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**KERN REGIONAL CENTER**

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*Striving to Achieve Equality,  
Independence and Empowerment*

## **ATTACHMENT D**

### **SUBMISSION REQUIREMENTS**

#### **FOR PROJECT# 1920-2**

#### **SERVICE PROVIDER(S) MOBILE DENTAL CLINIC/MOBILE “ON-SITE” DENTAL SERVICES**

***12/10/2019: Second Posting/Release with New Timelines***

**PROVIDER(S): Project# 1920-2 MOBILE DENTAL CLINIC/ MOBILE “ON-SITE” DENTAL SERVICES**

Kern Regional Center's consumers in residential settings (SRF, ARF, and ICF's) require regular dental checkups. Work with individuals with challenging behaviors, who have difficulty to access dental offices due to wheelchair size, and/or sensitivity to light and/or new environment. In-resident dental care can bring services to the residents, with minimal stress, protect the resident's overall dental health, reduce anxiety through desensitization, prevent deterioration of the teeth, gums and bone structures of the mouth, reduce number of cavities and the need for general anesthesia, and provide an appropriate maintenance schedule.

A “mobile dental clinic” or “mobile dental unit” means any self-contained facility in which dentistry will be practiced which may be moved, towed, or transported from one location to another per Section 1657 of the Business and Professions code.

**Start-up Available:** Up to \$150,000\*. Start-up funds can only be used for non-recurring costs associated with initially establishing a service, which may include administrative components, licensing, supplies, personnel recruitment and training expenses, general equipment, van modification, and other costs as described per contract. Start-up funds are not intended to cover 100% of the development costs. \* MAY BE SPLIT AMONG QUALIFIED APPLICANTS.

**Geographic Location:** KERN, INYO AND MONO COUNTIES  
**Development Timeline:** The program should be ready to provide services no later than April 2020.

**SERVICE DESCRIPTION**

Potential providers must have prior demonstrable experience including:

- Providing direct dental treatment and/or prevention services to people with developmental disabilities with co-occurring mental health diagnoses, in their home or mobile clinic.
- Providing dental diagnosis, recommendation, follow up and/or treatment.
- Providing all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation.
- Services are designed to:
  - Provide care with minimal stress in a familiar and safe environment
  - Protect the resident's overall health
  - Reduce anxiety through desensitization
  - Prevent deterioration of the teeth, gums and bony structures of the mouth
  - Reduce the number of cavities and need for general anesthesia
  - Provide an appropriate maintenance schedule
  - Keep KRC and the patient informed
- Working with social service community based agencies and resources;

A provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g. other regional centers, registered nurse, physicians, etc.) for the successful support of the individual.

**GENERAL REQUIREMENTS**

- Applicants must be a California licensed Dentist with an active license status according to the Dental Board of California.
- Applicants must be able to provide comprehensive, full-service dental care to Kern Regional Center consumers.
- Must have a Mobile Dental Permit issued by the Dental Board of California if using a special purpose commercial coach as a “mobile dental clinic” as defined in Section 18012.5.
- Approved to operate a Mobile Dental Clinic by the Dental Board of California if using a special purpose commercial coach as a “mobile dental clinic”.

- The clinic must have a written procedure of emergency follow-up care for patients treated in the Mobile Dental Clinic. The procedure should include arrangements for treatment in a dental care facility that is permanently established in the area.
- The clinic must have communication facilities in the Mobile Dental Clinic that will enable the operator to contact necessary parties in the event of a medical/dental emergency.
- The Mobile Dental Clinic must conform to all applicable federal, state, and local laws dealing with radiographic equipment, flammability, construction, sanitation and zoning, and possess all applicable county and city licenses or permits to operate a Mobile Dental Clinic.
- The Mobile Dental Clinic must have the following:
  - An access ramp or lift to provide services to disabled persons.
  - An adequate, properly functioning sterilization system.
  - Access to an adequate supply of potable water, including hot water.
  - Ready access to toilet facilities.
  - A covered galvanized, stainless steel, or other non-corrosive metal container for deposit of refuse and waste materials.
- Monthly Case management and/or quarterly quality assurance visits, at minimum is required.
- Applicants must identify all types of consultants they propose to utilize.
- Applicants must complete the vendorization process according to Title 17 Section 54326 (a) (2).
- Applicants must demonstrate fiscal responsibility by submitting 2 complete fiscal years and current year to date financial statements that detail all current and fixed assets and current and long-term liabilities; the applicant must document available credit line and provide necessary information for verification.
- Adherence to forthcoming regulations to address, at minimum, licensure, staff qualification, and training.
- Adherence to Health and Safety §1765.105.
- Adherence to Health and Safety §1765.130.
- Adherence to Business and Professions Code §1625.
- Adherence to Business and Professions Code §1658.8.
- Adherence to Business and Professions Code §1650.
- Adherence to Business and Professions Code §1657.

