



AGENCY CONTRACT HELP REQUEST

Complete this form to request help related to contracting and procurement.
Be sure to furnish as much detail as possible.

Requester Name _____
Email Address _____
Phone Number _____
Dept/Division _____
Today's Date _____

NATURE OF HELP REQUEST (check one box)

General Knowledge

Procurement-Specific Assistance

Other

Specific Contract Question - Contract Number & Name

DETAILS

Please describe help requested (must be completed):

Anticipated Resolution (must be completed):

To submit, save help form to your computer then email form as an attachment to
gss-contract-help-agency@delaware.gov.

This form is not intended to be used for corrective actions. Please submit all Corrective Action Requests using the processes and forms listed in the Agency Resources located at <https://mymarketplace.delaware.gov/resources/agency.shtml>.