

ATTACHMENT 18: WORK ORDER AUTHORIZATION FORM



Department of
Cannabis Control
CALIFORNIA

Department of Cannabis Control - Contract # XXXXXX

WORK ORDER AUTHORIZATION

WOA #:	XXXXXX	Title:	WOA Title	Date:	MM/DD/YYYY
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Term of WOA:	MM/DD/ YYYY	through	MM/DD/ YYYY	Not to Exceed Cost:	\$XX
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This Work Authorization (the “WOA”) is issued pursuant to the terms of the California Department of Cannabis Control (the “State”) Contract # XXXXX (the “Contract”) [SECTION 38. Unanticipated Tasks](#) . Upon approval of this WOA, <Contractor Name> (the “Contractor”) shall be authorized to perform the work described herein, including all attachments/exhibits attached hereto or incorporated herein by reference.

1. WOA Scope/Description

This WOA will cover describe in brief the work to be performed during this WOA period.

2. Payment Provisions

a. Payment Details

Payment terms are time and materials for services performed and upon the State’s acceptance. In accordance with Public Contract Code, Section 12112, the State will withhold, from each invoiced payment amount to the Contractor for implementation services, an amount equal to Fifteen percent (15%) of the payment.

The Contractor shall be paid for services spent performing the work authorized by this WOA pursuant to the following:

NOT-TO-EXCEED COST					
	Implementation Services Category	Service Description	Unit of Measure	RatePer Unit	Cost
1	XX	XX	X	X	X
2	XX	XX	X	X	X
Not to exceed WOA Cost Total					X
Payment Withhold (15%)					X
WOA Cost Total					X

1. Level of Effort/Cost Table

The Contractor must provide the estimated level of effort and staff to perform the work authorized for this WOA. In the table below, identify the assigned staff and Contract classification. The staff requiring access to Departmental network resources or hardware shall be identified below.

STAFF NAME	CLASSIFICATION	HARDWARE/ NETWORK ACCESS REQ?(Y/ N)
XX	XX	X
XX	XX	X

3. Tasks and Deliverables

The tasks and deliverables from the SOW to be **worked on during** the WOA period shall be identified below.

TASK/DELIVERABLE ID	TASK/DELIVERABLE DESCRIPTION	ASSIGNED STAFF
XX	XX	XX
XX	XX	XX
XX	XX	XX

Deliverables identified to be **completed during this** WOA period are identified below:

TASK/ DELIVERABLE ID	DELIVERABLE DESCRIPTION	TARGET SUBMISSION DATE	STATE REVIEW TIMEFRAME IN CALENDAR DAYS
XX	XX	XX	XX
XX	XX	XX	XX

4. **WOA Assumptions**

State staff will be available to attend meetings and provide resource information for Contractor during the WOA period.

5. **WOA Entrance Criteria**

DCC approval of and signature on this WOA, completion of all major development, tasks, and deliverables.

6. **WOA Acceptance Criteria**

Acceptance Criteria for this WOA shall include the following unless otherwise agreed upon in writing by mutual consent of both parties:

7. All required Tasks/Deliverables to be worked on have commenced pursuant to the Task/Deliverable Description, if applicable.
8. All Deliverables identified to be completed during this WOA period are delivered and accepted.
9. All schedule tasks have been completed unless the task has been delayed by written mutual consent of both parties.
10. All Tasks not directly related to Deliverable have been acknowledged by the State as being completed.
11. A signed WOA Acceptance Document (WAAD) shall be provided for each project task/deliverable identified in the WOA.

12. **Amendment**

This WOA may be amended in writing and by mutual consent of both parties.

13. **Approvals**

By signing below, I hereby certify that I have authority to obligate my organization to be bound by the terms and conditions contained in this WOA (including all accompanying documentation) which shall be governed by the Contract, and all documents incorporated therein by reference, and made a part thereof.

State: Name, Title		Signature	Date
	Project Manager		
Contractor: Name, Title		Signature	Date
XX	XX		