### **SUBMISSION INFORMATION**

Response to the Request for Proposals must be received by KRC, **February 3<sup>rd</sup> 2020 no later than 4pm** for both hard copies and E-file. No exceptions.

All interested Applicants **must submit ten (10) hard copies AND an e-file of proposal for each development** to:

a. Hand Deliver:

ATTN: Melanie Waters RDHAP, Dental Coordinator/Quality Assurance  
 Community Services Unit  
 3300 No. Sillect Avenue, Bakersfield, CA 93308  
**E-file to: [mwaters@kernrc.org](mailto:mwaters@kernrc.org)**

b. Mail to:

ATTN: Melanie Waters RDHAP, Dental Coordinator/Quality Assurance  
 Community Services Unit  
 3200 No. Sillect Avenue, Bakersfield, CA 93308  
**E-file to: [mwaters@kernrc.org](mailto:mwaters@kernrc.org)**

## 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.

Applications that are submitted after the deadline or that are incomplete, or proposals that do not meet the basic requirements will be disqualified. No proposals will be returned.

This RFP does not commit KRC to procure or contract for services or supports. KRC may elect to fund all, part, or none of the project, depending on funding availability as approved by the Department of Developmental Services and the quality of the proposals received.

It is anticipated that the rate of reimbursement for ongoing services is based on Medi-Cal Dental SMA rate, and that higher rate (usual and customary) may be used in order to meet the needs of each individual to provide quality dental service for people with complex mental health and behavior challenges.

## APPLICANT QUALIFICATIONS

Applicants must be a California licensed Dentist with an active license status according to the Dental Board of California.

Applicants must be able to provide comprehensive, full-service dental care to Kern Regional Center consumers.

Applicants must complete the vendorization process according to Title 17 Section 54326 (a) (2).

Both not-for-profit and proprietary organizations are eligible to apply. Employees of regional centers are not eligible to apply. Applicants must disclose any potential conflicts of interest per Title 17, Section 54500. Applicants, including members of governing boards, must be in good standing in regards to all services vendored with any regional center.

The successful applicant will work with KRC to develop a rate which will include all or some of the items listed below;

- 1) Use of Registered Dental Hygienist (RDH).
- 2) Use of Registered Dental Hygienist in Alternative Practice (RDHAP)
- 3) On-going dental services

Successful applicants to this RFP project must adhere to the RFP writing guidelines outlined in this RFP and complete each attachment enclosed in this RFP.

The contracts for the project will require an agreement that the grantee will provide, at minimum, 120 months (ten years) of continuous mobile dental care services, based upon the date of the first client served. Failure to meet this term of service will require the awardee to repay a portion of the original start-up grant, i.e., 12 months repay 90% of original start-up grant; 24 months repay 80% of original start-up grant; 36 months repay at 70% of original start-up grant; 48 months repay at 60% of original start-up grant; 60 months repay at 50% of original start-up grant; 72 months repay at 40% of original start-up grant; 84 months repay at 30% of original start-up grant; 96 months repay at 20% of original start-up grant; and 108 months repay at 10% of original start up grant.

The provider is required to keep receipts, cancelled checks, and financial data for 3 years from date of contract.

## **APPLICANT ELIGIBILITY AND RESTRICTIONS**

### **Eligibility**

Any individual, partnership, corporation, association or private-for-profit or not-for-profit agency may submit a proposal.

- For partnership submissions, all partners should have full knowledge of the contents of the proposal submitted and must demonstrate commitment to the project during start-up as well as ongoing operations.
- Applicants, including members of the governing board, must be in good standing in regards to all services vendored with any regional center.

### **Ineligibility**

Under the following conditions, an individual or entity is ineligible to be a regional center vendor, and therefore may not submit a proposal.

1. **Conflict-of-Interest:** Any individual or entity that has a conflict-of-interest as established in DDS Regulations, Title 17, Sections 54314 and 54500 et seq., unless a waiver is permitted and obtained, including:
  - Regional center employees, board members, and their family members.

