



# North Los Angeles County Regional Center

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

## PROPOSAL TITLE PAGE COORDINATED CAREER PATHWAYS (CCP) REQUEST FOR VENDORIZATION (RFV)

TO: North Los Angeles County Regional Center  
[resourcedevelopment@nlacrc.org](mailto:resourcedevelopment@nlacrc.org)

RE: Submission of Proposal in Response to the CPP RFV:  
**(check box(es) for type of CCP service and site location)**

### PROPOSED SERVICE

- Career Pathway Navigator (CPN)
- Customized Employment Specialist (CES)

### LOCATION

- San Fernando Valley
- Santa Clarita Valley
- Antelope Valley

### SERVICE LANGUAGE(S)

In addition to English, it is highly recommended that services be provided/offered in at least one other language. Please indicate in which languages other than English services can be provided:

- |   |  |
|---|--|
| <input type="checkbox"/> American Sign Language (ASL) | <input type="checkbox"/> Japanese            |
| <input type="checkbox"/> Arabic                       | <input type="checkbox"/> Khmer               |
| <input type="checkbox"/> Armenian                     | <input type="checkbox"/> Korean              |
| <input type="checkbox"/> Chinese – Cantonese          | <input type="checkbox"/> Persian (Farsi)     |
| <input type="checkbox"/> Chinese – Hakka              | <input type="checkbox"/> Russian             |
| <input type="checkbox"/> Chinese – Mandarin           | <input type="checkbox"/> Spanish (preferred) |
| <input type="checkbox"/> Chinese – Other              | <input type="checkbox"/> Spanish Creole      |
| <input type="checkbox"/> Hebrew                       | <input type="checkbox"/> Tagalog             |
| <input type="checkbox"/> Hindi                        | <input type="checkbox"/> Vietnamese          |

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

ADDRESS <i>(must be within NLACRC catchment area)</i>	CITY	STATE	ZIP
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TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
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CONTACT PERSON FOR PROPOSAL <i>(please print legibly)</i>	TELEPHONE NUMBER
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NAME OF PARENT CORPORATION, if applicable please indicate:      For profit      Non-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
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