

Request for Proposal (RFP) Foundation for Developmental Disabilities Cycle V - 2016

Note: Please note that the due date for the Cycle-V 2016 RFP has been extended to January 30, 2017 no later than 4:00PM.

The Foundation for Developmental Disabilities (FDD) supports individuals with developmental disabilities and their families when needed services are not available from public or private resources. Through a competitive process, the FDD will award start-up funding for programs to assist people with developmental disabilities and their families in San Diego and Imperial counties.

The FDD may elect to fund all, part, or none of the projects, depending on funding availability as approved by the Board of Directors, and the quality of proposals received. Applications that propose innovative, person-centered service delivery models, as alternatives to the traditional resources described will be favorably considered.

APPLICANT ELIGIBILITY

Proposals may be submitted by nonprofit agencies, or individuals. The applicant must have experience in providing services to persons with developmental disabilities. Board Directors of the Foundation for Developmental Disabilities and its employees are prohibited from submitting proposals.

SUBMISSION OF PROPOSALS

Please direct all proposals to:

Foundation for Developmental Disabilities - RFP
Attn: Chuck Davis
4355 Ruffin Road, Suite 116
San Diego, CA 92123

Email: cdavis@foundationfordd.org or tmcvicker@foundationfordd.org

Proposals must be *received* at the above address and additionally by email to Chuck Davis **no later than 4:00 p.m. on January 30, 2017. Proposals received after this deadline will not be considered.** Reliance on the postal service will not be an acceptable excuse for late proposals. Faxed copies of the proposals will not be accepted.

PROPOSAL CONTENT AND SUBMISSION

Proposals must comply with the instructions, format, and time lines described in this request. Proposals should be written in 12 point font, Times New Roman or Arial preferred. All pages in the proposal must be numbered consecutively on 8½" by 11" paper and include an identifying footer with agency name and project number. **Each applicant must submit an original proposal and five (5) complete copies.** Each copy should be bound only by a single staple.

FORMAT AND APPLICATION REQUIREMENTS

Each proposal must contain the following:

1. Applicant/Agency Information Form

The Applicant/Agency Information Form, Appendix A, included with this RFP, *must* be completed to provide the pertinent information about the applicant. The information provided should indicate the applicant's ability to implement the proposed project. **This form should contain the dated original signature of an individual with authority to submit the proposal.**

2. Proposal Methodology

In *no more than five (5) pages* the applicant must provide the following information about the proposed project:

- a. The applicant's philosophy and values related to the proposed project and related to how services to persons with developmental disabilities should be delivered.
- b. The outcome objectives that will be achieved at the completion of the proposed project, and the methods by which those outcomes will be documented. This should include the applicant's work plan for the proposed project with corresponding timelines identifying how and when each outcome objective will be met.
- c. A description of the needs of the clients who will be served by the project.
- d. The applicant's proposed use of personnel, including the selection, management, and training of staff. The names and qualifications of any additional consulting/professional staff (if known) that will be associated with the project should be included.
- e. Identification of the geographic area within San Diego and Imperial counties where services will be provided.
- f. A description of the proposed environment/facilities in which services would be provided, including a description of any special adaptations that may be made to that environment/facility.
- g. **A description (rates, funding sources, and funding categories) of the on-going funding that will be required to maintain the services that are developed.**

3. Budget and Financial Information Form

The Budget Form, Appendix B, that is included with this RFP, *must* be completed and a copy of current financial statement be provided.

POST GRANT REPORTING REQUIREMENTS

Each selected project administrator will be required to submit a semi-annual summary describing progress made toward meeting project objectives to the Foundation for Developmental Disabilities. The project administrator will submit a final report upon completion of the project. (Copy of post grant report form is attached)

PROPOSAL SELECTION PROCESS

Each proposal will be evaluated by a selection committee. The FDD Board will make decisions based on recommendations of selection committee. The evaluation will be based on responsiveness, innovation, previous experience of applicant, and demonstrated applicant financial responsibility. The Proposal Review/Selection Criteria worksheet is included with this RFP. Additional information may be required from selected applicants with regard to the proposal submitted prior to the awarding of a contract. References will be contacted and interviews **may** be conducted.

The Foundation for Developmental Disabilities reserves the right to reject any or all proposals and to cancel the RFP process at its discretion.