## **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 KRC. 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, if applicable. 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 KRC'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).

All proposals received by the deadline will undergo a preliminary screening. Late or incomplete applications will not be accepted for review and rating. Any proposal may be disqualified if it deviates from the submission instructions in the RFP.

## **SELECTION PROCEDURES**

The evaluation process will include individual committee member evaluation and rating of each proposal, followed by committee discussion and ranking of proposals.

Proposals will be reviewed and evaluated for:

- Completeness and responsiveness of the proposal;
- Relevant experience and qualifications of the applicant;
- Reasonableness of timeline and cost to complete the project;
- Demonstrated financial responsibility, stability and soundness of the applicant.

Proposals may be eliminated from further consideration due to inconsistency with state and federal guidelines,

failure to follow RFP instructions, incomplete documents, or failure to submit required documents.

In addition to evaluating the merit of the proposal, applicants will be evaluated and selected based on previous performance, including timely completion of projects and a history of cooperative work with the regional center. (Please refer to the section titled *Applicant Qualifications* for details)

After preliminary rating and ranking of proposals, visits will be arranged at any existing programs already in operation by the applicant and then interviews may be scheduled with finalists, particularly if two or more proposals are closely rated and/or more information is needed. References will be contacted for all finalists. All finalists will be required to complete and submit a budget and financial statement(s) (Please see section titled *Applicant Qualifications* for details).

The final recommendation of the RFP Selection Committee will be submitted for approval by the KRC Executive Director and is not subject to appeal. All applicants will receive written notification of KRC's decision regarding their proposal and an announcement of the applicant awarded the project will be posted on the Center's web site: [www.kernrc.org](http://www.kernrc.org). All applicants will receive notification of KRC's decision regarding their proposal.

Additional information may be required from the selected applicant prior to the awarding of the project. Any information withheld or omitted, or failure to disclose any history of deficiencies or client abuse shall disqualify the applicant from award of the project and/or contract.

KRC reserves the right not to select an applicant for project implementation if, in its determination, no qualified applicant has applied or is sufficiently responsive to the service need.

In the event that no proposal is selected, KRC may elect to either not develop the service pending further analysis of alternatives to meet the expressed need, direct procurement, or issue a new RFP to attempt to expand the pool of potential respondents.

#### **Additional Requirements**

- Development of Service Design: The selected applicant will be required to complete a service design within thirty (30) days of award of the contract.
- Proof of Liability Insurance: The selected applicant will be required to maintain general and professional liability insurance for all work performed on behalf of regional center clients and their families and to name the regional center as an additional insured on all such policies.

#### **RESERVATION OF RIGHTS**

KRC 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. KRC may, at our sole and absolute discretion, select no provider for these services if, in its determination, no applicant is sufficiently responsive to the need. KRC reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. KRC reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This RFP is being offered at the discretion of KRC. It does not commit KRC to award any grant.

#### **COSTS FOR PROPOSAL SUBMISSION**

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

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## SUBMISSION INSTRUCTIONS

### **Proposal Content and Service Summary Content Guidelines**

Please include all information requested below and submit in the same order in your documentation. Each proposal and development being applied for must be comprised of **ten (10) hard copies AND an e-file proposal** with the following components:

***Request for Proposal Affirmation***

***Professional Resumes and References***

***Table of Contents***

***Statement of Obligation***

***Financial Statement***

***Budget Summary***

***Mission, Vision and Value Statements:*** Provide any agency MVV statements and how these were developed for your agency.

***Background and Experience:*** Summarize education, experience, and knowledge of key personnel in providing services to the target populations. Describe how the documented education, knowledge, and experience will be a good fit for developing this program.

***Equity & Diversity Statement:*** Please see list below. Applicants will describe how they will:

- Provide a statement outlining applicant's services and supports plan to serve diverse populations, including but not limited to culturally and linguistically diverse populations. Promoting equity and diversity [W&I code 4648.11].
- Provide examples of applicant's commitment to addressing the needs of those diverse populations.
- Provide any additional information that the applicant deems relevant to issues of equity and diversity.

***Development Experience:*** Briefly summarize your current and previous development of services and programs. Highlight similarities between current or previous program(s) developed and your proposed program for this RFP.

***Agency Outcomes:*** Describe anticipated outcomes of proposed service for people receiving dental services, and how achievement of outcomes will be measured.

