



# North Los Angeles County Regional Center

## Home and Community Based Services (HCBS)

### Request for Proposals (RFP)

### Statement of Obligation

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1. The applicant is presently providing social services to individuals eligible for regional center services or other members of the community.

No

Yes

*If yes, indicate name, location, type and capacity of service(s).*

2. The applicant is currently receiving or planning to apply for grants/funds from any source to develop social service programs?

No

Yes

*If yes, indicate name, location, type and capacity of service(s).*

3. The applicant or member of the applicant's organization or staff has received a citation from any agency for abuse (verbal, physical, sexual, fiduciary, neglect)?

No

Yes

*If yes, explain in detail.*

4. Has the applicant or any member of the applicant's organization received a Corrective Action Plan (CAP), Sanction, notice of Immediate Danger, or an "A" or "B" citation, or any other citation from a regional center or State Licensing Agency?

No

Yes

*If yes, explain in detail.*

5. Describe other professional/business obligations held by the Licensee and Administrator, including name, location, type, and capacity (time commitment) of each obligation. *Do not include services you propose to provide through this proposal.*

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Signature of Applicant or Authorized Representative

Date