



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

PROPOSAL TITLE PAGE 1 of 2

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

RE: Submission of Proposal in Response to RFV for the following Project: **(check 1 box per column only)**

Proposed Service:

Office Location:

- San Fernando Valley
- Santa Clarita Valley
- Antelope Valley

PROJECTS

- PROJECT #1: Socialization Training Program (028)
- PROJECT #2: Social Recreational Programs (525)
- PROJECT #3: Specialized Recreational Therapy (106)
- PROJECT #4: Art Therapist (691)
- PROJECT #5: Dance Therapist (692)
- PROJECT #6: Music Therapist (693)
- PROJECT #7: Recreational Therapist (694)
- PROJECT #8: Camping Services (850)
- PROJECT #9: Sports Club (008)

LOCATION

- All Valleys
- All Valleys
- All Valleys
- All Valleys
- All Valleys
- All Valleys
- All Valleys
- All Valleys
- All Valleys

All Valleys: Antelope Valley, Santa Clarita Valley, & San Fernando Valley

LANGUAGE(S) SERVICE PROVIDED – For the Social Recreation, Camp, and Non-Medical RFV proposal cycle, at least one language other than English is recommended. Please check the boxes of language(s) in which 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 or Spanish Creole |
| <input type="checkbox"/> Chinese – Other | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese |



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

PROPOSAL TITLE PAGE 2 of 2

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