AGREEMENT NO. TBD **TASK ORDER NO.** TO-A&E-YRXXXX

CONSULTANT NAME: A&E Name

PROJECT TITLE: VHC-X "Project Title"

CA PROJECT ID: CAXX-XXXX

I. Task Order Purpose *(Describe Purpose of or need for this Task Order)*

II. Scope of Services & Expected Results *(Describe Task Order scope of services and expected results.)*

III. Deliverables *(List and Describe any deliverable expected as part of this Task Order.)*

IV. Cost

A. Task Order Amount	$0.00
B. Cumulative Authorization	$0.00

V. Project Manager

The Project Manager for CalVet for this Task Order will be PM-TBD

VI. Conflict of Interest Certification

CalVet personnel signing below certify that they have read, understand, and will comply with Government Code 19990 regarding incompatible activities and conflict of interest by State employees.

AGREEMENT NO. TBD **TASK ORDER NO.** TO-A&E-YRXXXX

VIII. Certifications & Approval Signatures

I certify that this Task Order and attachments comply with the provisions of Agreement No. TBD and are necessary for the satisfactory completion of the project contracted for, and that sufficient funding has been encumbered to pay for these services.

CALVET A&E CONTRACT MANAGER	**SIGNATURE**	**DATE:**

I PM-TBD , certify by signing below that I have read the "Description of Services" for this Agreement and in my expert opinion:

1. The work described in this Task Order is included in the required services and
2. The work described in this Task Order is an Architectural and Engineering (A&E) service, as defined in Government Code 4525 (d) through (f).

PM-TBD		
PROJECT MANAGER	**SIGNATURE**	**DATE:**

APPROVALS

IN WITNESS WHEREOF, this Task Order has been executed under the provisions of Agreement No. TBD between the State of California, Department of Veterans Affairs, and A&E Name . By signature below, the parties hereto agree that all terms and conditions of this Task Order No. TO-A&E-YRXXXX and Agreement No. TBD shall be in full force and effect.

A&E Name

By:		
(TYPE NAME / TITLE)	**SIGNATURE**	**DATE:**

DEPARTMENT OF VETERANS AFFAIRS

By:		
(TYPE NAME / TITLE)	**SIGNATURE**	**DATE:**