



WESTSIDE REGIONAL CENTER

DATE: 12/14/12

RE: Request for Proposals (RFP) - - Networking and Life Skills Group Facilitator

Letter of Intent deadline: 1/15/2013 at 5 P.M.

The Westside Regional Center is requesting letters of intent for the facilitation of their Networking & Life Skills Group for fiscal year 2013-2014.

This program will provide networking opportunities, life skills education, hands on training, and assistance matching potential roommates for adults with developmental disabilities who are being supported by the Westside Regional Center.

Start-up funding: Not Available

Program Design

Networking and Life Skills

This program is for adults to participate in a twice monthly group that not only provides an opportunity for networking but an educational opportunity as well.

Networking opportunities will be structured, interactive and fun. Each session will include a presentation/activity focusing on relevant life skills for the group.

Westside Regional Center will provide a list of requirements for presentation topics and additional topics can be selected by the group participants. In addition to the group activities, there will be access to a "Roommate Table" in which participants who are in need of a roommate may be able to complete a profile and get introduced to potential roommate matches.

Rationale

Everyone needs social interaction and many times the adults that Westside Regional Center supports need a little extra help meeting and making friends, finding a peer group to socialize with, and looking for potential roommates and/or housemates. This is even more important for adults that would like to live independently, or move out of their family home, but need a roommate to share expenses. Additionally, there is a variety of life skills needed for these individuals to be successful living independently. The Networking and Life Skills Group gives adults these opportunities that are greatly needed. In this group where natural supports can be developed, friendships may be formed, and important skills will be demonstrated and all activities will focus on independence for adults with developmental disabilities.

Facilitation

The facilitator of this program should have a thorough understanding of developmental disabilities, have knowledge and understanding of the rights of people with disabilities, and have an understanding of the needs of this population both socially and educationally.

The facilitator must have education and experience in teaching and developing curricula for people with intellectual and developmental disabilities.

The facilitator must also have expertise in techniques of developing support networks. Connections to professionals as needed to present trainings in designated topics will be required. Knowledge of Regional Center service delivery, self-advocacy, basic health & safety and human relations is also required. Three letters of reference should be included with the program design. At least one should be from an adult with a developmental disability or their family, and at least one should be from an agency that also serves individuals with developmental disabilities.

Program Details

Referrals for this group will be indicated by the individual's Service Coordinator or by self-referral. A sign in sheet will be required at each group and will need pertinent information regarding each participant, while still using best practice for confidentiality, in order for the facilitator to e-bill for services in the contract. Approximate size of the group will be 12-25 people. The "Roommate Table" will have a separate sign in sheet and the facilitator will maintain a notebook of interested participants and their profile which will be stored at WRC.

Activities of this program will include the following:

1. Minimum of 4 Self Advocacy presentations
2. Minimum of 4 cooking demonstrations highlighting a simple, easy to understand and healthy recipe
3. Minimum of 4 physical activities (zumba, country western line dancing, yoga, etc.
4. One presentation on Safety in the Community
5. One presentation on Clients Rights
6. One presentation on Accessing Generic Resources
7. Topics for Independent Living must include: Budgeting, Staff Management, Apartment search, Conflict Resolution.

An agenda and training topics must be developed on a quarterly basis and provided to the Regional Center Liaison a minimum of 3 months prior to the date. All training curricula must be submitted to the Liaison a minimum of 3 weeks prior to the topic presentation. Sign in sheets and handout materials will be submitted to WRC following each group. Any guest speakers, presentation materials, refreshments and activity costs will be incurred within the funding parameters of the contract and not paid separately by WRC.

Training Curriculum

This program will be hosted at the Westside Regional Center in a group format. Training presentations will be provided for a minimum of one hour per group session, each group session is two hours.

General areas of skill acquisition are:

1. Safety in the home and community
2. Living Independently
3. Health & nutrition
4. Locating/Accessing resources for finances, health, & recreation
5. Home cleanliness & organization
6. Advocacy
7. How to handle an emergency: injury, sickness, accidents, fire, falls, and home intrusion (for example).

TIMELINE

The letter of intent that includes a narrative addressing all of the stated requirements as specified is **due to Westside Regional Center by 5:00 pm on January 15, 2013**. This should also include a program design, proposed examples of activities, and a sample curriculum for one topic/subject area.

Letters of Intent and Proposals may be mailed to:

Community Services RFP, Westside Regional Center,
5901 Green Valley Circle Suite 320, Culver City, CA 90230.

FAXED copies will NOT be accepted.

Acceptance and intent to vendor this program is at the sole discretion of the selection committee at Westside Regional Center.

The decision of the selection committee is final and not subject to appeal.

Employees of regional centers and Area Boards are not eligible to apply. Current employees of State Developmental Centers may apply, but are subject to approval following AB 1106 guidelines provided by the Department of Developmental Services (DDS).

