

MARIJUANA PREVENTION SERVICES FOR YOUTH

DESCRIPTION OF BID

JOB SITE INSPECTION

BID DUE DATE: May 13, 2011

VENDOR CONFERENCE

BUYER: Carolyn Flores & Gary Parkinson

BID OPENING

PROMESA BEHAVIORAL HEALTH

COMPANY NAME

RICARDO VASQUEZ

COMPANY REPRESENTATIVE

7475 N. PALM AVE #107

COMPANY ADDRESS

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CITY/STATE/ZIP

rvasquez@promesabehavioral.org

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PHONE NUMBER

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FAX NUMBER

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PHONE NUMBER

FAX NUMBER

EMPOWERMENT INSTITUTE, INC.

COMPANY NAME

SENG YANG

COMPANY REPRESENTATIVE

5674 E. CLINTON AVE #102

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Sengyang1@gmail.com

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PHONE NUMBER

FAX NUMBER

CA Health Collaborative

COMPANY NAME

Stephen Ramirez Rolando Valero

COMPANY REPRESENTATIVE

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COMPANY ADDRESS

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rvalero@healthcollaborative.org

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FAX NUMBER

Delta Care Inc

COMPANY NAME

Stephanie K. Englund

COMPANY REPRESENTATIVE

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E-MAIL ADDRESS

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PHONE NUMBER

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FAX NUMBER

Fresno American Indian Health Project

COMPANY NAME

Jackalyn Badoni

COMPANY REPRESENTATIVE

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CITY/STATE/ZIP

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PHONE NUMBER

320-0494

FAX NUMBER

Boys & Girls Club

COMPANY NAME

Diane Carbray

COMPANY REPRESENTATIVE

540 N. Augusta St

COMPANY ADDRESS

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dcarbray@bgclubsfc.org

E-MAIL ADDRESS

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PHONE NUMBER

266-0664

FAX NUMBER

BID NO.: 952-4934

DATE: April 28, 2011

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BID OPENING

~~At~~ County of Fresno
 COMPANY NAME
 Natasha Hagaman
 COMPANY REPRESENTATIVE
 515 S. Cedar
 COMPANY ADDRESS
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 E-MAIL ADDRESS
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COMPANY NAME
 COMPANY REPRESENTATIVE
 COMPANY ADDRESS
 CITY/STATE/ZIP
 E-MAIL ADDRESS
 PHONE NUMBER FAX NUMBER

County of Fresno - DBH - SAK
 COMPANY NAME
 Colleen Coragg
 COMPANY REPRESENTATIVE
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COMPANY NAME
 COMPANY REPRESENTATIVE
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 PHONE NUMBER FAX NUMBER

Fresno Eoc
 COMPANY NAME
 Paul McLain-Lugowski
 COMPANY REPRESENTATIVE
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COMPANY NAME
 COMPANY REPRESENTATIVE
 COMPANY ADDRESS
 CITY/STATE/ZIP
 E-MAIL ADDRESS
 PHONE NUMBER FAX NUMBER

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Boys & Girls Club of Fresno County

Big Brothers Big Sisters
Brooke Frost of Central Calif

Rico Guerrero
COMPANY REPRESENTATIVE

Brooke Frost
COMPANY REPRESENTATIVE

540 N. AUGUSTA
COMPANY ADDRESS

905 N. FULTON
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Fresno County EOC
COMPANY NAME

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FAX NUMBER

COMPANY NAME

COMPANY REPRESENTATIVE

COMPANY ADDRESS

CITY/STATE/ZIP

E-MAIL ADDRESS

PHONE NUMBER

FAX NUMBER