[Consultant Name]

STATEMENT OF WORK # 1

of (the "C	ntement of Work ("SOW") is made pursuantbetween START Treatmen onsultant"), and, accordingly, is subject to a therein. The Effective Date of this SOW wi	nt & Recovery Centers, Inc. and hereby incorporates by	("START") and reference the terms an				
require	and Inspections. Consultant agrees to obta dinspections, and make any necessary correct described in attached, ons of the SOW.	ections that arise from such	inspections, in a timely	manner, for			
obtain,	ons and Penalties. Any violations or penalties file, or close out any necessary permits, or sions that arise from such inspections, in a tire	schedule any required inspe	ctions, or make any nec				
of such	led Visits. Consultant acknowledges and agre visit. START reserves the right to refuse entr s not been authorized in advance of such vis	ry of Consultant or a Consult					
1.	Project Name:						
2.	Type of Project (place an 'X' in appropriate column):						
	Fixed Cost Time & Material						
3.	Description of Services (please provide as						
4.	Costs of Services/Deliverables (use table b	elow, or describe in equal c	or greater detail):				
	Type of Labor /Deliverable (add as needed)	# of Hours or Deliverables (if applicable)	Hourly or Deliverable Rate (if applicable)	Cost			
	Travel Costs						

5. EXPENSES: Expenses need to be pre-approved in writing or email.

Total Cost

6.	Project Schedule [TBD and estimated dates may not be included]:						
	Start Date		Е	nd Date			
7.	Will Consultant or Consultant Staffer be on-s	ite? If so please state the building address and floor:					
8.	Will Consultant or Consultant Staffer be in a patient area? [Y / N] If yes, additional medical testing may be required. Consultant agrees to any health screening requirements required by law or START policy whether Consultant or Consultant Staffer is in a patient area or any area of START facilities.						
9.	START. [Y / N] If yes, Consultant agree	regular and substantial contact with persons receiving services a grees to provide information for these persons, to allow START to w York State Justice Center Staff Exclusion List, including their ful					
10.	Consultant Project Manager or Contact:						
	Name: Address: Email: Office #: Cell #:						
11.	Approval: No Deliverable shall be deemed delivered until it has been approved in writing by STAR Treatment & Recovery Centers, Inc.						
12.	Reporting: The Consultant will submit writt weekly basis to [Ivan W Duncan] ([iduncation])		o START Treatmorg]) or his/her r				
13.	Personnel of Consultant: The following personnel will provide the Services:						
	Resource Name / Title		Time/Hrs	Responsibility			
rese	NESS WHEREOF, the parties have caused this ntatives on the date(s) shown below. Treatment & Recovery Centers, Inc.		of Work to be e	executed by their duly authoriz			
gn: _		Sign: _					
ame:	:	Name:					
tle: _	le:		Title:				
ate: _		Date: _					
		Taxpay	Taxpayer ID#:				
		Liconse	· #:				