



**Tri-Counties
Regional Center**

SAN LUIS OBISPO • SANTA BARBARA • VENTURA

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

County to be served: Santa Barbara San Luis Obispo Ventura

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: _____

E-mail address: _____

Contact person: _____

Author of application: _____

Author's Title & Contact Info _____

Date application submitted: _____



STATEMENT OF EXPERIENCE AND QUALIFICATIONS LETTER OF INTEREST

1. Are you now, or have you ever been a vendor of Tri-Counties 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)	Beginning and Ending Dates of Service	Service Code(s)

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

Regional Center:	Type of Proposed Service and Service Code:

6. Provide a detailed account of your credentials and experience that qualify you and your staff to provide this service. Use additional pages as necessary.
7. Are you planning to develop the proposed service using a funding source other than Tri-Counties Regional Center for this fiscal year (July to June)? No Yes

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

8. 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.)

9. 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