

**CITY OF OAKLAND  
CONSULTING AND PROFESSIONAL SERVICES CONTRACTORS  
SCOPE OF WORK/OUTLINE OF SERVICES TO BE PERFORMED**

The services to be performed by Consultant shall consist of services requested by the Project Manager or a designated representative, including (but not limited to) the following:

**TASK**

**COMPLETION DATE**

1.

2.

3.

4.

5.

Consultant:

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

City Representative:

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**\*\* Must be attached to signed Agreement**