietor (Unincorporated)**
- General Partnership**  **Limited Partnership**  **Limited Liability Partnership**
- Limited Liability Company: State of formation:** \_\_\_\_\_
- Governmental**
- Corporation: Corporate number: State incorporated:** \_\_\_\_\_
- Nonprofit – Check One:**  **Unincorporated Association**  **Religious/Charitable**
- Corporation**  **Other (specify):** \_\_\_\_\_

**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.

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<b>Name of Applicant/Vendor or Authorized Representative</b>	<b>Title</b>
<b>Signature</b>	<b>Date</b>

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**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 Client 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.

**CONFLICT OF INTEREST DECLARATION**

Current service providers and The applicant 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

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

Service Provider’s  
Initials

\_\_\_\_\_

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

\_\_\_\_\_

**I am 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).**

**Please read this section carefully**

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 of Applicant or Authorized Representative:

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

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

**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 2019/2020?  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 2019/2020:  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



## 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 an 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):
    - Cash in Banks
    - Accounts Receivable
    - Notes Receivable
    - Equipment/Vehicles
    - Inventories
    - Deposits/Prepaid Expenses
    - Life Insurance (Cash Value)
    - Investments Securities (Stocks and Bonds)
  - b. Fixed Assets (to include):
    - Building and/or Structure
    - Real Estate Holdings
    - Long-Term Investments
    - Potential Judgments and Liens
  - c. Current Liabilities:
    - Accounts Payable
    - Notes Payable (Current Portion)
    - Taxes Payable
  - d. Long-Term Liabilities:
    - Notes/Contracts Payable
    - Real Estate Mortgages
  - e. Other Income: Wages or Revenue from other sources (Specify):
  - f. Line of Credit Amount Available:

## **Use of Startup Guidelines**

Review, sign and submit the attached Use of Startup Guidelines document.

**AGREEMENT TO ABIDE BY  
SCLARC'S USE OF START-UP FUNDS GUIDELINES**

I \_\_\_\_\_ of \_\_\_\_\_ confirm that  
(Name) (Company)

I have received a copy of SCLARC's Guidelines for Use of Start-up Funds. I have read the document and understand that there are provisions and/or limitations on reimbursable items specific to the development of this \_\_\_\_\_. I agree to abide by the guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**South Central Los Angeles Regional Center  
For Persons with Developmental Disabilities, Inc.**

**Guidelines for Use of Start-up Funds**

Payment provisions for start-up contracts are on a cost-reimbursement or a fixed unit rate basis. The ceiling is specified as the maximum dollar amount payable by SCLARC and is identified in the Agreement. The start-up contract sets forth the type of facility, or program to be developed and may indicate provisions or limitations on reimbursable items specific to the type of service. The start-up contract takes precedence over both written reimbursement guidelines and any verbal agreement.

SCLARC's Guidelines for Use of Start-Up Funds is attached to every published Request for Proposals (RFP), and is included as an Exhibit in every start-up contract. The Contractor's signature on the contract exhibit serves as verification that the document was reviewed and indicates agreement to abide by the guidelines unless other stated in the Agreement.

Guidelines for Use of Start-Up Funds

I. General Requirements

A. Reimbursement on start-up funds contracts commence by submitting a signed Progress Report and Request for Reimbursement, along with verification of paid expenditures to the resource developer assigned to the project. Verification of expenditures is copies of receipts indicating payment in full by cash, check, cashier check or credit card purchase. Copies of cancelled check will also be required. Lay-a-way items may only be reimbursed for the amount of the deposit or payments made. In the case of personnel costs, a copy of the payroll record or check for salary paid must be submitted. Written estimates are not acceptable and invoices may only be submitted as an itemized list of the items purchased or contract work completed. Invoices may not be used as payment verification, even when stamped "paid". For lease or rent payments, copies of the signed lease/rental agreement will also be required. SCLARC requires an original signature (no copies or faxes) on the Progress Report and Request for Reimbursement.

B. Milestone contracts are periodically used to developed specific projects and services. The contract specifies the tasks to be completed for each milestone. Requests for payment may be made after each milestone is completed using the Progress Report and Request for Reimbursement. Payment is made after the form and verification of each milestone is received.

II. Personnel Services

A. A maximum of four (4) months of identified and reasonable direct personnel and overhead costs, including employee fringe benefits, may be reimbursed. Where salaries and wages are a reimbursable item, the following information must be included:

- monthly, weekly, or hourly rate, as appropriate
- Personnel classification
- Number of hours worked

- Period worked (example: October 1 - 15, 2003)

- If the employee has other duties with the organization, a percentage of personnel time to be charged to the contract must be specified.

### III. Administrative Overhead

A. Administrative overhead is an allowable cost only if there is a parent/corporate organizational staff involved with the project that will be expending staff time and resources not covered elsewhere in the project budget.

