# WORK AUTHORIZATION

This Work Authorization incorporates by reference, as if fully set forth herein, Agreement [number] between Covered California and [Contractor Name], and all terms and conditions contained in or attached hereto.

## Limited Scope or Tasks

Provide an overview here if appropriate. The outline format below should be used to organize the Work Authorization according to the level of detail required. All tasks must be related to and fall under the contract Scope of Work. Please double-space after each sentence and use the i., ii., iii., etc. format for lists instead of bullet points.

1. Task One Title

Provide an introduction here if appropriate.

1. Task One, Part One / Task Detail

Provide an introduction here if appropriate.

1. Task One, Part One, Step One / Task detail
2. Task detail
3. Task detail
4. Task detail

## Resources Required by Contractor

No requirements:

Contractor does not require any additional resources or materials from Covered California in order to perform this Work Authorization.

Requirements:

Covered California shall timely provide the following resources and materials to the Contractor pursuant to the performance of this Work Authorization:

1. One;
2. Two; and
3. Three.

## Work Schedule

Contractor shall complete all work and provide all deliverables specified in this Work Authorization by Month XX, 20XX.

Optional:

Contractor’s performance of this Work Authorization shall adhere to the schedule outlined in the table below.

(Customize as needed. Insert the Tasks and Deliverables **VERBATIM** as they are written in Section A above.)

|  |  |
| --- | --- |
| **Task and Deliverable** | **Deadline for Completion** |
| Section A(1) Task One Title (Deliverable) | Month XX, 20XX |
| Section A(1)(a) Task One, Part One (Deliverable) | Month XX, 20XX |
| Section A(2) Task Two Title (Deliverable) | Month XX, 20XX |
| Section A(2)(a) Task Two, Part One (Deliverable) | Month XX, 20XX |

## Contractor Personnel and Estimated Total Costs

Contractor agrees to provide the personnel listed in the table below for the performance of this Work Authorization. Contractor estimates that the performance of this Work Authorization will not exceed number (X) total labor hours and will not exceed number dollars ($00.00) in total costs, as specified in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel Name** | **Classification or Skill Level** | **Hourly Rate** | **Estimated Labor Hours** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

Covered California may, in its sole discretion and with the approval of its Board of Directors, approve additional labor hours requested by the Contractor to complete the performance of this Work Authorization.

## Certification of Approval

By signing below, Contractor and Covered California agree to the provisions set forth in this Attachment to Exhibit A of this Agreement. Only an authorized signatory from each Agreement party may sign this Attachment.

|  |  |
| --- | --- |
| **CONTRACTOR NAME** | |
| BY *(Authorized Signature)* | DATE SIGNED *(Do not type)* |
| PRINTED NAME AND TITLE OF PERSON SIGNING  **Name, Title** | |

|  |  |
| --- | --- |
| **COVERED CALIFORNIA** | |
| BY *(Authorized Signature)* | DATE SIGNED *(Do not type)* |
| PRINTED NAME AND TITLE OF PERSON SIGNING  **Name, Title** | |