

BIDDER FACT SHEET

Place as Top Page of Proposal

RFP Title: CYF 14-05 SOC Wrap Team

Proposed Service Area (check the contracted opportunity for which you are bidding):

- Clinical Team Leader
- Clinical Service Coordinator

CORPORATE INFORMATION	
Bidder Name:	_____
Address:	_____ _____ _____
Contact Person:	_____
Phone #:	_____
Cell #:	_____
E-mail Address:	_____

Indicate below all that apply to the bidder:

- Non-Profit Agency
- Woman Owned Agency
- Minority Owned Agency
- Disadvantaged Business Enterprise

Bidder Tax ID#: _____ 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.