

# Delaware Health and Social Services

HSS-15-016

## REQUEST FOR PROPOSALS FOR PROFESSIONAL SERVICES ADULT RESIDENTIAL SUBSTANCE USE DISORDER AND CO-OCCURRING DISORDER TREATMENT PROGRAM FOR WOMEN ISSUED BY DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH

### Attendance Sheet

July 7, 2015

10:00 AM

\*\*\*\*Please Be Sure to Provide a Business Card\*\*\*\*

NAME	ORGANIZATION/ADDRESS	E-MAIL ADDRESS	PHONE NUMBER	MWBE
Thomas Griffin	The Transition House	tomthetransit@house.org	407 892 5700	
Glenn LeFerre	Gateway Foundation	gllefer@gatewayfoundation.org	302-836-1200	

\*\*\* If your organization is certified as a Women or Minority Owned Business, please put a checkmark in the far right box, next to your phone number.\*\*\*



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