

**STATE OF DELAWARE**

Click here to enter Department name.

Click here to enter Division name.

Click here to choose today’s date.

ISSUED BY: Click here to enter contact person name.

Click here to enter title of contact person.

Click here to enter contact email or phone number.

SUBJECT: **AWARD ADDENDUM #** Click here to enter addendum number. **CONTRACT NO.**Enter contract number or right-click and select Update Field.

Click here to enter contract name.

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**OF**

**KEY CONTRACT INFORMATION**

[**1.** **CONTRACT SUMMARY**](#_Toc127971178)

[**2.** **AGENCY USE CONTRACT**](#_Toc127971179)

[**3.** **CONTRACT PERIOD**](#_Toc127971180)

[**4.** **VENDORS**](#_Toc127971181)

[**5.** **PRICE**](#_Toc127971182)

**Types of Changes/Updates**

**Expiration date change (Add new dates to Section 3 – Contract Period)**

**Vendor information change (Update information in Section 4 – Vendors)**

**Other** Click here to enter other type of change.

Updated: 8/10/2023

**Contract No.** Enter contract number or right-click and select Update Field.

**KEY CONTRACT INFORMATION**

1. **CONTRACT SUMMARY**

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Click here to enter contract summary text.

1. **CONTRACT PERIOD**

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This contract shall be valid from Click here to choose start date through Click here to choose expiration date.

1. **VENDORS**

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**Enter information for awarded vendors here.**

**Number of cells in table below may be reduced/expanded based on number of vendors awarded.**

|  |  |
| --- | --- |
| Vendor Name:  Address:  City, State Zip:  Primary Contact Name:  Phone:  Email:  MWBE  Veteran  Delaware Vendor | Vendor Name:  Address:  City, State Zip:  Primary Contact Name:  Phone:  Email:  MWBE  Veteran  Delaware Vendor |
| Vendor Name:  Address:  City, State Zip:  Primary Contact Name:  Phone:  Email:  MWBE  Veteran  Delaware Vendor | Vendor Name:  Address:  City, State Zip:  Primary Contact Name:  Phone:  Email:  MWBE  Veteran  Delaware Vendor |

1. **PRICE**

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Prices will remain firm for the term of the contract.