



Scope of Work

Confidential Client Project Brief

All clients, new, established or prospective clients must complete this client project brief so that we can better understand the nature of your request for new or additional assistance. When you return your completed brief, it will be our pleasure to schedule your introductory conference call and make better use of everyone's time. Your completion of this confidential client project brief enables us to ensure that all team members from the Mercury Advisory Group team of experts who may be called upon to assist in your project will be available and on the introductory call.

Please complete this brief to the best of your ability. Return the completed document via email to:

PM@mercuryadvisorygroup.com

Mercury Advisory Group
600 17th Street
Suite 2800- South Tower
Denver, Colorado USA
+1.303.823.4662

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SECTION I

INTRODUCTION - SUMMARY OVERVIEW

1. What is the name of the project covered by this Scope of Work?
2. What is the name of the company for whom the work will be performed?
3. Who is the Project Manager and what is their role in your company?
4. What is the name of the person completing this project brief?
5. What is the date of submission of this Scope of Work?
6. Please provide a brief summary of the project.

7. What is the problem or issue that the project will tackle (please distill your response in one or two sentences maximum)?

8. What project approach plan do you anticipate for each aspect of the project.
 - ☐ Situation assessment or gap analysis
 - ☐ Prepare a diagnostic report of objective and subjective findings
 - ☐ Prepare a proposal that highlights next steps and recommendations
 - ☐ Discussion of options and recommendations with project owner and manager
 - ☐ Conduct stakeholder workshop and meetings to review decisions and gain support for market shaping
 - ☐ Conduct stakeholder or staff training as indicated
 - ☐ Ongoing assistance with project implementation
 - ☐ Other actions and activities: (explain)

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Please list your project goals:

- ☐
- ☐
- ☐
- ☐

How will you measure the achievement and success of the project for each goal?

Goal #1

Goal #2

Goal #3

Goal #4

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SECTION II

Project Tasks /Deliverable

A1. What is the first task or deliverable you'd like to add to this Scope of Work?

A2. Who is the person responsible for monitoring progress on this task?:

A3. Will any equipment or services be required to complete this task?:

☐ Yes

☐ No

☐ Unsure

A4. If applicable, enter equipment or services required to complete this task:

A5: Date you will be ready to begin this task:

B1. What is the second task or deliverable you'd like to add to this Scope of Work?

B2. Who is the person responsible for monitoring progress on this task?:

A3. Will any equipment or services be required to complete this task?:

☐ Yes

☐ No

☐ Unsure

A4. If applicable, enter equipment or services required to complete this task:

A5: Date you will be ready to begin this task:

If more tasks are required, please duplicate this page and list the tasks accordingly.

☐ There are no additional tasks

☐ Additional tasks have been added using an additional page

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SECTION III

PROJECT TEAM MEMBERS

First client organization's key team member working on this project and their responsibilities:

- ☐ Enter Key Team Member's Name:
- ☐ Enter Title or Role (example: Team Leader):
- ☐ Which of the tasks listed above will this person be responsible for? Enter task number:
- ☐ Enter Team Member's Responsibilities:

Second client organization's key team member working on this project and their responsibilities:

- ☐ Enter Key Team Member's Name:
- ☐ Enter Title or Role (example: Team Leader):
- ☐ Which of the tasks listed above will this person be responsible for? Enter task number:
- ☐ Enter Team Member's Responsibilities:

Third client organization's key team member working on this project and their responsibilities:

- ☐ Enter Key Team Member's Name:
- ☐ Enter Title or Role (example: Team Leader):
- ☐ Which of the tasks listed above will this person be responsible for? Enter task number:
- ☐ Enter Team Member's Responsibilities:

Fourth client organization's key team member working on this project and their responsibilities:

- ☐ Enter Key Team Member's Name:
- ☐ Enter Title or Role (example: Team Leader):
- ☐ Which of the tasks listed above will this person be responsible for? Enter task number:
- ☐ Enter Team Member's Responsibilities:

If more team members are required, please duplicate this page and list the team members and roles accordingly.

- ☐ There are no additional team members
- ☐ Additional team members, roles and responsibilities have been added using an additional page

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SECTION IV

CONTRACTORS & SUBCONTRACTORS

First Contractor or Subcontractor:

- ☐ Enter Key Contractor's or Subcontractor's Name:
- ☐ Enter Title or Role:
- ☐ Which of the tasks listed above will this person be responsible for? Enter task number:
- ☐ Enter Contractor's or Subcontractor's Responsibilities:
- ☐ Enter Contractor's or Subcontractor's Telephone Number:
- ☐ Enter Contractor's or Subcontractor's Email Address:
- ☐ Enter Contractor's or Subcontractor's Location:

Second Contractor or Subcontractor:

- ☐ Enter Key Contractor's or Subcontractor's Name:
- ☐ Enter Title or Role:
- ☐ Which of the tasks listed above will this person be responsible for? Enter task number:
- ☐ Enter Contractor's or Subcontractor's Responsibilities:
- ☐ Enter Contractor's or Subcontractor's Telephone Number:
- ☐ Enter Contractor's or Subcontractor's Email Address:
- ☐ Enter Contractor's or Subcontractor's Location:

Third Contractor or Subcontractor:

- ☐ Enter Key Contractor's or Subcontractor's Name:
- ☐ Enter Title or Role:
- ☐ Which of the tasks listed above will this person be responsible for? Enter task number:
- ☐ Enter Contractor's or Subcontractor's Responsibilities:
- ☐ Enter Contractor's or Subcontractor's Telephone Number:
- ☐ Enter Contractor's or Subcontractor's Email Address:
- ☐ Enter Contractor's or Subcontractor's Location:

Third Contractor or Subcontractor:

- ☐ Enter Key Contractor's or Subcontractor's Name:
- ☐ Enter Title or Role:
- ☐ Which of the tasks listed above will this person be responsible for? Enter task number:
- ☐ Enter Contractor's or Subcontractor's Responsibilities:
- ☐ Enter Contractor's or Subcontractor's Telephone Number:
- ☐ Enter Contractor's or Subcontractor's Email Address:
- ☐ Enter Contractor's or Subcontractor's Location:

If additional contractors or subcontractors are required, please duplicate this page and list the contractors or subcontractors and roles accordingly.

