



**STATE OF DELAWARE**  
**Department of Services for Children, Youth & Their Families**

August 22, 2019

ISSUED BY: H. Ryan Bolles  
DSCYF Procurement Administrator  
302-633-2701

SUBJECT: **AWARD NOTICE**  
**CONTRACT NO.** CYF 19-02  
**Insert Contract Name** Project DelAWARE Behavioral Health Project Co-  
Coordinator

---

**TABLE OF CONTENTS**  
**OF**  
**KEY CONTRACT INFORMATION**

1. <b>CONTRACT PERIOD</b> .....	<b>2</b>
2. <b>VENDORS</b> .....	<b>2</b>
3. <b>Pricing</b> .....	<b>2</b>
4. <b>Payment</b> .....	<b>2</b>

**KEY CONTRACT INFORMATION**

**1. CONTRACT PERIOD**

[\(Return to Table of Contents\)](#)

Each contractor’s contract shall be valid beginning 4/15/2019 and ending 9/29/2023. Each contract may be renewed for one (1) one (1) year period through negotiation between the contractor and DSCYF. Negotiation may be initiated no later than ninety (90) days prior to the termination of the current agreement.

**2. VENDORS**

[\(Return to Table of Contents\)](#)

Vendor Name: Sandra Syglowski Address: Redacted, Delaware Primary Contact Name: Sandra Syglowski Phone: redacted Email: FSF Number:	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:

**3. PRICING**

[\(Return to Table of Contents\)](#)

Without a contract amendment prices will remain firm for the term of the contract year.

Vendor Name	Service	Unit	Unit Cost
Sandra Syglowski	Project DeLAWARE Co-Coordinator	Hour	\$56.82

**4. PAYMENT**

DSCYF 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.