DATE: Wednesday, January 5, 2010 **TIME:** 12:00 P.M.

AGENCY: DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

NAME: PROVISION OF ALCOHOL AND OTHER DRUG PREVENTION SERVICES FOR ADULTS

BID #: RFP – HSS-11-015

CONTACT PERSON: Kim Harvey

LOCATION: SPRINGER BUILDING, GYM

PLEASE PRINT LEGIBLY AND FILL IN ALL REQUESTED INFORMATION

NAME: James Bratt M/WBE Certified: ____ Y/N
(Minority/Women Business Enterprise)

If ~~yes,~~ please specify ____

COMPANY NAME: Psychotherapeutic Services

ADDRESS: 630 W Division St

PHONE: 302 674 3366 FAX: 302 624 3360

EMAIL: Jbratt@PS-Corp.net

NAME: Chris DiSanto M/WBE Certified: ____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify ____

COMPANY NAME: Connections CSP

ADDRESS: 500 W. 10th St. Wilm. DE

PHONE: 302-545-9836 FAX: ____

EMAIL: cdisanto@Connectionscsp.org

NAME: Susan C. Ramsaur M/WBE Certified: ____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify ____

COMPANY NAME: Susan C Ramsaur, LCSW

ADDRESS: 5155 West Woodmill Drive, Wilmington DE 19808

PHONE: 302 353 7077 FAX: ____

EMAIL: sueramsaur@comcast.net

DATE: Wednesday, January 5, 2010 **TIME:** 12:00 P.M.

NAME: BRIDGET PAVERD M/WBE Certified: ✓ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: GILLESPIE HALL

ADDRESS: 1214A OLD LANCASTER PIKE, HOCKESSIN

PHONE: 302.239-9500 FAX: _____

EMAIL: Bridget@gillespiehall.com

NAME: DeNEAL HALL M.D. M/WBE Certified: ✓ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: Gillespie Hall

ADDRESS: 1214 Old Lancaster Pike, Hockessin

PHONE: 302-234-9500 FAX: _____

EMAIL: Neal@gillespiehall.com

NAME: Nancy Plechoples M/WBE Certified: _____ Y/N
Brenda Farside (Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: New Behavioral Network

ADDRESS: 240 N James St, Newport DE

PHONE: 892-9210 FAX: _____

EMAIL: Nancyplechoples@nbngroup.com

NAME: Clarissa Roth M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: Our Youth, Inc

ADDRESS: 1213 B Street, Wilmington DE 19801

PHONE: 655-8250 FAX: 655-8249

EMAIL: stormins@aol.com

crissyroth@verizon.net

DATE: Wednesday, January 5, 2010 **TIME:** 12:00 P.M.

NAME: Dr. Michele Saunders M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: Delaware State University Dept of Social Work
ADDRESS: 1200 N. DuPont Highway Dover, DE
PHONE: 302-857-6775 FAX: 302-857-6794
EMAIL: msaunders@desu.edu

NAME: Wendy A. Joines M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: ARGO Institute / Aquila
ADDRESS: 1812 Newport Gap Pike
PHONE: 999-1106 FAX: 999-1753
EMAIL: wjoines@aquilaofde.com

NAME: Dr. Sheldon Nix M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: The Life Center
ADDRESS: 807 N. Union St., Wilm, DE 19805
PHONE: 302-656-1100 FAX: 656-4600
EMAIL: snix@lwlf.org

NAME: Diane Neff M/WBE Certified: yes Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: Creative Communications
ADDRESS: 8 Commonwealth Ave, Claymont DE 19703
PHONE: (302) 420-6588 FAX: (610) 793-2666
EMAIL: dianeneff@verizon.net

DATE: Wednesday, January 5, 2010 **TIME:** 12:00 P.M.

