**BIDDER FACT SHEET**

Place as Top Page of Proposal

|  |  |
| --- | --- |
| RFP Title: | **CYF 19-06 System of Care (SOC) Expansion Implementation** |

**Please indicate the contract opportunity being bid (submit a separate proposal for each)**:

|  |  |
| --- | --- |
| [ ]  | **Statewide Project Director**; I agree to maintain reliable transportation for the contract term and acknowledge the compensation range offered |
| [ ]  | **Clinical Team Leader**; I agree to maintain reliable transportation for the contract term and acknowledge the compensation range offered |
| [ ]  | **Clinical Service Coordinators**; I agree to maintain reliable transportation for the contract term and acknowledge the compensation range offered |
| [ ]  | **Family Peer Support Services**; I agree to maintain reliable transportation for the contract term and acknowledge the compensation range offered |

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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: |  |
|  Address: |  |
|  |  |
|  |  |
| Contact Person: |  |  |
| Office Phone #: |  |  |
|  Cell Phone #: |  |  |
|  Email 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 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.