



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 19-05
Insert Contract Name Project DelAWARE Provider of
Mental Health Provider of CBITS and Functional Family Therapy

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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: CHILDREN & FAMILIES FIRST DELAWARE, INC. Address: 809 WASHINGTON STREET Wilmington, Delaware 19801 Primary Contact Name: Leslie Newman Phone: 302-658-5177 Email: leslie.newman@cffde.org FSF Number:	Vendor Name: Address: Primary Contact Name: Phone: Email: FSF Number:
Vendor Name: Address: Primary Contact Name: WEIKLE Phone: Redacted Email: Redacted FSF Number:	Vendor Name: Address: Primary Contact Name: Phone: Email: FSF Number:

3. PRICING

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This is a program funded contracts where the contractor is reimbursed for actual expenses incurred to deliver the contracted program. Without a contract amendment the approved annual amount of \$570,000 will govern each subsequent fiscal year.

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.