**ORGANIZATION FACT SHEET**

Place as Top Page of Proposal

|  |  |
| --- | --- |
| RFP Title: | CYF 15-09 **Therapeutic Specialized Foster Care** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Corporate Information | | | | | | | | | | | | | | | | |
| Corporation Name: | | | | |  | | | | | | | | | | | |
| Home Office Address: | | | | |  | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |
| Contact Person: | | | | |  | | | | | | |  | | | | |
| Office Phone #: | | | | |  | | | |  | | | | | | | |
| Cell Number: | | | | |  | | | |  | | | | | | | |
| E-mail Address: | | | | |  | | | |  | | | | | | | |
| Indicate below with an “X” all that apply: | | | | | | | | | | | | | | | | |
|  | Non-Profit Agency | |  | | | Woman Owned Agency | |  | | Minority Owned Agency | | | |  | | Disadvantaged Business Enterprise |
|  | | | |  | | | | | | | | | | | | |
| Bidding Office Information (if different) | | | | | | | | | | | | | | | | |
| Name: | | | | |  | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | |
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|  | | | | |  | | | | | | | | | | | |
| Contact Person: | | | | |  | | | | | | | |  | | | |
| Contact Phone #: | | | | |  | | | |  | | | | | | | |
| Cell Number: | | | | |  | | | |  | | | | | | | |
| E-mail address: | | | | |  | | | |  | | | | | | | |
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| Vendor EI#: | |  | | | | | Business License#: | | | | | | | |  | |
|  | |  | | | | | (Not required to bid) | | | | | | | |  | |