**BIDDER FACT SHEET**

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| RFP Title: | CYF 13-07 SYSTEM OF CARE – PROJECT DIRECTOR |

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| Bidder Information |
| Bidder Name: |  |
| Address: |  |
|  |  |
|  |  |
| Contact Person: |  |  |
| Phone #: |  |  |
| Cell Number: |  |  |
| E-mail Address: |  |  |
|  | Non-Profit Agency |  | Woman Owned Agency |  | Minority Owned Agency |  | Disadvantaged Business Enterprise |
|  |  |
|  |  |
|  Vendor EI#: |  |  Delaware Business License#: |  |
|  |  | (Not required to bid) |  |

A Delaware Business License is not required to bid, but a copy of the license is required at or before the time of contract signing **IF** the bidder will be providing services within the State of Delaware.