

**COVER PAGE
LETTER OF INTEREST PROCESS**

Proposed/Existing Agency Name

Proposed Service Type and
Service Code

Name of person or organization
submitting application

Business Physical Address:

Mailing Address (if different
from above):

Telephone Number:

Cell phone number (optional):

Fax number:

Email address:

Contact person:

Author of application:

Author's title & contact info

Date application submitted:

STATEMENT OF EXPERIENCE AND QUALIFICATIONS LETTER OF INTEREST

Note:

- Applicants currently vendored providers for SG/PRC or any other regional center must have services in good standing.

1. Are you now, or have you ever been a vendor of San Gabriel/Pomona Regional Center or any other regional center in California? No Yes

If yes, please identify which Regional Center(s) and list the vendor number(s), beginning and ending dates of service, and service code(s). If you need additional room, attach a separate sheet of paper.

Regional Center	Vendor Number(s)	Begin & End Date of Service (if applicable)	Service Codes

2. Have you ever been an employee of or associated with any organization that serves persons with a Developmental Disability? No Yes

If yes, provide name of agency(s), location, position(s) held, dates of service and a professional reference and phone number from that agency. (Use the back of this page or an additional page if needed.)

3. Are you currently in a proposal/start-up or vendorization process with any other Regional Center? No Yes

If yes, please use the table below to identify which Regional Center(s) you are currently working on proposals with and describe the service(s).

Regional Center:	Type of Proposed Service & Service Code:

4. Provide a detailed account of your credentials and experience that qualify you and your staff to provide this service. Use additional pages as necessary.

5. Are you planning to develop the proposed service using a funding source other than SG/PRC for this fiscal year (July to June)? No Yes

If yes, indicate funding source and scope of grant program, if any:

6. Do you have any non-regional center professional/business operations that provide services to developmentally disabled persons and/or their families? No Yes

If yes, provide details of each service including business name, location, type, and time commitment of each obligation. (Use back of this page or additional pages if needed.)

7. As a separate attachment, submit a resume for all positions with all relevant qualifications, work experience, education, licenses and certifications for at least the past five (5) years.

8. As an additional attachment, include an organizational chart for your agency or the proposed agency showing all positions and any affiliated organizations if applicable.

Acknowledgements

By my signature below I attest that the information provided above and on any attachments hereto is true and complete to the best of my knowledge and belief. I understand that if any information is found to be incorrect or incomplete my application will be disqualified from consideration.

Signature of Person Authorized for Agency Contract Approval

Signature Printed Name & Title

Date