



North Los Angeles County Regional Center

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ATTACHMENT A

AMERICAN SIGN LANGUAGE TRAINING AND SUPPORT SERVICE

Request for Vendorization (RFV) Proposal Title Page

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

RE: Submission of American Sign Language and Support Service (Service Code 644) RFV Proposal

Please print all information legibly.

NAME OF APPLICANT or ENTITY/ORGANIZATION SUBMITTING PROPOSAL

SERVICE ADDRESS CITY STATE ZIP CODE

TELEPHONE NUMBER EMAIL ADDRESS

MAILING ADDRESS CITY STATE ZIP CODE

CONTACT PERSON FOR PROPOSAL TELEPHONE NUMBER

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 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