***Assessment and Person-Centered Planning:*** Briefly describe your agency's approach to the person-centered planning process. Discuss how individual goals and objectives will be determined and progress measured.

***Administrative/Consultant Roles:*** Describe roles of Dental, Clinic Staff, Hygienist, additional staff, and proposed involved consultants. Provide qualifications of any certified or licensed staff or consultants. Attach resumes.

***Methods and Procedures:*** Please see list below. Applicants will describe how they will:

- Involve and plan for activities scheduling for services.
- Address the psychiatric and mental health approaches. Describe how staff will be trained to recognize, document, and treat individuals with on-going dental needs. Describe the evidence-based approaches that will be implemented.

**Staff Recruitment and Retention:** Describe your plan to recruit and retain quality staff. Include the following:

- Desired characteristics for all staff positions.
- Health and criminal background screening procedures.
- Initial and ongoing training, including required certifications. Include any specialized training.
- Discuss what typical staff turnover is for your organization/agency.
- Provide information on salary levels and benefits.
- Attach an organization chart that includes this project and maps the supervisory hierarchy.
- Provide job descriptions and qualifications for the primary staff and consultant positions.

**Service Schedule:** Provide a sample service schedule. Include the use of Mobile Dental van, if applicable.

**Financial Resources:** Discuss what financial resources you bring to the project (e.g. line of credit, cash or fluid capital reserves, etc.).

**Continuous Quality Improvement (CQI):** Describe how the service agency will use data, such as agency outcomes, stakeholder satisfaction, or other existing data (e.g. incident reports, service logs) to identify service problems pursuant to corrective changes such as staff training procedures (e.g. supervision, medication management, recruiting, etc.).

**Development Team:** Provide a list of members of the proposed Project Development Team including the name, address, telephone numbers, email addresses, and resumes for the team members. At a minimum, the team should include the lead staff who will develop the response to the RFP, the program design, and the individuals with the expertise to hire skilled consultants to assist the provider in developing the project.

**Implementation Plan:** A proposed implementation plan and timeline for development that includes sequenced activities necessary for overall project completion with identified realistic timeframes for the completion of each activity. The plan must specify a process that ensures compliance with all state and local licensing requirements.

**DS 1891 Applicant/Vendor Disclosure Statement:** Complete and include this document:

<http://www.dds.ca.gov/Forms/docs/DS1891.pdf>

### **Formatting Requirements**

Applicants must adhere to the following formatting requirements when submitting proposals:

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.

Each proposal and development being applied for must be comprised **of ten (10) hard copies AND an e-file proposal.**

Electronic version sent to: [mwaters@kernrc.org](mailto:mwaters@kernrc.org)

Electronic submissions cannot exceed 10 megabytes per email. Multiple emails per RFP submission can and will be accepted. An email acknowledgement of each submission received will be sent to the applicant.

Attachments/Forms must be type written. Include additional pages as needed. All proposals must be complete, typewritten, collated, and page numbered.



The “Request for Proposal Affirmation” must be the first page of the proposal.

The proposal must include a Table of Contents.

As applicable, include appendices for documents, such as resumes, certificates, curricula, schedules, letters of recommendation, letters of support from agencies, consultants expected to provide program services, etc.

Fax copies will NOT be accepted.

Do NOT use hardcover binders. Submissions will NOT be returned.

No proposals will be accepted after the deadline.

### **INQUIRIES/REQUEST FOR ASSISTANCE**

All additional inquiries regarding the application or requesting technical assistance regarding this RFP should be directed to [Melanie Waters](#). Technical assistance is limited to information on the requirements for preparation of the application packet. Applicants are expected to prepare the documentation themselves or retain someone to provide such assistance. If an applicant chooses to retain assistance from another party, the applicant must be able to thoroughly address all sections of the proposal during the interview process and/or demonstrate that the party assisting with the application will have a continuing role in the ongoing operation of the program.

Inquiries/Submittal Contact: Kern Regional Center  
Attn: Melanie Waters RDHAP – Dental Coordinator/Quality Assurance  
Community Services Department  
3200 No. Sillect Avenue  
Bakersfield, CA 93308  
661-852-3382  
[mwaters@kernrc.org](mailto:mwaters@kernrc.org)



# KERN REGIONAL CENTER

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## 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*)

| List all Regional Centers with which you have vendored programs or services (use additional paper if need more room)    |  |                         |               |
|---|--|-------------------------|---------------|
| Reg. Center   | Name of Program/Service                | Type of Program/Service | Vendor Number |
|   |  |                         |               |
|   |  |                         |               |
|   |  |                         |               |
| List all Regional Centers with which you have programs/services in development (use additional paper if need more room) |  |                         |               |
| 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 KRC to verify references and bank statements.

