



# North Los Angeles County Regional Center

## Home and Community Based Services (HCBS)

### Request for Proposals (RFP)

#### Proposal Title Page

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**TO:** North Los Angeles County Regional Center

[HCBScompliance@nlacrc.org](mailto:HCBScompliance@nlacrc.org)

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

#### **Proposed Service:**

- ☐ **Project #1 – ASL (American Sign Language) Training**
- ☐ **Project #2 – Employment: Coordinated Career Pathways Training and Technical Assistance**
- ☐ **Project #3 – Consultation of HCBS Guidelines and Requirements**
- ☐ **Project #4 – Person Centered Thinking**
- ☐ **Project #5 – Lunch & Learn and Micro Enterprise Fair**

#### **Office Location:**

- ☐ San Fernando Valley (SFV)
- ☐ Santa Clarita Valley (SCV)
- ☐ Antelope Valley (AV)
- ☐ All Valleys (SFV, SCV, AV)

**Please print all information legibly**

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

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SERVICE ADDRESS	CITY	STATE	ZIP
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TELEPHONE NUMBER	FAX NUMBER	e-mail address ( <i>please print legibly</i> )
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MAILING ADDRESS (if different than service address)	CITY	STATE	ZIP
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TELEPHONE NUMBER	FAX NUMBER	e-mail address ( <i>please print legibly</i> )
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CONTACT PERSON FOR PROJECT ( <i>please print legibly</i> )	TELEPHONE NUMBER
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NAME OF PARENT CORPORATION, if applicable please indicate: ☐ Non-profit ☐ For-profit

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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.

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Applicant Signature/Signature of Person Authorized to Bind Organization

DATE