

## Statement of Work

Statement of Work Number #2016-2

Date: 9/15/2016

This Statement of Work ("SOW") between the College of American Pathologists ("CAP") and Baral, Inc. ("Subrecipient") shall be governed by the Independent Individual Contractor Agreement (the "Agreement") entered into by the CAP and Subrecipient on June 20, 2013, a copy of which is attached hereto and incorporated herein. This SOW is a subaward of federal funds, and Subrecipient is a Subrecipient of federal funds under this SOW.

[NOTE: Sections A and B only to be used for federal contracts valued at \$25,000 or more.]

### A. Subaward Required Information and Conditions:

#### 1. Subrecipient Information:

a) Subrecipient's registered name under the Data Universal Numbering System ("DUNS"): Baral, Inc.

b) Subrecipient's DUNS number: N/A

c) Subaward period of performance start/end date: 9/15/2016

### B. CAP Required Information and Conditions:

1. Total amount of federal funds obligated to the Subrecipient: \$5,000.00

2. Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act ("FFATA"): The eCC development team in conjunction with many collaborators, will develop and disseminate inter-operable, maintainable standards and best practices for reporting cancer biomarker test results to cancer registries. The development and implementation of data element standards and better informative approaches will lead to more timely, complete, and accurate reporting, especially through direct reporting from laboratory and EMR software, and using approaches developed for Meaningful Use Initiatives. \_\_\_\_\_  
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3. Catalog of Federal Domestic Assistance ("CFDA") Number and Name (and if more than one CFDA number, grantee needs to clearly identify how much money is being subgranted from each grant): CDC-RFA-DP13-131104CONT16: Standardizing Electronic Laboratory and Biomarker Reporting  
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4. Federal award identification number: 5 NU58DP004918-04
5. Federal award date: 09/15/2016 through 09/14/2017
6. Amount of federal funds obligated by this action: \$5,000.00
7. Total amount of the federal subaward: \$150,000
8. Name of Federal awarding agency, pass-through entity, and contact information for awarding official: Centers for Disease Control and Prevention: Sandy Jones  
4470 Buford Highway  
Chamblee, GA 30341  
Phone: 770-488-5689
9. [Insert any additional terms and conditions regarding closeout of the award] Grants Management Specialists/Offices and Program/Project Officers will work together to award and manage CDC grants and cooperative agreements from pre-planning to closeout.
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**C. Standard SOW Terms and Conditions:**

**1. Services, Scope, Objectives, and Deliverables:**

- a) Update XML comparator tool for enhanced eCC, using the latest xslt transform with toggles for metadata.
- b) Consolidate xslt code to derive from a common core xslt with identical displays for content and metadata.
- c) Support a css style sheet that works across SDC and eCC transforms.
- d) Revise the SDC xslt/css to match the formatting of the enh eCC xslt output.
- e) Ensure that SDC xslt supports HTML submit button capability with configurable endpoints
- f) Ensure that SDC submit button functionality can be called from a .NET desktop application to support local storage.
- g) Continue to support latest SDC enhancements and constraints in above SDC tools
- h) Develop all technical artifacts needed for the Jan 2017 IHE Connectathon, with working models available by the end of 2017
- i) Assist SDC pilot group with SDC implementation

**2. Project Changes:**

a) Change requests shall be in writing and signed by CAP prior to implementation. Project changes shall be in detail and describe required adjustments to Services, Deliverables, Timelines and Project Fees.

**3. Timelines:**

a) The Services and Deliverables are intended to be provided according to the following timelines:

Start Date: 9/15/2016

End Date: 12/31/2016

**4. Project Team:**

a) Subrecipient shall provide as the Project Team the following individuals to perform the Services: Sanjeev Baral.

**5. CAP Responsibilities:**

a) CAP Project Director: Dr. Richard Moldwin

**6. Project Fees:**

a) Total Fees Not to Exceed: \$5,000.00

b) Total Expenses Not to Exceed: \$0.00

c) Total Fees and Expenses Not to Exceed: \$5,000.00

**7. Invoicing:**

The Subrecipient shall invoice the CAP separately in itemized fashion for each milestone, Service item, Deliverable, etcetera (each a "Milestone") upon the CAP's acceptance of each Milestone. Subrecipient shall submit to the CAP monthly invoices at the end of the month, no later than the 3<sup>rd</sup> day of the following month.

**8. Review and acceptance of Deliverables:**

a) All deliverables described herein shall be subject to review and approval by the CAP. Such review and approval shall be for the purpose of determining compliance with the requirements of this SOW. The CAP may suspend payment for Services which in its reasonable judgment, do not conform to the Agreement or the SOW until such time as, in its reasonable judgment, are conforming. In the event the CAP suspends payment on nonconforming Services from Supplier, Supplier shall proceed promptly with correction thereof. Services shall be deemed accepted if Supplier has not received notice of nonconformance from the CAP within a reasonable time after delivery of Services or Deliverables to the CAP. Payment shall not constitute an acceptance of deliverable nor shall

payment impair the CAP'S rights to inspect nonconforming Deliverables or impair any of the CAP'S other remedies.

**b)** If CAP is dissatisfied with the quality or timeliness of the Services performed by Supplier under this SOW then the CAP may terminate this SOW at any time without liability beyond amounts due for work already performed and expenses already reasonably incurred.

This SOW is signed by the parties on the dates indicated below.

[Signatures follow]

**College of American Pathologists**

("CAP")

By: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

**Baral, Inc.**

("Subrecipient")

By: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_