



STATE OF DELAWARE  
ADMINISTRATIVE OFFICE OF THE COURTS

1 SOUTH RACE STREET  
GEORGETOWN, DELAWARE 19947  
(302) 856-5406 / FAX (302) 856-5408

38 THE GREEN, ROOM 107  
DOVER, DELAWARE 19901  
(302) 674-7480 / FAX (302) 856-5408

NEW CASTLE COUNTY COURTHOUSE  
500 NORTH KING STREET, SUITE 11600  
WILMINGTON, DELAWARE 19801-3734  
(302) 255-0090 / FAX (302) 255-2217

PATRICIA W. GRIFFIN  
STATE COURT ADMINISTRATOR

May 12, 2014

TO: ALL OFFERORS

FROM: JAMES H. WRIGHT  
DEPUTY STATE COURT ADMINISTRATOR

SUBJECT: REQUEST FOR PROPOSAL – ADDENDUM  
JUD14001-VOMP  
Victim-Offender Mediation Programs in New Castle, Kent and Sussex Counties

Question 1: p. 4, Section 3 A

*Minimum Requirements: 1. Delaware Business license: Provide evidence of a Delaware business license or evidence of an application to obtain a business license.*

Please clarify whether organizations that currently operate under a nonprofit 501c3 status are required to show proof of having, or having applied for, a business license to provide services under this RFP?

**Answer 1: Organizations that operate under a nonprofit 501(c)(3) status are not required to have a Delaware business license.**

Question 2: p. 30, Business References Form

*If you have held a State contract within the last 5 years, please list the contract.*

Please clarify whether you would like applicants to list all state contracts held with the last five years, or if only three references total are permitted.

**Answer 2: Vendors are required to provide three business references. If your company has been awarded a State of Delaware contract in the last five years, separately identify the Contract Name and the Agency served.**

**All other terms and conditions remain the same.**