Delaware Health and Social Services
Office of the Secretary
HSS-26-022A
Venues for Conferences and Community Events
Prospective Vendor Questionnaire

Vendor Name: _____

Vendor Contact Person: _____

Vendor Contact Email: _____

Vendor Address: _____

Vendor Phone Number: _____

Which Tiers from the SOW are you applying for? _____

Do you provide on-site catering? _____

Do you allow outside catering companies to bring food? _____

Do you have Audio Visual Equipment Available? Is there an extra charge? _____

How many breakout rooms do you have available? _____

Do you have a designated breastfeeding area? _____

What percentage of discount are you offering? _____

Do you understand that alcohol is **NOT** to be included for any state event? _____