

**ALTA CALIFORNIA REGIONAL CENTER**  
**Conflict of Interest and Vendorization Eligibility Statement**

I, the undersigned, hereby certify that I am not:

- An officer or employee of the State of California (Title 17 54314(a)(1));
- Any applicant in which an officer or employee of the State of California has a financial interest, as defined in the Government Code, Section 87103, except as permitted by Public Contract Code, Section 10430(g), effective January 1, 1992 (Title 17 54314(a)(2));
- An employee and board member of any regional center with a conflict of interest pursuant to Title 17, Sections 54500 through 54525 , unless the conflict is eliminated or a waiver is obtained pursuant to Title 17, Sections 54522 through 54525 (Title 17 54314(a)(3));
- Any applicant in which the regional center employee or board member has a relationship which creates a conflict of interest pursuant to Title 17, Sections 54500 through 54525 , unless the conflict is eliminated or a waiver is obtained pursuant to Title 17, Sections 54522 through 54525 (Title 17 54314(a)(4));
- A Consumer, to provide services for, or to, myself except to (Title 17 54314(a)(5));
  - Provide transportation services as specified in Section 54355 (g)(5);
  - Serve as my own Supported Living Service vendor as specified in Title 17, Section 58616;
- An applicant located outside the state; except as specified in Section 54318 of these regulations (Title 17 54314(a)(6)). A regional center may approve for vendorization an applicant not located and licensed, certified, or registered in California if the applicant meets all of the following requirements; (1) Meets the requirements in California for the specific type of service, or meets the requirements for the specific service as specified by the appropriate controlling agency in the jurisdiction in which the applicant is located, and (2) Is located in a state bordering California and has an office or facility located within 50 miles of the California border, or Receives prior approval by the Director of the Department of the Director's designee pursuant to the Welfare and Institutions Code, Sections 4519(a) through (c) (Title 17 54318(a)). I understand that if I am an out-of-state manufacturer and distributor of merchandise I shall only be vendored if (1) the specific item is not available in California, or (2) it is more economical to purchase the item outside of California (Title 17 54318(b)).

I certify there is no conflict of interest regarding my vendorization as stated in the above Title 17 code of regulations.

I acknowledge that there is a conflict of interest regarding my vendorization as stated in the above Title 17 code of regulation, and I have attached/provided documentation pertaining to any applicable exceptions.

I also understand that if a conflict of interest occurs in the future, that I shall contact the Regional Center immediately to resolve the conflict of interest or submit all necessary documentation pertaining to the conflict of interest.

\_\_\_\_\_  
Print/type name of applicant

\_\_\_\_\_  
Signature of applicant and date

\_\_\_\_\_  
Name of business/agency, if applicable

\_\_\_\_\_  
Telephone and Fax number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code