

WINTER 2018 OPEN PROPOSAL PERIOD

PROPOSAL TITLE PAGE

TO: North Los Angeles County Regional Center
resourcedevelopment@nlacrc.org

RE: Submission of Proposal in Response to OPP for the following project: **(check 1 box for location)**

PROPOSED SERVICE

LOCATION OF OFFICE/SITE

- San Fernando Valley
- Santa Clarita Valley
- Antelope Valley

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

ADDRESS CITY STATE ZIP

TELEPHONE NUMBER FAX NUMBER e-mail address

CONTACT PERSON FOR PROPOSAL *(please print)* 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 for proposed service, 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