



North Los Angeles County Regional Center

Home and Community Based Services (HCBS)

FY 24 – 25 Request for Proposals (RFP)

Proposal Title Page

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TO: North Los Angeles County Regional Center

HCBScompliance@nlacrc.org

RE: Submission of Proposal in Response to RFP for the following Project:

Proposed Service:

- Project #1 – Person Centered Thinking Training/Workshops**
- Project #2 – Employment: Coordinated Career Pathways Training & Technical Assistance**
- Project #3 – Promote Collaboration & Partnerships with Businesses & Organizations & Micro Enterprise Fair**
- Project #4 – ASL (American Sign Language) Training**

Office Location:

- All Valleys (SFV, SCV, AV)

Please print all information legibly

NAME OF APPLICANT or ORGANIZATION SUBMITTING PROPOSAL *(please print legibly)*

SERVICE ADDRESS CITY STATE ZIP

TELEPHONE NUMBER FAX NUMBER e-mail address *(please print legibly)*

MAILING ADDRESS (if different than service address) CITY STATE ZIP

TELEPHONE NUMBER FAX NUMBER e-mail address *(please print legibly)*

CONTACT PERSON FOR PROJECT *(please print legibly)* TELEPHONE NUMBER

NAME OF PARENT CORPORATION, if applicable please indicate: Non-profit For-profit

AUTHOR OF PROPOSAL *(if different from applicant identified above)*

I affirm that the information presented in this application and proposal is true and that this proposal was developed and authored by the person(s) indicated. I understand that any falsification of information or failure to disclose any history of deficiencies or abuse will be cause for immediate disqualification. I also understand that failure to meet minimum qualifications as stated in the RFV, late proposal submissions, facsimile proposal copies, and any missing information will also be cause for immediate disqualification. I further understand that, in the event that my proposal is selected for development, the proposal itself is not approved conclusively.

Applicant Signature/Signature of Person Authorized to Bind Organization

DATE