

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:

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:

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:

Signature of Applicant or Authorized Representative Date