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, or Business Name Street Address City, State, Zip email address phone number

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Insert Date

# Introduction

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

# 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?

## 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.

## 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-

# 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.

## Deliverables

List and briefly describe all project deliverables, whether product, service or result.

## Milestones

List the major project milestones and their estimated delivery dates.

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

# 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?

# Place of Performance

Where will the project work be performed?

# Applicable Standards

Describe any industry specific standards that should be adhered to.

# Specific Requirements

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

# Resource Requirements

List all known resource requirements, below.

## Human Resources

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

## Other Resources

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

# Vendor Responsibilities

List and describe the responsibilities of the vendor.

# Client Responsibilities

List and describe the responsibilities of the client.

# Project Risks

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

# Assumptions

List all assumptions made.

# Completion Criteria

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

# Change Control Procedure

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

# 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?

# Other Information and Supporting Documentation

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

# Points of Contact

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

# Acceptance

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By initialing each page and signing below, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in my capacity as   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to

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

*(Insert Name of Organization)*

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 Printed Name and Title

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