**Directions**

A unit/department must complete the Statement of Work (SOW) Template, adding all relevant information. Once completed, the unit/department must sign and forward to the participating unit(s)/department(s) for their review and signature.

If funds are to be exchanged, document the payment schedule; in this case each unit’s Unit Business Officer (UBO) should also sign.

If changes to the original SOW are required, they should be made in writing and approved by all parties.

**Definitions**

Please review the definitions below. A SAMPLE template is also available for reference. If you have questions please contact Dominic LoTempio of Business Services by phone 716-645-4503 or email dsl4@buffalo.edu.

*Statement of Work*

A document routinely used to describe services to be rendered. It provides a clear understanding of the project-specific activities, deliverables and timelines. Also known as a SOW.

*Business Units/Departments*

The parties involved in the SOW. This can be unit to unit (Management and Nursing), or within the same unit (Chemistry and Biology). There is no limit to the number of parties that can be part of the SOW.

*Scope*

Defines the relationship of the parties, and provides a detailed explanation of the service that is to be completed.

*Start date and duration*

Date which the service will begin, and the period of time to complete. For example, the duration may be days/weeks/months, and may specify hours per day/week/month.

*Deliverables – what is the expected result?*

This section should define the expected end result.

*Additional information*

This section is for any additional information that the parties believe should be documented.

|  **Statement of Work** |
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| **Business Units/Departments** |
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| **Scope** |
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| **Start date and duration** |
|  |
| **Deliverables – what is the expected result?** |
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| **Additional information** |
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| Printed NameSignature and DateTitle*Unit Business Officer Printed Name**Unit Business Officer Signature and Date* | Printed NameSignature and DateTitle*Unit Business Officer Printed Name**Unit Business Officer Signature and Date* |
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