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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KEY CONTRACT INFORMATION

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KEY CONTRACT INFORMATION

1. CONTRACT PERIOD

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

Vendor Name: MINDY C. WEBB
Address: Redacted Wilmington, DE 19805
Primary Contact Name: MINDY C. WEBB
Phone: (302) Redacted
Email: Redacted
FSF Number:

3. PRICING

Without a contract amendment prices will remain firm for the term of the contract year.

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Service</th>
<th>Unit</th>
<th>Unit Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>MINDY C. WEBB</td>
<td>Licensed Professional - Behavioral Health Care Coordinator Manager</td>
<td>Hour</td>
<td>$60.00</td>
</tr>
</tbody>
</table>

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.