**STATEMENT OF WORK NO.\_\_\_ TO MASTER SERVICES AGREEMENT**

THIS STATEMENT OF WORK ("SOW") is made \_\_\_\_\_\_\_\_\_\_, 202\_ by and between       (“Contractor”) and GCHP, Inc. (“GCHP”). The parties entered into certain Master Services Agreement dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Agreement”). The Agreement is incorporated into this SOW and this SOW is subject to the Agreement’s terms and conditions.

1. **SUMMARY OF SCOPE OF WORK**

 Contractor shall provide:

1. **VENDOR'S RESPONSIBILITIES**

 Insert specific responsibilities of Contractor.]

1. **GCHP’S RESPONSIBILITIES**

 [Insert specific responsibilities of GCHP, i.e., GCHP shall supply working office space and access to the applicable software applications as necessary to perform Services.]

1. **VENDOR'S DELIVERABLES**

 [Insert a clear description of Contractors deliverables.]

1. **PROJECT SCHEDULE**

|  |
| --- |
| **PROJECT SCHEDULE** |
| **Milestone or Major Project Deliverable** | **Completion Date** |
| [insert Period of performance, milestones, etc.] (If Applicable) |  |
| [insert Period of performance, milestones, etc.] (If Applicable) |  |

a. Assumptions. [Insert certain assumptions upon which the SOW is based]

1. **SOW TERM**

 The Initial Term of this Statement of Work shall be from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Upon the expiration of the Initial Term, GCHP shall have the right to renew this Statement of Work at the fees listed, for consecutive Renewal Terms of \_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) months, the “Renewal Term”, by giving Contractor written notice of renewal at least thirty, (30) days prior to the expiration of the then-current term.

**OR**:

Start Date: End Date:

1. **COMPENSATION (Check the appropriate box)**

[ ]  **Fixed Fee.** The fixed fee to GCHP for the Services in this SOW is: $     . GCHP shall pay Contractor in accordance with the following fixed fee payment schedule.

|  |  |
| --- | --- |
| **Project Task** | **Payment Amount** |
|  |  |
|  |  |

**OR**

[ ]  **Time and Materials Fees.** GCHP shall pay Contractor for the Services in this SOW on an hourly basis at the hourly rates listed below:

|  |  |  |
| --- | --- | --- |
| **Position or Skill-set** | **Estimated Number of Hours** | **Hourly Fee** |
|  |  |  |
|  |  |  |

**☐ Travel & Expenses:** (check if applicable) **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Compensation.** The total compensation for the project under this SOW No. \_\_\_ shall not exceed $\_\_\_\_\_\_.

1. **ACCEPTANCE**

 Insert acceptance criteria which will trigger payment.

1. **Key Contractor Personnel (Names & Titles), if any (changes and additions may be made by email consent of both parties):**

|  |  |
| --- | --- |
| **Name** | **Title** |
|  |  |
|  |  |

The parties' duly authorized representatives have executed this SOW as of the date written above.

**Ventura County Medi-Cal Managed Care [CONTRACTOR]**

**Commission d.b.a. Gold Coast Health Plan**

Signature: Signature:

Name: Nick Liguori Name:

Title: Chief Executive Officer Title:

Date: Date: