PROPOSAL TITLE PAGE

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

RE: Submission of Proposal in Response to RFP for the following project: **(check 1 box per column only)**

Project	**Location**
☐ #1: Intermediate Care Facility/Developmentally Disabled – Nursing (ICF/DD-N)	☐ San Fernando Valley
☐ #2: Residential Facility Aging	☐ Santa Clarita Valley
☐ #3: Residential Facility Complex and Challenging Support Needs	☐ Antelope Valley
☐ #4: Speech and Language Pathologist	
☐ #5: Occupational Therapist	
☐ #6: Physical Therapist	
☐ #7: Infant Development Program	
☐ #8: Supported Living Services	

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

ADDRESS CITY STATE ZIP

TELEPHONE NUMBER FAX NUMBER e-mail address

CONTACT PERSON FOR PROJECT **(***please print)* TELEPHONE NUMBER

NAME OF PARENT CORPORATION, if applicable please indicate: ☐ Non-profit ☐ For-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 RFP, 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