

STATEMENT OF WORK

**TEMPORARY PERSONNEL SERVICES
SAMHSA EMERGENCY RESPONSE GRANT**

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STATEMENT OF WORK (SOW)

1.0 SCOPE OF WORK

Contractor shall provide Temporary Personnel Services which includes the management of all personnel-related activities such as recruitment, hiring, administering payroll and benefits, acting as a fiscal intermediary and support the staffing requirements set forth in this Temporary Personnel Services – Substance Abuse and Mental Health Services Administration (SAMHSA) Emergency Response Grant (SERG) Work Order (WO).

2.0 SPECIFIC WORK REQUIREMENTS

Contractor shall provide Temporary Personnel Services in accordance with procedures approved by the County of Los Angeles (County or LAC) Department of Mental Health (Department or DMH), and consistent with LACDMH's Temporary Personnel Services – Crisis Counseling Assistance and Training Program WO.

Contractor shall provide Temporary Personnel Services that includes the following:

2.1 Temporary Personnel Recruitment

- 2.1.1 Contractor shall recruit and hire Temporary Personnel requested for positions referenced in Attachment A, TEMPORARY PERSONNEL CLASSIFICATIONS. The LACDMH may add or remove Temporary Personnel identified in Attachment A, TEMPORARY PERSONNEL CLASSIFICATIONS.
- 2.1.2 Contractor must recruit and hire Temporary Personnel that meet all the requirements specified in Attachment A, TEMPORARY PERSONNEL CLASSIFICATIONS.
- 2.1.3 For all Temporary Personnel working through this WO, Contractor shall provide the LACDMH, upon request, with appropriate documentation, which clearly demonstrates that the requirements specified in the job descriptions provided by the LACDMH have been satisfied prior to beginning services under the WO.
- 2.1.4 Contractor's recruitment and hiring shall specify that **full-time** Temporary Personnel assigned to the LACMDH will work no more than forty (40) hours per week, or a similar alternative work schedule approved by the LACDMH.
- 2.1.5 As requested by the LACDMH, Contractor will post positions on their online recruitment system.

2.2 Overtime Pay

Temporary Personnel may be required to work overtime but only with prior LACDMH approval. Overtime will not be calculated until after the full eight (8)-hour workday requirement has been met.

2.3 Reimbursement

Reimbursement rates shall not exceed the limits set forth in Attachment B, FISCAL PROVISIONS. Contractor shall submit all invoices, receipts, and other documentation reasonably needed to support the reimbursement.

2.3.1 Contractor shall provide reimbursement for the following:

- A. Temporary Personnel wages and benefits;
- B. Temporary Personnel Mileage – traveling to off-site mandatory trainings, meetings, conferences or to another work location during a scheduled shift as assigned by LACDMH; and
- C. Temporary Personnel Parking fees – when attending trainings, meetings, or conferences as assigned or scheduled by LACDMH.

2.4 Benefits

2.4.1 The Contractor shall provide Employee Benefits for Temporary Personnel that shall be reimbursed by the LACDMH.

2.4.2 Full-Time Employee Benefits shall begin the first (1st) day of the following month following thirty (30) days of continuous, satisfactory employment.

- A. Paid County-observed holidays that fall during the term of this WO. LACDMH will provide these upon commencement of WO.
- B. Paid vacation days (at the Contractor's monthly rate) pro-rated for the amount of time working through this WO.
- C. Sick days (accrued at the Contractor's monthly rate) pro-rated for the amount of time working through this WO.
- D. Health Insurance – (Basic Health, Dental, and Vision must be 100% covered by the Contractor).

1. Health insurance provided shall be Affordable Care Act (ACA) compliant and count as “minimum essential coverage under ACA.”
2. Dental insurance provided shall cover pre-existing conditions, with no waiting period for preventative care and major dental work.
3. Vision insurance provided shall cover preventative eye exams and offset costs for eye glass frames, lenses, and/or contact lenses.