- ☐ There are no additional *contractors or subcontractors*
- ☐ Additional *contractors or subcontractors*, roles and responsibilities are attached on an additional page

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SECTION V

PARTNERS AND COLLABORATORS

Will you have a partner(s) involved on this project?

- ☐ NONE
- ☐ OTHER SERVICE PROVIDERS AND PRACTITIONERS
- ☐ HEALTH FACILITIES
- ☐ TRAVEL AGENTS
- ☐ TOUR OPERATORS
- ☐ DESTINATION MANAGERS
- ☐ AIRLINES
- ☐ INVESTORS or LENDERS
- ☐ INSURERS AND EMPLOYER SPONSORED HEALTH BENEFIT PROGRAMS
- ☐ ATTORNEYS
- ☐ ACCOUNTANTS
- ☐ GOVERNMENT AGENCIES
- ☐ HOTELS
- ☐ REAL ESTATE DEVELOPERS & BUILDERS
- ☐ LOCAL TRANSPORTATION COMPANIES
- ☐ TRADE ASSOCIATIONS
- ☐ EDUCATIONAL INSTITUTIONS
- ☐ PROFESSIONAL SOCIETIES
- ☐ OTHERS: _____

SECTION VI

BUDGET

What is your approximate budget for this project?

Are the budgeted funds already allocated and in-hand in order to proceed with the project?

- ☐ YES
- ☐ NO

SECTION VII

TIME LINE

What is your approximate deadline for this project outputs? Date: _____

Is your timeline firm or flexible for outputs?

- ☐ YES
- ☐ NO

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SECTION VIII MILESTONES

Preferred project start date:

Expected Project Completion Date:

First project milestone:

First project milestone checkpoint date:

Second project milestone:

Second project milestone checkpoint date:

Third project milestone:

Third project milestone checkpoint date:

SECTION VIII PROJECT MEETINGS

Note: Mercury Advisory Group experts charge 50% of hourly rates for all travel time plus all travel related expenses. Meetings are also available via VOIP and Skype to save on travel time and costs.

First project meeting purpose:

Meeting participants:

First project meeting location:

First project meeting date:

Second project meeting purpose:

Meeting participants:

Second project meeting location:

Second project meeting date:

Third project meeting purpose:

Meeting participants:

Third project meeting location:

Third project meeting date:

Fourth project meeting purpose:

Meeting participants:

Fourth project meeting location:

Fourth project meeting date:

Fifth project meeting purpose:

Meeting participants:

Fifth project meeting location:

Fifth project meeting date:

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SECTION IX REPORTS

Note: Mercury Advisory Group experts charge 100% of quoted hourly rates for all report research, drafting and preparation.

FIRST REPORT

Report Name:

Report Objective/Purpose:

Report Deadline:

Will updates be required or is this a one-time report?

☐ ONE TIME

☐ UPDATES ANTICIPATED

SECOND REPORT

Report Name:

Report Objective/Purpose:

Report Deadline:

Will updates be required or is this a one-time report?

☐ ONE TIME

☐ UPDATES ANTICIPATED

THIRD REPORT

Report Name:

Report Objective/Purpose:

Report Deadline:

Will updates be required or is this a one-time report?

☐ ONE TIME

☐ UPDATES ANTICIPATED

FOURTH REPORT

Report Name:

Report Objective/Purpose:

Report Deadline:

Will updates be required or is this a one-time report?

☐ ONE TIME

☐ UPDATES ANTICIPATED

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SECTION X

GLOSSARY

Please attach a glossary of any unique and/or specific terms, acronyms, abbreviations used on a separate sheet

SECTION XI

PROJECT ADDITIONAL OBJECTIVES

Do you wish to provide any other guidelines or objectives for this project?

☐ YES

☐ NO

Enter Additional Project Objectives or Guidelines

1

2

3

4

5

SECTION XII

ADMINISTRATIVE TASKS

Do you wish to provide a detailed list of administrative tasks related to the project?

☐ YES

☐ NO

Provide a detailed list of administrative tasks for the project and the party responsible for these tasks.

1

2

3

4

5

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SECTION XIII

AUTHORIZED PARTIES

Who is authorized to approve and proceed with various aspects of this Project?

Enter name of person responsible for authorizing Project Plans, Project Schedule, Risk Management and Budget:

NAME:

TITLE:

TELEPHONE:

EMAIL:

Enter name of person responsible for authorizing any performance baseline changes to the Project:

NAME:

TITLE:

TELEPHONE:

EMAIL:

Enter name of person responsible for authorizing any deliverables approved and/or accepted for this Project:

NAME:

TITLE:

TELEPHONE:

EMAIL:

The purpose of this document is to provide a vehicle for documenting the initial planning efforts for your project. It is used to reach a satisfactory level of mutual agreement among the Project Manager, Project Owners and Sponsors and the Experts and Contractors with respect to the objectives and scope of the project before significant resources are committed and expenses incurred.

By signing below, I verify that I am the authorized representative of the below identified entity and that I have the authority to bind the entity so named.

Preparer's Name: _____

Signature: _____

Date: _____

Title: _____