

Attachment B

**TITLE PAGE
Request for Proposal**

TO: Selection Committee
North Bay Regional Center
10 Executive Court
(PO Box 3360)
Napa, CA. 94558
ATTENTION: Adele Butler

Program Title: **Money Management Service**

Name of Applicant or Organization: _____

Name of Parent Corporation (if any): _____

Applicant or Organization Contact Person:

Address:

Applicant or Organization Contact Person: _____

Contact Numbers (Include Area Code) Phone: _____
Fax: _____ Cell: _____

Names of any Program(s) the applicant currently manages that are vendored by any
Regional Center:*

Author(s) of the Proposal: The name of the applicant if he/she wrote the proposal, or the
name of the consultant who wrote the proposal for the applicant.

Applicant(s) Signature

* Currently vendored programs must be in good standing with their Regional Center to
be considered for this proposal