 1/15/13 **Letter of Intent submitted to WRC by 5:00 p.m.**

- __ 1/16/13 – 1/31/13 Evaluation by Selection Committee**
- __ 2/1/13- 2/15/13__ Interviews with the highest-ranking applicants**
- __ 3/1/13_____ Notification of intent to vendor a selected applicant**
- __ 4/1/13_____ Completion of a negotiated contract**

INQUIRIES

All additional inquiries regarding the application should be directed to Mary Lou Weise-Stusser, Director of Community Services. Technical assistance is limited to information about the requirements for the letter of intent only.

Letter of Intent—Instructions

The applicant is required to submit a letter of intent that complies with the following instructions. An application may be disqualified from consideration for failure to: follow instructions, complete documents, submit required documents or meet the deadline.

- _ Standard size (8 ½ x 11) paper except for special charts or schedules that require larger paper**
- _ Typed using a standard font (12), double-spaced pages**
- _ Every page numbered consecutively**
- _ Do NOT place in ring binders or folders, but rather use binder clips or compressor clips**
- _ Letter of intent not to exceed 7 pages**

ATTACHMENT A—TITLE PAGE

Facilitator of WRC Networking & Life Skills Group

TO: SELECTION COMMITTEE

Westside Regional Center

5901 Green Valley Circle #320

Culver City, CA 90230

ATTENTION: Community Services RFP

PROGRAM TITLE: WRC Networking & Life Skills Group

NAME OF APPLICANT or ORGANIZATION SUBMITTING

PROPOSAL *(please print)*

SIGNATURE OF PERSON AUTHORIZED TO BIND ORGANIZATION

DATE

CONTACT PERSON FOR PROJECT *(please print)*

TELEPHONE NUMBER /FAX NUMBER /e-mail address

NAME OF PARENT CORPORATION; if applicable *(please print)*

ADDRESS *(please print)*

AUTHOR OR PROPOSAL, DATE

IF DIFFERENT FROM PERSON SUBMITTING PROPOSAL

ATTACHMENT B—STATEMENT OF OBLIGATION

1. The applicant is presently providing support to persons who have a developmental disability. No Yes

If yes, indicate name, location, and number of people you support.

2. The applicant is currently receiving or planning to apply for grants/funds from any source to develop the same program support program? No Yes

If yes, indicate name, location, type and capacity of service(s).

3. The applicant is planning to expand existing service from a source other than Westside Regional Center during Fiscal Year 2013-14: No Yes

If yes, indicate funding source and scope of grant project.

4. The applicant or 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, indicate agency, type of citation and outcome of investigation.

5. Has the applicant or any member of the applicant's organization received a Corrective Action Plan (CAP), Sanction, a 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.

6. Describe all other professional/business obligations held by the Licensee and Administrator, including name, location, type, and capacity (time commitment) of each obligation.

Do not include services you propose to provide through this proposal.

Signature of Applicant or Authorized Representative Date

ATTACHMENT C—SAMPLE FINANCIAL STATEMENT

1. CURRENT ASSETS:

Cash in Banks

Accounts Receivable

Notes Receivable

Equipment/Vehicles

Inventories

Deposits/Prepaid Expenses

Life Insurance (Cash Value)

Investment Securities (Stocks and Bonds)

2. FIXED ASSETS:

Buildings and/or Structures

Real Estate Holdings

Long Term Investments

Potential Judgments and Liens

3. CURRENT LIABILITIES:

Accounts Payable

Notes Payable (Current Portion)

Taxes Payable

4. LONG-TERM LIABILITIES:

Notes/Contracts

Real Estate Mortgages

5. OTHER INCOME, wages, or revenues from other sources
(specify)

6. LINE OF CREDIT

Amount available (specify)

ATTACHMENT C--Administrative Overhead (include description)

Office Equipment/Supplies (include description)

Communication (include description)

Program Consultants (include description)

Travel Expenses (include description)

Staff Recruitment Costs (advertising, fingerprint)
(include description) _____

Furniture (including description)

Utilities (including description)

Insurance (vehicle, fire, household, etc.)

Program Supplies/Recreational Adaptive

Vehicle Lease _____

Vehicle Maintenance (gasoline, etc.)

Fire and Safety Costs (sprinkler, alarms, etc).

In addition to the projected cost for each item, be sure to include a detailed breakdown or the calculation used to arrive at your figures.

ATTACHMENT D—Ongoing BUDGET FORM

ITEM PROJECTED COST

Staff Salaries (specify details) _____

Staff Benefits (specify details) _____

Administrative Overhead _____

Office Supplies _____

Office Equipment/Supplies _____

Communication _____

Ongoing Training Expenses _____

Program Consultants _____

Travel Expenses _____

Staff recruitment Costs (advertising, fingerprinting)

Residential Mortgage/Lease _____

Licensing Fees _____

Household Supplies _____

Furniture _____

Kitchen Equipment _____

Kitchen Appliances _____

Food _____

Utilities _____

Insurance (vehicle, fire, household, etc.) _____

Program Supplies/Recreational Adaptive Equipment

Vehicle Lease _____

Vehicle Maintenance (gasoline, etc.) _____

Fire and Safety Costs (sprinkler, alarms, etc.) _____

Maintenance of facility _____

Other General Expenses (Specify) _____

TOTAL PROJECTED ONGOING MONTHLY COSTS
