



North Los Angeles County Regional Center

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

Thanks so much for your interest in joining our Board of Trustees!

To provide the Nominating Committee with additional information regarding you and your current interest in joining the board, please complete the enclosed application and return it to the following address or email:

North Los Angeles County Regional Center
Attention: Board Support
9200 Oakdale Avenue, Suite 100
Chatsworth, CA 91311

Email: Boardsupport@nlacrc.org

Regional center boards are governed by extensive conflict of interest standards. To assure that you would not have any conflict of interest, it is necessary that you read, sign and return the enclosed Conflict of Interest Statement with your application.

The Bylaws of NLACRC require that persons serving on the Board of Trustees reside or work in the area served by this regional center (San Fernando, Santa Clarita, and Antelope Valleys).

The board generally meets the second Wednesday of each month, at 6:00 p.m. The meetings are open to the public and we strongly recommend that you attend our meetings to better understand the trustee's role. The board meeting schedule is included in your packet. Please note that all board meetings are currently being held via Zoom and may resume to in-person in the upcoming future, additional information will be provided.

Should you have any questions, please send us an email to Boardsupport@nlacrc.org. Thank you again for your interest in serving on our Board. We look forward to receiving the information requested!

Sincerely,

NLACRC Board Support

Enclosures (5)

North Los Angeles County Regional Center
APPLICATION - **BOARD OF TRUSTEES**

Name: _____ **Address:** _____

City: _____ **Zip:** _____

Home Phone: (____) _____

E-mail Address: _____

Cell Phone: (____) _____

Employer: _____

Title: _____ **Address:** _____

City: _____ **Zip:** _____ **Phone** (____) _____

Job Responsibilities: _____

I am a member of the following developmental disability, health, or other community organizations:

1. _____ 3. _____

2. _____ 4. _____

Considering your education, training, life situation and leisure time activities, please list any special skills, interests or knowledge that may be of help to the Board of Trustees.

Do you have experience in any of the following areas? legal management
board governance financial public relations
developmental disability programs

Please describe your experience, if indicated above:

Status: Parent Relative Client Community Representative

Other _____

If you are a relative of a regional center consumer, please indicate if the consumer:

Lives at home Lives in the community Lives in a developmental center

Other(specify) _____

I represent the following developmental disabilities:

Autism Epilepsy Intellectual Disabilities

Cerebral Palsy Down Syndrome

Other (specify) _____

Ethnicity:

of Hispanic/Latino origin? Indicate: Hispanic /Latino **(H)** OR Not Hispanic/Latino **(NH)**.
Select one.

H NH

Race:

Indicate: American Indian/Alaskan Native **(AN)**, Asian **(A)**, Black/African American **(B)**,
Pacific Islander **(PI)**, White **(W)**, Some other race alone **(O)**. Select all that apply. If more
than one race is selected, it will fall under the category "Two or more races"

AN A B PI W O

**Do you work for an agency vendored by the North Los Angeles County Regional
Center? If yes, which agency?**

Y N

**Do you have a family member that works for an agency vendored with the North
Los Angeles County Regional Center? If yes, which agency?**

Y N

How were you referred to the Board of Trustees? _____

Signature: _____ **Date:** _____

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or e-mail it to: boardsupport@nlacrc.org

- | |
|---|
| <input type="checkbox"/> Governing Board Member |
| <input type="checkbox"/> Vendor Advisory on Board |
| <input type="checkbox"/> Executive Director |
| <input type="checkbox"/> Employee/Other |

2. Do you or a family member² work for any entity or organization that is a regional center provider or contractor? yes no -- If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers. If the provider or contractor is a state or local governmental entity, provide the specific name of the state or local governmental entity and describe your job duties at the state or local governmental entity.
3. Do you or a family member own or hold a position³ in an entity or organization that is a regional center provider or contractor? yes no -- If yes, provide the name of the entity or organization, describe what services it provides for the regional center or regional center consumers, and describe your or your family member's financial interest.
4. Are you a regional center advisory committee board member? yes no -- If yes, are you a member of the governing board or owner or employee of an entity or organization that provides services to the regional center or regional center consumers? yes no -- If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers.
5. If you are a regional center advisory committee board member and answered yes to all the questions in Question 4 above, do any of the following apply to you: (a) are you an officer of the regional center board; (b) do you vote on purchasing services from a regional center provider; or (c) do you vote on matters where you might have a financial interest? yes no -- If yes, please explain.

