



# North Los Angeles County Regional Center

Main 818-778 - 1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | [www.nlacrc.org](http://www.nlacrc.org)

**REQUEST FOR VENDORIZATION  
(RFV)  
Money Management Services  
Service Code 034  
PROPOSAL TITLE PAGE**

TO: North Los Angeles County Regional Center  
[resourcedevelopment@nlacrc.org](mailto:resourcedevelopment@nlacrc.org)  
RE: Submission of Proposal in Response to Money Management RFV

### VENDOR/APPLICANT INFORMATION

Please print all information legibly

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

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BUSINESS/SERVICE ADDRESS	CITY	STATE	ZIP
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TELEPHONE NUMBER	FAX NUMBER	Email Address <i>(please print legibly)</i>
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CONTACT PERSON FOR PROJECT <i>(please print legibly)</i>	TELEPHONE NUMBER
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### LOCATION OF SERVICES:

- Antelope Valley     San Fernando Valley     Santa Clarita Valley     All 3 Valleys



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### SERVICE LANGUAGE(S)

In addition to English services must be provided/offered in at least one other language. Please indicate in which language(s) services can be provided.

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

### VENDOR/APPLICANT SIGNATURE

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.

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Applicant Signature/Signature of Person Authorized to Bind Organization

DATE