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| RFP Title: | **CYF 16-03 MOBILE CRISIS SERVICES** |

Submission of a proposal constitutes acceptance of the Medicaid rate as compensation for service code H2011 for Crisis service at $89.52 (per 15 minutes).

Indicate proposed catchment areas to be serviced in this proposal (check all proposed):

New Castle  Kent County

Sussex County

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bidder 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: | | |  | | |  | | | | | |
|  | | | | | | | | | | | |
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|  | | | | | | |  | | | | |
| 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 Tax ID#: |  | 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.