START 5

Task Order Information – Site Specific Activity

Recommended Contractor	**Weston Solutions, Inc. 68HE0919D0002**
Task Order Number	(MMatthews will complete) D002-XXX
Amendment Number	(MMatthews will complete)
Date of Order	(MMatthews will complete)
Contractor Activation Date	(OSC complete - Applies to Emergencies ONLY)
OSC Name, Phone, Email	(OSC complete)
Date and Time Contractor Required on Site	(OSC complete)
Required Work Completion Date	(OSC complete)
Site Name	(OSC complete)
Response Location, include zip code plus four digit extension	(OSC complete)
SSID	(OSC complete if available, if not need to request)
TO Ceiling and Funding Amount	(OSC complete)
OT Approved (Y/N)	(OSC complete)

Statement of Work: (The contractor shall furnish necessary paperwork, materials, services, facilities, and otherwise do all things necessary for, or incident to, the performance of the work set forth below:)

Activities authorized in this TO include but are not limited to:

Include as the last bullet the following language "Other work as directed by the OSC as authorized using their COR delegation authority."

Note: OSC to provide SOW consistent with contract. If this action is to amend the TO in any way, please provide an explanation as to why amendment is needed (i.e., completion date extension, increase or decrease in funding).

Please also provide an IGPE (if $10k><$250k) and an IGCE (if >$250k).