**INDIVIDUAL WORK ORDER**

**FOR**

**PROFESSIONAL SERVICES**

**Contract Number SSHE-CM-2019-[--#--]**

**Individual Work Order Number SSHE-CM-2019-[--#--]-[--#--]**

This Individual Work Order (IWO) is being issued on

the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_,

by and between

**[---university---]**

of the Pennsylvania State System of Higher Education

of the Commonwealth of Pennsylvania

(hereinafter called the "System")

and

**[---name of professional---]**

**[---address of professional---]**

a **[---corporation, partnership, or other---]**

**organized in […state…]**

(hereinafter called the “Professional”)

**Federal Identification No. XX-XXXXXXX**

All terms, conditions, requirements, and considerations of the Agreement for Open-End Professional Services previously executed between the System and the Professional on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, are hereby referenced and made a part hereof as if attached.

*Also include any specifics of any Renewals, Amendments, Assignments, etc.*

*that may have been executed since the original contract was executed.*

* + - 1. **Reference Information**

Project Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scope of the Project:

*Briefly describe the scope of the Project*

*(the scope of the Project, not the scope of the services under this IWO).*

* + - 1. **Professional's Scope of SERVICES**

*List any deviations from services listed in the General Conditions of the Contract.*

*And/or, simply refer to the Professional’s proposal for the IWO, and attach it.*

* + - 1. **Time Requirements**

*Outline the schedule or the time for completion of the Professional's services.*

* + - 1. **Special Conditions:**

*State any conditions or restrictions that may affect the project and/or the Professional's services.*

* + - 1. **Compensation and Costs**

The Professional's compensation, as negotiated, for services to be rendered under this IWO, shall be $[---compensation---], to be paid upon completion of the Professional's services on a monthly basis, unless otherwise agreed to and outlined in this IWO.

* + - 1. **List Attachments**

The Professional's Proposal, describing in detail the Professional’s Scope of Services and Time Requirements of this IWO, consisting of [---number---] pages, is attached and made part of this IWO.

*List and attach any documents that more fully describe the work to be accomplished, and/or that describe any Special Conditions.*

*In all cases, indicate if actually attached or attached by reference.*

* + - 1. **EXECUTION OF Individual Work Order**

The parties understand and agree that this IWO shall not be legally valid, effective, or enforceable until it has been signed by all appropriate Commonwealth officials.

* + - 1. **Notice to Proceed**

*[--Select one of the following:--]*

The Professional shall not commence performance hereunder until after the System issues a Notice to Proceed.

*[--or--]*

The Contracting Officer’s signature on this IWO constitutes Notice to Proceed.

**IN WITNESS WHEREOF,**

this Individual Work Order has been executed and delivered as of the date previously set forth:

|  |  |
| --- | --- |
| **FOR THE PROFESSIONAL**  **Type in names / Identify positions / Sign and Date** | **FOR THE COMMONWEALTH**  **Type in names / Identify positions / Sign and Date** |
| **If Professional is**  **an Individual, Proprietorship, or Partnership** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Individual or Partner Date**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Printed name** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contracting Officer Date** |
| **If Professional is**  **a Corporation, LP, LLP or LLC** | **APPROVED AS TO FORM AND LEGALITY** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Pres./VP/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_** | **NOT REQUIRED FOR IWO**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **University Legal Counsel Date**  **State System of Higher Education** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Printed Name**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Sec./Treas./\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Printed name** | **NOT REQUIRED FOR IWO**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Office of General Counsel Date**  **Commonwealth of Pennsylvania**  (Required if total value of Individual Work Order exceeds $500,000) |
|  | **NOT REQUIRED FOR IWO**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Office of Attorney General Date**  **Commonwealth of Pennsylvania**    **(Not needed since Contract Form is Approved)** |

* If the Professional is an Individual, Proprietorship, or Partnership, one signature is required.
* If the Professional is a Corporation, LP, LLP, or LLC, two signatures are required. One must be the President or Vice President. The second must be the Secretary or Treasurer.
* The Professional can delegate signatory authority to other individuals by means of a certified Board Resolution, or similar documentation.