



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

August 27, 2019

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

SUBJECT: **AWARD NOTICE**
CONTRACT NO. CYF 19-09
Insert Contract Name Evidence Based Family Evaluation & Court Testimony

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KEY CONTRACT INFORMATION

1. CONTRACT PERIOD

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Each contractor's contract shall be valid beginning 7/29/2019 and ending 9/30/2024. Each contract may be renewed for one (4) four (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: RACHEL BANDENBURG Address: 5360 SUMMIT BRIDGE RD, STE 6, MIDDLETOWN, DELAWARE 19709 Primary Contact Name: RACHEL BANDENBURG Phone: Redacted Email: FSF Number:	Vendor Name: CENTER FOR CHILD DEVELOPMENT Address: 260 CHAPMAN RD, STE 107, NEWARK, DELAWARE 19702 Primary Contact Name: LISA SAVAGE Phone: (302) 292-1334 Email: lisa@thecenterforchilddevelopment.com FSF Number:
Vendor Name: DELAWARE PSYCHOLOGICAL SERVICES LLC Address: Redacted, LEWES, DELAWARE19958 Primary Contact Name: KATHERINE ELDER Phone: 302-703-6332 Email: dps.wellness@gmail.com FSF Number:	Vendor Name: PEOPLE'S PLACE II INC Address: 1131 AIRPORT ROAD, MILFORD, Delaware 19963 Primary Contact Name: BEVERLY LAWSON Phone: (302) 422-8033 Email: blawson@peoplesplace2.com FSF Number:

3. PRICING

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These contracts provide a variety of different psychological assessments and evaluations at different rates.

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.