

EXHIBIT A

**Hollywood Respite and Recovery
Center Services
STATEMENT OF WORK (SOW)**

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Hollywood Respite and Recovery Center STATEMENT OF WORK (SOW)

1.0 SCOPE OF WORK

Contractor shall operate the Hollywood Respite and Recovery Center (HRRC) which is a tailored model of Trieste, Italy's 24-hour Community Mental Health Center that combines crisis stabilization unit (CSU)/psychiatric urgent care center (UCC) services (see corresponding Statement of Work for these services), crisis stabilization, and respite services all under one roof that will meet the specific needs of the Hollywood community. The HRRC shall provide individuals with severe mental illness (SMI) immediate mental health support that is not available at home or in most shelters. The HRRC will accept referrals from the Crisis Stabilization Unit (CSU), The Hollywood Mental Health Cooperative, community-based service providers, and community specific first responders in Hollywood.

- 1.1 Contractor shall operate the HRRC located in the city of Hollywood on a 24 hours per day, 7 days per week, and 365 days per year (24/7/365) basis.
- 1.2 Contractor shall provide respite beds to clients that have complex mental health, medical, or substance use disorder (SUD) conditions.
- 1.3 Contractor shall provide sobering beds to client's assessed to be under the influence of drugs or alcohol with a safe sleeping environment until clients can be assessed for appropriate services.
- 1.4 Contractor shall provide supportive services that includes, but is not limited to, the following:
 - 1.4.1 Person-centered customer service that is sensitive to the range of mental and physical health challenges faced by clients working to secure or maintain housing and wellness. This includes providing services that are tailored to each client, with ongoing reassessments to ensure relevant needs are identified, appropriate, and delivered to meet each client's needs.
 - 1.4.2 Employ a "whatever it takes approach" to assist clients on their pathway to recovery. This includes HRRC medical staff, care teams, and staff with lived experience to engage with the client to offer services to meet basic and immediate needs, provide medical, mental health, and substance use support when appropriate and anything else needed by the client or as directed by the Los Angeles County (LAC or County) Department of Mental Health (DMH or Department).

2.0 SPECIFIC WORK REQUIREMENTS

2.1 Triage

Contractor shall conduct face-to-face screenings with every client upon arrival at the HRRC. Contractor shall identify and determine the need for Psychiatric UCC services or Respite bed services.

Screenings shall include consents, basic demographics, and current physical and mental health needs assessment to ensure appropriate level of care.

- 2.1.1 Contractor shall utilize a low barrier screening approach with no requirements for any preconditions for admittance, nor rejection or exiting of clients from interim housing due to lack of sobriety or income, or based on the presence of mental health issues, disabilities, or other psychosocial challenges.
- 2.1.2 Contractor shall utilize Harm Reduction-focused policies which reflect:
 - A. Housing and services are not contingent on sobriety.
 - B. Clients are not required to submit to testing/screening for substance and/or alcohol use.
 - C. Clients who use alcohol, drugs and/or have behavioral health challenges and/or are involved in sex work are respected and treated with kindness and fairness.
 - D. Clients shall not be rejected or exited from the HRRC due to lack of sobriety.
- 2.1.3 When a client is assessed to need a higher level of medical or psychiatric care, Contractor shall link the client to the appropriate level of care which may include emergency services.
- 2.1.4 Contractor shall follow appropriate isolation protocols for client's when indicated.
- 2.1.5 Contractor shall discuss Contractor's Grievance Policies and Procedures and Termination Policies and Procedures with the client during intake, obtain signature of the client acknowledging receipt and a copy shall be offered to the client.

2.2 **Respite Care Services**

Contractor shall provide respite care services when a client is admitted to the HRRC. Services can include but are not limited to meaningful and substantive face-to-face visits, reassessments, care plan updates, short-term stays up to two weeks, and other wrap around services as follows:

2.2.1 Assessments

- A. Contractor shall conduct an assessment within twenty-four (24) hours of client's arrival to determine the level of mental health and physical health services needed.
- B. Contractor shall conduct two (2) comprehensive Assessments using County approved assessment tools (e.g., psychosocial, 5 x 5, etc.) within two (2) days of the clients initial stay at the HRRC and record the results in the County-approved information management system. Assessments shall be conducted face-to-face and shall assess the needs related to the following life domains:
 - 1. Physical Health;
 - 2. Mental Health;
 - 3. Substance Use;

4. Ability to perform activities of daily living (ADLs);
5. Social Functioning: Including financial, legal, education, vocational, family, leisure, community services/supports, and other strengths/needs; and
6. Physical Environment: Current housing status and housing history.