Applicant Signature/Signature of Person Authorized to Bind Organization

DATE

## PROFESSIONAL RESUMES AND REFERENCES

Name of Applicant/Organization: \_\_\_\_\_

Submit a professional resume for all staff and consultants identified or referenced in application, including individuals who will be administrator, if known.

| List all staff and/or consultants for whom a resume is <b>attached</b> |                              |
|--|------------------------------|
| Name   | Job Title/Type of Consultant |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |

List three references, including job title and agency affiliation, who can be contacted in regard to applicant’s qualifications, experience and ability to implement this proposal. References must be professional in nature. References from members of the applicant’s governing board and/or applicant’s family members are excluded from consideration.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency Affiliation: \_\_\_\_\_

**STATEMENT OF OBLIGATION**

*All applicants must complete this statement*

1. Is the applicant currently providing services to individuals with developmental disabilities?

No       Yes

*If yes, indicate the following:*

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

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

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

Capacity: \_\_\_\_\_

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

No       Yes

*If yes, indicate the following:*

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

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

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

Capacity: \_\_\_\_\_

3. Is the applicant currently receiving grant(s)/funds from any source to develop services for people with developmental disabilities?

No       Yes

*If yes, indicate the following:*

Funding Source: \_\_\_\_\_

Scope of Grant Project: \_\_\_\_\_

4. Is the applicant currently applying grant(s)/funds from any source to develop services for Fiscal Year 2018 – 2019?

No    Yes

*If yes, indicate the following:*

Funding Source: \_\_\_\_\_

Scope of Grant Project: \_\_\_\_\_

5. Is the applicant planning to expand existing services (through a Letter of Intent and with or without grant funds) from a source other than Kern Regional Center during Fiscal Year 2017-2018 and/or fiscal year 2018 – 2019?

No  Yes

*If yes, provide details:*

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6. Has the applicant, any member of the applicant's organization or staff has received a citation from any agency for abuse (verbal, physical, sexual fiduciary, neglect)?

No  Yes

*If yes, explain in detail:*

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7. Has the applicant or any member of the applicant's organization received a Corrective Action Plan (CAP), Sanction, Notice of Immediate Danger, or an "A" or "B" citation, or any other citation from a regional center or state licensing agency?

No  Yes

*If yes, explain in detail:*

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8. Describe other professional/business obligations held by the Applicant. Do not include services you propose to provide through this proposal.

*Include the following:*

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

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

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

Time of commitment: \_\_\_\_\_

Capacity: \_\_\_\_\_

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Signature of Applicant or Authorized Representative

Date

| <b>Financial Statement</b>  |  |
|---|--|
| All respondents must complete this statement for last complete fiscal year and current fiscal year to date. |  |
| <b>CURRENT ASSETS</b>   |  |
| Cash in Bank  |  |
| Accounts Receivable   |  |
| Notes Receivable  |  |
| Equipment / Vehicles  |  |
| Inventory   |  |
| Deposits/ Prepaid Expenses  |  |
| Life Insurance ( Cash Value)  |  |
| Investment Securities (Stocks and Bonds)  |  |
| <b>TOTAL CURRENT ASSETS =</b>   |  |
| <b>FIXED ASSETS</b>   |  |
| Buildings and/or Structures   |  |
| Real Estate Holdings  |  |
| Long Term Investments   |  |
| Potential Judgements and Liens  |  |
| <b>TOTAL FIXED ASSETS =</b>   |  |
| <b>TOTAL CURRENT AND FIXED ASSETS =</b>   |  |
| <b>CURRENT LIABILITIES</b>  |  |
| Accounts Payable  |  |
| Notes Payable (Current Portion)   |  |
| Taxes Payable   |  |
| <b>TOTAL CURRENT LIABILITIES =</b>  |  |
| <b>LONG TERM LIABILITIES</b>  |  |
| Notes/Contracts   |  |
| Real Estate Mortgages   |  |
| <b>TOTAL LONG TERM LIABILITIES =</b>  |  |
| <b>TOTAL CURRENT AND LONG TERM LIABILITIES =</b>  |  |
| <b>Equity =</b>   |  |
| <b>TOTAL LIABILITES AND EQUITY =</b>  |  |
| <b>OTHER INCOME - Revenue from other Sources</b>  |  |
| Wages/Revenue or Other Sources (Specify)  |  |
| <b>LINE OF CREDIT</b>   |  |
| Amount Available (specify)  |  |

