

APPENDIX A: SCOPE OF SERVICES

CONTRACTOR NAME: _____ REQUISITION #: R _____

BEGIN DATE: _____ END DATE: _____

MAXIMUM CONTRACT AMOUNT (Inclusive of Travel Expenses), Not to exceed: \$ _____

TRAVEL EXPENSES (lodging/ meals/ transportation/ airfare/ other): All expenses to be reimbursed and/or paid by University Department will be in accordance with PPM 49 (LA Policy & Procedures Memorandum No. 49) and current GSA (U.S. General Services Administration) rates. (Select one.)

- ☐ **No** Travel Expenses to be incurred nor reimbursed.
- ☐ Contractor to be reimbursed. **Amount, Not to exceed:** \$ _____
- ☐ Paid by Department. **Amount, Not to exceed:** \$ _____
- Note: Chrome River documentation must be attached for auditing purposes.

PAYMENT TERMS: Contractor payments are scheduled as follows- (Specify as applicable.)

- ☐ One lump sum payment upon completion of services.
- ☐ Fixed Rate: Amount \$ _____ Frequency (Select one.)
- ☐ Multiple installments based upon completion of tasks. **Must** provide one of the following:
- Installment Schedule (list of tasks, amount, or percentage to be paid at each interval & dates of intervals)
 - Detailed Payment Terms/ Fee Schedule.
- ☐ Travel Expenses to be reimbursed to Contractor. (Itemized receipt(s) and/or invoice(s) of equal to or less than the "Not to exceed" amount which must be attached at the time of the reimbursement request.)

DEPARTMENT INVOICE APPROVER:

Name: _____

Title: _____

Department: _____

Address: _____

Email: _____

DESCRIPTION OF SERVICES:

Contractor will perform/provide (Describe the work/task/service to be performed/provided by Contractor.)

UL Lafayette (Department/Office) _____

Services will be performed (where/location) _____

Contractor will be responsible for (Provided BY Contractor to perform services)

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Department/office will be responsible for (Provided TO Contractor to perform services.)

DELIVERABLES:

Describe and/or list work/item to be provided: (Specific, tangible, measurable outcomes to be performed by Contractor.)

Date(s) when work/item is to be received: _____

How work/item is to be delivered (format- files, lecture, etc.):

Who is receiving work/item: _____

GOALS:

The goal(s) of this project/service is to (Describe the expected benefit of the project/service.)

OBJECTIVES: (SMART – Specific, Measurable, Aggressive, Result-oriented, & Time-bound target(s) of the service.)

Objective (1.) _____

Objective (2.) _____

Objective (3.) _____

PERFORMANCE INDICATOR/ MEASURE:

Contractor's performance will be measured by (Tools/methods to be used to measure Contractor's performance.)

MONITORING PLAN: (Department appointed Contract Manager to oversee and evaluate Contractor's performance and maintain the contract's provisions.)

Name: _____ Title: _____

Email: _____ Phone: _____

Contract Manager will be responsible for monitoring the Contractor's performance throughout the contract period by