B. If administrative overhead is claimed, it shall not exceed ten percent (10%) of the total start-up fund amount.

### IV. Cash Advance

A. A one-time advance payment is allowed. This amount must not exceed twenty-five (25) percent of the total amount of the start-up award. The advance must be addressed in the contract. The advance will not be released until the program design is submitted and approved by the Center. Reimbursement for other expenditures will not be made until receipts accounting for expenditures made with the advance are submitted to the regional center. All other reimbursement will be paid in arrears.

### V. Consultants

A. Pre-approval is required for the use of consultants. Proposals submitted and accepted must state the rate of compensation to be paid to consultants. The rate must be an hourly rate with a ceiling on the total amount. Consultants must be qualified to perform stated service and services must be applicable to the development of the project.

B. Consultants rates must conform to either:

-Schedule of Maximum Allowances (Medi-Cal rate) for positions covered by that schedule; or

-Comparable State Civil Service positions; or

-The going (usual and customary) rate for similar work outside state service.

C. If the going (usual and customary) rate is applicable, the amounts to be paid consultants depends upon the complexity and difficulty of the projects, the ongoing rate for similar work, and the qualifications and reputation of the individual(s) or firm being awarded the contract.

### VI. Real Property

A. Payments are not permitted for purchase or for construction, renovation, alteration, improvement, or repair of privately-owned property, which would enhance the value to such

property to the benefit of the owner. Start-up funds cannot be used for modifications that are solely aesthetic in nature or are not necessary to meet fire and life safety requirements.

B. Start-up fund monies may be used to modify residential and day program facilities to meet fire and life safety requirements of the fire marshal and/or the local licensing agency. SCLARC’S pre-approval is required. Licensed contractors must be used for physical plant enhancements. Proposals requesting facility modifications must include three bids to be considered for reimbursement. If a site requires extensive modification, another location should be considered. The following are examples of fire and life safety modifications:

- Wheelchair ramps;
- Handrails;
- Bedroom exit doors;
- Bathroom fixtures designed for non-ambulatory individuals;
- Widening of hallways and doors; Installing fireproof doors;
- Fire alarms;
- Fire sprinkler systems;
- Exit alarms or delayed egress devices; and
- Fencing around swimming pools.

C. A maximum of four month’s rent or lease payments for a facility site is a reimbursable expense. The rent should not exceed the rental rates for an equivalent site/facility in the area where the program will be situated. A signed copy of the lease or rental agreement must be submitted with the request for reimbursement. Security or cleaning deposits are not a reimbursable item.

## VII. Equipment

A. Examples of equipment, which may or may not be purchased, purchased only with prior written approval from regional center, or leased, include:

ITEM	PURCHASE MAY BE ACCEPTABLE	3 MONTH LEASE	COMMENTS EXCEPTIONS
Motor vehicles	NO	YES	May be leased for 3 months during development of project
Computers	NO	YES	May be purchased only if part of a training program for individuals with an approved proposal and program design.
Camcorders, cameras, fax	NO	YES	May be purchased only if part of a

machines, slide projectors, copy machines			training program for individuals with an approved proposal and program design.
Wall-to-wall carpeting	NO	N/A	
Area rugs	YES	N/A	
Shipping of furniture or truck rental	NO	N/A	
*Furniture, household appliances, linens, household supplies	*YES	YES	*Furniture needs to be new, sturdy, well built, and appropriate for residential facility or day program.
*Recreational equipment (games, TV, VCR, exercise equipment, mats)	* YES	N/A	*If for use in the facility/program and if appropriate for the type of service and individuals served.
Warranties on appliances	NO	N/A	

B. All approved equipment of any kind purchased from funds reimbursed under the terms of the start-up contract is the property of the regional center. For the purpose of start-up contract, major equipment is considered any item purchased with start-up funds, which has a unit acquisition cost of at least \$5000 or a normal useful life of at least three years. The Contractor must submit to the regional center a detailed inventory, including serial numbers, of any equipment that meets the above criteria. This inventory (items acquired under start -up fund contracts) is due within 30 days of the end of the project’s completion. The final reimbursement will not be distributed until the regional center is in receipt of the inventory.

C. As a general rule, it can be assumed that equipment with a value under \$5000 will be amortized and no longer be regional center property after three years. For purposes of the start-up funds contract, equipment/item costs must be considered the sum of the costs. For example, a “bed” would include the mattress, box springs and frame.

D. Written pre-approval from the regional center is required for reimbursement of any article, supplies, or equipment exceeding \$1,000 in cost (per unit). A justification, including the reasonableness of the cost, should be submitted prior to purchasing any such article.

E. Equipment that is approved for lease may not be leased with an option to purchase. The Contractor shall provide the regional center with copies of signed leases for any equipment using start-up funds.

F. All furniture, mattresses sets, and appliances purchased with start-up funds must be new, sturdy and well built. Written pre-approval from the regional center shall be obtained before purchasing previously owned furniture. Household supplies such as linens must be high quality. Comforters and bedspreads must cover the entire bed and coordinate with the room decor (e.g., no partial or non-matching sets).

#### VIII. Other

For questions concerning specific items appropriate for purchase with start-up funds, the regional center resource developer should be contacted.