
ATTACHMENT A – SCOPE OF WORK

Consultant [Legal Name]:	
Address, City, State, Zip:	
Primary Contact Name:	
Primary Contact Phone:	
Primary Contact Email:	

District/Department Primary Contact Name:	
Primary Contact Phone:	
Primary Contact Email:	

CONTRACT PERIOD:

Start Date:	End Date:
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RESPONSIBILITIES OF CONSULTANT, CONTRACT OBJECTIVES AND DELIVERABLES:

RESPONSIBILITIES OF THE DISTRICT:

Rate of Payment:

\$_____ per: [Hour ☐ Day ☐ Month ☐ Annually ☐ Project ☐ Other, specify _____