**ORGANIZATION FACT SHEET**

Place as Top Page of Proposal

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

|  |
| --- |
| 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: |  |
|  |  |
|  |  |
| Contact Person: |  |  |
| Contact Phone #: |  |  |
|  Cell Number: |  |  |
|  E-mail address: |  |  |
|  |  |
|  |  |
|  Vendor EI#: |  |  Business License#: |  |
|  |  | (Not required to bid) |  |