3.0 QUALITY CONTROL

Contractor shall establish and utilize a comprehensive Quality Control Plan (QCP) to ensure the LACDMH consistently high level of quality and service throughout the term of the WO. The QCP, which is subject to approval by the LACDMH, shall be submitted to the LACDMH within thirty (30) calendar days from the effective date of the WO. Any revisions to the QCP shall be submitted to the LACDMH for approval. The QCP shall specify activities to be monitored by Contractor to ensure that the WO requirements are being met. The monitoring system must specify methods for identifying and preventing deficiencies in the quality of service performed before the level of performance becomes unacceptable. Contractor shall ensure the QCP includes the following:

- 3.1 Temporary Personnel providing services under the Work Order have qualifying experience;
- 3.2 Adequate number of staff are maintained at all times;
- 3.4 Procedures to monitor the Work Order requirements are being met;
- 3.5 Procedures for identifying, preventing, and correcting deficiencies in the quality of service before the level of performance becomes unacceptable;
- 3.6 Development and implementation of procedures to maintain confidential information;
- 3.7 Conflict resolution procedures for addressing operational concerns reported, including interpersonal conflict between Contractor staff, Temporary Personnel, LACDMH staff, and non-County staff; and
- 3.8 Updating the QCP when necessary and according to additional requirements as requested by the LACDMH.

4.0 QUALITY ASSURANCE PLAN

The LACDMH will evaluate the Contractor's performance under this Work Order using the quality assurance procedures as defined in Paragraph 8.0, STANDARD TERMS AND CONDITIONS, Sub-paragraph 8.18, COUNTY'S QUALITY ASSURANCE PLAN, of the Master Agreement.

4.1 Meetings

Contractor is required to attend meetings that may be scheduled by LACDMH. Special meetings or emergency meetings, depending on the nature of an event or issue, may be scheduled during the same business day, of which the Contractor is also required to attend. Contractor agrees to have at least one (1) representative to participate.

Such meetings will include discussions about operations, policy and procedures, risk management, and program updates.

4.2 Work Order Discrepancy Report (Attachment D)

4.2.1 The LACDMH will issue a Work Order Discrepancy Report to the Contractor as soon as possible whenever a discrepancy is identified.

4.2.2 Upon receipt of the Work Order Discrepancy Report, the Contractor is required to respond in writing to the LACDMH within five (5) business days with a Corrective Action Plan (CAP) of all deficiencies identified. The LACDMH will review the CAP for approval or may request an updated CAP to be resubmitted as necessary.

4.2.3 Any unresolved deficiencies may result in the withholding and/or reclaim payment(s) for noncompliance.

4.3 County Observations

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

5.0 RESPONSIBILITIES

The Contractor's and LACDMH's responsibilities are as follows:

CONTRACTOR

5.1 Project Manager

- 5.1.1 Contractor will provide a Project Manager and designated alternate. LACDMH must have access to the Contractor's Project Manager during regular business hours. Contractor will provide a telephone number and e-mail where the Project Manager and/or alternate may be reached between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday. The Project Manager or designated alternate will respond to all Work Order-related inquiries within 24 hours or the next business day.
- 5.1.2 Project Manager will act as a central point of contact with LACDMH. Contractor will notify the LACDMH Staff in writing of any change in name, contact information of the Contractor's Project Manager.
- 5.1.3 Project Manager and alternate must have full authority to act for Contractor on all matters relating to the daily operation of the Work Order. Project Manager and alternate must be able to effectively communicate, in English, both orally and in writing.

5.2 Temporary Personnel

- 5.2.1 Contractor shall provide all necessary staff to carry out the recruitment and hiring process, new staff orientation, time tracking and payroll systems, and disciplinary actions and/or any terminations of Temporary Personnel assigned to the WO.
- 5.2.2 Contractor shall assign a sufficient number of Temporary Personnel to perform the required work.

