**BIDDER FACT SHEET**

(PROPOSAL PAGE 1)

|  |  |
| --- | --- |
| RFP Title: | CYF 14-02 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.