



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

January 14, 2020

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

SUBJECT: **AWARD NOTICE**  
**CONTRACT NO.** CYF 19-15  
**Contract Name** Licensed Professional - Behavioral Health Care Coordinator  
Manager

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

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## KEY CONTRACT INFORMATION

### 1. CONTRACT PERIOD

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The contracts shall be valid beginning 2/1/2020 and ending 9/30/2024. The contract agreement may be renewed for additional one (1) year periods 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: MINDY C. WEBB<br>Address: Redacted Wilmington, DE 19805<br>Primary Contact Name: MINDY C. WEBB<br>Phone: (302) Redacted<br>Email: Redacted<br>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 |
|---------------|---|------|-----------|
| MINDY C. WEBB | Licensed Professional - Behavioral Health Care<br>Coordinator Manager | Hour | \$60.00   |

### 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.