**STATEMENT OF WORK**

**[Project Name/Type]**

**More Detailed Project Information**

|  |
| --- |
| Issued to |
| [Organization Name] |
| [Street Address] |
| [City, State, Zip] |
| [Attn: Name,] |
| [Title] |
| [Email Address] |

|  |
| --- |
| Issued By |
| [Your Name] |
| [Business Name] |
| [Street Address] |
| [City, State, Zip] |
| [Email Address] |
| [Phone Number] |

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**Insert Date:** [Date]

1. **INTRODUCTION**

Provide a short description of what your organization is looking for without listing the specific project requirements.

1. **BACKGROUND INFORMATION**

In this section, provide context for the project. Offer high-level background information that helps the reader understand why the product or service is needed. How did the need arise? Is it related to other projects? What will be gained by implementing the project?

1. **Current Environment**

Describe the current state.

Cite the mission and strategic objectives.

* **Describe the current technology.**

Describe the constraints. (e.g., budget)

Describe the users/stakeholders.

1. **Goals And Objectives**

List the goals and objectives for initiating the work. Don’t forget to reference:

* Business and Solution Objectives-
* Technical Objectives-
* Service Objectives-
* Security Objectives-

1. **SCOPE OF WORK**

From a high-level perspective, describe the project work and what it entails. Describe what is included. If helpful, also describe what is not included in the project work? Explain what will be accomplished. Describe the size of the effort. Are there any special areas of interest? Describe the methods of deliver.

1. **Deliverables**  
   List and briefly describe all project deliverables, whether product, service or result.
2. **Milestones**  
   List the major project milestones and their estimated delivery dates.

|  |  |
| --- | --- |
| **Milestone** | **Estimated Delivery Date** |
| RFP Release |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Completion |  |

1. **PERIOD OF PERFORMANCE**

Describe the period of performance for the project. How long will the project last? On what date or event will it begin and on what date or event will it be completed by?

1. **PLACE OF PERFORMANCE**

Where will the project work be performed?

1. **APPLICABLE STANDARDS**

Describe any industry specific standards that should be adhered to.

1. **SPECIFIC REQUIREMENTS**

List and describe the specific requirements. List specific products, tasks and services that are required to be delivered or produced.

1. **RESOURCE REQUIREMENTS**

List all known resource requirements, below.

1. **Human Resources**

|  |  |
| --- | --- |
| **Project Title** | **Required Knowledge/Skills** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Other Resources**

|  |
| --- |
| **Resource Description** |
|  |
|  |
|  |
|  |

1. **VENDOR RESPONSIBILITIES**

List and describe the responsibilities of the vendor.

1. **CLIENT RESPONSIBILITIES**

List and describe the responsibilities of the client.

1. **PROJECT RISKS**

From a high-level perspective, identify all risks associated with implementing the project and explain whether they are known or perceived.

1. **ASSUMPTIONS**

List all assumptions made.

1. **COMPLETION CRITERIA**

Describe what must happen for the project to be considered complete.

1. **CHANGE CONTROL PROCEDUR**

Describe the process that will be followed if a change to this Statement of Work is required.

1. **CONTRACT TYPE AND INVOICE PROCEDURES**

Describe the contract type (e.g., firm fixed price, time and materials)

Describe the invoice procedures. How often should invoices be remitted? To whom should invoices be remitted?

1. **OTHER INFORMATION AND SUPPORTING DOCUMENTATION**

List any other pertinent information and list and attach any supporting documentation.

1. **POINTS OF CONTACT**

Include the contact information of the contracting officer or other representative.

1. **ACCEPTANCE**

Date: [Date]

By initialing each page and signing below, I [Name], in my capacity as [Reason], of [Reason] agree to

and accept the terms set forth in this Statement of Work.

[Insert Name of Organization]

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [Date] |
| **Witness 1 Signature** |  | **Date** |
| [Name] | | |
| **Name** | | |
| [Title] | | |
| **Title** | | |