

**Social Recreation, Camp and Non-Medical Therapies
Request for Vendorization**

STATEMENT OF OBLIGATION

1. The applicant is presently providing social services to individuals eligible for regional center services 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