**BIDDER FACT SHEET**

Place as Top Page of Proposal

|  |  |
| --- | --- |
| RFP Title: | **CYF 14-04 Youth Aftercare Reentry Program** |

Proposed Service Area (check all that apply):

City of Wilmington

City of Dover

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Corporate Information | | | | | | | | | | | | | | | | |
| Corporation Name: | | | | |  | | | | | | | | | | | |
| Home Office Address: | | | | |  | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |
| Contact Person: | | | | |  | | | | | | |  | | | | |
| Home Office Phone #: | | | | |  | | | |  | | | | | | | |
| Cell Number: | | | | |  | | | |  | | | | | | | |
| E-mail Address: | | | | |  | | | |  | | | | | | | |
| Indicate below all that apply: | | | | | | | | | | | | | | | | |
|  | Non-Profit Agency | |  | | | Woman Owned Agency | |  | | Minority Owned Agency | | | |  | | Disadvantaged Business Enterprise |
|  | | | |  | | | | | | | | | | | | |
| Bidding Office Information (if different) | | | | | | | | | | | | | | | | |
| Name: | | | | |  | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |
| Clinical License (if any) | | | | |  | | | | | | | | | | | |
| 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.