



EASTERN LOS ANGELES REGIONAL CENTER

1000 S. Fremont Ave. • P.O. Box 7916 • Alhambra, CA 91802-7916 • (626) 299-4700 • FAX (626) 299-4676

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

1. Please describe why you would like to provide services to the community served by the Eastern Los Angeles Regional Center community.

2. Are you now, or have you ever been a vendor of Eastern Los Angeles Regional Center or any other regional center in California? *Please note ELARC staff will be confirming vendorization status.*

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)	Beginning and Ending Dates of Service	Service Code(s)

3. Have you ever been an employee of, are currently employed by, 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. *Please note ELARC staff will be confirming references:*

4. 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.

5. Applicants responding to this LOI who are currently vendored providers for ELARC or any other regional center must have services in good standing.

6. Are you currently in the proposal 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). *If you need additional room, attach a separate sheet of paper.*

Regional Center	Type of Proposed Service and Service Code

7. Provide a detailed account of your credentials and experience that qualify you and your staff to provide this service:

8. Are you planning to develop the proposed service using a funding source other than Eastern Los Angeles Regional Center for this fiscal year (July to June)?

No Yes

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

9. 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:

10. 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