### SCHEDULE A

### SCOPE OF WORK - PHOTOGRAPHER

1. **Scope of Work.** Service Provider shall perform the following duties and complete the following work, as requested by CARE pursuant to the terms hereof:

[Insert detailed description of duties and work to be completed. Be sure to include clear "deliverables" the consultant will provide.]

* See attached Brief/Scope of Work
* Detailed information identifying individuals in the photographs as well as dates, places, ages and relativity to CARE must also be included.
* Images will be made up of RAW digital color images with embedded caption information.
* The Photographer must employ a current and cross-platform compatible digital work-flow process
  + For optimal compatibility it is recommended that Adobe Lightroom be used for captioning.
  + Photo Mechanic version 4.6.2 or later may be used for captioning and image handling.
  + If an external hard drive is used to deliver images it must be formatted to a FAT (i.e. FAT32) format.
  + Alternate software and/or processes must be discussed and agreed to prior to the start of the commission.
  + The Photographer shall present the collection of images in an organized and timely manner, with images labeled using the following naming convention:
    - Country code-Year-Photographer initials-4 digit sequential #
      * Country code to be used shall be provided in advance by CARE
      * Four-digit year format (i.e. 2011, 2012)
      * Example: BGD-2011-JE-0275, BGD-2011-JE-0276
* Images must be accompanied by corresponding caption information, embedded within image files, and all applicable releases.

1. **Time.**
   1. Service Provider shall commence the duties on the following date: [INSERT DATE HERE]
   2. All work shall be completed by the following date: [INSERT DATE HERE]
2. **Assigned Personnel.** If names of Service Provider’s personnel are filled in below, then Service Provider agrees that such personnel shall perform the duties under this Agreement; provided, however, that CARE may, by prior written approval, agree to accept different individual(s) of Service Provider to perform the duties under this Agreement.

[INSERT NAME(S) OF ASSIGNED EMPLOYEE(S), IF APPLICABLE.]

1. **Replacement of Personnel.** If CARE reasonably determines in its discretion and for reasons that are not unlawful, that the continued assignment of any personnel of Service Provider is not in the best interests of CARE, then CARE may request that Service Provider replace any such individual with another qualified individual. After receipt of such notice, Service Provider will promptly remove such individual from the CARE work and replace such individual with Service Provider personnel possessing qualifications and skills appropriate to the position.

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| **COOPERATIVE FOR ASSISTANCE**  **AND RELIEF EVERYWHERE, INC.**  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **SERVICE PROVIDER**  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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