

< insert Consultant Name >

STATEMENT OF WORK # ___

This Statement of Work ("SOW") is made pursuant to the Master Services Agreement (the "Agreement"), dated as of _____, 2023, between START Treatment & Recovery Centers, Inc. ("START") and _____ (the "Consultant"), and, accordingly, is subject to and hereby incorporates by reference the terms and conditions set forth therein. The Effective Date of this SOW will be the date of last signature, below.

- 1. Project Name: Janitorial Services
- 2. Type of Project (place an 'X' in appropriate column):

Fixed Cost	Time & Material

- 3. Description of Services (please provide as much detail as possible, including project milestones):

- 4. Costs of Services/Deliverables (use table below, or describe in equal or greater detail):

Type of Labor /Deliverable (add as needed)	# of Hours or Deliverables (if applicable)	Hourly or Deliverable Rate (if applicable)	Cost
Services			
Travel Costs			
Total Cost			

- 5. Payment Schedule, as follows:
- 6. EXPENSES: Expenses need to be pre-approved in writing or email.
- 7. Project Schedule [TBD and estimated dates may not be included]:

Start Date	End Date

- 8. Will Consultant or Consultant Staffer be on-site? If so please state the building address and floor:

937 Fulton Street, Brooklyn, NY 11238
1149-55 Myrtle Avenue, Brooklyn, NY 11206
494 Dumont Avenue, Brooklyn, NY 11207
119 W 124th Street, New York, NY 10027
2191 Third Avenue, New York, NY 10035
2406 Amsterdam Avenue, New York, NY 10033

- 9. Will Consultant or Consultant Staffer be in a patient area? Yes. 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.
- 10. Will Consultant or Consultant Staffer have regular and substantial contact with persons receiving services at START. Yes. If yes, Consultant agrees to provide information for these persons, to allow START to verify whether they are included in the New York State Justice Center Staff Exclusion List, including their full name and social security number.

11. Consultant Project Manager or Contact:

Name:
Address:
Email:
Office #:
Cell #:

12. Approval: No Deliverable shall be deemed delivered until it has been approved in writing by START Treatment & Recovery Centers, Inc.

13. Reporting: The Consultant will submit written reports to START Treatment & Recovery Centers, Inc. on a _____ basis to Ivan Duncan (iduncan@startny.org) or his/her nominee.

14. Personnel of Consultant: The following personnel will provide the Services:

Resource Name / Title	Time/Hrs	Responsibility

Permits and Inspections. Consultant agrees to obtain, file, and close out any necessary permits, and schedule any required inspections, and make any necessary corrections that arise from such inspections, in a timely manner, for the work described in Section C of the attached "Request for Proposals, Clinic Bathroom Renovation, Final Proposal Due June 2, 2023", which specifies the terms and conditions of the SOW.

Violations and Penalties. Any violations or penalties that are incurred by START, given a failure of Consultant to obtain, file, or close out any necessary permits, or schedule any required inspections, or make any necessary corrections that arise from such inspections, in a timely manner, are the responsibility of Consultant.

Scheduled Visits. Consultant acknowledges and agrees that any visit to a START facility must be authorized in advance of such visit. START reserves the right to refuse entry of Consultant or a Consultant Staffer, at no cost to START, whose visit has not been authorized in advance of such visit.

Bonding. The Consultant must furnish a performance bond and payment bond, for 100 percent of the contract price. A "performance bond" is one executed in connection with a contract to secure fulfillment of all the Contractor's obligations under such contract. A "payment bond" is one executed in connection with a contract to assure payment as required by law of all persons supplying labor and material in the execution of the work provided for in the contract.

IN WITNESS WHEREOF, the parties have caused this Statement of Work to be executed by their duly authorized representatives on the date(s) shown below.

START Treatment & Recovery Centers, Inc.

< insert Consultant legal entity name >

Sign: _____

Sign: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Taxpayer ID#: _____

License #: _____