

ATTACHMENT 20: DELIVERABLE EXPECTATION DOCUMENT



DELIVERABLE EXPECTATION DOCUMENT (DED)

Contract # XXXXX

DED #:	XXXXXX	Title:	DED Title	Date:	MM/DD/YYYY
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Term of DED:	MM/DD/YYYY	through	MM/DD/YYYY	Not to Exceed Cost:	\$XX
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This Deliverable Expectation Document (the “DED”) is issued pursuant to the terms of the California Department of Cannabis Control (the “State”) Contract # XXXXX (the “Contract”) [SECTION 18. Contractor Deliverables](#) and subsections. Upon approval of this DED, <Contractor Name> (the “Contractor”) shall be authorized to perform the work described herein, including all attachments/exhibits attached hereto or incorporated herein by reference.

1. DED Scope/Description

This DED will cover and describe in brief the work to be performed during this DED period.

2. Payment Provisions

a. Payment Details

Payment terms are deliverables based for services performed and upon the State’s acceptance. Payment under this contract shall be made in accordance with Exhibit C, Statement of Work, Section 38. In accordance with Public Contract Code, Section 12112, the State will withhold, from each invoiced payment amount to the Contractor for implementation services, an amount equal to fifteen percent (15%) of the payment.

The Contractor shall be paid for the deliverables authorized by this DED pursuant to the following:

3.

NOT-TO-EXCEED COST				
	DED/ TASK ID	DELIVERABLE/TASK	ESTIMATED HOURS	COST
1	XX	XX	X	X
2	XX	XX	X	X
Not to exceed DED Cost Total				X
Payment Withhold (15%)				X
DED Cost Total				X

1. **Level of Effort/Availability Table**

The Contractor must provide the staff necessary to perform the work authorized for this DED. In the table below, identify the assigned staff and Contract classification. Identify the staff requiring planned vacation or absence to support resource support and coverage during the term of the DED.

STAFF NAME	CLASSIFICATION	VACATION/ ABSENCES
XX	XX	X
XX	XX	X

3. **Deliverables and Tasks Detail**

The deliverables and tasks from the SOW to be **completed during** the DED period shall be identified below.

DED/ TASK ID	DELIVERABLE/ TASK	DESCRIPTION DETAIL	TARGET SUBMISSION DATE	STATE REVIEW TIMEFRAME IN CALENDAR DAYS
XX		XX	XX	XX
XX		XX	XX	XX

4. **DED Assumptions**

State staff will be available to attend meetings and provide support for Contractor during the DED period as defined Exhibit C, Statement of Work, Section 9.

5. **DED Entrance Criteria**

DCC approval of and signature on this DED, completion of all major development, deliverables, and tasks.

6. **DED Acceptance Criteria**

Acceptance Criteria for this DED shall include the following unless otherwise agreed upon in writing by mutual consent of both parties:

7. All required Deliverables/Tasks to be worked on have commenced pursuant to the Deliverable/ Task Description, if applicable.
8. All Deliverables identified to be completed during this DED period are delivered and accepted.
9. All tasks have been completed unless the task has been delayed by written mutual consent of both parties.
10. All Tasks not directly related to Deliverable have been acknowledged by the State as being completed.
11. A signed Deliverable Acceptance Document (DAD) shall be provided for the project deliverables/ tasks identified in the DED.
12. If the completion date for a deliverable or task needs to be extended the Contract Project Manager must notify the DCC Project Manager prior to the completion date to prepare and addendum to the DED.

13. **Amendment**

This DED may be amended in writing and by mutual consent of both parties.

14. **Approvals**

By signing below, I hereby certify that I have authority to obligate my organization to be bound by the terms and conditions contained in this DED (including all accompanying documentation) which shall be governed by the Contract, and all documents incorporated therein by reference, and made a part thereof.

State: Name, Title		Signature	Date
	Project Manager		
Contractor: Name, Title		Signature	Date
XX	XX		