**BIDDER FACT SHEET**

Place as Top Page of Proposal

|  |  |
| --- | --- |
| RFP Title: | CYF 19-17 K-5 Early Intervention Family Crisis Therapists |

Please check the box below acknowledging this responsibilities:

|  |  |
| --- | --- |
|  | I affirm FCT staff will have access to dependable transportation for the term of the contract |

|  |  |
| --- | --- |
| $ | Total proposed all-inclusive 12 month budget |

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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: | | |  | | |  | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| 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.