2.2.2 Individualized Care Plans

Contractor shall develop and implement an individualized care plan based on the needs and barriers identified in the Assessments in section 2.2.1 which shall include the client's goals, steps to reach goals, and time frame for completing goals. The individualized care plan shall be completed within three (3) days of admission. Contractor will coordinate with LACDMH Hollywood Mental Health Cooperative treatment team or other Hollywood service providers to support the implementation of the clients current treatment plan with these providers. Coordination will be accomplished with live collaboration, information sharing, and ongoing follow up to ensure effective implementation of the individualized care plan and discharge planning.

2.2.3 Support Services

- A. Contractor shall maintain daily client contact, case management, and support, and tailor the intensity of services provided based upon the needs of the client.
- B. Contractor shall provide necessary linkages to substance abuse outpatient resources, treatment beds, and harm reduction programs to meet the identified needs of the client.
- C. Contractor shall offer overdose response training and naloxone to all clients, regardless of whether the client uses drugs or not.
- D. Contractor shall offer medical aid for wound care, changing bandages, medication administration, mobility assistance including getting in and out of bed, to the bathroom, bathing, etc. Peer support services shall be available to support these care needs.
- E. Contractor shall work with the Hollywood Mental Health Cooperative treatment teams for clients transitioning to interim or board and care housing and provide the following services:
 1. Timely and thorough completion, submission, and coordination of any paperwork needed for entry to housing including gathering all necessary documentation (e.g., CES score, lab work, government issued identification/driver's license, etc.).
 2. Coordinate with primary Hollywood Mental Health Cooperative team to provide clients with an orientation specific to the level of care they are transitioning to by acquainting them with on-site services and activities, local amenities, acquisition of items that meet the client's basic needs (e.g., grocery gift cards, secure supply of thirty (30) days of prescription medications, introduction to nearest pharmacy, etc).

- F. Contractor will coordinate care through regular meetings, live communication, and follow up with the Hollywood Mental Health Cooperative treatment teams and Hollywood community-based partners such as: the clubhouse, local business owners etc. for clients expressing interest with employment opportunities and training.
- G. Contractor shall deliver services through a strengths-based approach that is culturally sensitive, appropriate, and clients-centered. Contractor' staff shall provide services in languages for non-English speaking clients (e.g., hire bilingual staff, access to translation services, etc.), provide services in a respectful manner to clients based on how the client chooses to be identified (e.g., lesbian, gay, bisexual, transgender, queer, gay, questioning, intersex queer, etc.), and employ best practices in the provision of tailored services to meet the needs of specific subpopulations (e.g., Reentry Services, Transitional Aged Youth, Families, clients with domestic violence histories, etc.).
- H. Contractor shall assist clients with accessing health insurance benefits (e.g., Medi-Cal, Denti-Cal, Medicare, Veterans Administration Health Benefits, etc.). Assess all clients for Medi-Cal and Medicare eligibility and ensure those that are eligible have active Medi-Cal and Medicare.
- I. Contractor shall provide linkage to functional rehabilitation resources, including physical therapy, occupational therapy, vocational rehabilitation, and/or speech therapy to foster independence.
- J. Contractor shall assist clients with maintaining medication and treatment regimens including accompanying clients to appointments with health, mental health and/or other care providers. Contractor shall also Assist with medication management and after care when necessary.
- K. Contractor shall provide a minimum of ten (10) hours per week of group programming that includes educational opportunities for clients related to health and wellness, life skills and community participation. Contractor shall develop and post a monthly calendar of client groups/activities that includes weekend and evening programing within their activities schedule.
- L. Contractor shall assist clients with gaining, restoring, improving and/or maintaining daily independent living, social/leisure, and personal hygiene skills.

