

COVER PAGE
LETTER OF INTEREST FOR VENDORIZATION

County to be served: Sacramento Yuba Nevada El Dorado
 Colusa Sierra Placer Alpine
 Sutter Yolo

Proposed/
Existing Agency
Name:

Proposed
Service Type:

Name of person
or organization
submitting letter
of interest:

Business Physical
Address:

Mailing Address
(if different from
above):

Phone Number:

Cell Phone Number (optional):

Fax Number:

E-mail Address:

Date letter of interest submitted:

**STATEMENT OF EXPERIENCE AND
QUALIFICATIONS
LETTER OF INTEREST**

1. Are you now, or have you ever been a vendor of Alta California Regional Center or any other regional center in California?

Yes No (if no skip to Q4.)

If yes, please identify which Regional Center(s) and list the vendor number(s), beginning and ending dates of services, and service code(s).

Regional Center	Vendor Number(s)	Beginning and Ending Dates of Service	Service Code(s)

Applicants who are currently vendored providers for ACRC or any other regional center must have services in good standing

2. As a regional center vendor, have you (or you staff/agency) ever received a negative citation from your regional center or other licensing agency (e.g. corrective action plan, sanction, referral hold, notice of immediate danger, etc.)?

Yes No

If yes, describe the situation and outcome:

3. As a regional center vendor, have you (or your staff/agency) ever received a negative citation for abuse (verbal, physical, sexual, fiduciary, or neglect)?

Yes No

If yes, describe the situation and outcome:

4. Have you ever been an employee of or associated with any organization that services persons with a Developmental Disability?

Yes No

If yes, provide name of agency (s), location position(s) held, dates of service, professional reference and phone number from that agency:

5. Does this proposed service model include staffing in addition to you? Yes No

If yes, describe your plan hire staff and/or sub-contract for services:

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

7. Are you currently in the proposal or vendorization process with any other Regional Center(s)? Yes No

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

Regional Center	Type of Proposed Service and Service Code

8. Provide a detailed account of your credentials and experience that qualify you and your staff to provide services:

9. Are you planning to develop the proposed service using a funding source other than Alta California Regional Center?

Yes No

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

10. Do you have any non-regional center professional/business operations that provide services to developmentally disabled persons and/or their families?

Yes

No

11. As an additional attachment, include an organizational chart for your agency or the proposed business showing all positions (including contracts/consultants) and any affiliated organizations, if applicable. Include names of all currently identified personnel, along with Title, in the organizational chart.

12. Describe any other professional/business obligations you have, including location, type, capacity and time commitment of each obligation.

Describe what changes, if any, you would make in relation to these obligations if vendored to provide the proposed service:

Acknowledgements

In lieu of signing, I am electronically submitting and 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 my Letter of Interest will be disqualified from consideration.