

PROPOSAL TITLE PAGE

TO: North Los Angeles County Regional Center
resourcedevelopment@nlacrc.org

RE: Submission of Proposal in Response to RFP for the following project: **(check 1 box per column only)**

- | <u>Project</u> | <u>Location</u> |
|--|---|
| <input type="checkbox"/> #1: Residential Facility: Complex and Challenging Support Needs | <input type="checkbox"/> San Fernando Valley |
| <input type="checkbox"/> #2: Speech and Language Pathologist | <input type="checkbox"/> Santa Clarita Valley |
| <input type="checkbox"/> #3: Occupational Therapist | <input type="checkbox"/> Antelope Valley |
| <input type="checkbox"/> #4: Physical Therapist | |
| <input type="checkbox"/> #5: Infant Development Program | |
| <input type="checkbox"/> #6: Residential Facility: Mild to Moderate Support Needs | |

NAME OF APPLICANT or ORGANIZATION SUBMITTING PROPOSAL *(please print)*

ADDRESS CITY STATE ZIP

TELEPHONE NUMBER FAX NUMBER e-mail address

CONTACT PERSON FOR PROJECT *(please print)* TELEPHONE NUMBER

NAME OF PARENT CORPORATION, if applicable please indicate: Non-profit For-profit

AUTHOR OF PROPOSAL *(if different from applicant identified above)*
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.

Applicant Signature/Signature of Person Authorized to Bind Organization DATE