

**North Bay Regional Center Vendor Change Request Form**

**VENDOR INFORMATION**

**Vendor Name**: Click here to enter text. **Vendor #**Click here to enter text.

**Contact Person**: Click here to enter text. **Position held in your organization**: Click here to enter text.

**Phone #** Click here to enter text. **Email:** Click here to enter text.

**Business and Mailing Address**: Click here to enter text.

**What type of services do you currently provide?**

Click here to enter text.

**What are the program modifications being requested?**

Click here to enter text.

**Will your tax ID change?**

Y  N

**Additional Information**: Click here to enter text.

*When modifications are made to the program design which constitute a change in the type of services provided, the vendor must, at least 30 days prior to the change, notify the consumers or their authorized consumer representatives and submit to the vendoring regional center, a revised program design as described in (a) above\*. A revised program design is required when any of the following elements of the program design are changed:*

*(1) Locations in which consumer training occurs;*

*(2) Curriculum training components;*

*(3) Existing approved staffing ratio;*

*(4) Approved service code;*

*(5) Entrance and/or exit criteria;*

*(6) Hours of operation.*

*(c) A rate adjustment request which results from a program design change shall be submitted to the vendoring regional center prior to December 1 of the current calendar year in accordance with section 57922 of these regulations*

\*See Title 17 Regulations

Please send completed form to NBRC Vendor Coordinator: [jasminem@nbrc.net](mailto:jasminem@nbrc.net?subject=Vendor%20Change%20Request%20Form)

**NBRC Use Only:**

To be completed by RD:

1. Is there a recent cleared OIG on file? Y  N

Click here to enter text.

1. Is the insurance current? Y  N

Click here to enter text.

1. Is the business license current? Y  N

Click here to enter text.

1. Is there a program design/addendum on file? Y  N

Click here to enter text.

If yes, does it need to be updated? Y  N

1. Is an updated cost statement on file? Y  N

Click here to enter text.

If yes, does it need to be updated? Y  N

|  |  |  |
| --- | --- | --- |
|  | Reviewed and approved by Quality Assurance Staff? Date | Y/N |
|  | QA Liaison Name: |  |
|  | **a.** Are there any existing QA issues? | Click here to enter text. |
|  | **b.** Are the client’s needs outside the scope of vendor’s service design? | Click here to enter text. |
|  | **c.** Is the vendor meeting current staffing ratios? | Click here to enter text. |

Additional Information:

Click here to enter text.

To be completed by CSA:

Date Received: Click here to enter a date.

Date Entered in Database: