North Los Angeles County Regional Center

Community-Based Organization Request to Host Events

NLACRC is committed to partnering with community-based organizations to better serve individuals with developmental disabilities and their families. These collaborations allow us to expand outreach, support equitable service delivery, and strengthen the community fabric that supports our shared mission.

We invite Community-Based Organizations (CBOs) to submit a request to host educational, support, or resource-based events at one of our regional center locations. Please complete the form below for consideration.

Section 1: Organization Information Name of Organization: Contact Person: Title: _____ Phone: Section 2: Program & Services Overview Brief Description of Services Provided: How long has your organization been in operation? ___ Years Populations Served (Check all that apply): ☐ Individuals with developmental disabilities ☐ Families and caregivers ☐ Underserved communities □ Other (please specify): _____

Primary Catchment Area(s):
☐ San Fernando Valley
□ Santa Clarita Valley
☐ Antelope Valley
□ Other:
Section 3: Impact & Alignment Please describe the impact your organization has had in the community:
How does your organization's mission align with NLACRC's mission to serve individuals with developmental disabilities across the lifespan?
How do your programs support equity, access, or culturally responsive services?
Section 4: Event Details
Type of Event (e.g., support group, training, outreach):
Preferred Location(s):
□ San Fernando Valley Office
□ Santa Clarita Valley Office
☐ Antelope Valley Office
□ Virtual
Proposed Frequency:
□ One-time
□ Monthly

□ Quarterly
□ Other:
Target Audience:
□ Individuals Served
☐ Families/Caregivers
□ Service Providers
☐ General Public
□ Other:
Section 5: Agreement & Acknowledgments ☐ If selected, we agree to provide NLACRC with details of each event (topic, presenter, materials) at least two weeks in advance, unless events are set at a routine cadence, in which case we will provide details at least one week in advance.
☐ We acknowledge NLACRC Community Based Organization (CBO) Conference Room Use Policy.
\square We acknowledge that, if your application is approved by NLACRC, you will be required to enter into a Release and Indemnification Agreement with NLACRC.
☐ We acknowledge that all materials and presentations must be reviewed and approved by NLACRC prior to the event. {Altering/changing the materials/presentation once approved by NLACRC will automatically forfeit the approval to hold the approved event on NLACRC grounds.}
\Box We understand that NLACRC reserves the right to approve or decline requests based on alignment with its mission, facility availability, and community impact.
$\hfill\square$ We certify that the information provided in this form is accurate to the best of our knowledge.
Authorized Representative Name:
Signature:
Date:/