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| RFP Title: | CYF 17-05 PSYCHIATRY/NURSE PRACTITIONER SERVICES IN DSCYF FACILITIES | | |
| Cost Per Hour: $ | |  |

Indicate service locations proposed in this proposal (check all proposed):

DYRS Facilities

Stevenson House Detention Center

New Castle County Detention Center

Mowlds Cottage, Snowden Cottage and Grace Cottage

Ferris School for Boys

DPBHS Facilities

Terry Children’s Center

Silver Lake Treatment Consortium: Middletown Manor RTC, Odessa House RTC, Silver Lake Day Trx

Bridge Psychiatry

Bridge Psychiatry

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | |  | | |  | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| Bidder 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 award/contract signing. This requirement is waived for documented non-profit organizations.