

**HARBOR REGIONAL CENTER  
APPLICANT INFORMATION**

Applicant/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Applying for: \_\_\_\_\_

- Non-Profit Corporation                       For-Profit Corporation                       Partnership
- Other (please specify) \_\_\_\_\_

Contact Person's Name and Job Title: \_\_\_\_\_

Work Phone/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

NAME OF PARENT CORPORATION (IF APPLICABLE)  
\*(must identify, if any, excluded individuals-attach additional sheet)

Provide current or previous services implemented by the applicant/agency that provide evidence of experience related to your proposal. Include the service name, the dates that services started (and ended if not currently being provided), and a one sentence description of the type/purpose of the indicated service:

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List three references, including job title and agency affiliation that can be contacted in regards to the applicant’s experience, qualifications and ability to implement this proposal:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

\_\_\_\_\_  
AUTHOR OF PROPOSAL

Knowingly and willfully failing to fully and accurately disclose the information requested may result in rejection of proposal.

By signing, you hereby certify and swear under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

\_\_\_\_\_  
SIGNATURE OF PERSON AUTHORIZED TO BIND ORGANIZATION

\_\_\_\_\_  
DATE