**Attachment M - Sub-Agreement Scope of Work**

**Sub-Agreement – Scope of Work**

***Document Purpose:*** *This document is identified as the template referenced in the RFP Boilerplate (page 9) as the sub-agreement template to be utilized for adding additional scopes of work during the contract period and shall provide a template that shall be completed by the Agency for the purpose of formality and confirmation of the expectations for the agency scope of work. The final version of this document shall be approved by the Agency, the Contractor, and the State, as part of this contract.*

This Sub-agreement Scope of Work (“this SOW”), entered into by and between the \_\_(Agency name here)\_\_\_(the “State Agency”) and the \_\_ (Contractor name here)\_\_ (the “Contractor”), and reviewed for approval by Indiana Department of Administration on behalf of All State Agencies (the “State”), in consideration of those mutual undertakings and covenants, the parties agree as follows:

**State Agency Department(s):**

**State Agency Address:**

**State Agency Designee Name:**

**State Agency Designee phone number(s), email, etc.:**

**Vendor Project Manager or Account Manager Name:**

**Vendor Project Manager or Account Manager phone number(s), email, etc.:**

**Skill levels / job titles required:**

See attached Budget Quotation Sheet

**Duties Summary:**

**Scope of Work Start and End Date:**

**Non-Collusion and Acceptance**

The undersigned attests, subject to the penalties for perjury, that the undersigned is the Contractor, or that the undersigned is the properly authorized representative, agent, member or officer of the Contractor.  Further, to the undersigned’s knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Contractor, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Contract other than that which appears upon the face hereof. Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC 4-2-6-1, has a financial interest in the Contract, the Contractor attests to compliance with the disclosure requirements in IC 4-2-6-10.5.

**In Witness Whereof,** Contractor and the State have, through their duly authorized representatives, entered into this Sub-agreement Scope of Work, as represented from the Master Services Agreement for **QPA# (INSERT QPA #).** The parties, having read and understood the foregoing terms of this agreement, do by their respective signatures dated below hereby agree to the requirements thereof.

Agreement to Use Electronic Signatures

I agree, and it is my intent, to sign this Scope of Work by electronically submitting this Scope of Work to the State of Indiana. I understand that my signing and submitting this Scope of Work in this fashion is the legal equivalent of having placed my handwritten signature on the submitted Scope of Work and this affirmation. I understand and agree that by electronically signing and submitting this Scope of Work in this fashion I am affirming to the truth of the information contained therein. I understand that this Scope of Work will not become binding on the State until it has been signed by the agency designee and the IDOA Vendor Contract Manager.

**Contractor: State of Indiana Agency:**

**(Insert Vendor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature: Signature:

Printed Name: Printed Name:

Title: Title:

Date: Date:

**Indiana Department of Administration**

Vendor Contract Manager

Date: