

Scope of Work Sample
COMMUNITY NAME DART FY20
Disability Abuse Response Teams

This Scope of Work describes the contract between YOUR AGENCY NAME (INITIALS) and the CONTRACTING AGENCY, for the purpose of developing a coordinated community response to violence and sexual violence against people with disabilities. The YOUR COMMUNITY NAME DART will work to bridge the victim advocacy and disability service systems, and to increase accessible, culturally responsive, and trauma-informed (ACRTI) service delivery for survivors with disabilities across multiple networks. YOUR AGENCY NAME (INITIALS) will serve as the YOUR COMMUNITY NAME DART Local Coordinator. The YOUR AGENCY NAME (INITIALS) (*Contractor*), and the ENTER CONTRACTING AGENCY NAME mutually agree as follows:

The Contractor YOUR AGENCY NAME (INITIALS) Will:

Complete the following eight deliverables with the support of the DART Project Director:

1. CONTRACT SET UP: Approve this Scope of Work, with or without modifications; DESCRIBE YOUR CONTRACT PROCESS; plan and turn in a schedule of trainings (#4 below); and collect signatures from the leadership of at least 5 core partners on a community MOU (Memorandum of Understanding) by ENTER DUE DATE.
2. ONSITE TA: Coordinate 1-2 days of on-site technical assistance training about DART with YOUR AGENCY NAME (INITIALS) agency leadership, and at least 50% of staff; core DART partners may also attend. Schedule this TA with the DART Project Director ENTER DART PROJECT DIRECTOR'S NAME by [ENTER DUE DATE].

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3. PERFORMANCE INDICATOR: Complete an Accessibility Performance Indicator with the DART Project Director to measure agency capacity to serve survivors with disabilities. The indicators can be found here:
<https://www.endabusepwd.org/publications/performance-indicators/>
4. TRAINING COORDINATION: Coordinate **AT LEAST 2, ONE-HOUR TRAININGS** with the DART Project Director about disability and domestic violence/sexual assault topics for all **YOUR COMMUNITY NAME** DART core partners; survivors with disabilities in the community may also attend. Trainings may be: Cross trainings by the **YOUR COMMUNITY NAME** DART core partners within the community; trainings conducted by the DART Project Director; or outside trainers contracted through the DART Project Director. Sign in sheets and evaluations will be completed at each training, and turned into the Project Director within a week of training completion. At least **XX** DART partners must attend the full training to meet the DART training deliverable.
5. INDIVIDUAL CALLS: Participate in 4 technical assistance video calls one-on-one with the DART Project Director throughout the year.
6. STATEWIDE CALLS: Participate in 2 technical assistance video calls with other DARTs statewide.
7. INFORMATION SHARING: Provide contact information to the DART Project Director to document **YOUR COMMUNITY NAME** DART community membership.

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8. **DISSEMINATION:** Create a DART dissemination product specific to the **YOUR COMMUNITY NAME** community, like a brochure, social media page, website page, flier, business card, logo, sticker, etc.

The Contracting Agency ENTER CONTRACTING AGENCY NAME Will:

Coordinate the eight DART deliverables outlined above, including support to: 1) Set up the **YOUR COMMUNITY NAME** DART contract and core partners MOU; 2) Schedule on-site technical assistance; 3) Complete the Accessibility Performance Indicator with **AGENCY NAME/INITIALS**; 4) Help plan training content, and schedule trainings with core partners; 5) Schedule individual one on one calls with **AGENCY NAME/INITIALS**; 6) Schedule statewide calls with **YOUR AGENCY NAME (INITIALS)** and the other **seven** Alaska DART communities; 7) Collect and organize agency names, and contact information of all partners, in order to create a community profile of the **YOUR COMMUNITY NAME** DART; 8) Provide feedback about the **YOUR COMMUNITY NAME** DART dissemination product.

Period of Performance:

Performance of the work will begin on **[ENTER DATE AGENCY SIGNS SHORT FORM CONTRACT]** and continue through **June 30, 2020** unless terminated earlier by either party in this contract. This contract may be modified only with written approval from **CONTRACTING AGENCY**, and/or **AGENCY NAME/INITIALS**. No expenses will be reimbursed if they are incurred prior to the start date, or subsequent to the termination date.

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Compensation:

CONTRACTING AGENCY will compensate **AGENCY NAME (INITIALS)** up to **\$5,000** for completion of the deliverables (described on page 1 under “The Contractor”), after an invoice is received from **AGENCY NAME/INITIALS**. **CONTRACTING AGENCY** agrees to pay approved invoices within thirty (30) business days of receipt.

Contract Notes:

The **CONTRACTING AGENCY** requires the following before issuing this contract:

- i. Signed and dated Scope of Work (this document).
- ii. **ENTER THE CONTRACTOR’S CONTRACT REQUIREMENTS.**

Invoicing Notes:

Please include the following elements on the **YOUR AGENCY NAME (INITIALS)** invoice:

- i. Contractor name, address, email, and phone number.
- ii. A unique invoice number.
- iii. The date the invoice was generated.
- iv. Description of completed work.
- v. The printed name, signature, title, and signature date from the individual submitting the invoice.

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YOUR AGENCY NAME (INITIALS) Executive Director

Print Name: _____

Signature: _____

Date: _____

DART Project Director

Print Name: _____

Signature: _____

Date: _____