**BIDDER FACT SHEET**

Place as Top Page of Proposal

|  |  |
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| 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

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| 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.