

EXHIBIT E: FORMS AND TEMPLATES

1. KEY STAFF REPLACEMENT FORM

Key Staff Replacement and substitute requirements in EXHIBIT A: STATEMENT OF WORK, Section 12: Key Staff Changes describes the requirements for substituting or replacing Key Staff, as well as the approved process for submission. This form details the description, reasoning, and dates surrounding the substitute staff request.

SUBSTITUTE CONTRACTOR KEY STAFF REQUEST			
CONTRACTOR NAME:		Contractor Phone No.:	Date:
Agreement Number:		Project Name:	
Key Staff to be Added	Key Staff Replaced	Proposed Effective Date	Key Staff Position
Reason for Substitution/Comments:			
• Proposed Key Staff Qualifications Attached • Proposed Key Staff Resume Attached			
State Acceptance		Contractor Acceptance	
Signature:		Signature:	
Printed Name:		Printed Name:	
Date:		Date:	
Title:		Title:	

2. DELIVERABLE EXPECTATION DOCUMENT

DELIVERABLE EXPECTATION DOCUMENT			
Deliverable Number:		Deliverable Title:	
Section 1: Delivery Requirements:			
In this Section: • Provide the medium of delivery (e.g., 1 hardcopy and 1 electronic copy uploaded to SharePoint). • Provide all the formats used for the deliverable (e.g., Microsoft Word 365 and Visio 365).			
Section 2: Deliverable Description :			
In this Section: • Provide a brief overview defining the purpose of the deliverable and how it fits within the overall completion of the project. • Describe the deliverable's objectives, scope, development methodology, and intended audience. • .			
Section 3: Deliverable Requirements and Content:			
In this Section: • List all required content for this deliverable, including templates, diagrams, and tables. • Provide a detailed outline of the deliverable mapped to contractual requirements. • Discuss the content of each major section of the document outline. • List all the specific contractual requirements for this deliverable. • If applicable, list any other agreed upon requirements • List any applicable standards and/or industry or government best practices to be observed.			
Section 4: Roles/Resources Required:			
In this Section: • Identify the State and Contractor resources and required skills/knowledge involved in the			

DELIVERABLE EXPECTATION DOCUMENT

deliverable preparation and review.

Section 5: Deliverable Acceptance Criteria

In this Section:

- List specific acceptance criteria for the deliverable. The minimum acceptance criteria for a deliverable:
 - All requirements met from Section 3.
 - Compliance with the applicable standards from Section 3.
 - Compliance with format requirements from Section 1.
 - The deliverable is consistent with other deliverables already approved.
 - The deliverable meets general quality standards (e.g., pages numbered, free of formatting and spelling errors, clearly written, no incomplete sections, etc.).?
 - The deliverable is completed to CDPH satisfaction.
- List specific entry criteria or required deliverable predecessors.

Section 6: Deliverable Dates

Key Activity	Due Date	Comment
DED Approval		
Internal Walkthrough with Project		
Draft Deliverable Submitted		
State Review of Draft		
Deadline for Comments on Draft		
Vendor Incorporation of Comments		
Final Deliverable Submitted		
State Review of Final		
Deliverable Approval		

DELIVERABLE EXPECTATION DOCUMENT		
Vendor Incorporation of Final Comments (if necessary)		
Section 7: Signatures		
This DED was completed according to Contract requirements of <project name> # <Contract #>		
_____	_____	_____
Submitted by (Vendor signature)	Position title	Date
_____	_____	_____
Approved by (Project signature)	Position title	Date
The deliverable subject to this DED is completed and hereby approved for payment:		
_____	_____	_____
Submitted by (Vendor signature)	Position title	Date
_____	_____	_____
Approved by (Project signature)	Position title	Date

3. DELIVERABLE ACCEPTANCE DOCUMENT

DELIVERABLE ACCEPTANCE DOCUMENT	
CONTRACTOR NAME:	
California Department of Public Health CONTRACT NUMBER:	DAD NUMBER:
DELIVERABLE #:	

DELIVERABLE ACCEPTANCE DOCUMENT

DELIVERABLE TITLE:

DELIVERABLE COMPLETION DATE:

TOTAL COST OF APPROVED DELIVERABLE: \$

CDPH ACCEPTANCE OR REJECTION:

AUTHORIZED AND APPROVED:

**CONTRACTOR OFFICIAL AND CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CONTRACT
OFFICIAL SIGNATURES**

CONTRACTOR OFFICIAL PRINT NAME:

CALIFORNIA DEPARTMENT OF PUBLIC
HEALTH CONTRACT OFFICIAL PRINT NAME:

SIGNATURE:

SIGNATURE:

DATE:

DATE:

Note: The Contractor may submit an invoice to the California Department of Public Health, but payment will not be issued until the CDPH Contract Manager and Contractor Official have approved the DAD as stipulated in the contract.

4. WORK ORDER AUTHORIZATION TEMPLATE

The Work Authorization approval or denial process is described in SECTION 37. Budget Detail and Payment Provisions for all WA forms submitted. This form details the completed deliverables and approval status.

PART 1: GENERAL INFORMATION	
Contractor Name:	
California Department of Public Health Agreement #:	
Work Authorization Number:	

PART 2: LIST OF COMPLETED DELIVERABLES	
Deliverable #	Deliverable Name/Description
01	
02	

PART 3: APPROVAL SIGNATURE(S)		
The Deliverables listed in Part 2 are:		
☐	Approved as is	
☐	Denied – Does not meet expectations	Explain denial:
SIGNATURE		DATE OF APPROVAL
Contractor Printed Name:		
Contractor Title:		
SIGNATURE		DATE OF APPROVAL
California Department of Public Health Printed Name:		
Title: California Department of Public Health CAB Online Project Director		