



**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 19-03  
**Insert Contract Name** Project DelAWARE Care Coordinators (3 Coordinators)

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**OF**  
**KEY CONTRACT INFORMATION**

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**KEY CONTRACT INFORMATION**

**1. CONTRACT PERIOD**

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Each contractor’s contract shall be valid beginning 3/27/2019 and ending 6/30/2023. 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**

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Vendor Name: ADVOCATE OF HEALING Address: Redacted, Delaware Primary Contact Name: Sonia Songui Phone: Redacted Email: Redacted FSF Number:	Vendor Name: BE-WELL COUNSELING, LLC Address: Redacted, Delaware Primary Contact Name: Susan Bennett Phone: Redacted Email: Redacted FSF Number:
Vendor Name: CENTER FOR CHILD DEVELOPMENT Address: 260 Chapman Road, Suite 100B Primary Contact Name: Lisa Savage Phone: (302) 292-1334 Email: <a href="mailto:lisa@thecenterforchilddevelopment.com">lisa@thecenterforchilddevelopment.com</a> FSF Number:	Vendor Name: Address: Primary Contact Name: Phone: Email: FSF Number:

**3. PRICING**

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

Vendor Name	Service	Unit	Unit Cost
ADVOCATE OF HEALING	Project DeLAWARE Care Coordination	Hour	\$54.54
BE-WELL COUNSELING, LLC	Project DeLAWARE Care Coordination	Hour	\$54.54
CENTER FOR CHILD DEVELOPMENT	Project DeLAWARE Care Coordination	Hour	\$54.54

**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.