NAME: Penny Dryden M/WBE Certified: Y Y/N
(Minority/Women Business Enterprise)

If yes, please specify

COMPANY NAME: Community Housing & Empowerment Connections

ADDRESS: 20 Moonlight Ct, Newark DE

PHONE: 302 275-4709 FAX:

EMAIL: drydenpe@aol.com

NAME: Patricia Daly M/WBE Certified: Y/N
(Minority/Women Business Enterprise)

If yes, please specify

COMPANY NAME: Patricia Daly, LCSW

ADDRESS: 5155 W. Wood Mill Dr Wilm. DE

PHONE: (302) 588-2143 FAX:

EMAIL: pdaly-smaguire@msn.com

NAME: EUGENE M. WHEELER M/WBE Certified: Y/N
(Minority/Women Business Enterprise)

If yes, please specify

COMPANY NAME: PROFESSIONAL COUNSELING RESOURCES (PCR)

ADDRESS: 807 N. Union St. - Wilm 19805

PHONE: (302) 656-8737 FAX: (302) 656-4600

EMAIL: emwheeler@PCRDelaware.org

NAME: K. El-Shabazz M/WBE Certified: Y/N
(Minority/Women Business Enterprise)

If yes, please specify

COMPANY NAME: YMCA

ADDRESS: 1100 Walnut St. Wilm.

PHONE: 472-9662 FAX:

EMAIL:

DATE: Wednesday, January 5, 2010 **TIME:** 12:00 P.M.

NAME: Dory Zatuchni M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: Jewish Family Services of DE

ADDRESS: 99 Passmore Rd

PHONE: 302-478-5511 FAX: 302-479-9583

EMAIL: dzatuchni@jfsdelaware.org

NAME: Miles Dean M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: YMCA of Delaware

ADDRESS: 1100 Walnut Street

PHONE: 472-9622 FAX: _____

EMAIL: mdean@ymcade.org

NAME: Matt Friedman M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: Brandywine Counseling & Community Services

ADDRESS: 278 Lancaster Ave., Wilmington, DE 19805

PHONE: 472-0381 FAX: 472-0392

EMAIL: mfriedman@bcidel.org

NAME: Stacy Northrop M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: 1212 Corporation

ADDRESS: 2700 Washington St

PHONE: (302) 764-4048 FAX: (302) 764-9194

EMAIL: 1212Corporation@Verizon.net

DATE: **Wednesday, January 5, 2010** **TIME:** **12:00 P.M.**

NAME: HOWARD ISENBERG M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: OPEN DOOR, INC.

ADDRESS: 254 E. MAIN ST NEWARK DE 19711

PHONE: 302-731-1504 FAX: 302-731-2720

EMAIL: howard@holcombbhs.org

NAME: _____ M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

NAME: _____ M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

NAME: _____ M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

DATE: Wednesday, January 5, 2010 **TIME:** 12:00 P.M.

NAME: Nicole Solomon M/WBE Certified: (N) Y/N
(Minority/Women Business Enterprise)

If yes, please specify

COMPANY NAME: University of DE/ The Network
ADDRESS: 231 S College Ave
PHONE: 3028313115 FAX:
EMAIL: nsolomon@udel.edu

NAME: ALAN HASH M/WBE Certified: N Y/N
(Minority/Women Business Enterprise)

If yes, please specify

COMPANY NAME: KENT SUSSEX COUNSELING SERVICES
ADDRESS: 1241 College PARK DRIVE DOVER, DE 19904
PHONE: (302) 735-7790 FAX: (302) 735-3654
EMAIL: AHASH @ KSCS.ORG

NAME: Kim Beniquez M/WBE Certified: Y/N
(Minority/Women Business Enterprise)

If yes, please specify

COMPANY NAME: Connections
ADDRESS: 500 W. 10th Street
PHONE: 302 984-3800 FAX: 691-1100
EMAIL: KBeniquez @ connections csp.org

NAME: Austin Davis M/WBE Certified: Y/N
(Minority/Women Business Enterprise)

If yes, please specify

COMPANY NAME: Latin American Community Center
ADDRESS: 403 N. Van Buren St Wilmington, DE 19805
PHONE: 302-655-7338 x7699 FAX: 302-655-7338
EMAIL: adavis@thelatincenter.org

DATE: Wednesday, January 5, 2010 **TIME:** 12:00 P.M.

NAME: Ana C. Velasquez M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: Latin American Community Center

ADDRESS: 403 N. Van Buren St. Wilmington DE 19805

PHONE: 302-655-7338 FAX: 302-655-7334

EMAIL: avelasquez@thelatincenter.org

NAME: Scott Burns M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: DPNA

ADDRESS: 500 Naamans Rd Suite A

PHONE: 762-1341 FAX: 762-1652

EMAIL: pccc@dca.net

NAME: Sara Yarnall M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: BCCS

ADDRESS: 2713 Lancaster Ave. Wilmington

PHONE: 302-655-9880 x 175 FAX: _____

EMAIL: syarnall@bcidel.org

NAME: Kristen Blanchard M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: SODAT Delaware

ADDRESS: 1225 N Orange St Wilm DE

PHONE: 302 656 4044 FAX: 302 656 3439

EMAIL: kblanchard@sodatdelaware.com

DATE: Wednesday, January 5, 2010 **TIME:** 12:00 P.M.

