



STATE OF DELAWARE
Delaware Office of Auditor of Accounts

September 17, 2020

ISSUED BY: Kathleen McGuiness
State Auditor
302-739-5055

SUBJECT: **AWARD NOTICE**
CONTRACT NO. OAOA-20-001-PRFSV
Insert Contract Name – Delaware Auditor of Accounts Request for Proposal
for Professional Services

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KEY CONTRACT INFORMATION

1. CONTRACT PERIOD

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Each contractor's contract shall be valid for a 1 year period beginning September 23, 2020 and ending September 23, 2021. Each contract may be renewed for 1 renewal one (1) year periods through negotiation between the contractor and Auditor of Accounts. Negotiation may be initiated no later than ninety (90) days prior to the termination of the current agreement.

ADDITIONAL TERMS AND CONDITIONS

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2. PAYMENT

The agencies or school districts involved will authorize and process for payment each invoice within thirty (30) days after the date of receipt. The contractor or vendor must accept full payment by procurement (credit) card and/or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions.

3. PURCHASE ORDERS

Agencies that are part of the First State Financial (FSF) system are required to identify the contract number OAOA-20-001-PRFSV on all Purchase Orders (P.O.) and shall complete the same when entering P.O. information in the state's financial reporting system.

4. HOLD HARMLESS

The contractor agrees that it shall indemnify and hold the State of Delaware and all its agencies harmless from and against any and all claims for injury, loss of life, or damage to or loss of use of property caused or alleged to be caused, by acts or omissions of the contractor, its employees, and invitees on or about the premises and which arise out of the contractor's performance, or failure to perform as specified in the Agreement.

5. VENDORS

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Vendor Name: Innovate Consulting, LLC Address: 402 Wesley Drive, Newark, DE 19771 Primary Contact Name: Christie Gross Phone: 302-983-1919 Email: christie@InnovateConsulting.org FSF Number:NA	Vendor Name: Address: Primary Contact Name: Phone: Email: FSF Number:
Vendor Name: Address: Primary Contact Name: Phone: Email: FSF Number:	Vendor Name: Address: Primary Contact Name: Phone: Email: FSF Number:

Award Notice
OAOA-20-001-PRFSV

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Format of above table may be adjusted based on number of vendors awarded

Note to Agency: If any of the language in this template conflicts with the language in the contract, the language in this template may be edited as required.