**APPENDIX TO MASTER UC DAVIS HEALTH AGREEMENT**

**University of California Davis Health STATEMENT OF WORK**

This Statement of Work # 1 (“Statement of Work”) is issued pursuant to Master UC Health Agreement **PENDING** between UC and Supplier (“Statement of Work”). The Statement of Work shall be deemed to be between the specific Customer, UC Davis Health and Supplier. Any defined term used but not defined in this Statement of Work shall have the meaning ascribed to such term in any of the Incorporated Documents. The terms of the Master UC Health Agreement shall apply to this Statement of Work.

Customer is a:

\_X\_ UC Location as defined in the Agreement

\_\_ UC Affiliate Location as defined in the Agreement

1. **Title and Description of the Scope of Services**

UC Davis Health is in need of Local or Sustainable Retail Grab-n-Go food product purchases. Food and Nutrition Services values sustainable and local food that is minimally processed. We recognize the economic impact of our purchasing decisions. Our food procurement adheres with our healthier food purchasing standards from Practice Green Health (PGH) and University of California Office of the President (UCOP) policy.

The main focus is to provide our guests, patients and hospital employees with the highest quality Grab-n-Go food products as possible. Companies should be able to provide their sustainability program and or any energy conservation efforts.

1. **Term of Statement of Work**

This SOW will begin on PENDING (“Effective Date”)and continue through PENDING. This SOW may not be renewed or otherwise amended except through a Change Order pursuant to the Change Management section below.

Vendor will to move medical equipment, staff belongings, breakroom and office contents to Folsom MOB facility.

1. **Key Tasks and Activities, Deliverables and Completion Timeframe**

Vendor to provide services for sustainable food, in compliance with our Practice Green Health (PGH) and University of California Office of the President (UCOP) policies.

Vendor will be a primary product vendor for a large medical center who can provide the following:

* 1. Create seasonal grab-n-go food offerings
	2. Vendor must be able to provide reporting to include sustainability efforts and any energy conservation on a monthly, quarterly, and annual basis in total sales for:
		1. 80% of food purchases sourced from the state of California
		2. Certified Organic, Regenerative Organic Certification and Ecological Outcome Verification
		3. By Rancher / Grower
	3. A commitment to purchase from local and family ranchers and farmers with source transparency.
	4. Monthly pricelists are provided as scheduled with price holds for seasonal purchases.
	5. Vendor to establish a qualified account manager for communication and coordination.
	6. Contract terms to be extended to any local and sustainable foods product lines carried by vendor that might be purchased.
	7. Product purchased from vendor to be clearly marked with a “use by” date. (preferred, not required)
	8. Uses compostable disposable packaging in compliance with our University of California Office of the President (UCOP) policies and with UC Davis Health Sustainable Foodservice Policy.
	9. Program requirements:
* Delivery Multiple Times per Week
* No Minimum Order Requirement
1. **Customer Obligations**

Customer will provide access to buildings and dedicated contacts to work with vendor on project.

1. **Place(s) of Performance**
* UC Davis Health Medical Center Locations

Customer’s Project Manager, responsible for acceptance/rejection of project results/deliverables, is:

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1. **Assumptions**

None

1. **Additional terms specific to Customer not Addressed in Agreement**

None

1. **Payment remittance instructions specific to Customer:**

UC Davis has a Net 30 payment term.

1. **Invoices shall be directed to the following individual or office at Customer:**

Customer prefers electronic invoice instead of mailed invoice(s). Send to **ucdhsap@health.ucdavis.edu**

1. **All other notices pertaining to this Purchase Order shall be directed to the following individual or office at Customer:**

TBD

This Statement of Work is signed below by the Parties’ duly authorized representatives.

**UC DAVIS HEALTH VENDOR**

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(Signature) (Signature)

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(Printed Name, Title) (Printed Name, Title)

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