**BIDDER FACT SHEET**

Place as Top Page of Proposal

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| RFP Title: | **CYF 15-07 After School and Summer Youth Prevention Programming** | | | | |
| Bidder Program Title: | |  | | | |
| Total Funds Requested: $ | | |  | |
| Cost Per Youth: $ | | |  |

Proposed Service Area in this Proposal (check one):

Goal #1: After-school and Summer Prevention Programs

Goal #2: Reading Instruction/Literacy Programs

* Proposed Geographic Area (circle proposed): New Castle Kent Sussex

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bidder 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 |
|  | | | | | | | | |  | | | | | |
|  | | | | |  | | | | | |  | |  | |

**\***Enter the official name of the agency that will be fiscally responsible for the administration of the project.

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. Non-profit agencies are exempt from needing a Delaware business license.