5.3 Performance

- 5.3.1 Temporary Personnel are expected to report to their assigned locations and shifts on-time. Excessive tardiness or absenteeism by Temporary Personnel shall be subject to disciplinary action, up to and including termination from working on this Work Order.
- 5.3.2 The LACDMH has the right to remove Temporary Personnel immediately in the event the Temporary Personnel poses a threat or imminent danger to the County or County patients. After removal of the Temporary Personnel, the LACDMH and the Contractor will work to identify any disciplinary action that shall be taken against the Temporary Personnel up to and including termination from working on this Work Order.

LACDMH

5.4 The LACDMH will administer the Work Order according to Attachment E – Work Order Administration. Specific duties will include:

5.4.1 Providing direction to the Contractor in areas relating to policy, information and procedural requirements.

5.4.2 Preparing Amendments in accordance with Paragraph 8.0, STANDARD TERMS AND CONDITIONS, Sub-paragraph 8.1, AMENDMENTS OF THE MASTER AGREEMENT.

5.4.3 Providing mandatory training/orientation to Temporary Personnel.

5.4.4 The LACDMH will submit Attachment C, TEMPORARY PERSONNEL REQUEST FORM, when requesting new position(s) for the WO.

6.0 CONTRACTOR WORK HOURS

6.1 Contractor shall maintain an office with a telephone in the company's name where the Contractor conducts business. The office shall be staffed during the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, by at least one employee who can respond to inquiries which may be received by the County.

6.2 Contractor shall provide an on-call contact and phone number by an employee who can respond to emergency calls.

7.0 – 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 subpagraph 8.1 (Amendments) of the As-Needed Psychiatry Services Master Agreement.

TEMPORARY PERSONNEL CLASSIFICATIONS

DATA SCIENTIST
<p>TRAINING AND EXPERIENCE: Graduation from an accredited college or university with a bachelor's degree in Computer Science, Information Systems, or a closely related field and two (2) years of recent, full-time, paid experience in information systems analysis and design in a centralized information technology organization -OR- Three (3) years of recent, full-time, paid experience in information systems analysis and design in a centralized information technology organization.</p>
<p>LICENSE: A valid California Class C Driver License or the ability to utilize an alternative method of transportation when needed to carry out job-related essential functions.</p>
MANAGEMENT ANALYST
<p>TRAINING AND EXPERIENCE: A Bachelor's degree from an accredited college or university -AND- Two years of experience performing basic to routine analytical assignments that involved researching, analyzing and synthesizing data, as well as recommending solutions to problems related to administrative or program support functional areas.</p>
<p>LICENSE: A valid California Class C Driver License or the ability to utilize an alternative method of transportation when needed to carry out job-related essential functions.</p>
MENTAL HEALTH PROGRAM MANAGER II
<p>TRAINING AND EXPERIENCE: Option I - A valid, current license to practice as a clinical social worker or marriage and family therapist issued by the appropriate State of California licensing agency - AND - Two years of licensed experience supervising a *multi-disciplinary mental health team.</p> <p>Option II: A valid, current license to practice as a psychologist issued by the appropriate State of California licensing agency - AND - One year of licensed experience supervising a multi-disciplinary mental health team.</p>
<p>LICENSE: License(s) noted in Training and Experience section and a valid California Class C Driver License or the ability to utilize an alternative method of transportation when needed to carry out job-related essential functions.</p>
PSYCHIATRIC SOCIAL WORKER II
<p>TRAINING AND EXPERIENCE: A Master's degree from an accredited school of social work with current experience performing professional social work services in connection with the treatment of clients in need of mental health services.</p>

TEMPORARY PERSONNEL CLASSIFICATIONS

LICENSE:

A valid and active Associate Clinical Social Worker registration issued by the California Department of Consumer Affairs, Board of Behavioral Sciences. Master of Social Work graduates must be registered as an Associate Clinical Social Worker with the California Department of Consumer Affairs, Board of Behavioral Sciences. Associate Clinical Social Workers must remain in good standing with the California Board of Behavioral Sciences for the duration of the waivers permitted by law. The waivers allow you up to four (4) years, if employed full-time, or six (6) years, if employed less than full-time to obtain your license.

A valid California Class C Driver License or the ability to utilize an alternative method of transportation when needed to carry out job-related essential functions.

