



SOW # Sequential SOW

CareOregon

On-Call Scope of Work Form

Contractor:	Contractor's Full Legal Name (not DBA)	CP Master Contract #:	
Contractor Project Manager:		CP SOW Contract #:	
Project Manager Email:		Phone:	

Requesting Department :			
Project Contract Administrator:		Phone:	
Administrator. Email:			

Project Name:		Project No.:	
Dept Budget:			

*CP is the ConvergePoint contract number

This Scope of Work Form ("SOW Form") is entered into between Contractor and CareOregon, Inc. on behalf of its above referenced Department, and when fully executed, authorizes Contractor to provide the Work described below for the above referenced Project. The Work to be performed under this SOW Form shall be performed in accordance with all terms and conditions of the above referenced Contract between the parties and the below detailed scope of work. Nothing contained in this SOW Form may modify or amend the Contract. All invoices shall reference the above Contract Number and SOW Number.

- 1. Scope of Work:** <Insert detailed scope of work or you may provide a short description and then reference and attach a task proposal>
- 2. Deliverables:** <Identify specific deliverables>
- 3. Schedule:** <Insert schedule of performance and key dates>
- 4. Compensation:** Payment for all work under this SOW Form shall not exceed the total maximum sum of \$.
- 5. Additional Requirements:** <Insert any additional requirements for this project>

Authorization to Proceed:

Contractor's Full Legal Name

CareOregon, Inc.

Authorized Signature

Date

XXXXXXXXXX

Date

Name / Title (Printed)