**BIDDER FACT SHEET**

Place as Top Page of Proposal

|  |  |
| --- | --- |
| RFP Title: | **CYF 15-03 ECMHC Project Staff** |

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

[ ]  Lead Early Childhood Mental Health Consultant

[ ]  Early Childhood Mental Health Consultant

* Geographic Preference (circle one): New Castle County Sussex County

|  |
| --- |
| 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 |
|  |  |
|  Delaware Business License#: |  |  |  |
|  |  |  |  |

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.