

Printed Name of Applicant

North Los Angeles County Regional Center

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

ATTACHMENT A			
	P.	roposal Title Page	
TO:	CPP/CRDP PROPOSAL SELE Nancy Salyers, Resource Develo North Los Angeles County Regions 9200 Oakdale Avenue, Suite 100 Chatsworth, California 91311	per – CPP onal Center	
RE:	Submission of Proposal in Response Health Care Needs (ARFPSHN)	onse to Adult Residential Facility for NEACRC-2425-4)	Persons with Special
NAME ADDE		NIZATION SUBMITTING PROPOSAL ((please print)
CITY		STATE	ZIP CODE
TELE	PHONE NUMBER	FAX NUMBER	
EMAI	L ADDRESS	WEBSITE ADDRESS	
CONT	'ACT PERSON FOR PROPOSAL (pleas	e print)	
author disclos be caus late pro	ed by authorized individuals of the service e any information regarding complaints be se for immediate disqualification. I also un oposal submissions, and incomplete propo-	pplication and proposal is true and that this e provider. I understand that any falsification by any regulatory authority; or failure to report derstand that failure to meet minimum qualities will also be cause for immediate disquality NLACRC, the proposal itself is not approximately.	n of information; or failure to ort a Conflict of Interest, will fications as stated in the RFP, ification. I further understand
Applic	ant Signature	Date	