



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

August 29, 2019

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

SUBJECT: **AWARD NOTICE**
CONTRACT NO. CYF 19-12
Contract Name State Opioid Response Behavioral Health Consultants
(SOR BHC)

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KEY CONTRACT INFORMATION

1. CONTRACT PERIOD

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The contract shall be valid beginning 7/31/2019 and ending 6/30/2024. The 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: AQUILA OF DELAWARE, INC. Address: 1812 NEWPORT GAP PIKE Wilmington, Delaware 19808 Primary Contact Name: JOAN CHATTERTON Phone: (302) 999-1106 Email: joanchatterton@me.com FSF Number:	Vendor Name: Address: Primary Contact Name: Phone: Email: FSF Number:
Vendor Name: Address: Primary Contact Name: 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 \$420,000 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.