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| RFP Title: | CYF 15-13 Crisis Texting Service for Youth and Young Adults |

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| Corporate Information | | | | | | | | | | | | |
| Indicate the type of business bidder is or proposes to be if yet to be formed: | | | | | | | | | | | | |
|  | Corporation | | |  | Partnership | | | | |  | Individual | |
| Bidder Name: | | |  | | | | | | | | | |
| Office Address: | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | |
| Contact Person: | | |  | | | | |  | | | | |
| Office Phone #: | | |  | | |  | | | | | | |
| Cell Number: | | |  | | |  | | | | | | |
| E-mail Address: | | |  | | |  | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Bidding Office Information (if different than above) | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | |
| Address: | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | |
| Clinical License (if any) | | |  | | | | | | | | | |
| Contact Person: | | |  | | | | | |  | | | |
| Contact Phone #: | | |  | | |  | | | | | | |
| Fax Number: | | |  | | |  | | | | | | |
| E-mail address: | | |  | | |  | | | | | | |
|  | | | | | | |  | | | | | |
| COMPANY CLASSIFICATIONS:  CERT. NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Certification type(s) | | | | | | | | | | Circle all that apply |
| Minority Business Enterprise (MBE) | | | | | | | | | | Yes No |
| Woman Business Enterprise (WBE) | | | | | | | | | | Yes No |
| Disadvantaged Business Enterprise (DBE) | | | | | | | | | | Yes No |
| Veteran Owned Business Enterprise (VOBE) | | | | | | | | | | Yes No |
| Service Disabled Veteran Owned Business Enterprise (SDVOBE) | | | | | | | | | | Yes No |

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor EI#: |  | Delaware Business License#: |  |
|  |  | (Not required to bid) |  |

A Delaware Business License is not required to bid, but is required before the time of contract signing if the contractor operates within the State of Delaware. This requirement is waived for non-profits.