**BIDDER FACT SHEET**

Place as Top Page of Proposal

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| RFP Title: | **CYF 19-04 Project AWARE (3) Licensed Mental Health Professionals** |

**Individual bidders** must indicate in which district you are bidding to serve and indicate district preference using #1-#3 with #1 being your preferred location. If you only prefer one or two then exclude the other numbers. **Agency bidders** must bid for all three district locations:

\_\_\_\_\_ Indian River School District, Sussex

\_\_\_\_\_ Capital School District, Kent

\_\_\_\_\_ Colonial School District, New Castle

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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 Phone #: | | |  | | |  | | | | |
| E-mail Address: | | |  | | |  | | | | |
|  | | | | | | | | | | |
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| 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 FEIN: |  | 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.