

Request for Proposal (RFP) for Development of Employment Services Fiscal Year 2025-2026 Project ID: WRC-2526-2

What: RFP Orientation for Supportive Employment Services

When: December 15th, 2025, at 4pm Pacific Time (US and Canada)

Where: https://westsiderc-org.zoom.us/meeting/register/9t4KcuYUQ225zYSl2kfvFA

Please note that it is required to register and attend the public meeting to submit a proposal for the RFP.

Summary of Project

Westside Regional Center (WRC) is soliciting proposals for the development of Supportive Employment Program for individuals who are 18 years or older and residing in the WRC service area. This request for proposal is under the Community Resource Development Plan (CRDP) Provider Start-up Funds.

Service Type: Supportive Employment Services

Posting Date: 11/14/2025

Start-up Funds Available: The start-up funds have been negotiated with the California Department of Developmental Services (DDS). DDS has authorized WRC to use up to \$100,000 in FY 2025-26 CRDP provider start-up funds to support the development of Employment Services. Start-up funds are intended for non-recurring costs associated with initially establishing the service, such as administrative components, location furnishings and supplies, personnel recruitment and training expenses, training related to communication styles (including ASL and SEE-Signs), general equipment, and other costs as described in the contract. Note that start-up funds are not intended to cover 100% of development costs. Start-up funds will be negotiated.

Location: Within the WRC's service area.

Development Timeline: Services should be ready to commence no later than Fall/Winter 2026, unless otherwise specified.

Service Description

Supported Employment Services to support adults with medical or behavioral challenges that limit access to traditional jobs. Services focus on connecting individuals to meaningful, fairly paid employment opportunities, delivered by experienced staff who understand complex support needs.

Supported Employment Services assist adults with intellectual disabilities and/or developmental disabilities by finding and maintaining a job in competitive, customized or self-employment in the community. Employment must be:

• in an integrated work setting,

- paid at or above the State's minimum wage,
- with equivalent wages, benefits, and advancement opportunities as people without disabilities in the same position. Employment is developed consistent with the strengths and skills, capabilities, interests, preferences, career goals and informed choice of the individual.

<u>Supported employment – individual:</u> All activities happen at an individual level – job coach-to-consumer job ratio of one-to-one.

<u>Supported employment – group:</u> This is provided at a job coach to-consumer ratio of not less than one-to-four and not more than one-to-eight with at least three of these consumers being funded by the Regional Center or the Department of Rehabilitation. For consumers receiving group services, ongoing support services are limited to job coaching and shall be provided at the worksite.

Potential providers providing Supported Employment Services must have prior demonstratable experience. Qualified providers:

- Must be a current vendor or willing to be vendored with WRC to provide Supportive Employment Services.
- Must comply with WRC vendorization requirements
- Must have a business located within the WRC catchment/service area
- Hold the educational and experience requirements aforementioned
- Be able to demonstrate verbal and written proficiency in Spanish and English language
- Demonstrate multicultural competency and participate in on-going (i.e., at least once a year) training in Cultural Sensitivity to meet the needs of the identified zip code area, including, the Hispanic and African American community

Proposal Submission

Proposals must be received at the Westside Regional Center by **4pm on Friday, January 30**th, **2026**. This RFP does not commit WRC to procure or contract for services or supports. WRC may elect to fund all, part, or none of the project, depending on funding availability as approved by DDS and the quality of the proposals received.

Additional Requirements

- **Title 17 Compliance**: The applicant agency must meet all Title 17 requirements applicable to this service model as prescribed by DDS.
- Plan for Recruitment and Training: Provide a plan for recruitment, background checks (e.g., Live-scan), preservice and ongoing training, and consultative support.
- **Emergency Plan**: Provide a plan for security and response to emergencies.
- **Evaluation Plan**: Develop a plan for evaluating service success and quality of life outcomes by an objective third party.
- **Commitment to Service Stability**: Adopt a creative and flexible approach to service, modifying supports to ensure stability without requesting additional funding from the regional center.
- **Monitoring and Evaluation**: Agree to a minimum of quarterly monitoring by WRC, with individuals/families being evaluated more frequently.

- **Financial Record Keeping**: Keep financial data, including receipts and canceled checks, for five (5) years from the date of the contract.
- Service Continuity: a contract for this project will require an agreement to provide a minimum of 120 months (ten years) of continuous services from the date of the first admission. Failure to meet this term will require the awardees to repay a portion of the original start-up grant, i.e., 12 months re-pay 95% of original start-up grant, 24 months re-pay 85% of original start-up grant, etc.
- Conflict of Interest Disclosure: Disclose any potential conflicts of interest as per Title 17, §54500. Proposals
 will not be accepted from employees of the State of California, employees of the regional center system, or
 their immediate family members. Eligible applicants may be non-profit corporations (501-C3) or for-profit
 entities.
- **Development of Program/Service Design**: The selected applicant will be required to complete a service design withing thirty (30) days of awareness 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.

Costs for Proposal Submission

Applicants are responsible for all costs associated with the development and submission of their proposals.

Submission Instructions

Please include all the information requested and submit it in the same order listed below. For additional guidance in writing your service summary, please refer to Title 17 regulations. The "Application/Proposal Coversheet" (see Attachment – A) 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.

Submissions will NOT be returned.

No proposals will be accepted after the deadline.

