

WORK ORDER # _____ (Assigned by Hennepin County Purchasing and Contract Services)

For use with **Principal Cooperative Agreement No. A188951** between Hennepin County and the University of Minnesota.

Instructions: email this Work Order with sections A-H completed to mary.knickerbocker@hennepin.us in Hennepin County's Purchasing & Contract Services Department. Hennepin County will assign a Work Order number and send the Work Order for signatures. **Questions?** Contact Mary Knickerbocker or Hennepin-University (HUP) Director Scott Vargo (sbvargo@umn.edu).

Work Order Type - to be completed by UMN Sponsored Projects Administration (SPA)

___ Sponsored Project

___ External Sale

___ Extension

Check List - Please complete the following sections:

- A. Project Title & Timeline
- B. Work Order Amount & Project Budget
- C. Description of Work
- D. Deliverables
- E. Contact Information (for both HC and UMN)
- F. Invoice Frequency (check list)
- G. Project-Specific Information (check list)
- H. Other Terms (optional)

SECTION A: PROJECT TITLE & TIMELINE

- **Project Title:** _____

- **Start Date:** ___ / ___ / ___ **End Date:** ___ / ___ / ___

SECTION B: WORK ORDER AMOUNT & PROJECT BUDGET

- **Work Order Amount** (not to exceed): \$ _____

- **Project Budget** (attach a budget breakdown to the work order)

SECTION C: DESCRIPTION OF WORK

(provide a description of the project work here)

SECTION D: DELIVERABLES

(Provide a description of the project deliverables here. Invoicing for this Work Order may be contingent upon meeting these deliverables – see SECTION F.)

SECTION E: CONTACT INFORMATION (fill in parts that apply for your department/unit)

HENNEPIN COUNTY CONTACT

Name:
Email:
Phone:
Mail Code:
Department: **Department ID:**
Fund: **Account:**
Ship to Code:
Project Business Unit:
Project #:
Activity:

For HSPHD Use Only

Service Area:	Mail Code:
Budget Element:	Phone:
Taxonomy Code:	Email:
HSPHD Contract Manager Name:	APEX Requestor:
	___ No APEX Requestor

UMN LEAD FACULTY/STAFF CONTACT (PRINCIPAL INVESTIGATOR)

Name:
Academic Department:
Address:
Phone:
Email:

UMN ADMINISTRATIVE CONTACT (FOR YOUR DEPARTMENT)

Name:
Address:
Phone:
Email:

SECTION F: INVOICE FREQUENCY

Monthly

Quarterly

One-Time, once all deliverables indicated in SECTION D are met and accepted

Other, explain in detail (e.g., *first payment in year 1, second payment once deliverables are met*):

SECTION G: PROJECT-SPECIFIC INFORMATION

Welfare Data

Will the University be provided with any Welfare Data under this Work Order? (Pursuant to the Master Agreement, Section 11.2, Welfare Data is defined as: “any data on individual vendors of services, licensees or registered persons from a program for which authority is vested in a component of the Welfare System (within the meaning of Minnesota Statutes 13.46 Subd. 1(b)).”

Yes

No

If so, pursuant to the Master Agreement, Section 11.2, the University becomes a part of the welfare system of the State of Minnesota in connection with performing services under this Work Order and any information received by the University is presumed to be non-public.

Does this Work Order involve clinical services?

Yes

No

Does this Work Order require a background check? If so, include pre-approved background check language in Section H below.

Yes

No

The Hennepin-University Partnership (HUP) Director must review this Work Order before it is submitted for signatures. Please contact the HUP Director (Scott Vargo, sbvargo@umn.edu) if you need this review. **Verify that the HUP Director has reviewed this Work Order:**

Yes

No

SECTION H: OTHER TERMS (optional)