MENTAL HEALTH CLINICAL SUPERVISOR

TRAINING AND EXPERIENCE:

Two years of post Licensed Clinical Social Worker experience in a recognized social services or mental health care setting involving problems of mental or emotional adjustment and the use of psychiatric consultation. Must have recent experience providing daily administrative oversight to a team, with technical supervision of licensed clinical staff exercised in accordance with scope-of-practice guidelines.

LICENSE:

A valid, active license as a Licensed Clinical Social Worker issued by the State of California Department of Consumer Affairs, Board of Behavioral Sciences.

A valid California Class C Driver License or the ability to utilize an alternative method of transportation when needed to carry out job-related essential functions may be required.

TEMPORARY PERSONNEL SERVICES
MASTER AGREEMENT WORK ORDER

FISCAL PROVISIONS

I. GENERAL

Contractor will satisfactorily perform all the tasks and services detailed in the Statement of Work in compliance with the terms and conditions of Contractor's Work Order.

- A. Upon reporting to and leaving assigned LACDMH work site, Temporary Personnel shall sign in and out on Contractor- provided time sheets during the term of the Work Order. LACDMH may request Contractor to use County-provided time sheets during the term of this Work Order, in which case a copy of the time sheet shall be sent to the Contractor as the need arises.
- B. LACDMH site may change or cancel a work site agreement without incurring any financial liability upon providing Contractor with reasonable prior notice.
- C. If and when Contractor removes Temporary Personnel from LACDMH work site premises upon receipt of oral or written notice from LACDMH work site that the actions of Temporary Personnel may adversely affect the delivery of services, Contractor shall bill County for only actual hours, or portion thereof, worked by Temporary Personnel prior to their removal.

II. BILLING

- A. Contractor shall bill County monthly in arrears **no later than 30 days from the end of each month** after services were performed at the LACDMH work site, in accordance with terms, conditions, and rates set forth. All invoices (See B-1 Invoice Template) shall clearly reflect and provide reasonable details of the services for which invoice is made, including, but not limited to, type of services provided, name of Temporary Personnel who provided services per LACDMH work site, dates and hours worked per month, and Contractor's administrative charges, as set forth in the Work Order.
- B. Contractor shall submit, in arrears, one original invoice per month with all attached signed time sheets for each Temporary Personnel. Weekly, partial, or bi-monthly invoices submitted will be considered incomplete invoices and will not be considered for payment until the invoices are complete and correct with all the requisite time sheets. Monthly invoices

shall only include dates of services provided per month per work site and shall not include overlapping months.

C. Contractor will submit all complete invoices under this to:

County of Los Angeles- Department of
Mental Health
Cesar Franco, HPA II
510 S. Vermont Ave.
Los Angeles, CA 90020
CFranco@dmh.lacounty.gov

III. PAYMENT

- A. Contractor will not be paid for any task, deliverable, service, or other work that is not specified in this Work Order, and/or that utilizes personnel not specified in this Work Order, and/or that goes beyond the expiration date of this Work Order.
- B. Upon receipt of complete invoices, as determined by LACDMH, LACDMH shall pay Contractor within 30 calendars days. It is the responsibility of Contractor to ensure that invoices are submitted correctly by reviewing time sheets of each Temporary Personnel and each invoice prior to submission to LACDMH. LACDMH shall notify Contractor of incorrect and/or discrepant invoices and reconcile invoices before forwarding reconciled invoices to the LACDMH Accounting Division for payment. **Contractor shall submit all corrections requested by LACDMH within 15 calendar days or LACDMH, if not received, at its sole discretion, may delay payment.**
- C. LACDMH shall pay hourly rates and benefits for Temporary Personnel services under this Work Order as follows:

<u>Description</u>	<u>Hourly Rate per Personnel</u>	<u>Benefits per Personnel</u>
1. Management Analyst <ul style="list-style-type: none">• Full-time (8 hours per day/40 hours per week)• Two (2) personnel	\$XXXXXX	\$XXXX