- Application/Proposal Coversheet Attachment A
- Table of Contents
- Professional Resumes and References Attachment B
- Statement of Obligation Attachment C
- Sample Financial Statement Attachment D
- Budget Summary Attachment E

- **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.
- **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 supported living services in their homes and how achievement of outcomes will be measured.
- Assessment and Planning: Briefly describe the planning process. Discuss how individual goals and objectives will be determined and progress measured.
- Administrative/Consultant Roles: Describe roles of Administrator, additional staff, and proposed involved consultants. Provide qualifications of any certified or licensed staff or consultants. Attach resumes.
- **Staff Recruitment and Retention:** Describe your plan to recruit and retain quality staff. Include the following:
 - Desired characteristics for all staff positions including bilingual or multilingual backgrounds
 - Health and criminal background screening procedures.
 - Initial and ongoing training, including required certifications. Include any specialized training for providing behavior support and crisis intervention to individuals who have potentially dangerous behaviors.
 - Discuss what typical staff turnover is for your organization/agency.
 - Provide information on salary levels and benefits. Direct care staff must be paid at a set minimum.
 - 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.
- **Staffing Schedule:** Provide a sample one-week staffing schedule including the administrative staff, direct support professionals, consultant(s), and program prep time.
- Transportation: Describe how transportation will be provided for day/work services,

therapy and medical appointments, court requirements, or recreation and other activities.

- **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, medication logs) to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures (e.g. supervision, medication management, recruiting, etc.). Providers shall describe the feedback loop by which problem procedures will be identified, corrective through revised practices, and further monitored to measure the effectiveness of those changes in agency practice.
- DS 1891 Applicant/Vendor Disclosure Statement: Complete and include this document: http://www.dds.ca.gov/Forms/docs/DS1891.pdf

Formatting Instructions

Applicants must adhere to the following formatting requirements when submitting proposals: All submissions must be sent to: RFP@westsiderc.org. Electronic submissions cannot_exceed 15 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 typed or written. Include additional pages as needed, please note that proposals should be no longer than 10 pages total (this does not include the attachments on the application). All proposals must be complete, typewritten, collated, and page numbered.

Inquiries/Request for Assistance

Questions related to the application guidelines may be directed to Ellen Liao, 310-258-4182. 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 Contact: Westside Regional Center

Attn: Ellen Liao

Westside Regional Center, Community Services

777 Aviation Blvd, Ste. 105 El Segundo, CA 90245

(310) 258-4182

EllenL@westsiderc.org

Timeline requirements:

November 14, 2025	Request for proposals release
December 15 th , 2025	RFP Orientation via Zoom
January 30 th , 2026	Deadline for receipt of proposals by 4pm
February 2 nd -13 th , 2026	Evaluation of proposals by selection committee
February 18-27 th , 2026	Interviews with highest-ranking applicants, if applicable
March 6 th , 2026	Notice of selection emailed to applicants
March 11th, 2026	Notification of Project Award posted on WRC website
April 3 rd , 2026	Start-up contract signed

APPLICATION/PROPOSAL COVERSHEET

Name of Applicant or Organization Submitting Proposal							
Name of parent corporation, if applicable							
Applicant's m	ailing address						
Contact perso	on for project						
-							
Contact phon	e number	Contact fax number		Conta	ct e-mail addr	ess	
Author of pro	posal or consulta	nt assisting with proposa	ı		Author/cons	sultant ph	one number
	List all Regio	onal Centers with which y	ou have	vendore	ed programs o	or service	<u>s</u>
Reg. Center	Name of	Program/Service	Т	ype of P	rogram/Servio	ce	Vendor Number
	_	al Centers with which yo		_	s/services in d		
Reg. Center	Ту	pe of Program/Service in	n Develo	pment		Ser	vice Start Date
Application submitted by							
Application submitted by:							
Signature (person must be authorized to bind organization)					Date		

PROFESSIONAL RESUMES AND REFERENCES

Name of Applicant/Organ	nization:				
Submit a professional re who will be administrator	esume for all staff and consultars, if known.	ants identified or referenced in application, including individuals			
	List all staff and/or consu	Itants for whom a resume is attached			
N	Name	Job Title/Type of Consultant			
qualifications, experienc	e and ability to implement this	ncy affiliation, who can be contacted in regard to applicant's proposal. References must be professional in nature. References /or applicant's family members are excluded from consideration.			
Name: _		Phone:			
Job Title: _					
Agency Affiliation: _					
Agency Affiliation: _					
		Phone:			
Agency Affiliation:					

STATEMENT OF OBLIGATION

Signat	ture of Applicant or Authorized Representative Date
6.	Describe 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.
5.	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.
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, explain in detail.
3.	The applicant is planning to expand existing services (with or without grant funds) from a source other than Westside Regional Center during Fiscal Year 2022-2023 and/or fiscal year 2022/2023. [] No [] Yes If yes, indicate funding source and scope of grant project.
2.	The applicant is currently receiving or planning to apply for grants/funds from any source to develop social service programs? [] No [] Yes If yes, indicate name, location, type and capacity of service(s).
1.	The applicant is presently providing social services to regional center consumers or other members of the community. [] No [] Yes If yes, indicate name, location, type and capacity of service(s).

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/revenues or other sources

6. LINE OF CREDIT

Amount available (specify)

BUDGET SUMMARY

Name of Applicant/Organization:		

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

	Care and Services	Start-up Expense & 3	Ongoing Monthly
1.	Food		
2.	Household Supplies		
3.	Personal Supplies		
4.	Program Equip/Recreation		
5.	Total Board & Supply (add lines 1-4)		
	Physical Plant	Start-up Expense	Ongoing Monthly
6.	Lease/Insurance (3 months lease)		
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)		
	General Administration	Start-up Expense	Ongoing Monthly
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)		
	Staffing	Start-up Expense	Ongoing Monthly
19.	Salary – Administrator		
20.	Direct Staffing		
21.	Program Consultants		
22.	Employee Benefits		
23.	Payroll Taxes		
24.	Worker's Compensation		
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 4)		\$