

Schedule **YYYY/MM/DD**

Supplement to Independent Cover Agreement, dated this ____ day of _____, 2018
between Consultant, **__CONSULTANT COMPANY NAME__** and FloridaMakes,
Inc. (FloridaMakes).

Scope of Work and Payment Schedule

1. Scope of Work:

The Scope of Work and deliverables described herein directly relate to and are in conformance with the work required in support of FloridaMakes for:

The contract between FloridaMakes and **__CLIENT COMPANY NAME__**
(Client) dated XXXXXX Y, 201X, or when countersigned by both parties if
later, to assist the Client in **__PROJECT TITLE__**.

2. Expectations for Consultant:

A. Positive representation and promotion of FloridaMakes.

B. Full participation and cooperation as a member of the FloridaMakes team of specialists delivering services to the client as required.

C. Data Collection. As directed by FloridaMakes, collect data for any or all the following:
1) for the purposes of documenting training or technical assistance
2) before the project begins to establish baseline impact measures
3) at closeout to define project impacts

The Consultant may also be asked up to 12 months after project closure to assist FloridaMakes and the client in establishing impact measures.

D. Execution of project deliverables to meet the requirements and satisfaction of FloridaMakes and the client.

3. Scope of Work: Consultant will provide:

Deliverable	Scope
DELIVERABLE NAME	DELIVERABLE DESCRIPTION

4. Project deliverables, performance dates, and fees:

Consultant will accomplish deliverables according to the following schedule:

Deliverable	Projected Dates of Delivery	Estimated End Date	Payment Amount Invoiced to FloridaMakes
DELIVERABLE NAME			
Total Project Payment			0

Consultant will bill FloridaMakes at each deliverable completion with net 30 terms unless otherwise noted in the table above.

Expenses: Unless itemized and described in the matrix above, expenses are not reimbursable. Any allowable expenses must be submitted with receipts and included in the monthly invoice to FloridaMakes. All invoices are payable net 30 days.

Contact Information:

FloridaMakes Project Manager:
Name, Title, Email, Phone

Consultant:
Name, Title, Email, Phone

For: FloridaMakes

Date: _____

 Maria Alfano
 Chief Operating Officer
 FloridaMakes, Inc.
 800 N. Magnolia Ave, Suite 1850
 Orlando, FL 32803

For: Consultant

Date: _____

 Name
 Title
 Address