2.3 Client Satisfaction

- 2.3.1 Contractor shall assess client satisfaction on a continual basis through feedback gained via one-on-one conversations and client/tenant meetings.
- 2.3.2 Contractor shall develop, conduct, and analyze a LACDMH-approved survey to assess client satisfaction with the services provided and provide LACDMH with copies of completed surveys, a report of the survey results and findings on an annual basis, or as requested by LACDMH.

2.4 Collaboration and Partnerships

Contractor shall coordinate with the LACDMH Hollywood Mental Health Cooperative treatment team and other Hollywood service providers to coordinate clients care and ensure clients receive the appropriate services and support they need to achieve and maintain physical health, mental health, and housing stability. Coordination will involve regular team meetings, live collaboration, information sharing, and ongoing follow up to ensure effective implementation of the individualized care plan throughout the clients stay and discharge planning.

2.5 Record Keeping and Forms

Contractor shall generate and maintain retrievable program records, records relating to each client that receives services through this Contract, as directed by the County. Contractor shall establish safeguards to secure client protected health information. These records shall include, but not be limited to, the following:

2.5.1 Client Files

Client files may include hard copies, but not be limited to, the following:

- A. Client agreement documents (e.g., program policies, consents, client rights, client confidentiality, etc.);
- B. Client grievance procedures with signed acknowledgement by client and any submitted grievances;
- C. Initial Assessments and Individualized Care Plans;
- D. Housing documents;
- E. Incident Reports;
- F. Case closure documentation (follow the program exit procedure as required by the County);
- G. Documentation of performance measures and outcomes as directed by County;
- H. Monthly/quarterly reports directed by the County;
- I. Request for exit process and completion of documentation within three (3) business days of service delivery date;
- J. Other client documentation required at the County's discretion.

2.5.2 Forms

The following items shall be maintained in each electronic client file:

- A. DMH Consent Forms and Notice of Privacy Practices;

- B. Authorizations to release, disclose, use, and/or share information;
- C. Initial Individualized Care Plans, Individualized Care Plan updates, and Initial Assessment;
- D. Weekly submission of all participation documentation of services and progress notes. These shall
 - . describe engagement or intervention provided in support of the client's goals and be accompanied by recorded services;
- E. Documentation of client's medical and behavioral health homes and primary care provider contact information;
- F. Health insurance information including, but not limited to, health plan and member identification (CIN Number);
- G. Verification of move-in date and other milestones reached during Client enrollment at HRRC; and
- H. Other client file updates as required at the County's discretion.

2.6 Reporting

- A. Contractor shall submit to LACDMH, a daily bed report indicating client census/bed availability.
- B. Contractor shall maintain incident reports, including documentation of how and when issues were resolved. Incidents include injuries, death, disturbances, property damage, etc. Contractor shall Provide copies of incident reports to LACDMH staff immediately but no later than 48 hours of incident taking place.
- C. Contractor shall submit any ad hoc reports as requested by the County, Board of Supervisors, the State or other County agencies or entities for budgetary or other purposes. Reports shall include all the required information and shall be completed in the manner and time frame to be described by the County.

3.0 QUALITY CONTROL

Contractor shall establish and utilize a comprehensive Quality Control Plan (QCP) to ensure the County a consistently high level of quality and service throughout the term of this contract. The QCP, which is subject to approval by the County, shall be submitted to the County within thirty (30) calendar days from the effective date of contract and annually thereafter. Revisions to the QCP shall be submitted to the County for approval. The QCP shall specify activities to be monitored and must specify methods for identifying and preventing deficiencies in the quality of service performed before the level of performance becomes unacceptable. The QCP shall include, but is not limited to the following:

- 3.1 Method of monitoring to ensure that Contract requirements are being met;

- 3.2 A record of all inspections conducted by the Contractor related to the services provided through this Contract, any corrective action taken, the time a problem was first identified; and
 - 3.2.1 A clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to the County upon request.
- 3.3 Method for resolving and addressing any client grievances that include, but are not limited to, prompt and appropriate action and documenting/reporting when the problem(s) were first identified, the corrective action(s) taken, date(s) of resolution, etc. Grievance reports shall be provided to LACDMH upon request.
- 3.4 Development, implementation, and update of policies and procedures for all services provided under this Contract.
- 3.5 Method for resolving and addressing any operational concerns reported by Contractor staff, including interpersonal conflict between Contractor staff and County and non-County staff involved in the coordination of client cases.
- 3.6 Procedures for developing and administering client satisfaction surveys and analyzing and reporting on results.

