**Discretionary Contract Scope of Services:**

Name of Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOCS Award #(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Area (Indicate Boroughs and CDs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Target Population: Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Individuals that will be Served: Brooklyn: \_\_\_\_\_ Bronx: \_\_\_\_\_

Manhattan: \_\_\_\_\_ Queens: \_\_\_\_\_ Staten Island: \_\_\_\_\_ Total: \_\_\_\_\_

What services will be provided?  If goods will be purchased, please specify a description and quantity of the goods.

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If you received funding for this service last year, list any changes to scope of work from the previous fiscal year only. (Use bullet points)

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Why are these services/goods needed?

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When will the services be provided (Months, Days of Week & Time of Day)?

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Where will the services be provided? If any expense indicated in your budget is associated with another address, please indicate that address and how it supports the scope of the contract.

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Indicate the milestones/accomplishments that these services aim to achieve.

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Indicate if any of the services will be subcontracted.  If so, specify the specific services that will be subcontracted and who will provide the services.  If you want to subcontract, you will be asked to submit a subcontractor approval form, which must be approved before your contract can be processed.

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What documentation will be provided to the City so that we know the services were provided or goods purchased?

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