**BIDDER FACT SHEET**

**PLEASE COMPLETE AND PLACE AS TOP PAGE OF EACH PROPOSAL**

|  |  |
| --- | --- |
| RFP Title: | **CYF 17-06 Plan of Safe Care Coordinator Services** |

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| --- | --- |
| Total 6-month budget: $ |  |
| Total 12-month budget: $ |  |

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| Bidder Information | | | | | |
| 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 and Commercial Liability Insurance is not required to bid, but is required before the time of award/contract signing. This Delaware Business License requirement is waived for non-profit agencies with proper IRS documentation.