**BIDDER FACT SHEET**

Place as Top Page of Proposal

|  |  |
| --- | --- |
| RFP Title: | **CYF 19-13 System of Care (SOC) Community Resource Specialist (CRS)** |

|  |  |
| --- | --- |
|  | **Check all counties for which you are interested in a contract award:** |
|  | New Castle County |
|  | Kent County |
|  | Sussex County |
|  |  |
|  | **The following box must be checked as part of your proposal:** |
|  | I acknowledge that I have and must maintain a valid vehicle driver’s license and reliable transportation to provide the services in my proposal. |

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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.