

ATTACHMENT B

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COORDINATED FAMILY SUPPORT (CFS)

REQUEST FOR VENDORIZATION

(RFV)

STATEMENT OF OBLIGATION

1. 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).

2. 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).

3. 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.

4. 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.

5. 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