

**Social Recreation, Camp and Non-Medical Therapies**

**Request for Vendorization**

**PROPOSAL TITLE PAGE 1 of 2**

**TO:** North Los Angeles County Regional Center

 resourcedevelopment@nlacrc.org

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

**Proposed Service: Office Location:**

□ San Fernando Valley

 □ Santa Clarita Valley

□ Antelope Valley

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| **PROJECTS** | **LOCATION** |
| [ ]  PROJECT #1: Socialization Training Program (028) | All Valleys |
| [ ]  PROJECT #2: Communities Activities Support Services (063) | All Valleys |
| [ ]  PROJECT #3: Social Recreational Programs (525) | All Valleys  |
| [ ]  PROJECT #4: Specialized Recreational Therapy (106) | All Valleys |
| [ ]  PROJECT #5: Art Therapist (691) | All Valleys  |
| [ ]  PROJECT #6: Dance Therapist (692) | All Valleys  |
| [ ]  PROJECT #7: Music Therapist (693) | All Valleys |
| [ ]  PROJECT #8: Recreational Therapist (694) | All Valleys |
| [ ]  PROJECT #9: Camping Services (850)[ ]  PROJECT #10: Sports Club (008) | All ValleysAll Valleys |
|  |  |
| All Valleys: Antelope Valley, Santa Clarita Valley, & San Fernando Valley |

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| **LANGUAGE(S) SERVICE PROVIDED** – For the Social Recreation, Camp, and Non-Medical RFV proposal cycle, at least one language other than English is recommended. Please check the boxes of language(s) in which services can be provided: |
| * American Sign Language (ASL)
* Arabic
* Armenian
* Chinese – Cantonese
* Chinese – Hakka
* Chinese – Mandarin
* Chinese – Other
* English
 | * Japanese
* Khmer
* Korean
* Persian (Farsi)
* Russian
* Spanish or Spanish Creole
* Tagalog
* Vietnamese
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**PROPOSAL TITLE PAGE 2 of 2**

**Please print all information legibly**

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

SERVICE ADDRESS CITY STATE ZIP

TELEPHONE NUMBER FAX NUMBER e-mail address (*please print legibly)*

MAILING ADDRESS (if different than service address) CITY STATE ZIP

TELEPHONE NUMBER FAX NUMBER e-mail address (*please print legibly)*

CONTACT PERSON FOR PROJECT **(***please print legibly)* 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 RFV, 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