|  |  |
| --- | --- |
| RFP Title: | **CYF 15-01 Independent/Transitional Living Services & Transitional Housing** |

Indicate County(ies) to be Served:

|  |  |  |
| --- | --- | --- |
| NCC [ ]  | KC [ ]  | SC [ ]  |

Proposed Unit Costs (based upon serviced bid):

Independent Living Services

|  |  |  |  |
| --- | --- | --- | --- |
| **Group Hourly rate** | **$** | **Individual hourly rate** | **$** |

Transitional Living Services

|  |  |  |  |
| --- | --- | --- | --- |
| **Individual Daily rate** | **$** | **Room/Board Daily rate** | **$** |

Administrative Services

|  |  |  |  |
| --- | --- | --- | --- |
| **Administrative Hourly rate** | **$** |  |  |

|  |
| --- |
| Corporate Information |
|  Corporation Name: |  |
|  Home Office Address: |  |
|  |  |
|  |  |
| Contact Person: |  |  |
| Home Office Phone #: |  |  |
|  Cell Number: |  |  |
|  E-mail Address: |  |  |
| Indicate below all that apply to the bidder: |
| [ ]  | 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#: |  |

A DE Business License is not required to bid, but is required before the time of contract signing unless non-profit.