**BIDDER FACT SHEET**

**PLEASE COMPLETE AND PLACE AS TOP PAGE OF EACH PROPOSAL**

|  |  |
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| RFP Title: | **CYF 16-08 Early Childhood Mental Health Consultant** |

* Geographic Preference (circle one or more): New Castle County Kent County Sussex County

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bidder Information | | | | | | | | | | |
| Indicate the type of business bidder is or proposes to be if yet to be formed: | | | | | | | | | | |
|  | Corporation | | |  | Partnership | | |  | Individual | |
| Bidder Name: | | |  | | | | | | | |
| Office Address: | | |  | | | | | | | |
|  | | |  | | | | | | | |
|  | | |  | | | | | | | |
| Contact Person: | | |  | | | |  | | | |
| Office Phone #: | | |  | | |  | | | | |
| Cell Number: | | |  | | |  | | | | |
| E-mail Address: | | |  | | |  | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| COMPANY CLASSIFICATIONS:  CERT. NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Certification type(s) | | | | | | | | Circle all that apply |
| Minority Business Enterprise (MBE) | | | | | | | | Yes No |
| Woman Business Enterprise (WBE) | | | | | | | | Yes No |
| Disadvantaged Business Enterprise (DBE) | | | | | | | | Yes No |
| Veteran Owned Business Enterprise (VOBE) | | | | | | | | Yes No |
| Service Disabled Veteran Owned Business Enterprise (SDVOBE) | | | | | | | | Yes No |

|  |  |  |  |
| --- | --- | --- | --- |
| Bidder Tax ID#: |  | Delaware Business License#: |  |
|  |  | (Not required to bid) |  |

A Delaware Business License is not required to bid, but is required before the time of award/contract signing. This requirement is waived for non-profit agencies with proper IRS documentation.