Exhibit B
ATTACHMENT B

<u>Description</u>	<u>Hourly Rate per Personnel</u>	<u>Benefits per Personnel</u>
2. Mental Health Clinical Supervisor <ul style="list-style-type: none">• Full-time (8 hours per day/40 hours per week)• Four (4) personnel	\$XXXXXX	\$XXXX
3. Data Scientist <ul style="list-style-type: none">• Full-time (8 hours per day/40 hours per week)• One (1) personnel	\$XXXXX	\$XXXXX
4. Mental Health Program Manager II <ul style="list-style-type: none">• Full-time (8 hours per day/40 hours per week)• One (1) personnel	\$XXXXXX	\$XXXX
5. Psychiatric Social Worker II <ul style="list-style-type: none">• Full-time (8 hours per day/40 hours per week)• Eight (8) personnel	\$XXXXXX	\$XXXX

The rates set forth in this Attachment B shall be the sole consideration paid by LACDMH to Contractor hereunder.

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
TEMPORARY PERSONNEL SERVICES INVOICE

CONTRACTOR: _____

MASTER AGREEMENT WORK ORDER NO. _____

Contractor Lead Staff:			County of Los Angeles – Department of Mental Health Attention: Cesar Franco, HPA II 510 S. Vermont Ave. Los Angeles, CA 90020 CFranco@dmh.lacounty.gov				
e-Mail and Telephone No.							
Invoice Month:							
Date Submitted:							
Temporary Personnel Name	Dates Worked	Hours	Hourly Rate	Benefits	Other (Mileage, Parking, etc.)	Description	Total Amount
1. Name Management Analyst <input type="checkbox"/> MH Clinical Supervisor <input type="checkbox"/> MH Program Manager II <input type="checkbox"/> Psychiatric Social Worker II <input type="checkbox"/> Data Scientist <input type="checkbox"/>			\$XX	\$XX	\$XX		\$XX
2. Name Management Analyst <input type="checkbox"/> MH Clinical Supervisor <input type="checkbox"/> MH Program Manager II <input type="checkbox"/>			\$XX	\$XX	\$XX		\$XX

Exhibit B
ATTACHMENT B-1
INVOICE

Psychiatric Social Worker II <input type="checkbox"/> Data Scientist <input type="checkbox"/>							
3. Name Management Analyst <input type="checkbox"/> MH Clinical Supervisor <input type="checkbox"/> MH Program Manager II <input type="checkbox"/> Psychiatric Social Worker II <input type="checkbox"/> Data Scientist <input type="checkbox"/>			\$XX	\$XX	\$XX		\$XX
TOTAL TEMPORARY PERSONNEL COSTS:							\$XXXX
TOTAL ADMINISTRATIVE COSTS				Description:		\$XXXXXX	
TOTAL MONTHLY INVOICE AMOUNT (TOTAL TEMPORARY PERSONNEL COSTS + TOTAL ADMINISTRATIVE COSTS)							\$XXXXXX

CONTRACTOR

Exhibit B
ATTACHMENT B-1
INVOICE

I hereby certify that the above information is true and correct and that the Temporary Personnel Services and administrative costs reflected above are eligible for reimbursement under the terms and conditions of the Temporary Personnel Services Work Order between the County of Los Angeles – Department of Mental Health and Contractor.

Lead Staff Signature:

Date:

County of Los Angeles – Department of Mental Health

I confirm that the costs reported above have been verified and approved.

Initial Reviewer Initials (Print Full Name):

Date:

Authorized Staff/Final Approver:

Date:

This is only a sample template. More pages may be added to capture all Temporary Personnel information each month.

**TEMPORARY PERSONNEL SERVICES
REQUEST FORM (TPSRF)**

Instructions: LACDMH staff shall complete this TPSRF when requesting Temporary Personnel (TP) from Contractor. Contractor will complete information for Candidate's information and send back to LACDMH.

Contractor Name:	
Lead Contractor Staff:	
e-Mail:	
Telephone No.	
Master Agreement No.	
Work Order No.	
Date of Request:	

POSITIONS		Start Date	Work Hours	Candidate's Information (Name, telephone no. and e-Mail)	
Data Scientist <input type="checkbox"/> Management Analyst <input type="checkbox"/> Mental Health Clinical Supervisor <input type="checkbox"/>	MH Program Manager II <input type="checkbox"/> Psychiatric Social Worker II <input type="checkbox"/>			Name	
				Telephone and e-Mail	
Data Scientist <input type="checkbox"/> Management Analyst <input type="checkbox"/> Mental Health Clinical Supervisor <input type="checkbox"/>	MH Program Manager II <input type="checkbox"/> Psychiatric Social Worker II <input type="checkbox"/>			Name	
				Telephone and e-Mail	
Data Scientist <input type="checkbox"/> Management Analyst <input type="checkbox"/> Mental Health Clinical Supervisor <input type="checkbox"/>	MH Program Manager II <input type="checkbox"/> Psychiatric Social Worker II <input type="checkbox"/>			Name	
				Telephone and e-Mail	
Data Scientist <input type="checkbox"/> Management Analyst <input type="checkbox"/> Mental Health Clinical Supervisor <input type="checkbox"/>	MH Program Manager II <input type="checkbox"/> Psychiatric Social Worker II <input type="checkbox"/>			Name	
				Telephone and e-Mail	
Comments:					
APPROVALS:	LACDMH Staff:	Date:	Contractor Staff:	Date:	

This is only a template. More pages may be added to capture complete Temporary Personnel information.

WORK ORDER DISCREPANCY REPORT

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.	Work Order No. Click or tap here to enter text.	LACDMH Staff: Click or tap here to enter text.			
Contact Person: Click or tap here to enter text.	Telephone: Click or tap here to enter text.	LACDMH Staff Signature:			
Email: Click or tap here to enter text.		Email: Click or tap here to enter text.			
<p>A Work Order discrepancy(s) is specified below. The Contractor will take corrective action and respond back to the LACDMH staff identified above by the date required. Failure to take corrective action or respond to this Work Order Discrepancy Report by the date specified may result in the deduction of damages.</p>					
No.	Work Order Discrepancy	Contractor's Response*	LACDMH 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.

*Use additional sheets if necessary

Click or tap here to enter text.	Click or tap here to enter text.
Contractor's Representative Signature	Date Signed

Additional Comments: Click or tap here to enter text.

WORK ORDER ADMINISTRATION

MASTER AGREEMENT WORK ORDER NO. _____**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH****MASTER AGREEMENT WORK ORDER PROJECT DIRECTOR**

Name: Miriam Brown

Title: Deputy Director

Address: 510 South Vermont Avenue
Los Angeles, CA 90020

Telephone: (213) 738-3412

E-Mail Address: MBrown@dmh.lacounty.gov

MASTER AGREEMENT WORK ORDER LEAD STAFF

Name: Cesar Franco

Title: Health Program Analyst II

Address: 510 South Vermont Avenue
Los Angeles, CA 90020

Telephone: (213) 943-8285

E-Mail Address: CFranco@dmh.lacounty.gov

CONTRACT ANALYST

Name: XXXXXX

Title: XXXXXX

Address: 510 South Vermont Avenue
Los Angeles, CA 90020

Telephone: (213) XXX-XXXX

Facsimile: _____

Email: XXXXXX@dmh.lacounty.gov

WORK ORDER ADMINISTRATION

MASTER AGREEMENT WORK ORDER NO. _____

CONTRACTOR**MASTER AGREEMENT WORK ORDER PROJECT DIRECTOR**

Name: _____

Title: _____

Address: _____

Telephone: _____

E-Mail Address: _____

MASTER AGREEMENT WORK ORDER LEAD STAFF

Name: _____

Title: _____

Address: _____

Telephone: _____

E-Mail Address: _____

MASTER AGREEMENT WORK ORDER LEAD STAFF

Name: _____

Title: _____

Address: _____

Telephone: _____

E-Mail Address: _____