NAME: Rachael Wummer M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: University of Delaware

ADDRESS: 231 S. College Ave, Newark DE 19717

PHONE: 302-831-3457 FAX: _____

EMAIL: rwummer@udel.edu

NAME: NATHANIEL NARTEY M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: ANZEL INTERACTION

ADDRESS: 28 ELKS Trl New Castle De 19720

PHONE: 302 397 7061 FAX: _____

EMAIL: bdanpullo@gmail.com

NAME: Balki Youssif M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: Angel Interaction

ADDRESS: 23 ELKS Trl New Castle De 19720

PHONE: 302 397 7061 FAX: _____

EMAIL: bdanpullo@gmail.com

NAME: Christine Dziembowski M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: Holcomb Behavioral Health Systems

ADDRESS: 126 E Baltimore Pk

PHONE: 484-444-0412 FAX: 484-444-0421

EMAIL: cdziembo@holcombbhs.org

DATE: Wednesday, January 5, 2010 **TIME:** 12:00 P.M.

NAME: Roger Garbett Jr. M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

COMPANY NAME: BANWOL If yes, please specify _____
ADDRESS: 3407 Lancaster Pike Wilmington DE 19805
PHONE: 302-998-9088 FAX: 302-998-9020
EMAIL: BANWOL@verizon.net

NAME: Roger Garbett Sr. M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

COMPANY NAME: BANWOL If yes, please specify _____
ADDRESS: 3407 Lancaster Pike Wilmington DE 19805
PHONE: 302-998-9088 FAX: 302-998-9020
EMAIL: BANWOL@verizon.net

NAME: Marcé Garbett M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

COMPANY NAME: BANWOL If yes, please specify _____
ADDRESS: 3407 Lancaster Pike Wilmington DE 19805
PHONE: 302-998-9088 FAX: 302-998-9020
EMAIL: BANWOL@verizon.net

NAME: Mark Coffey M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

COMPANY NAME: Catholic Charities If yes, please specify _____
ADDRESS: 2601 W 4th St.
PHONE: 302 655-9624 FAX: 302 654 6432
EMAIL: mcoffey@ccwlm.org

DATE: **Wednesday, January 5, 2010** **TIME:** **12:00 P.M.**

NAME: Patricia Evans M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: SODAT-DE

ADDRESS: 625 N Orange ST, Wilm DE 19801

PHONE: 302-656-4044 FAX: 302-656-3435

EMAIL: Pevans@sodatdelaware.com

NAME: Mendell Much M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify ♀ - 50% ownership

COMPANY NAME: Aquila of DE, Inc

ADDRESS: 1812 Newport Gap Gilt Wilm, DE 19808

PHONE: 999-1106 FAX: 999-1753

EMAIL: mmuch@comcast.net

NAME: _____ M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

NAME: _____ M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

DATE: Wednesday, January 5, 2010 **TIME:** 12:00 P.M.

NAME: Laura Rapp M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: Center for Drug & Alcohol Studies
ADDRESS: 275 E Main St. Newark DE
PHONE: 302 831 8106 FAX: 302 831 3309
EMAIL: lrapp @ udel. edu

NAME: Michele Chmielowski M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: RHD
ADDRESS: ~~78~~ 4700 Wissahickon Ave Suite 126
Phila PA 19144
PHONE: 302 559 9102 FAX: 302 778 1765
EMAIL: ~~michelec@rhd.org~~
michelec @ rhd.org

NAME: _____ M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

NAME: _____ M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

DATE: **Wednesday, January 5, 2010** **TIME:** **12:00 P.M.**

NAME: Mary Elizabeth Mural M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: Delaware Ctr for Justice

ADDRESS: 100 W. 10th St. Suite 905

PHONE: 658-7274-25 FAX: 658-7170

EMAIL: mmical@dcjustice.org

NAME: _____ M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

NAME: _____ M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

NAME: _____ M/WBE Certified: _____ Y/N
(Minority/Women Business Enterprise)

If yes, please specify _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____