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**County of Sonoma**

**Agreement for County of Sonoma Organizational Development Consultants and Training Professionals – RPF 2018**

**STATEMENT OF WORK**

Statement of Work (SOW) for services to be performed for **Name of Dept (Department)** (SPI) under the *Agreement* between County of Sonoma HR-Workforce Development (HR-WD) and **Name of Consultant** (Consultant) signed July 1, 2018.

**Work Summary**

Consultant will provide organizational development and coaching as outlined in Attachment A.

**Activities**

* Activity 1 (approximately \_\_\_\_ hours)
* Activity 2 (approximately \_\_\_\_ hours)
* Activity 3 (\_\_\_ hours, no charge)

**Terms**

This Statement of Work is subject to the terms of the *Agreement* and its various exhibits.

Consultant fees and services to be provided are pursuant to the fee schedule included as part of the *Agreement* between the County and the Consultant:

**Fees** *(include estimated SOW total)*

Consulting fees are billed at $\_\_\_/hour which is Consultant’s established rate with the County.

Full Project, based on estimated \_\_\_\_ hours **$ X,XXX**

**Invoicing Information**

|  |  |
| --- | --- |
| **County Department:** Name of Department | **Consultant:** Name of OD Consultant Firm |
| **Contact Name:**  | **Contact Name:**  |
| **Mailing Address:**XXXXSanta Rosa, CA 95403707-565-XXXX | **Mailing Address:**  |
| **Email Address:**  | **Email Address:**  |
| **EFS Codes for Billing:** Dept #: \_\_\_\_8-digit code\_\_\_\_\_\_\_\_\_\_ Contract #: \_\_\_\_\_4-digit code\_\_\_\_\_\_\_\_\_Account #: \_5-digit code\_\_\_\_\_\_\_\_\_\_ Vendor #: \_\_\_\_\_\_5-digit code\_\_\_\_\_\_\_\_\_ |

Invoices will be distributed by Name of Consultant (Consultant) and sent to ***both parties***:

\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_@sonoma-county.org (Department contact email), and

Lori LaFlores, Lori.LaFlores@sonoma-county.org (HR-WD Analyst).

Invoices will be paid directly to Name of Consultant (Consultant) by Sonoma County Name of Dept (Department). The Consultant is permitted to invoice monthly over the course of this engagement or as agreed to in the Statement of Work.

Sonoma County Name of Dept (Department) is requested to notify HR-WD of the final cost of the contract within one month of completion.

Work or fees beyond this Statement of Work must be approved in advance, in writing, by all signatories to this Statement of Work or by their designated representative(s).

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Name, Consultant Date

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Name, Department Date

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Kristin Kelly, HR-WD Manager Date