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**County of Sonoma**

**Agreement for County of Sonoma Organizational Development Consultants and Training Professionals – RFP 2024**

**STATEMENT OF WORK**

Statement of Work (SOW) for services to be performed for **Name of Department (Department)** under the *Agreement* between County of Sonoma HR-Workforce Development (HR-WD) and **Name of Consultant (Consultant)** signed July 1, 2024.

**Work Summary & Activities**

Consultant will provide organizational development and facilitated conflict resolution as outlined in Attachment A. *(INSERT APPROPRIATE INFO, EX BELOW)*

* Finalizing Objectives: 3-4 hours
* Discovery Interviews: 5-6 hours
* Workshop Design and Planning: 3-4 hours
* Team Development Workshop: 6-8 hours
* Closure and Evaluation

**Terms**

This Statement of Work is subject to the terms of the *Agreement* and its various exhibits.

Consultant fees and services to be provided are pursuant to the fee schedule included as part of the *Agreement* between the County and the Consultant:

**Fees**

Consulting fees are billed at $\_\_\_\_\_\_/hour which is Consultant’s established rate with the County.

**Full Project, based on estimated ≤\_\_\_\_\_\_hours ≤ $\_\_\_\_\_\_**

**Invoicing Information**

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| --- | --- |
| **County Department:**  Name of Department | **Consultant:**  Name of Consultant |
| **Contact Name:**  Dept Contact | **Contact Name:**  Consultant Contact |
| **Mailing Address:**  Address 1  Santa Rosa, CA 954XX  707-565-XXXX | **Mailing Address:**  Address 1  Address 2  XXX-XXX-XXXX |
| **Email Address:**  [xxx.xxxxxx@sonoma-county.org](mailto:xxx.xxxxxx@sonoma-county.org) | **Email Address:**  [xxx@xxxxxx.com](mailto:xxx@xxxxxx.com) |
| **EFS Codes for Billing:**  Dept #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(8-digit code) Contract #: \_\_\_\_\_\_\_\_\_\_\_*\*must attach to EFS voucher*  Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_(5-digit code) Vendor #: \_\_\_\_\_\_\_\_\_\_\_\_(5-digit code) | |

Invoices will be distributed by **Name of Consultant** (Consultant) and sent to ***both parties***:

Dept Contact, Dept Email, (Department contact email), and

Lori LaFlores, [Lori.LaFlores@sonoma-county.org](mailto:Lori.LaFlores@sonoma-county.org) (HR-WD Analyst).

Invoices will be paid directly to **Name of Consultant** (Consultant) by Sonoma County **Name of Department** (Department). The Consultant is permitted to invoice monthly over the course of this engagement or as agreed to in the Statement of Work.   
  
Sonoma County **Name of Department** (Department) is requested to notify HR-WD of the final cost of the contract within one month of completion.

Work or fees beyond this Statement of Work must be approved in advance, in writing, by all signatories to this Statement of Work or by their designated representative(s).

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Consultant Contact (Consultant) Date

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Dept Contact (Department) Date

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Kristin Kelly, HR-WD Manager Date