**BIDDER FACT SHEET**

Place as Top Page of Proposal

|  |  |
| --- | --- |
| RFP Title: | CYF 14-01 Residential Treatment Services |

|  |
| --- |
| 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 |
|  |  |
| Bidding Office Information (if different) |
|  Name: |  |
|  Address: |  |
|  |  |
|  |  |
| Contact Person: |  |  |
| Contact Phone #: |  |  |
|  Fax Number: |  |  |
|  E-mail address: |  |  |
|  |  |
|  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.