## BUDGET SUMMARY

Name of Applicant Organization: \_\_\_\_\_

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

Submit budget projections using estimates that are both reasonable and realistic uses of funds.

|     |  |                         |
|-----|--|-------------------------|
|     | <b>Care and Services</b>   | <b>Start-up Expense</b> |
| 1.  | Food   |                         |
| 2.  | Household Supplies   |                         |
| 3.  | Personal Supplies  |                         |
| 4.  | Program Equip/Recreation   |                         |
| 5.  | Total Board & Supply (add lines 1-4)   |                         |
|     | <b>Physical Plant</b>  | <b>Start-up Expense</b> |
| 6.  | Lease/Insurance (first 6 months or until the home is licensed)                       |                         |
| 7.  | Utilities (gas, electric, water, phone/media)  |                         |
| 8.  | Vehicle Lease  |                         |
| 9.  | Vehicle Maintenance/Gas/Insurance  |                         |
| 10. | Furnishings/Maintenance  |                         |
| 11. | Total Physical Plant (add Lines 6-10)  |                         |
|     | <b>General Administration</b>  | <b>Start-up Expense</b> |
| 12. | Admin Overhead   |                         |
| 13. | Office Supplies/Equipment/phone  |                         |
| 14. | Insurance(s)   |                         |
| 15. | Other-CCL fees   |                         |
| 16. | Staff recruitment  |                         |
| 17. | Training & Staff Development   |                         |
| 18. | Total Gen. Administration (add lines 12-17)  |                         |
|     | <b>Staffing</b>  | <b>Start-up Expense</b> |
| 19. | Salary – Administrator   |                         |
| 20. | Direct Staffing (first 6 months or until the 1 <sup>st</sup> person moves in)        |                         |
| 21. | Program Consultants  |                         |
| 22. | Employee Benefits (first 6 months or until the 1 <sup>st</sup> person moves in)      |                         |
| 23. | Payroll Taxes  |                         |
| 24. | Worker’s Compensation (first 6 months or until the 1 <sup>st</sup> person moves in.) |                         |
| 25. | Total Staffing Expenses (add lines 19-24)  |                         |
| 26. | Total Start-up Expenses (add lines 5,11,18 & 25)                                     | \$                      |
| 27. | Total Mo. Rate Per Person (divide Line 26 by 3)                                      |                         |



## KERN REGIONAL CENTER

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### PROPOSAL FORMAT AND PROPOSAL SCORING CRITERIA FOR **WRITTEN** PROPOSAL

PROGRAM: \_\_\_\_\_  
APPLICANT: \_\_\_\_\_  
RATER: \_\_\_\_\_

A. Submitted proposals will be scored per the following scoring guidelines by each member of the Review Committee in each of the areas below.

- 0 (Zero) Criteria not addressed at all
- 1 Minimal Response: Subject area is mentioned; however, applicant has not included any narrative or any supporting documentation that demonstrates an understanding of this particular proposal requirement.
- 2 Some supporting documentation and/or narrative discussion; however, the responses are not clearly articulated.
- 3 Good supporting documentation and/or narrative discussion; responses are more clearly articulated.
- 4 Maximum Response: Full supporting documentation and/or narrative discussion with exceptionally clear articulation making it readily apparent that applicant understands all aspects of the program development process.

A proposal can receive a maximum score of 28 points per member

#### B. Content of Proposal

\_\_\_\_\_ 1 Education and Experience: The proposal should clearly provide evidence that the applicant(s) possesses the education and/or experience necessary to complete a project of this scope. The applicant should clearly demonstrate an ability to manage grants and/or programs successfully. Applicant should include letters of reference and resumes.

\_\_\_\_\_ 2 Proposed Resources: The proposal should describe the location of the proposed services (include all facility/program resources as well as all community resources). Such description should clearly document that the program will provide a normalizing, integrated, accessible experience (meets Section 504 standards) and that the size and design of any proposed facility or program is adequate to accommodate program and consumer needs, outcomes and choices.

