



*EASTERN LOS ANGELES REGIONAL CENTER*

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**COVER PAGE  
LETTER OF INTEREST (LOI)  
Purchase of Services (POS) Projects**

Proposed / Existing Agency Name: \_\_\_\_\_

Proposed Service Type and  
Service Code: \_\_\_\_\_

Name of person or organization  
submitting application: \_\_\_\_\_

Business physical address:  
(must be located in ELARC service area) \_\_\_\_\_

Mailing address (if different from  
above): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Cell phone number (optional) \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Author of application: \_\_\_\_\_

Author's Title & Contact Info: \_\_\_\_\_

Date LOI submitted: \_\_\_\_\_