|  |  |
| --- | --- |
| RFP Title: | **BIDDER FACT SHEET**Place as Top Page of Proposal**CYF 15-05 Project LAUNCH Evaluation** |

Total Proposed Budget:

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Budget** | **$** |  |  |

|  |
| --- |
| 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 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.