

HENNEPIN COUNTY COMMUNITY ENGAGEMENT ROSTER PROGRAM WORK ORDER

This Work Order, entered into pursuant to the provisions of the Hennepin County Community Engagement Roster Program Principal Agreement (the "Agreement"), is between the COUNTY OF HENNEPIN, STATE OF MINNESOTA, A-2300 Government Center, Minneapolis, Minnesota 55487, on behalf of the Hennepin County **department name and address** ("COUNTY") and **vendor name, vendor address** ("CONTRACTOR"). The provisions herein are incorporated into and made part of the Agreement and are, thereby, subject to the provisions in the Agreement.

1. CONTRACTOR shall perform the following services: **short description of services**. These services are more fully described in the Scope of Services, attached as Attachment A and incorporated by this reference.
2. CONTRACTOR shall perform the services between **start date** and **end date**. Services shall not extend beyond the term stated in the Agreement.
3. CONTRACTOR shall be paid at a rate of **\$xxx** per hour. **[FOR DELIVERABLE OR OTHER NON-RATE BASED CONTRACTS, USE THIS SENTENCE INSTEAD AND INCLUDE THE PAYMENT TERMS IN ATTACHMENT A: CONTRACTOR shall be paid according to the provisions in Attachment A.]** The total cost of this Work Order shall not exceed **\$xxx**.

[IN CONTRACTS WHERE THERE ARE REIMBURSABLES, THE EXPENSES SHOULD BE INCLUDED IN THE NTE AMOUNT, AND THE FOLLOWING PARAGRAPH SHOULD BE INCLUDED IN THIS SECTION:]

Reimbursable expenses are limited to the actual cost for *[list items: parking, mileage or transportation fees, copying and postage related fees, etc.]*. Any reimbursable expense which exceeds _____ Dollars (\$_____) shall receive prior written approval from the COUNTY Work Order Contact named herein.

4. Pursuant to the Agreement, subcontractors are not permitted without prior written consent of COUNTY. **[IF THE COUNTY HAS ALREADY APPROVED THE USE OF SUBCONTRACTORS, LIST THEM HERE:]** COUNTY has currently approved the following subcontractor(s): **subcontractor names**.

[IF APPLICABLE, INSERT THIS PARAGRAPH AND THE BAA ATTACHMENT:]

5. CONTRACTOR agrees to comply with the provisions of the Business Associate Agreement, attached as Attachment B.
6. COUNTY shall have the right to cancel or suspend any Work Order and the work provided by CONTRACTOR thereunder without prior notification and without termination of the Agreement. In such event, CONTRACTOR shall be paid for services rendered through the date of cancellation or suspension.
7. CONTRACTOR certifies that it is not prohibited from doing business with either the federal government or the state of Minnesota as a result of debarment or suspension proceedings. CONTRACTOR shall notify COUNTY within fifteen (15) days if CONTRACTOR is debarred or suspended during the term of the Agreement.

[IF CONTRACTOR IS A SUBRECIPIENT AS DEFINED BY THE UNIFORM GUIDANCE (TITLE 2 CFR PART 200), ATTACH THE SUBRECIPIENT COMPLIANCE ADDENDUM (AVAILABLE ON THE HCAO CONTRACT FORMS WEBPAGE) AND INCLUDE THE FOLLOWING:]

8. CONTRACTOR agrees to comply with the requirements set forth in the attached Subrecipient Compliance Addendum.

[IF ANY FEDERAL FUNDS ARE BEING USED, INCLUDE THE FOLLOWING:]

9. CONTRACTOR agrees to comply with the requirements set forth in the attached Federal Award Contract Provisions Addendum.

[IF ANY ARPA FUNDS ARE BEING USED, INCLUDE THE FOLLOWING:]

10. CONTRACTOR shall provide any information as may be reasonably requested by COUNTY for purposes of American Rescue Plan Act reporting, in a reporting format and frequency approved by COUNTY.
11. The primary contacts for this Work Order are:

COUNTY:
Name of County Department/Division
Name and Title of Work Order Contact
Phone
Email

[IF THE CONTRACTOR HAS A CONTACT FOR THIS CONTRACT, INCLUDE THE FOLLOWING BRACKETED SECTION:]

[CONTRACTOR:

Name

Phone

Email

CONTRACTOR may replace the Work Order Contact but shall immediately give written notice to COUNTY of the name, phone number and email of such substitute person and of any other subsequent substitute person.]

Any notice affecting the rights or obligations of either party must be directed to the Contract Administrator identified in the Agreement.

THIS PORTION OF PAGE INTENTIONALLY LEFT BLANK

SIGNATURES

CONTRACTOR is hereby authorized to perform the services set forth herein subject to the terms and conditions of the Agreement and the attachments.

COUNTY OF HENNEPIN
STATE OF MINNESOTA
By:

{ {Sig_es_:signer1:signature} }
{ {userstamp1_es_:signer1:stamp} }

{ {Exh_es_:signer1:attachment:label("Attachments")} }

CONTRACTOR shall perform the services as set forth herein. CONTRACTOR warrants that the person who executed this Work Order is authorized to do so on behalf of CONTRACTOR as required by applicable articles, bylaws, resolutions or ordinances.*

By:

{ {Sig_es_:signer2:signature} }
{ {userstamp2_es_:signer2:stamp} }
{ { ttl_es_:signer2:title} }

*CONTRACTOR represents and warrants that it has submitted to COUNTY all applicable documentation (articles, bylaws, resolutions or ordinances) that confirms the signatory's delegation of authority. Documentation is not required for a sole proprietorship.