



North Los Angeles County Regional Center

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

**REQUEST FOR VENDORIZATION
(RFV)
Money Management Services
Service Code 034
STATEMENT OF OBLIGATION**

- The applicant is presently providing social services to regional center consumers or other members of the community.

No Yes

If yes, indicate name, location, type and capacity of service(s).
- The applicant is currently receiving or planning to apply for grants/funds from any source to develop social service programs?

No Yes

If yes, indicate name, location, type and capacity of service(s).
- The applicant or member of the applicant’s organization or staff has received a citation from any agency for abuse (verbal, physical, sexual, fiduciary, neglect)?

No Yes

If yes, explain in detail.
- Has the applicant or any member of the applicant’s organization received a Corrective Action Plan (CAP), Sanction, notice of Immediate Danger, or an “A” or “B” citation, or any other citation from a regional center or State Licensing Agency?

No Yes

If yes, explain in detail.
- Describe other professional/business obligations held by the Licensee and Administrator, including name, location, type, and capacity (time commitment) of each obligation. *Do not include services you propose to provide through this proposal.*

Signature of Applicant or Authorized Representative

Date