

## North Los Angeles County Regional Center

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

## STATEMENT OF OBLIGATION COORDINATED CAREER PATHWAYS (CCP) REQUEST FOR VENDORIZATION (RFV)

Signati	are of Applicant or Authorized Representative	Date
5.	Describe other professional/business obligations held by the including name, location, type, and capacity (time commitme include services you propose to provide through this proposal.	
4.	Has the applicant or any member of the applicant's organiz Action Plan (CAP), Sanction, notice of Immediate Danger, other citation from a regional center or State Licensing Age  No Yes  If yes, explain in detail.	or an "A" or "B" citation, or any
3.	The applicant or member of the applicant's organization or any agency for abuse (verbal, physical, sexual, fiduciary, neg   No Yes  If yes, explain in detail.	
2.	The applicant is currently receiving or planning to apply for develop social service programs?  No Yes  If yes, indicate name, location, type and capacity of service(s).	r grants/funds from any source to
1.	The applicant is presently providing social services to region members of the community.  No Yes  If yes, indicate name, location, type and capacity of service(s).	nal center consumers or other