



North Los Angeles County Regional Center

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

REQUEST FOR VENDORIZATION (RFV) FALL 2025 PROPOSAL TITLE PAGE

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

RE: Submission of Proposal in Response to 2025 Fall RFV

VENDOR/APPLICANT INFORMATION

Please print all information legibly

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

ENTITY TYPE: (Corporation, Limited Liability Company, General Partnership, Sole Proprietor, Non-Profit, Governmental)

BUSINESS/SERVICE ADDRESS	CITY	STATE	ZIP
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MAILING ADDRESS (if different than service address)	CITY	STATE	ZIP
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TELEPHONE NUMBER	Email 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

AUTHOR OF PROPOSAL *(if different from applicant identified above)*



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PROPOSAL SUBMITTED FOR THE FOLLOWING PROJECT:

(One Project per Proposal Submission)

	Project (Service Code)	Location
<input type="checkbox"/>	#1: Speech-Language Pathologist (707)	All Valleys
<input type="checkbox"/>	#2: Occupational Therapist (773)	All Valleys
<input type="checkbox"/>	#3: Physical Therapist (772)	All Valleys
<input type="checkbox"/>	#4 In-Home Respite (862)	All Valleys
<input type="checkbox"/>	#5 Personal Assistance	All Valleys
<input type="checkbox"/>	#6 Adaptive Skills Training (605)	All Valleys
<input type="checkbox"/>	#7 Behavior Management Services: Behavior Analyst (612) and Behavior Assistant (615) and/or Behavior Technician (616)	Antelope Valley
<input type="checkbox"/>	#8 Day Program/Community Integration Training (531)	Antelope Valley and Santa Clarita Valley
<input type="checkbox"/>	#9 Behavior Day Program Services: Behavior Management Program (532)	All Valleys
<input type="checkbox"/>	#10 Adult Residential Facility: Levels 2 - 6 With 1 or more NON-AMBULATORY ONLY Room(s) (905, 915) Compliant with ADA and HCBS	All Valleys

Services plan to be provided in:

☐ Antelope Valley ☐ San Fernando Valley ☐ Santa Clarita Valley ☐ All 3 Valleys



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SERVICE LANGUAGE(S)

In addition to English services must be provided/offered in at least one other language. Please indicate in which language(s) services can be provided.

- | | | |
|---|--|--|
| <input type="checkbox"/> American Sign Language (ASL) | <input type="checkbox"/> Hebrew | <input type="checkbox"/> ProTactile |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hindi | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish or Spanish Creole |
| <input type="checkbox"/> Chinese – Cantonese | <input type="checkbox"/> Khmer | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Chinese – Hakka | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese – Mandarin | <input type="checkbox"/> Pashto | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chinese – Other | <input type="checkbox"/> Persian (Farsi) | |

VENDOR/APPLICANT SIGNATURE

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