3.7 Contractor Files

Contractor shall maintain documentation addressing the following areas:

- 3.7.1 Employee Handbook;
- 3.7.2 Contractor policy sign off sheets;
- 3.7.3 Respite Services policies and procedures;
- 3.7.4 Any County-approved Agreements and/or Memorandums of Understanding with service providers, project partners, and other providers (if applicable);
- 3.7.5 Case Conferencing documentation;
- 3.7.6 Client Satisfaction Surveys and Analysis;
- 3.7.7 Other documents related to quality control activities;
- 3.7.8 Other records and program documentation required at the County's discretion.

4.0 QUALITY ASSURANCE PLAN

The County will evaluate Contractor's performance under the Contract using the quality assurance procedures as defined in Subparagraph 8.15 (County's Quality Assurance Plan) of the Contract.

4.1 Monthly Meetings

Contractor shall attend scheduled meetings and any special meetings or emergency meetings that may be called. Meetings may be called to solve issues including but not limited to the health, behavioral health, substance use disorder, life skills, legal, employment/education or any housing-related issues of clients. Contractor shall attend the following:

- 4.1.1 Monthly collaborative provider meetings;
- 4.1.2 Monthly check-in meetings;
- 4.1.3 Quarterly strategic program planning meetings;
- 4.1.4 Quarterly program performance dashboard meetings. Meetings topics shall include but are not limited to operations, facility updates, policy and procedures, risk management, program updates and SOW in this Contract; and
- 4.1.5 HRRC campus meetings, local neighborhood associations and community groups to address and problem solve around any client and community issues.

4.2 Contract Discrepancy Report - SOW Attachment I (SOW Attachments)

- 4.2.1 Verbal notification of a Contract discrepancy will be made to the Contractor as soon as possible whenever a Contract discrepancy is identified. The problem shall be resolved within a time period mutually agreed upon by LACDMH and the Contractor.
- 4.2.2 LACDMH staff will determine whether a formal Contract Discrepancy Report shall be issued. Upon receipt of this document, the Contractor shall be required to respond in writing to LACDMH staff within five workdays, acknowledging the reported discrepancies or presenting contrary evidence.
- 4.2.3 Contractor shall submit a plan for correction of all deficiencies identified in the Contract Discrepancy Report to LACDMH staff within 10 workdays.

4.3 County Observations

In addition to Departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to the Contract at any time during normal business hours. However, these personnel may not unreasonably interfere with the Contractor's performance.

5.0 RESPONSIBILITIES

The County's and the Contractor's responsibilities are as follows:

LACDMH

5.1 Personnel

LACDMH will administer the Contract according to Paragraph 6.0 (Administration of Contract – County) of the Contract. Specific duties will include:

- 5.1.1 Monitoring the Contractor's performance in the daily operation of the Contract.

- 5.1.2 Providing direction to the Contractor in areas relating to policy, information, and procedural requirements.
- 5.1.3 Preparing amendments in accordance with the Contract, Subparagraph 8.1 - Amendments.

5.2 Intentionally Omitted

CONTRACTOR

5.3 Project Manager

- 5.3.1 Contractor shall provide a full-time Project Manager and designated alternate. LACDMH must have access to the Project Manager during hours of operation as defined by the County or as identified in Section 6.0 (Hours/Day of Work). Contractor shall provide a telephone number and email address where the Project Manager may be reached during normal business hours.
- 5.3.2 Project Manager shall act as a central point of contact with the County.
- 5.3.3 Project Manager/alternate shall have full authority to act for Contractor on all matters relating to the daily operation of the Contract. Project Manager/alternate shall be able to effectively communicate, in English, both orally and in writing.

