

# Technical Assistance (TA) Project Scope of Work and Budget

## Accountable Care Organizations (ACOs) /Community Partners (CPs) and TA Vendor Approval Form

**TA Application ID:** \_\_\_\_\_

**TA Project Title:** \_\_\_\_\_

**SOW Date:** \_\_\_\_\_

**SOW Revision Number:\*** \_\_\_\_\_

**TA Vendor Organization Name:** \_\_\_\_\_

**TA Vendor Contact Information:** \_\_\_\_\_

NAME

EMAIL ADDRESS

PHONE NUMBER

**ACO/CP Organization Name:** \_\_\_\_\_

**ACO/CP Contact Information:** \_\_\_\_\_

NAME

EMAIL ADDRESS

PHONE NUMBER

*\*For the original SOW, list "NA," otherwise indicate a revision number.*

By signing below, we confirm that the SOW and budget for the above referenced TA project has been reviewed by and is acceptable to our respective organizations. We are submitting the SOW and budget to MassHealth and Abt Associates for next steps in the TA project approval process.

(Please submit this form with the SOW by email to [MA\\_DSRIP\\_TA@abtassoc.com](mailto:MA_DSRIP_TA@abtassoc.com).)

**ACO/CP Representative Signature:** \_\_\_\_\_

**ACO/CP Representative Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TA Vendor Representative Signature:** \_\_\_\_\_

**TA Vendor Representative Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_