

EXHIBIT F – COUNTY WORK ORDER TEMPLATE

CalSAWS CalWIN Implementation
Services County Work

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1.0 County Work Order Submission & Approval Form

| | | |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| County Work Order Number | | |
| County Work Order Title | <u>[insert County Name]</u> County - <u>[insert descriptive title]</u> | |
| Submitted Date | | |
| Originator | | |
| Priority | Select the estimated priority level of the requested County Work Order: <input type="checkbox"/> Critical – is necessary to avoid potential project stoppage in the County. <input type="checkbox"/> High – is necessary to avoid potential significant impact to the goals and objectives of the project in the County. <input type="checkbox"/> Medium – is necessary to avoid potential impact to the operational efficiency of project execution in the County. <input type="checkbox"/> Low – needs to be addressed, but the estimated impact to the project is minimal in the County. | |
| Detailed Description | | |
| Review Date | | |
| Type of County Work Order | <input type="checkbox"/> Fixed Fee | <input type="checkbox"/> Time & Material |

2.0 County Work Order Impact Analysis

Describe the changes required to support this County Work Order by resource type and provide a brief description of County Work to be completed.

| | |
|--------------------------------|--|
| Implementation Support Impact | |
| BPR Impact | |
| Training Impact | |
| OCM Impact | |
| Other Impact | |
| Software/Licenses | |
| Deliverables (New and Updated) | |
| Schedule | |

2.1 County Work Order Hours

Enter estimated hours required to support this County Work Order by resource type and provide a brief description of County Work to be completed.

| Type | Description | Rate | Hours | Amount |
|------|-------------|------|-------|--------|
| | | | | |
| | | | | |

2.2 Payment Schedule (If Applicable)

The charges associated with this County Work Order will be incurred as follows:

| Payment Point | Description | Submission Date | Cost |
|---------------|-------------|-----------------|------|
| | | | |
| | | | |
| Total Charges | | | |

2.3 Assumptions

If applicable, specify assumptions related to this County Work Order.

| Assumptions |
|-------------|
| |

3.0 County Work Order Approval

This County Work Order is accepted as allowing Deloitte Consulting LLP to proceed.

CERTIFICATION BY COUNTY:

By submitting this County Work Order, County certifies that its request for goods or services pursuant to this County Work Order is consistent with County's procurement requirements and procedures and that County is seeking goods and services to be utilized primarily in connection with the Project rather than goods or services to be utilized primarily in connection with non-Project related County operations.

COUNTY COUNSEL

Dated: _____

By: _____

Name: _____

Title: _____

COUNTY DIRECTOR

Dated: _____

By: _____

County Director

DELOITTE CONSULTING LLP

Dated: _____

By: _____

Name: _____

Title: _____

CALSAWS CONSORTIUM

Dated: _____

By: _____

Consortium Executive Director