EXHIBIT B

EASTERN LOS ANGELES REGIONAL CENTER

COMMUNITY PLACEMENT PLAN (CPP) / COMMUNITY RESOURCE DEVELOPMENT PLAN (CRDP) START-UP AWARD FISCAL YEAR 2026-2027-1 & 2

NOTICE OF INTENT TO RESPOND TO REQUEST FOR PROPOSALS FOR ADULT RESIDENTIAL FACILITY FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS (ARFPSHN)
and/or
ADULT RESIDENTIAL FACILITY FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS (ARFPSHN) WITH BEHAVIORAL COMPONENT

DUE TO: Kristine Cheung, Fax: (626) 299-4676, Email: kcheung@elarc.org

BY: 4:00 p.m. Thursday, July 23, 2026 - Late submission will disqualify the applicant.

FROM: NAME:

REPRESENTING:

ADDRESS:

TELEPHONE:

E-MAIL:

Select which Project or Projects you intend to apply:

- Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN) **Project Number - ELARC 2627-1**
- Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN) with Behavioral Component **Project Number - ELARC 2627-2**

PLEASE GIVE A BRIEF ANSWER TO EACH OF THE FOLLOWING QUESTIONS:

1. State the background of either your organization or yourself in providing the type of project/services outlined in the RFP.

2. Briefly outline your organization's ability to fiscally start up this service.

3. Describe similar projects/services with which the organization has been successful?

4. State how you have met the applicant eligibility requirements of having actually provided ARFPHSN with Behavioral Supports to individuals with profiles as specified in the RFP. Include dates, time period and supporting documents.

5. Explain how you will recruit, hire and maintain qualified staff as referenced in the RFP.

Enclosed completed: State of California—Health and Human Services Agency, Department of

Developmental Services, **APPLICANT/VENDOR DISCLOSURE STATEMENT DS 1891** found at https://www.dds.ca.gov/wp-content/uploads/2019/05/DS1891.pdf

Signature:_____ Date:_____