**EXHIBIT A**

**TERM SHEET AND SCOPE OF WORK**

**TERM SHEET**

|  |  |
| --- | --- |
| DCA Contract **File Number**: | 20\_ \_ \_ \_ \_ \_ |
|  |  |
| **Contractor’s Legal Name:** |  |
|  **Contact Person:**  |  |
|  **Contractor’s** Notice Information: | [Name][Address][Attn:][Telephone:][Facsimile:][Email:] |
|  **The Endowment’s** Notice Information:Attn: **Legal**Attn: **Program Manager**Attn: **Grants Analyst** | The California EndowmentAttn: Legal Department1000 N. Alameda St.Los Angeles, CA 90012Facsimile: (213) 253-0972Martha JimenezEmail: mjimenez@calendow.org[Name][Email][Name][Email] |
|  |  |
| **Term of Contract** (in months/years): | \_ \_ months / \_ year(s) |
| **Start Date**: |  |
| **End Date**: |  |
|  |  |
| **Not To Exceed Contract Amount**(total of amounts listed in Total Compensation below): | $ |
| **Total Compensation** (fees + expenses -see below) |  |
| Personnel Fees: | $ |
| Direct Operational Expenses: | $ |
| Reimbursable Expenses: | $ |
| Reimbursable Purchased Services: | $ |
|  |  |
| **Payment Terms**: | Monthly/Periodic/Scheduled (select one) |
| **Payment Conditions**: | Describe here if payments are conditioned on the occurance of an event (i.e., submission of invoices, delivery of a specific deliverable, etc.) |
| **Specific Payment Details** (if applicable): | Describe here if payments are scheduled on specific dates and for specific amounts. |