



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

August 25, 2019

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

SUBJECT: **AWARD NOTICE**  
**CONTRACT NO.** CYF 19-08  
**Insert Contract Name** CBTp Treatment Model Trainer

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**OF**  
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## KEY CONTRACT INFORMATION

### 1. CONTRACT PERIOD

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Each contractor's contract shall be valid beginning 5/21/2019 and ending 9/30/2023. 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: Icahn School of Medicine at Mount Sinai Address: 1 GUSTAVE L LEVY PL, New York, NY 10029 Primary Contact Name: YULIA LANDA Phone: (212) 659-8732 Email: yulia.landa@mssm.edu FSF Number:	
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### 3. PRICING

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This contract covers a range of training related services and materials.

### 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.