**BIDDER FACT SHEET**

Place as Top Page of Proposal

|  |  |
| --- | --- |
| RFP Title: | **CYF 18-01 Adolescent Sex Offender: Home-Based Family Support Outpatient/Wraparound Services** |

Indicate if you are bidding to provide services in specific counties OR statewide:

Sussex County  Kent County

New Castle County  Statewide

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |
| 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 Phone #: | | |  | | |  | | | | |
| E-mail Address: | | |  | | |  | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| COMPANY CLASSIFICATIONS:  Del. 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.