|  |  |
| --- | --- |
| **Technical Assistance (TA) Vendor:** |  |
| **TA Vendor Contact Information:** | (enter name here) |
| NAME |
| (enter email address here) |
| EMAIL ADDRESS |
| (enter phone number here) |
| PHONE NUMBER |
| **ACO/CP Name:** |  |
| **ACO/CP Address:** |  |
| **TA Application ID:** |  |
| **SOW Date:** |  |
| **SOW Revision Number:\*** |  |
| **TA project Title:** |  |

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

**TA Domain (Identify or select one):**





















**ACO/CP Competency Area (Identify or select one or more):**













1. Project Overview

*The project overview may be made publicly available to share information about the MassHealth TA Program. Please use accessible, non-technical language understandable to reviewers with varied expertise and experience. (Maximum of 200 words.)*

1. Project Goals and Objectives

*Please use accessible, non-technical language understandable to reviewers with varied expertise and experience. (Maximum of 200 words.)*

1. Tasks/Requirements

| **Task/ Subtask Number** | **Task Name and Description** | **Location** | **Milestones/ Deliverables** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

1. TA Project Staff

*Please include staff names and a brief 1-2 sentence statement describing the roles and responsibilities in the TA Project.*

1. Project Schedule, Deliverables, and Payment Schedule

|  |  |
| --- | --- |
| **Period of Performance** | |
| Project Start Date\*: |  |
| Project End Date: |  |
| Project Length: |  |

\**Please use a future date as the project start date. Task Order contracts cannot be backdated to have a retroactive start date.*

**TA Ordering Period:**











**Payment Schedule**

| **Task/Subtask Number** | **Milestones/Deliverables** | **Due Date** | **Payment** |
| --- | --- | --- | --- |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| **Total Payments** | | | $ |

1. References and Assumptions

*Please include or reference applicable specifications, illustrations, diagrams, tables, charts, and similar elements in the SOW if they assist in describing the planned work or related requirements.*

1. Communication Plan

*Please briefly describe how the TA Vendor will maintain communication with the ACO/CP on progress and status of the TA project. This section is not required.*

1. Notes or Miscellaneous Information