JOB ORDER



Contract Description: Third Party Consulting

Solicitation Number: 5400015645

Job Location /Address:	
Using Governmental Unit:	
Contractor:	
Contract Number:	
Project Name:	
Total Job Order Price:	
UGU Purchase Order Number:	

This Job Order is issued against the Contract identified by number above. Definitions provided in the Contract apply to this Job Order. You agree to comply with all terms of the Contract identified above, the terms of which supersede any terms in this Job Order. The solicitation's Default clause and Termination for Convenience clause shall apply to each Job Order as if it were a separate contract. The terms of this Job Order supersede the terms of any exhibit attached to this document.

Exhibit 1 – JOR, including attached SOW

Exhibit 2 – JOQ

Exhibit 3 – Negotiated Changes to the JOQ

By signing this Job Order, you represent that you have read and understand the JOR and that your JOQ was made in compliance with the Solicitation. You agree to perform all work outlined in the Exhibits for the Total Job Order Price stated above. The term of this Job Order shall begin [insert Commencement Date] and conclude on [insert Estimated Project Completion Date].

Certification

With regard to this Job Order, you hereby certify that you have complied with Regulation 19-445.2165 (no gifts to agencies) and with the following clauses: "Certification Regarding Debarment And Other Responsibility Matters (Jan 2004)," "Disclosure of Conflicts of Interest or Unfair Competitive Advantage" (Feb 2015)," and "Ethics Certificate (May 2008)". For purposes of applying these clauses for this certification, your Job Order Quote is an offer, this Job Order is an award of a contract, and the date of this Job Order will be deemed to be the date for the "posting of a final statement of award" and "the Opening Date."

SIGNATURE OF PERSON AUTHORIZED TO ENTER A CONTRACT ON BEHALF OF JOB ORDER CONTRACTOR:	SIGNATURE OF PERSON AUTHORIZED TO EXECUTE JOB ORDER ON BEHALF OF UGU:	
By:(authorized signature)	By:(authorized signature)	
(printed name of person signing above)	(printed name of person signing above)	
Its: (title of person signing above)	Its:(title of person signing above)	
Date:	Date:	
NOT VALID WITHOUT THE FOLLOWING SIGNATURE:		
Authorized by SFAA IT Procurement Officer: Date:		