

STATEMENT OF OBLIGATIONS

All applicants must complete this statement.

A. 1. Is the applicant currently providing services to people with developmental disabilities?

[ ] No [ ] Yes

If Yes, indicate the following:

Name: \_\_\_\_\_
Location: \_\_\_\_\_
Type of Service \_\_\_\_\_
Capacity \_\_\_\_\_

2. Is the applicant currently providing related services to people other than those with developmental disabilities

[ ] No [ ] Yes

If Yes, indicate the following:

Name: \_\_\_\_\_
Location: \_\_\_\_\_
Type of Service \_\_\_\_\_
Capacity \_\_\_\_\_

B. 1. Is the applicant currently receiving grant(s)/funds from any source to develop services for people with developmental disabilities?

[ ] No [ ] Yes

If Yes, indicate the following:

Funding Source \_\_\_\_\_
Scope of Grant Project \_\_\_\_\_

2. Is the applicant currently applying for grant(s)/funds from any source to develop services for Fiscal Year 2023-2024

[ ] No [ ] Yes

If Yes, indicate the following:

Funding Source \_\_\_\_\_
Scope of Grant Project \_\_\_\_\_

C. Is the applicant planning to expand existing services (through a Letter of Intent and with or without grant funds) from a source other than Valley Mountain Regional Center during Fiscal Year 2023-2024?

No       Yes

If **Yes**, provide details:

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D. Describe other professional / business obligations. Include the following:

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Service \_\_\_\_\_

Capacity \_\_\_\_\_

E. Has the applicant, or any member of the applicant’s organization, received a Corrective Action Plan (CAP), Sanction, a Notice of Immediate Danger, an A or B Citations or any other citation from a Regional Center or state licensing agency?

No       Yes

If **Yes**, explain in detail:

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F. Has the applicant, or any member or staff of the applicant’s organization, ever received a citation from any agency for abuse?

No       Yes

If **Yes**, explain in detail:

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Signature of Applicant or Authorized Representative      Date