

ATTACHMENT A

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COORDINATED FAMILY SUPPORT (CFS)

REQUEST FOR VENDORIZATION

(RFV)

PROPOSAL TITLE PAGE

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

RE: Submission of Coordinated Family Support Services Request for Vendorization (RFV)

Please print all information legibly

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

SERVICE ADDRESS	CITY	STATE	ZIP
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TELEPHONE NUMBER	FAX NUMBER	Email Address <i>(please print legibly)</i>
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MAILING ADDRESS (if different than 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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NAME OF PARENT CORPORATION, if applicable please indicate: Non-profit For-profit

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SERVICE LANGUAGE(S)

In addition to English, services are requested to 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"/> Japanese |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Khmer |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Chinese – Cantonese | <input type="checkbox"/> Persian (Farsi) |
| <input type="checkbox"/> Chinese – Hakka | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese – Mandarin | <input type="checkbox"/> Spanish (preferred) |
| <input type="checkbox"/> Chinese – Other | <input type="checkbox"/> Spanish Creole |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Vietnamese |

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