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|  | Statement of Work |

The undersigned hereby certify to the parties’ agreement for the vendor named herein to perform the services outlined in the attached Statement of Work, in accordance with the terms of this contract.

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| **Project Scope Summary** (a general narrative of the needs and scope of the project): | | | | | | | | |
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| **General Requirements** (define the specific requirements to be met by this project) | | | | | | | | |
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| **Deliverables** (define the products or work plan to be delivered): | | | | | | | | |
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| **Schedule of Deliverables** (indicate sequence of deliverables): | | | | | | | | |
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| **Timeline** (indicate anticipated completion timeline): | | | | | | | | |
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| **Costs** (define how costs are to be provided, i.e. “turnkey” and/or “hourly by skill set” and/or deliverables and/or milestones) | | | | | | | | |
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| **The contractor’s response shall include:** | | | | | | | | |
| 1. A written narrative addressing their understanding and approach to address the Project Scope, Deliverables; Schedule; and Timeline. 2. The skill sets and hours required of each to complete project. 3. Resumes from associates to be assigned to this project. 4. Provide a detailed list of costs – costs may be hourly costs by skill set required as defined by the SOW. | | | | | | | | |
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| This quotation remains valid for 120 days from the date signed by vendor named below. | | | | | | | | |
| This document must be completed and signed by all parties listed before any service can be performed. No additional terms or conditions will be added to this Statement of Work. The Statement of Work only details how the specific services required will be completed. | | | | | | | | |
| This SOW is hereby agreed to by: (List name and address of ordering agency) | | | | This SOW is hereby agreed to by: (Vendor Name and Address) | | | | |
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| By: |  | | | By: | |  | | |
|  | Authorized Signature | | |  | | Authorized Signature | | |
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| Date: |  | | | Date: | |  | | |
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| Purchase Order #: | |  | | | | |  | |
| Contact Person: | |  | | | | | Phone #: |  |