Tri-Counties Regional Center
SAN LUIS OBISPO • SANTA BARBARA • VENTURA

REQUEST FOR PROPOSALS

ATTACHMENT A - COVER PAGE

Area(s) to be served: ☐ Santa Barbara ☐ San Luis Obispo ☐ Ventura/Oxnard

Proposed Agency Name: _____

Proposed Service Type: _____

Contact Person: _____

Organization submitting proposal: _____

Director, if known: _____

Business physical address:

_____

Mailing address
(if different from above):

_____

Telephone number: _____

Cell phone number (optional): _____

Fax number: _____

E-mail address: _____

Author of proposal: _____

Date submitted:

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

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

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ATTACHMENT B
STATEMENT OF EXPERIENCE AND QUALIFICATIONS

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

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

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

2. If you answered No to 1 above, have you ever been an employee of or associated with any organization that serves persons with a Developmental Disability? ☐ No ☐ Yes

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

3. As a separate attachment, submit a resume for all positions that are listed on the organizational chart. Include a detailed account of all relevant qualifications, work experience, education, licenses and certifications for at least the past five years.

4. As an additional attachment, include an organization chart for your agency or the proposed agency showing all positions and the relationship of the proposed agency to any affiliated organizations.

5. As a separate attachment, submit a DS 1891 Applicant / Vendor Disclosure Statement. An online version of this form can be found at the following web address: http://www.dds.ca.gov/Forms/docs/DS1891.pdf

6. Complete and submit with your proposal, Attachment C, TCRC Conflict of Interest Form.

7. Applicants responding to this RFP who are currently vendored providers for TCRC or any other regional center must have services in good standing. Providers with Substantial Inadequacies (SI) or Type A Community Care Licensing (CCL) deficiencies in the past 12 months and providers who have had numerous SI's, deficiencies and/or other disciplinary actions taken against them historically shall not be considered for this service. Applicants must disclose any past, present, or pending licensure revocation, probation or denials, including, but not limited to CCL, Public Health Licensing, or any other agency providing services to people with disabilities, children, or the elderly. If you are a current vendor with a licensed program / facility, you must include all licensing reports for all facilities for the past 12 months.

8. Applicants who are current vendors of TCRC will not be considered for this RFP if any TCRC contracts are unsigned or if any monies are owed by the applicant to TCRC.

9. If you currently operate, or have previously operated, one or more licensed Residential Facilities or Day Programs please provide the location(s) of the facility and name of the Licensing Program Analyst(s) (LPA) assigned to your facility, the location of the office having responsibility for each facility and the phone number for the LPA. Enter "N/A" if not applicable.

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

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

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

Regional Center:	Type of Proposed Service and Service Code:

11. If applicable, include a complete listing of current and completed projects and describe the plan for how you plan to manage this project in light of these other commitments.

12. Are you planning to develop the proposed service using a funding source other than Tri-Counties Regional Center during Fiscal Year 2014-2015? ☐ No ☐ Yes

If yes, indicate funding source and scope of grant program, if any.

13. Do you have any non-regional center professional/business operations that provide services to developmentally disabled persons and/or their families? ☐ No ☐ Yes

14. If yes, provide details of each service including business name, location, type, and time commitment of each obligation. (Use an additional page if needed.)

Acknowledgement:

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

Signature of Person Authorized for Agency Contract Approval

Signature	*Printed Name & Title*
Date	

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ATTACHMENT C
TRI-COUNTIES REGIONAL CENTER

CONFLICT OF INTEREST/VENDOR DUPLICATION STATEMENT

Vendor Name: _____

Site Address: _____

Other Location, if any: _____

Phone Number: _____ Fax Number: _____ E-Mail Address: _____

Director and/or Contact Person: _____ Title: _____

Governing Body or Management Organization: _____

According to Section 54314 of California's Title 17 Regulations, the following applicants shall <u>not</u> be eligible for vendorization:

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

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

☐ Yes, under the name: _____
Name *Date* *Regional Center*

Type of service vendored: _____

☐ No

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

☐ State of California: please specify _____
☐ Department of Developmental Services
☐ Regional Center
☐ Regional Center Board of Directors

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

_____

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

☐ Yes ☐ No

Applicant's Signature _____ **Date**_____