\_\_\_\_\_ 3 Program Description: The proposal should clearly demonstrate that the program description is appropriate for the population to be served. Such description should clearly identify consumer



capabilities and needs or challenges, which are the basis for admitting or exiting consumers from the facility/program. The proposal must specify which consumer characteristics you are unwilling to work with in the facility/program. The proposal should describe the anticipated consumer service outcomes, the training techniques used to meet the service outcomes and the methodology used to collect the data to measure consumer service outcomes. The proposal should demonstrate a clear understanding and utilization of Person Centered Planning.

\_\_\_\_\_ 4      Staffing:      The proposal should clearly document the type and number of staff with job descriptions (include qualifications and job duties) for all positions. The proposal should clearly document the type and level of initial and ongoing training for all staff. The proposal should clearly demonstrate that staffing patterns and staff qualifications are consistent with the regulations and guidelines noted in the RFP, and are realistic when compared to similar program/services for all positions.

\_\_\_\_\_ 5      Staff Schedule Included:      The proposal should include a staff schedule, which is in accordance with the RFP guidelines and identifies direct care personnel. (Please use the form provided in Appendix F). You may attach additional staff schedule information more specific to your proposed program, if needed.

\_\_\_\_\_ 6      Program Development:      The proposal should clearly describe proposed timelines for development and completion of the proposed project. The applicant(s) should clearly document an understanding of program requirements.

\_\_\_\_\_ 7      Budget and Finance:      The program budget should clearly display all costs associated with the proposal. The applicant(s) must demonstrate the ability to keep adequate fiscal records in accordance with all State and local requirements. Ongoing and start-up budgets should be included. Please refer to and complete Appendices A, B and D.

\_\_\_\_\_      TOTAL SCORE



## KERN REGIONAL CENTER

*Striving to Achieve Equality,  
Independence and Empowerment*

### PROPOSAL FORMAT AND PROPOSAL SCORING CRITERIA FOR **ORAL** PRESENTATION

PROGRAM: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

RATER: \_\_\_\_\_

- A. Oral presentations will be scored per the following scoring guidelines by each member of the Review Committee in each of the areas below.

**The administrator/licensee (applicant) must be the primary presenter during the oral presentation as they are ultimately responsible for all services provided.**

- 0 (Zero) Criteria not addressed at all
- 1 Minimal Response: Subject area is mentioned; however, applicant has not included any narrative or any supporting documentation that demonstrates an understanding of this particular proposal requirement.
- 2 Some: supporting documentation and/or narrative discussion; however, the responses are not clearly articulated.
- 3 Good: supporting documentation and/or narrative discussion, responses are more clearly articulated.
- 4 Maximum Response: Full supporting documentation and/or narrative discussion with exceptionally clear articulation making it readily apparent that applicant understands all aspects of the program development process.

A proposal can receive a maximum score of 32 points per member

#### B. Content of Presentation

\_\_\_ 1 Service Quality: Applicant clearly demonstrates an understanding and working knowledge of the principles of integration and normalization and overall, demonstrates, through their presentation an understanding of consumer needs and choices as related to services provided and service quality

\_\_\_ 2 Program Description: Applicant clearly demonstrates a working knowledge of their program plan and the ways in which they will implement the program description as related to the needs of the consumers.

\_\_\_ 3 Consumer Needs: Applicant demonstrates knowledge of consumer's needs as related to current Request For Proposal and Individual Life Quality Outcomes. This includes experience that relates to current need.

\_\_\_ 4 Budget and Finance: Applicant demonstrates an understanding of operating the service requested in the most cost effective manner and demonstrates clear knowledge of facility/program requirements to operate the facility/program in accordance with Title 17 and Title 22 regulations.

\_\_\_ 5 Experience: Applicant clearly articulates pertinent experience for themselves, staff and consultants.

\_\_\_ 6 Training Issues: Applicant demonstrates an understanding of the need for training staff per the requirements noted in the RFP and regulations as well as to ensure consumer safety and success. Demonstrates an understanding of staffing levels that meet the consumer's needs as outlined in the RFP.

\_\_\_ 7 Proposed Resources: Applicant successfully identifies community contacts that will ensure implementation of program plan.

\_\_\_ 8 Overview Summary: Applicant is able to field questions from the team about the program in a concise and articulate manner.

\_\_\_\_\_ TOTAL SCORE

The written proposal and oral presentation can achieve a maximum score of 60 points per member. ( Written proposal= 28 points; Oral presentation= 32 points)