FUNDS

The total of start-up funding for project(s) available for Cycle V is \$175,000

ADDITIONAL INFORMATION

Any questions regarding the requirements of this RFP should be directed to:

Foundation for Developmental Disabilities - RFP

Attn: Chuck Davis

4355 Ruffin Road, Suite 116

San Diego, CA 92123

Phone: (858) 256.2220

FAX: (858)256.2296

cdavis@foundationfordd.org

APPLICANT/AGENCY INFORMATION

Applicant/Agency Name _____

Address: _____ Phone: _____

Non-Profit Agency Individual

Contact Person's Name and Job Title: _____

Phone: (____) _____

A. List up to four current or previous services implemented by the applicant/agency that provide evidence of experience related to your proposal. Include the service name, the dates that services started (and ended if not currently being provided), and a one sentence description of the type/purpose of the indicated service:

- 1. _____

- 2. _____

- 3. _____

- 4. _____

B. List two references that can be contacted in regards to applicant's experience, qualifications and ability to implement this proposal:

- 1. _____
Name and Title Agency Affiliation

Address Phone
- 2. _____
Name and Title Agency Affiliation

Address Phone

Application submitted by: _____
Signature Date

Print Name: _____

BUDGET FOR PROJECT START-UP

Budget Category Start-Up Expenses	Total Budget	Use of FDD Funds	Other Sources (Include amount and name of source)
a. Salaries & Wages b. Fringe Benefits c. Consultant/Contract Services			
Total Personnel Budget			
d. Office Rent e. Utilities f. Telephone g. Office Supplies h. Equipment i. Printing/Duplication j. Travel/Conferences k. Other (specify)			
Total Non-Personnel Budget			
Total Start-Up Budget			

Notes:

SUBMITTED BY: _____
Print Name

Signature

Date

FOUNDATION REQUEST FOR PROPOSAL
PROPOSAL REVIEW/SELECTION CRITERIA

Applicant/Agency: _____

A. Agency Description
1. The applicant/agency has prior relevant experience and credentials in the developmental disabilities and/or mental health field.
2. The applicant/agency's philosophy is positive, client oriented and appropriate to the goals of the proposed project.
3. The applicant/agency's history indicates the capability of developing, managing, and operating the proposed project in San Diego and Imperial counties.
B. Project Description
1. The expected service outcomes are clear and consistent with the goals of the proposed project.
2. The proposed use of personnel (direct care staff and consultants), including the selection, management and training of staff should ensure quality outcomes in the project.
3. The plan for providing services, including the description of the needs of the clients who will be served, is consistent with the goals of the project.
C. Work Plan/Timelines
1. The work plan indicates a thorough knowledge of the processes and procedures needed to complete the project.
2. The timeline for project development is realistic and meets deadlines.
D. Budget/Finances
1. The applicant/agency's financial statement reflects sound fiscal practices. Assets are sufficient to undertake the proposed project.
2. The start-up budget is reasonable and demonstrates a good appraisal of actual costs involved in completing the project.
3. The estimate for on-going service rates is cost-effective and consistent with funding for similar programs.
E. Proposal Responsiveness
1. The overall proposal indicates an ability to follow directions and is an appropriate response to the RFP.
2. The proposal provides evidence of innovative practices in providing services.
F. Project Sustainability
1. The proposal identifies sources for funding to continue project after start-up.

Post Grant Report

The Foundation requires every grant recipient to submit a grant report. These reports are reviewed by the Foundation's staff and shared with the Board, and they become part of a grant recipient's application portfolio in the event that the organization reapplies for funding. Attach additional pages as necessary.

Grantee

Grantee Organization Name and Address:	Primary Contact Name:
	Phone:
	Fax:
	Email:

Award

Award Amount:	Award Period:
To date, Grant Recipient has spent grant funds totaling: \$_____.	Program Area:

1. **Program Background Overview** *(brief description of the program's original goals, objectives and success criteria)*

2. **Overall Performance**
 - a. Describe to what extent the outcomes in the proposal were achieved.

 - b. Describe in detail the benefits to persons with developmental disabilities and their families.

3. **Lessons Learned and Shared**
 - a. A description of the "necessity" of the grant award to your project would be helpful, was it: critical (couldn't have done it without); essential (would have had to scale back project without); or good to have (expanded project, added features, etc.)?

 - b. Are you satisfied with your results?

Attachments *(Optional)*

Please attach copies of public recognition, awards, news articles as well as photos related to this grant. We would love to promote your good works on our website!

Post Grant Meeting:

The post grant evaluation may also include a site visit from a representative of the Foundation. In the event this is to occur, we will contact you in order to arrange an appropriate time.

If you have any questions regarding the completion of the post grant report, please contact the Foundation office.

Prepared By

By: _____ [signature] _____ Title

Name: _____ [printed] _____ Date

Approved By

By: _____ [signature] _____ Title

Name: _____ [printed] _____ Date

Please return the completed form as a Word or PDF attachment via email to: Thelma McVicker;
tmcvicker@foundationfordd.org. A confirmation email must be received for the submission to be valid. If you do not receive a confirmation email within three days, please resend or call the Foundation Office at (858) 256-2222. If you would like an electronic copy of this form please email tmcvicker@foundationfordd.org.