**Work Order Authorization**

**Contract# XXXX**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WOA #:** |  | **Title:** |  | **Date:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expected Term of WOA:** |  | **through** |  | **Not to Exceed Cost:** |  |

This Work Order Authorization (the “WOA”) is issued pursuant to the terms of the California Department of Consumer Affairs (the “State”) Contract # XXXX (the “Contract”). Upon approval of this WOA, the Contractor shall be authorized to perform the work described herein, including all attachments/exhibits attached hereto or incorporated herein by reference.

## WOA Scope/Description

A high level description of the work will be included in this section. If the WOA is covering work from the Continuous Integration and Continuous Development section of the SOW or requirements, that shall be explicitly referenced here.

## Payment Provisions

### Payment Details

The Contractor shall be paid for actual hours spent performing the work authorized by this WOA at the applicable Hourly Rates for Approved Contractor Staff pursuant to the following:

|  |  |
| --- | --- |
| **Deliverable Payment** | **Payment Terms** |
| 1. All Deliverables and Activities have been completed, delivered and accepted by the State according to the Acceptance Criteria defined in the Deliverable Expectation Document (DED) included in the WOA. In addition, all Activities not directly related to a Deliverable have been acknowledged by the State as being completed. | Time and Materials for Actual Hours - Upon State’s Acceptance  Other (describe): |

### Approved Contractor Staff

Staff approved to work on this WOA shall be as identified in Table 1 Level of Effort/Cost. Table 1 lists the Project Role and SLP Classification identified for each Contractor staff member approved for this WOA. Changes to Approved Contractor Staff for this WOA, including adding or replacing staff, shall be made pursuant to the processes detailed in the Contract.

### Level of Effort / Cost Table

The Contractor must provide the estimated level of effort and total cost to perform the work authorized for this WOA. In the table below, identify the assigned staff, SLP classification, estimated hours, hourly rate, and estimated total cost. The “Not to Exceed WOA Cost Total” pertains to the aggregate total and not to each individual role as named.

Table 1. Level of Effort/Cost

## Required Deliverables and Work Products

| **Deliverable/Work Product Activities\*** | **Deliverable** | **Staff ID** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**\* "Required Deliverables” may contain a condensed description of the work to be performed. The complete requirement can be found in the Statement of Work to the Contract. The Staff ID column must refer back to all staff from Table 1 that will be completing the identified Deliverables.**

## Required Tasks

| **Required Activities\*** | **Staff ID** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

**\* “Required Activities” may contain a condensed description of the work to be performed. The complete requirement can be found in the Statement of Work to the Contract. The Staff ID column must refer back to all staff from Table 1 that will be completing the identified tasks.**

* 1. WOA Assumptions

Any requirements of State staff or materials would be outlined in this section.

## WOA Reporting Requirements

The Contractor shall provide a status update to the State every week. The status update shall include at a minimum the work accomplished to date, risks and issues encountered, any deviation from the Level of Effort, any deviation from the WOA schedule, and the planned future work. Additional reporting requirements will be defined as needed. If the Contractor anticipates the level of effort to complete tasks and deliverables will be greater than Not to Exceed amount identified in the WOA, the Contractor must immediately notify the State’s Project Director for a mutually agreed upon resolution.

## WOA Entrance Criteria

## WOA Acceptance Criteria

Acceptance Criteria for this WOA as included in the attachments section of this WOA shall include the following unless otherwise agreed upon in writing by mutual consent of both parties:

1. All required Tasks have been completed.
2. All Deliverables are completed, delivered and accepted pursuant to the Acceptance Criteria specified in each DED, if applicable.
3. All Tasks not directly related to a Deliverable have been acknowledged by the State as being completed.

## Location and Availability

Unless otherwise agreed upon in writing by mutual consent of both parties, Contractor staff shall perform their work onsite or remotely during normal business hours (8 am – 5 pm).

## Amendment

This WOA may be amended in writing and by mutual consent of both parties.

## Attachment Listing

The attachments listed below further define the Work Products and Activities required by this WOA.

* 1. Approvals

By signing below, I hereby certify that I have authority to obligate my organization to be bound by the terms and conditions contained in this WOA (including all accompanying documentation) which shall be governed by the Contract, and all documents incorporated therein by reference, and made a part thereof.

| **State: Name, Title** | | **Signature** | **Date** |
| --- | --- | --- | --- |
| DCA | Project Director |  |  |
| **Contractor: Name, Title** | | **Signature** | **Date** |
| Contractor |  |  |  |