5.4 HRRC Personnel

- 5.4.1 Contractor shall assign at minimum the outlined staffing patterns to perform the required work including medical, mental health, and peer staff for Respite beds. A minimum of 2 staff per shift must be LPS designated.
 - A. 2 FTE Registered Nurses (RNs)
 - B. 3 FTE Licensed Vocational Nurses (LVN's)
 - C. 1 FTE Master of Social Work (MSW)/Licensed Clinical Social Worker (LCSW)
 - D. 1 FTE Case Manager
 - E. 2 FTE Substance Abuse Counselors
 - F. 2 FTE Peer Support Specialist
- 5.4.2 Contractor shall background check their employees as set forth in Subparagraph 7.5 (Background and Security Investigations) of the Contract.
- 5.4.3 Contractor shall report any vacant staff positions to LACDMH within 72-hours of vacancy with a plan to fill vacant positions.

5.5 Identification Badges

- 5.5.1 Contractor shall ensure its employees are appropriately identified as set forth in Subparagraph 7.4 (Contractor's Staff Identification) of the Contract.

5.6 Materials and Equipment

- 5.6.1 The purchase of all furniture, fixtures, and equipment to provide the required services in this Contract is the responsibility of the Contractor. Contractor shall use

furniture, fixtures, and equipment that are safe for the environment and safe for use by employees.

5.6.2 In no event shall the County be liable or responsible for payment for furniture, fixtures, and equipment purchased without LACDMH's prior written approval.

5.6.3 Any furniture, fixtures, and equipment purchased with funding through this Contract may become County property and may be collected by the County upon contract expirations.

5.7 Training

5.7.1 Contractor shall provide training programs for all new employees and continuing in-service training for all employees. Training shall be focused on topics that include but not limited:

- A. Customer service;
- B. Crisis de-escalation/dealing with difficult people;
- C. Crisis Response;
- D. Cultural awareness;
- E. Sexual harassment prevention;
- F. Harm reduction;
- G. Program Operations;
- H. Effective interactions with clients;
- I. Housing First & Low Barrier Practices;
- J. Harm Reduction;
- K. Overdose Prevention and Intervention;
- L. Trauma Informed Care, including Secondary Trauma;
- M. Mental Health First Aid;
- N. Mandated Reporting;
- O. Ethics and Boundaries;
- P. Non-Violent Crisis Intervention;
- Q. Stages of Change/Motivational Interviewing;
- R. Equal Access Gender Identity;
- S. Emergency evacuation procedures;
- T. Domestic Violence & Safety Planning;
- U. Cardiopulmonary Resuscitation (CPR), First Aid & Communicable Disease procedures;
- V. and Cultural Responsiveness

5.7.2 Contractor shall be trained on overdose prevention and naloxone administration. Contractor staff shall have access to naloxone either on site or on their person if Contractor is registered with the County pursuant to the County's Department of Health Services (DHS) Standing Order to Obtain and Dispense Naloxone Hydrochloride.

5.7.3 Contractor staff shall be trained on safe syringe disposal to assist clients. Training may include linkage to Syringe Service Programs (SSP), providing FDA-cleared sharps disposal containers, educating clients on how to safely dispose of used syringes and where to dispose.

- 5.7.4 Contractor shall cross train staff in the urgent care, crisis stabilization, and respite units so that they can provide rotating coverage to all areas of the HRRC.
- 5.7.5 Contractor shall maintain certificates and/or other documentation that verify training attendance for each employee in the employee's file.
- 5.7.6 County may require additional mandatory trainings for any and all Contractor staff, as deemed necessary by the County.
- 5.7.7 Contractor shall provide ongoing staff training to promote continuous quality improvement.
- 5.7.8 All employees shall be trained in their assigned tasks and in the safe handling of equipment. All equipment shall be checked daily for safety. All employees must wear safety and protective gear according to OSHA standards.

5.8 Contractor's Administrative Office

Contractor shall maintain an administrative office with a telephone in the company's name where Contractor conducts business. The office shall be staffed during regular business hours, Monday through Friday, by at least one employee who can respond to inquiries which may be received about the Contractor's performance of the Contract. When the office is closed, an answering service shall be provided to receive calls and take messages. **Contractor shall answer calls received by the answering service within 48 hours of receipt of the call.**

6.0 HOURS/DAY OF WORK

All services at the HRRC shall be provided on a 24/7/365 basis.

7.0 WORK SCHEDULES

- 7.1 Contractor shall submit for review and approval a work schedule for the HRRC to LACDMH staff prior to starting work. Said work schedules shall be set on an annual calendar identifying all the required on-going tasks and task frequencies. The schedules shall list the time frames by day of the week, morning, and afternoon the tasks will be performed.
- 7.2 Contractor shall submit revised schedules when actual performance differs substantially from planned performance. Said revisions shall be submitted to LACDMH staff for review and approval within five working days prior to scheduled time for work.

8.0 INTENTIONALLY OMITTED

9.0 ADDITION AND/OR DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS

- 9.1 All changes must be made in accordance with Subparagraph 8.1 (Amendments) of the Contract.

10.0 INFORMATION TECHNOLOGY REQUIREMENTS

- 10.1 Contractor shall maintain a County-approved information management system.

- 10.2 The County may request Contractor to utilize other electronic documentation systems as directed by the Department of Housing and Urban Development (HUD) designated Continuum of Care (CoC), or Public Housing Authority, etc.

11.0 INTENTIONALL OMITTED

12.0 DEFINITIONS

- 12.1 **CIN** – Client Index Number. The first nine characters of a Medi-Cal beneficiary’s identification number.
- 12.2 **Department of Housing and Urban Development (HUD)** – Federal agency responsible for national policy and programs that address Americas housing needs, that improve, develop, and enforce fair housing laws.
- 12.3 **Designated CoC** – Regional local planning body that coordinates housing and services and funding for homeless families and individuals.
- 12.4 **Enrollment** – admission into the HRRC
- 12.5 **Harm Reduction** – Practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- 12.6 **Hollywood Mental Health Cooperative** – An integrated program approach that consists of the Hollywood Mental Health Outpatient Clinic, Field Based Teams, and Full Service Partnership.
- 12.7 **Housing First** – Policy that offers unconditional, permanent housing as quickly as possible to homeless people, and other supportive services afterward.
- 12.8 **Client** – an individual using the service.
- 12.9 **Program Exit**- when a client exits the HRRC or is referred to a longer-term housing site.
- 12.10 **Psychiatric Urgent Care Center** – facility that offers one-stop, same day mental health and medication services, as well as short-term crisis stabilization services.
- 12.11 **Public Housing Authority** – Programs receiving subsidies from HUD to provide affordable housing to low-income families, individuals, seniors, and persons with disabilities.
- 12.12 **Violence Against Women Act (VAWA)** – Federal law that, in part, provides housing protections for people applying for or living in subsidized units who have experiences domestic violence, dating violence, sexual assault, or stalking to help keep them safe.

13.0 GREEN INITIATIVES

- 13.1 Contractor shall use reasonable efforts to initiate “green” practices for environmental and energy conservation benefits.
- 13.2 Contractor shall notify LACDMH staff of Contractor’s new green initiatives prior to Contract commencement.

CONTRACT DISCREPANCY REPORT

SAMPLE

CONTRACTOR RESPONSE DUE BY _____ (enter date and time)

Date: Click or tap here to enter text.		Contractor Response Received: Click or tap here to enter text.	
Contractor: Click or tap here to enter text.	Contract No.: Click or tap here to enter text.	County's Project Manager: Click or tap here to enter text.	
Contact Person: Click or tap here to enter text.	Telephone: Click or tap here to enter text.	County's Project Manager Signature:	
Email: Click or tap here to enter text.		Email: Click or tap here to enter text.	

A contract discrepancy(s) is specified below. The Contractor will take corrective action and respond back to the **County personnel** identified above by the date required. Failure to take corrective action or respond to this Contract Discrepancy Report by the date specified may result in the deduction of damages.

No.	Contract Discrepancy	Contractor's Response*	County Use Only		
			Date Correction Due	Date Completed	Approved
1	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
2	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
3	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

***Use additional sheets if necessary**

<i>Contractor's Representative Signature</i>	Click or tap here to enter text.
<i>Contractor's Representative Signature</i>	<i>Date Signed</i>

Additional Comments: Click or tap here to enter text.