



# North Los Angeles County Regional Center

Main 818-778-1900 • Fax 818-756-6140 #9200 Oakdale Avenue #100, Chatsworth, CA 91311 #www.nlacrc.org

**EARLY START SPECIALIZED THERAPEUTIC SERVICES  
REQUEST FOR VENDORIZATION  
Service Code 116  
Location: Antelope Valley  
  
PROPOSAL TITLE PAGE**

TO: North Los Angeles County Regional Center  
[resourcedevelopment@nlacrc.org](mailto:resourcedevelopment@nlacrc.org)

RE: Submission of Proposal in Response to RFV for Early Start Specialized Therapeutic Services (Service Code 116) in the Antelope Valley

**SERVICE LANGUAGE(S)** –In addition to English, please indicate in which language(s) services can be provided.

- |   |  |
|---|--|
| <input type="checkbox"/> American Sign Language (ASL) | <input type="checkbox"/> Japanese            |
| <input type="checkbox"/> Arabic                       | <input type="checkbox"/> Korean              |
| <input type="checkbox"/> Armenian                     | <input type="checkbox"/> Persian (Farsi)     |
| <input type="checkbox"/> Chinese – Cantonese          | <input type="checkbox"/> Russian             |
| <input type="checkbox"/> Chinese – Hakka              | <input type="checkbox"/> Spanish (preferred) |
| <input type="checkbox"/> Chinese – Mandarin           | <input type="checkbox"/> Spanish Creole      |
| <input type="checkbox"/> Chinese – Other              | <input type="checkbox"/> Tagalog             |
| <input type="checkbox"/> Hindi                        | <input type="checkbox"/> Vietnamese          |



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## EARLY START SPECIALIZED THERAPEUTIC SERVICES REQUEST FOR VENDORIZATION

### PROPOSAL TITLE PAGE CONTINUED

**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