² Family member includes your spouse, domestic partner, parents, stepparents, grandparents, siblings, stepsiblings, children, stepchildren, grandchildren, parent-in-laws, brother-in-laws, sister-in-laws, son-in-laws and daughter-in-laws. See California Code of Regulations, title 17, sections 54505(f).

³ For purposes of this question, hold a position generally means that you or a family member is a director, officer, owner, partner, employee, or shareholder of an entity or organization that is a regional center provider or contractor. For a specific description of positions that create a conflict of interest in a regional center provider or contractor see the California Code of Regulations, title 17, sections 54520 and 54526.

- | |
|--|
| <input type="checkbox"/> Governing Board Member
<input type="checkbox"/> Vendor Advisory on Board
<input type="checkbox"/> Executive Director
<input type="checkbox"/> Employee/Other |
|--|

6. Do any of the decisions you make when performing your job duties with the regional center have the potential to financially benefit you or a family member⁴? [Note: Governing board members do not have to answer “yes” to this question if the financial benefit would be available to regional center consumers or their families generally].
 yes no -- If yes, please explain.

7. Are you responsible for negotiating, making,⁵ executing or approving contracts on behalf of the regional center? yes no -- If yes, please explain.

8. Do you have a financial interest in any contract⁶ with the regional center? yes no -- If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center? yes no -- If yes, please explain.

9. Do any of your family members have a financial interest in any contract with the regional center? yes no
 If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center? yes no
 If yes, please explain.

⁴ Generally, a decision can financially benefit you or a family member if the decision can either directly or indirectly cause you or a family member to receive a financial gain or avoid a financial loss. For a specific description of the types of decisions that can result in a financial benefit to you or a family member see the California Code of Regulations, title 17, sections 54522 and 54527.

⁵ California Code of Regulations, title 17, sections 54523(b)(2) and 54528(b)(2) describes the types of conduct which constitute involvement in the making of a contract.

⁶ For purposes of questions 8 and 9, a financial interest in a contract generally means any direct or indirect interest in a contract that can cause you or a family member to receive any sort of financial gain or avoid any sort of financial loss irrespective of the dollar amount. California Code of Regulations, title 17, sections 54523 and 54528 define when financial interests in a contract will occur.

<input type="checkbox"/> Governing Board Member
<input type="checkbox"/> Vendor Advisory on Board
<input type="checkbox"/> Executive Director
<input type="checkbox"/> Employee/Other

10. Do you evaluate employment applications or contract bids that are submitted by your family member(s)?
 yes no -- If yes, please explain.

11. Your job duties require you to act in the best interests of the regional center and regional center consumers. Do you have any circumstances or other financial interests not already discussed above that would prevent you from acting in the best interests of the regional center or its consumers? yes no -- If yes, please explain.

B. ATTESTATION

I _____ (print name) HEREBY CONFIRM that I have read and understand the regional center’s Conflict of Interest Policy and that my responses to the questions in this Conflict of Interest Reporting Statement are complete, true, and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this statement is not accurate or that I have not complied with the regional center’s Conflict of Interest Policy or the applicable conflict of interest laws, I will notify the regional center’s designated individual immediately. I understand that knowingly providing false information on this Conflict of Interest Reporting Statement shall subject me to a civil penalty in an amount up to fifty thousand dollars (\$50,000) pursuant to Welfare and Institutions Code section 4626.

Signature _____ Date _____

INTERNAL USE ONLY

Date this Statement was received by Reviewer: _____

The reporting individual does does not have a present potential conflict of interest

Signature of Designated Reviewer

Date Review Completed

