



# North Los Angeles County Regional Center

Main 818-778 - 1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | [www.nlacrc.org](http://www.nlacrc.org)

## REQUEST FOR VENDORIZATION (RFV) FALL 2025 PROPOSAL TITLE PAGE

TO: North Los Angeles County Regional Center  
[resourcedevelopment@nlacrc.org](mailto: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

MAILING ADDRESS CITY STATE ZIP  
(if different than service address)

TELEPHONE NUMBER Email 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)*



# North Los Angeles County Regional Center

Main 818-778 - 1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | [www.nlacrc.org](http://www.nlacrc.org)

## PROPOSAL SUBMITTED FOR THE FOLLOWING PROJECT:

(One Project per Proposal Submission)

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



# North Los Angeles County Regional Center

Main 818-778 - 1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | [www.nlacrc.org](http://www.nlacrc.org)

## 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