**Addendum No. \_\_**

**Statement of Work**

This Addendum No. \_\_ - Statement of Work (SOW) is made as of this \_\_\_ day of \_\_\_\_\_\_\_\_\_, 20\_\_, under the terms and conditions established in the MASTER PROFESSIONAL SERVICES AGREEMENT between the City of Fort Worth (“City”) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Vendor”), the same being Fort Worth City Secretary Contract (CSC) No. \_\_\_\_\_\_\_\_\_\_\_\_ (the “Master Agreement” or “MSA”).

This Statement of Work is made for the following purposes, consistent with the services defined in the Master Agreement: Providing temporary staffing services to the City of Fort Worth for the positions listed below. In particular, Vendor shall perform those functions identified below in the Scope of Services, as such services are more fully detailed in the MSA.

**Section A. Scope of Services & Schedule**

Department Requesting Position(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assignment #1**

Position Requested (Must be in Exhibit B of the MSA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of above Positions Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected Start and End Dates for Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Total # of Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Billing Rate (Must be in Exhibit B of the MSA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Anticipated Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assignment #2**

Position Requested (Must be in Exhibit B of the MSA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of above Positions Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected Start and End Dates for Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Total # of Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Billing Rate (Must be in Exhibit B of the MSA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Anticipated Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Use additional pages as required)**

**Section C. Compensation, Reimbursable Expenses, and Billing Terms:** Processing and payment of fees, including the structure of payments and invoicing thereof, shall be in accordance with the Master Professional Services Agreement.

The total fee that shall be paid by City to Vendor for these services shall be in accordance with the Master Service Agreement and, specifically, Exhibit “B”- Price Schedule. In submitting invoices, Vendor shall reference the appropriate Statement of Work. Further, the Vendor shall separately list the total amount for fees in which invoices were previously submitted during the then-current annual contract period (either initial term or renewal period) and the total amount of fees for the entire period, including those amounts being requested under the then-current invoice.

**Vendor shall submit invoices for Fees to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, within the [CITY DEPARTMENT] and also submit a copy to the Talent Acquisition Manager in the Human Resources Department, 200 Texas Street, Fort Worth, Texas 76102.**

Executed in multiple originals on this the \_\_\_\_\_ day of \_\_\_\_\_\_\_20\_\_\_.

**CITY OF FORT WORTH, TEXAS**: [**VENDOR]:**

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Name:

Title: Assistant City Manager Title:

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

ATTEST:

By:

Name: Mary Kayser

Title: City Secretary

APPROVED AS TO FORM

AND LEGALITY:

By:

Name: Jessika Williams

Title: Assistant City Attorney

**Contract Compliance Manager**:

By signing I acknowledge that I am the person responsible

for the monitoring and administration of this contract, including

ensuring all performance and reporting requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neena Kovuru

Assistant Human Resources Director